

**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
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MASTER'S PROGRAMME**

MASTER'S THESIS

**THE MODERATOR ROLE OF COPING STRATEGIES ON THE EFFECTS OF
INTIMATE PARTNER VIOLENCE ON DEPRESSION**

Ecem AŞIK

**NICOSIA
2018**

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INTIMATE PARTNER VIOLENCE ON DEPRESSION**

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APPROVAL PAGE

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Thesis Defence**

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Depression**

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I, Eceem ASIK, hereby declare that this dissertation entitled
 "The Moderator Role of Coping Strategies on the
 Effects of Intimate Partner Violence on Depression"
 has been prepared myself under the guidance and supervision of
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ABSTRACT**The Moderator Role of Coping Strategies on the Effects of Intimate Partner Violence on Depression****Ecem Aşık****January 2018, 80 Pages**

The main goal of this study is investigating the moderator role of coping strategies on the effects of intimate partner violence on depression. Therefore, it was hypothesized that problem-focused coping will reduce intimate partner violence's impact on depression, while emotion-focused coping will enhance the impact of intimate partner violence on depression. The sample consists of 430 Turkish women who are older than 18 years old, married for at least 1 year and stay in the relationship with their partners during the study. In order to obtain data, Violence against Women Scale (VAWS), Ways of Coping Inventory (WCI) and Beck Depression Inventory (BDI) were administered via an online survey. Findings of the study indicated that Emotional/Psychological Violence (EPV) is the most frequently reported violence type among Turkish women. Depression was found to be positively correlated with the all types of violence. Moreover, depression correlated with emotion-focused coping in a positive direction, whereas a negative correlation was found between depression and problem-focused coping strategies. Problem-focused coping was reported to be used most frequently among Turkish women. Current findings did not show any significant moderator role of coping strategies on the effects of intimate partner violence on depression. The results of this study suggested that therapists while working with women who have depression should screen emotional/psychological intimate partner violence as a predictor and help them to develop problem-focused coping strategies to deal with depression effectively.

Keywords: *Intimate partner violence, Coping Strategies, Depression, Turkish women*

ÖZ

Baş Etme Stratejilerinin Kadına Karşı Eş Şiddeti ve Depresyon Arasındaki İlişkideki Düzenleyici Rolü

Ecem Aşık

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Çalışmanın esas amacı, baş etme stratejilerinin, kadına karşı eş/partner şiddeti ve depresyon arasındaki ilişkiye moderatör etkilerini araştırmaktır. Bu sebeple çalışmanın ana hipotezi şöyledir: Problem odaklı baş etme stratejilerinin kullanımı, kadına karşı eş şiddetinin depresyon üzerindeki etkilerini azaltırken, duygu odaklı baş etme stratejileri bu olumsuz etkileri arttıracaktır. Evrenini 18 yaşından büyük, en az 1 yıldır evli olan ve araştırma esnasında evliliği devam eden Türkiye Cumhuriyeti vatandaşı kadınların oluşturduğu çalışmanın örneklemini 430 kadından oluşmaktadır. Veri toplama aşamasında, katılımcılara Kadına Yönelik Şiddet Ölçeği, Baş Etme Stratejileri Envanteri ve Beck Depresyon Envanteri online anket sistemi kullanılarak uygulanmıştır. Çalışmanın bulguları, duygusal ve psikolojik şiddetin kadınlar tarafından en sık bildirilen şiddet türü olduğunu göstermektedir. Ayrıca, depresyon ve tüm şiddet türleri arasında pozitif yönde bir ilişki bulunmuştur. Bunun yanı sıra, depresyon ve duygusal odaklı baş etme stratejileri arasında pozitif yönde, problem odaklı baş etme stratejileri arasında ise negatif yönde bir ilişki saptanmıştır. Problem odaklı baş etme stratejilerinin, kadınlar tarafından en sık kullanılan baş etme stratejisi olduğu bildirilmiştir. Ancak baş etme stratejilerinin, kadına karşı eş/partner şiddeti ve depresyon arasındaki ilişki üzerinde anlamlı bir düzenleyici rolü saptanmamıştır. Araştırmanın sonuçları, kadın hastalarda depresyon üzerine çalışan terapistlerin, özellikle duygusal ve psikolojik şiddeti depresyonun olası sebebi olarak göz önünde bulundurmasını ve araştırmasını ve depresyonla etkili bir şekilde baş etmeleri için problem odaklı baş etme stratejilerini geliştirmelerine yardımcı olmasını önermektedir.

Anahtar Kelimeler: *Eş/partner şiddeti, Baş etme stratejileri, Depresyon, Türk kadınlar*

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TABLE OF CONTENTS

APPROVAL PAGE.....	i
DECLARATION.....	ii
ABSTRACT	iii
ÖZ	iv
ACKNOWLEDGEMENTS.....	v
TABLE OF CONTENTS.....	vi
LIST OF TABLES	vii
LIST OF ABBREVIATIONS.....	viii
I. INTRODUCTION.....	1
1.1. Intimate Partner Violence	2
1.2. Risk Factors for Intimate Partner Violence	4
1.3. Coping Strategies and Coping Strategies of Women with Intimate Partner Violence	5
1.4. Depression Related to Intimate Partner Violence.....	8
1.5. Aim of the Study.....	9
II. METHOD OF THE STUDY	10
2.1. The Importance of the Study	10
2.2. Model of the Study	10
2.3. Population and Sample	10
2.4. Instruments and Measures	10
2.4.1. Socio – Demographic Form	10
2.4.2. Violence against Women Scale (VAWS)	11
2.4.3. The Ways of Coping Inventory (WCI).....	12
2.4.4. Beck Depression Inventory (BDI).....	12
2.5. Procedure	13
2.6. Statistical Analysis	14
III. RESULTS.....	15
IV. DISCUSSION	38
4.1. Limitations of the Study and Future Recommendations	44
V. CONCLUSION.....	46
REFERENCES	47
APPENDICES	54

LIST OF TABLES

Table 1. Demographic Characteristics of Women and Their Partners	15
Table 2. Means, Standard Deviations and Minimum and Maximum Scores of VAWS, WCI and BDI	17
Table 3. Comparison of the Scores of VAWS, WCI and BDI According to the Women's Age Groups	18
Table 4. Comparison of the Scores of VAWS, WCI and BDI According to the Women's Education Level.....	19
Table 5. Comparison of the Scores of VAWS, WCI and BDI According to Women's Occupation	21
Table 6. Comparison of the Scores of VAWS, WCI and BDI According to Women's Income Levels	23
Table 7. Comparison of the Scores of Women from VAWS, WCI and BDI According to the Partners' Age Groups	25
Table 8. Comparison of the Scores of Women from VAWS, WCI and BDI According to the Partners' Education Levels.....	26
Table 9. Comparison of the Scores of Women from VAWS, WCI and BDI According to the Partners' Income Levels.....	28
Table 10. Comparison of the Scores from VAWS, WCI and BDI According to the Duration of Marriage.....	30
Table 11. Comparison of the Scores from VAWS, WCI and BDI According to the Numbers of Children.....	32
Table 12. Correlation Coefficient between VAWS, WCI and BDI	34
Table 13. Regression Analysis Examining Moderator Role of Coping Strategies in the Relationship between Violence and Depression	36

LIST OF ABBREVIATIONS

ANOVA: Analysis of Variance

BDI: Beck Depression Inventory

CAM: Control Acts of Man

EPV: Emotional/Psychological Violence

IPV: Intimate Partner Violence

PTSD: Post Traumatic Stress Disorder

PV: Physical Violence

SPSS: Statistical Package for Social Sciences

TRNC: Turkish Republic of Northern Cyprus

VAWS: Violence against Women Scale

WCI: Ways of Coping Inventory

WHO: World Health Organization

I. INTRODUCTION

The definition of violence was stated by World Health Organization as “The intentional use of physical force or power threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.” (Krug, Dalhberg, Merci, Zwi, & Lozano, 2002, p.5). The types of violent acts are categorized as self-directed, collective and interpersonal violence. While self-directed violence is committed individually as suicidal behavior and self-abuse, the commitment of collective violence is performed by large groups of people in social, economic or political areas. On the other hand, interpersonal violence is commonly seen in families and communities (Krug et al., 2002).

The victims of interpersonal violence are mostly women. Violence against women has been a serious problem in society all around the world (WHO, 2005). All women are at risk to be exposed to violence. Most of the risk of violence comes from inside of their homes just because they are women. The perpetrators of violence against women are mostly from their close circle of relationships. Especially, the ones who commit violence against women are their fathers, brothers, husbands and boyfriends.

The intimate partner violence from men to women has become a major social problem in the world. Regardless of their differences, a lot of women in all countries suffer from intimate partner violence. With the help of studies including psychological form of violence started to increase in the early 1990s, the focus on the criminal justice perspective of violence against women changed to public health problem perspective (Tjaden, 2005).

Considering intimate partner violence as a health problem, its consequences are inevitably profound. Negative impacts of intimate partner violence might appear both physically and mentally. Studies based on prevalence rates of intimate partner violence revealed that 40 to 72% of all women had injury as a consequence of physical violence at least once in their lives (Krug et al., 2002). Similarly, mental health problems based on intimate partner violence are reported frequently in many studies. For example, depression is one of the most frequently reported negative outcomes of intimate partner violence. If women do not cope with the stressor efficiently enough, depression might be severe. In

that case, effective coping strategies might change the strength of negative effects of intimate partner violence on psychological health.

Intimate partner violence remains as a common health problem in Turkey. Higher rates of reported intimate partner violence from men to women and its negative physical and mental consequences show the importance of the situation (Altınay & Arat, 2007). Although there are many studies investigated the impacts of intimate partner violence on psychological symptomology, there is no study specifically examined depression as a consequence. Studies conducted to examine the role of coping strategies in order to prevent the negative impacts of intimate partner violence on mental health in a Turkish sample are not sufficient. Also, it is hard to discuss the moderator role of coping strategies on the effects of intimate partner violence on depression in a Turkish sample. Therefore, this study gives an opportunity to see the impacts of IPV on depression among Turkish women and the moderator role of coping strategies on this relationship.

1.1.Intimate Partner Violence

Violence against women is mostly seen from people who are the perpetrators of violence have intimate relationships with the women (Eyüpoğlu, 2014). In the World Report on Violence and Health, Krug et al. (2002) defined intimate partner violence as any kind of behavior in an intimate relationship that leads to physical, sexual or psychological harm to partners in the relationship. Those behaviors can include physical aggression such as hitting and beating; force to intercourse and sexual harassment; psychological assault such as threats, constant humiliation and controlling behavior such as isolating an individual from their family and friends, restrictions for accessibility to information or assistance and monitoring their acts (Krug et al., 2002). If these abusive behaviors occur systematically in the same relationship, “battering” is used as a term for this intimate partner violence. As well as the violent acts that were defined previously, Tjaden (2005) pointed out the acts which do not include physical actions like verbal threat, emotional and psychological abuse and stalking should also be studied because of the similar consequences like violent acts.

By looking to studies that investigated intimate partner violence, the prevalence is considerably common on all around the world with high rates. Lifetime prevalence of intimate partner violence is found 25.5% among women by a survey conducted by the Department of Justice in US (Tjaden & Thoennes as cited in Eyüpoğlu, 2014). According

to Krug et al. (2002), the prevalence of physical abuse by their intimate male partner at least one time in women's lives differs from 10% to 69%. Due to the reports of WHO (2005) from many different countries, the percentages of women who were physically and sexually abused at least one time varied from 15% in Japan to 69% in Peru; also 62% in Bangladesh to 46% in Samoa, 37% in Brazil, 47% in Thailand to 41% in United Republic of Tanzania, 36% in Namibia and 24% of women in Serbia and Montenegro. As it is obvious from the previous data, the relationship between the rates of intimate partner violence and the economic level and the level of development of countries is negative.

In Turkey, there has been very little research reported on detailed information and data about violence against women. One of these studies was conducted by Altınay and Arat (2007) to investigate violence against women with 1520 participants who were chosen from 56 cities of Turkey. The results indicated that 34% of women who experienced physical assault by their husbands at least once in their lives. Moreover, restrictions for working outside by their husbands were reported by 29% of women. In order to extend the literature about domestic violence in Turkey, Turkish Republic Prime Ministry General Directorate on the Status of Women in collaboration with Hacettepe University (2009) carried out a comprehensive study about domestic violence with 12,795 women. The findings of the study revealed that 39% of participants reported physical abuse whereas 15% of women reported the experience of sexual violence by their intimate male partner at least one time in their lives. Also, emotional abuse was reported by 44% of women while 38% of women exposed to economic abuse and violence. The most important point about the results is that these percentages do not differ significantly regarding the regions women came from. Recently, Republic of Turkey Ministry of Family and Social Policies and General Directorate on the Status of Women in collaboration with Hacettepe University (2015) repeated the same study to investigate the differences on the prevalence rates of violence against women in 6 years. The study was conducted among 7,462 women and 36% of these women claimed that they experienced physical and 12% of them reported sexual violence from their husbands at least once in their lives. In addition, 44% of women experienced emotional harassment and 30% of women were exposed to economic abuse and violence at least one time in their lives. It is obvious that the results of both studies are highly similar. Although the percentages of women who were exposed to emotional abuse did not show any change, the percentages of women who experienced physical and sexual violence slightly changed, respectively, 39% to 36% and 15% to 12%.

Moreover, results indicated that even though the age of husbands has an effect on physical and sexual violence against women, socioeconomic level of husbands does not show a remarkable difference for violence against women.

The rates of violence against women are also not so different in Turkish Republic of Northern Cyprus than the rest of the world. According to the results of a study that was conducted by Çakıcı and colleagues (2007), 86% of 500 women reported psychological and 75% of participants were exposed to physical abuse in their lives. In a more recent study (Karaaziz, 2014), the prevalence of intimate partner violence was investigated among 497 women in TRNC. Results of the study revealed a percentage of 14.3 for intimate partner violence. In addition, education level, marital status, age and occupational status were found as the main risk factors for the experience of violence in life time.

1.2. Risk Factors for Intimate Partner Violence

The individual factors that were listed by The World Report on Violence and Health (WHO, 2002) are associated with a male partner's risk to abuse his partner. These individual factors for a perpetration of intimate partner violence include young age, alcoholism, depression, personality disorders, low education level, low income level and witnessing or experiencing violence as a child. Moreover, the individual factors of women which increase the likelihood of being exposed to violence by their partners include low education level, exposure to parental violence, exposure to sexual abuse in early childhood, acceptance of violence and exposure to other forms of prior abuse (WHO, 2012). The childhood maltreatment history causes adult victimization more than twice compared to women who were not exposed to childhood maltreatment (Parks, Kim, Day, Garza & Larkby, 2011). Except from all of these factors, most of the studies emphasized that being a woman is the primary risk factor of intimate partner violence (Ayrancı, Günay & Ünlüoğlu, 2002; Bailey, 2010).

In their study with a Turkish sample, Altınay and Arat (2007) found that when the gap between incomes levels of women and men increases, the likelihood of experiencing intimate partner violence against women also increases. In other words, the women who earn more than their partners reported victimization of intimate partner violence with a percentage of 63%. Also, they (2007) emphasized the importance of experiencing violence during childhood from their parents. The 52% of women who were exposed to violence in their childhood are the victims of intimate partner violence in their current

relationships. Moreover, Turkish women who are the witnesses of violence from their fathers to mothers are at higher risk of victimization of intimate partner violence. Altınay and Arat (2007) emphasized the perception of destiny among women by looking to their mothers' victimization and that perception may be concluded in coping with passive strategies with their own victimization of violence.

1.3. Coping Strategies and Coping Strategies of Women with Intimate Partner Violence

By facing with a stressful and threatening situation, people activate some critical cognitive and behavioral responses to cope with these events (Lazarus & Folkman, 1988). According to Folkman and Lazarus (1980), these coping efforts have two main functions. One of these functions is to arrange or change the person-environment relationship that creates the source of stress and it is called problem-focused coping; the other one is to regulate the emotions that revealed because of the stressful event and it is called emotion-focused coping. The problem-focused coping includes cognitive problem-solving and behavioral attempts to change or manage the cause of the problem, whereas the emotion-focused coping includes cognitive and behavioral attempts to regulate or reduce emotional distress. They (1980) listed seeking information, trying to get help, inhibiting action and taking direct action as the strategies that are included under the problem-focused category; while the emotion-focused category includes strategies such as trying to see humor in the situation, avoidance, detachment and assignment of blame to self or others. However, in the revised version of The Ways of Coping Scale (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986), they listed confrontative coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving and positive reappraisal. Because the study of that revised version of the scale was conducted among a broader sampling of subjects and stressful encounters, it is suggested more likely to use. Therefore, the listed coping strategies are also accepted as the current coping strategies.

Intimate partner violence can easily be perceived as a stressful event because it has a strong potential to exceed women's resources, puts their well-being in danger and may cause to lose their valued relationship (Finn, 1985). Especially, stress starts to appear when violence is expected and occurs. Once violence is perceived as stressful, victims of intimate partner violence starts to use coping strategies to deal with their situations (Finn, 1985). A violence circle was proposed by Carlson (1997) to clarify the stages in which

abused women experience their perceptions of the violence and related coping strategies. In the first stage, women internalize the reasons of violence as their own failings, blame themselves and try to improve their performance of gender roles as a wife and mother by using problem-focused coping strategies. In the second stage, because the abuse continues even if they are trying to change themselves, women start to realize that their partners are responsible for the violence and it does not stem from their own actions. Coping strategies may shift from self-blame to efforts of changing the partners' violent behavior. In the third stage, women recognize that their efforts to change their partner are useless because of escalating violence. Therefore, they realize that their partners are solely in charge of the violence and they are the victims of this relationship, so they start to use emotion-focused coping strategies. If those strategies are ineffective, they arrive at the final stage in which permanent ending of the relationship is the most effective alternative for coping with this stress.

Abused women's coping resources are commonly limited and they have plenty of limitations to use their resources (Carlson, 1997). For example, it is found that if stress as a result of intimate partner violence appears, the ability to use problem solving effectively is prevented (Finn, 1985). Kemp, Green, Hovanitz and Rawlings (1995) reported that women who use disengagement coping strategies like problem avoidance, self-criticism and social withdrawal experience increased psychological distress levels. Similarly, women who experience intimate partner violence at the highest levels mostly use avoidance-oriented coping like ignoring the problem (Mitchell & Hodson, 1983). According to Littleton, Horsley, John and Nelson (2007), there is a significantly positive correlation between the use of avoidance-oriented coping and psychological distress. Moreover, a meta-analysis of Waldrop and Resick (2004) revealed that women experiencing intimate partner violence have poorer problem-solving abilities. Therefore, women who experience intimate partner violence and keep staying in the relationship are more likely to use avoidance-oriented coping. However, the escalation in frequency and severity of violence impact their active coping skills about the termination of the relationship. Women who experience physical and/or emotional violence in their relationship are more likely to use emotion-focused coping and less likely to use problem-focused coping strategies compared to women who do not experience any kind of violence in their relationship (Matheson, Skomorovsky, Fiocco & Anisman, 2007). Also, some cultural factors seem to be important for coping strategies of women with intimate partner

violence. In a study that emphasized cultural factors by Yoshihama (2002), the types of coping strategies and perceived effectiveness in coping with their partners' violence of Japanese descent women who were born in Japan or U.S. were investigated. Results of the study revealed that Japan-born women who perceive "active" strategies as more effective experience higher psychological distress, whereas the perception of "passive" strategies as more effective leads to lower psychological distress. On the other hand, their U.S.-born counterparts who perceive "active" strategies as more effective experience less distress, while the perceived effectiveness of "passive" strategies lead to higher psychological distress.

It is important that the ways in which people cope with stress have an effect on their physical, psychological and social states of health (Folkman & Lazarus, 1980). Walker (1979) explored low levels of self-esteem, manipulation, denial, lack of initiative and lack of body integration as the main psychological characteristics of battered women syndrome. On the other hand, women with intimate partner violence experience and use more active coping strategies reported less depression and higher levels of self-esteem (Mitchell & Hodson, 1983). In a study conducted with a sample of 33 battered women, the escalation in self-blame with the violent events and in depressive symptoms with low levels of self-esteem were found (Cascardi & O'leary, 1992). Porcerelli, West, Binienda and Cogan (2005) compared 47 emotionally abused and 47 non-abused women in terms of physical and psychological symptoms and social support problems. It is reported that emotionally abused women experience more physical and psychological symptoms and social support problems compared to non-abused control group. According to Matheson et al. (2007), using emotion-focused coping in high levels and low levels of use of problem-focused coping predict higher levels of depression symptoms. In another study that was conducted by Reviere, Farber, Twomey, Okun, Jackson, Zanville and Kaslow (2007), psychological factors that affect links between intimate partner violence and suicidality were investigated in a sample of low-income African American women. Findings of the study showed that women who did not attempt to suicide reported more use of effective coping strategies, behavioral strategies when dealing with intimate partner violence, greater use of social support and less substance use, whereas attempters reported less use of adaptive coping strategies.

1.4. Depression Related to Intimate Partner Violence

The serious outcomes of intimate partner violence do not have to be physical all the time; also it might end up with serious psychological problems. One of the most frequently reported psychological problem is depression among battered women (Lee, Pomeroy & Bohman, 2007). According to Golding (1999), depression is a prevalent psychological consequence of intimate partner violence with a range from 15 to 83%, whereas the range is between 10.2 to 21.3% for the general population.

Research findings have shown that there is a significant relationship between intimate partner violence and depression. For example, Rodriguez and his colleagues (2008) interviewed 210 pregnant Latina women with intimate partner violence history or not, to find out factors that are related to depression and posttraumatic stress disorder. Results of the study revealed that 41% of women who experienced intimate partner violence reported higher levels of depression, whereas 16% of them scored higher points for PTSD. The factors that were associated with depression were found as inadequate feelings of mastery, early trauma history and experience of intimate partner violence. Dorahy, Lewis and Wolfe (2007) compared 33 Northern Irish women from shelter-type accommodation and with a history of domestic violence and 33 women as a control group from the general population to evaluate their behavioral and psychological difficulties. The group with intimate partner violence experience reported significant psychological difficulties, such as high levels of depression and anxiety compared to the general population group. In another study, Lara and her colleagues (2014) analyzed intimate partner violence and depressive symptoms in a sample of 51,227 pregnant Mexican women. It was found that any type of intimate partner violence was prevalent with 5.4% and the rate for depressive symptoms related to intimate partner violence was 16.2%.

On the other hand, types of violence are associated with the experience of depression. Orava, Mcleod and Sharpe (1996) compared 21 abused women and 18 non-abused women in terms of the predictors of depression. Physical violence victims were more likely to reveal depressive symptoms but, this relationship disappeared when the verbal abuse were controlled. These findings show that verbal abuse might be perceived as a psychological violence and triggers depression level more than physical violence. According to Dutton, Goodman and Bennett (1999), physical or sexual abuse were not found as the predictors of depression level, whereas psychological violence was the predictor of depression with a 27% variance in a sample of court-involved battered women. Also, Coker, Smith, Bethea,

King and McKeown (2000) pointed out the harmful impacts of psychological violence on women's physical and psychological health rather than physical violence. In another study, the associations between intimate partner violence and psychological functioning were examined with a sample of 282 Latina women in which the age range was between 18 and 45 years (Hazen, Connelly, Soriano & Landsverk, 2008). The results indicated that there was a strong association between physical violence and depression, similar with the association between psychological violence and depression. However, there was no association between sexual violence and psychological functioning.

1.5. Aim of the Study

In the light of all the above mentioned studies, it could be said that there is no specific study examining the moderator role of coping strategies on the effects of intimate partner violence on depression in a Turkish sample. Therefore, the main aim of the current study is to examine the moderator role of coping strategies on the effects of intimate partner violence on depression in a sample of Turkish women.

Compatible with the previous literature, it is hypothesized that coping strategies will have a moderator impact on the effects of intimate partner violence on depression of Turkish women. In this respect, hypotheses of the study were as following:

1. Women who reported intimate partner violence will report higher levels of depression.
2. Psychological and emotional violence will be more frequently reported by women compared to other types of violence.
3. Women who are exposed to psychological and emotional violence will report higher levels of depression compared to other types of violence.
4. Coping strategies will moderate the effects of intimate partner violence on depression levels of women.
5. Problem-focused coping will reduce the impact of intimate partner violence on depression, while emotion-focused coping will enhance the effect of intimate partner violence on depression.

II. METHOD OF THE STUDY

2.1. The Importance of the Study

This study gives opportunity to see types of coping strategies of Turkish women and their moderation effects on the effects of intimate partner violence on depression.

2.2. Model of the Study

This study was a descriptive research in which survey method was used.

2.3. Population and Sample

The population of this study was Turkish women who were older than 18 years old, married for at least 1 year and stayed in the relationship with their partners during the study.

Convenience sampling method was used in the study in order to prevent time consuming, cost and control problems to reach all the population. Because the population was unknown, the minimum sample size required for accuracy was computed by considering the standard normal deviation set at 95% confidence level and 5% margin of error and it was determined as 384 people. In order to obtain more reliable results, the researcher reached to 430 women who participated in the study.

2.4. Instruments and Measures

An informed consent form and four questionnaires were given to the participants. These questionnaires were administered to participants via an online survey. Socio-demographic questions form was used to determine participants' age, partners' age, education level, partners' education level, occupation, level of income, duration of marriage, number of children and status of civil marriage. VAWS was used to detect men's violence behaviors in which women were exposed. WCI was used to determine the general coping styles of women who were exposed to violence. Also, depression levels of women who were the victims of violence were assessed by the Turkish version of BDI.

2.4.1. Socio – Demographic Form

The socio-demographic questions form which was formed by the researcher for this study consisted of questions about participants' age, partners' age, education level, partners' education level, occupation, level of income, duration of marriage, number of children and status of civil marriage.

2.4.2. Violence against Women Scale (VAWS)

Violence against Women Scale (VAWS) was developed by Eyüpoğlu (2014) to assess men's violence behavior. The VAWS includes 27 questions which were firstly prepared by examining the study of Violence against Women in Turkey that was conducted by Altınay and Arat (2007) and Women Health and Domestic Violence against Women which was conducted by WHO (2005). These questions were shown to 15 women to take feedbacks about the questionnaire and men's four additional violent behaviors were described by participants. Therefore, in the pilot study, the first version of VAWS was administered as including 31 items. At the end of the factor analysis, the factors were named as "emotional/psychological violence (EPV), control acts of man (CAM) and physical violence (PV)" (Eyüpoğlu, 2014, p. 38) and some questions were excluded because of lower factor analysis values. The last version of VAWS included 27 items and the overall reliability was found as .90, whereas the Cronbach's Alpha coefficients were found as .90, .78 and .80 for the EPV, CAM and PV, respectively. In the final form of VAWS, EPV includes twelve items, CAM has nine items and PV is composed of six items. The frequency and stress level for each item were marked on the scale separately. The frequency of each item was measured by a 6-point Likert-type scale that ranged from 1 (never) to 6 (always). Also, the distress level for each item was measured by a 5-point Likert-type scale that ranged from 1 (never) to 5 (too much). The Cronbach's Alpha values for the frequency scores of the main study were found as .87, .64, .74 for EPV, CAM and PV, respectively. For the frequency dimension of the scale, the overall reliability was found as .90. On the other hand, the Cronbach's Alpha coefficients for the scores of distress level of the main study were .87, .68, .72 for EPV, CAM and PV, respectively. Also, for the distress level dimension of the scale, overall reliability was found as .90.

In the present study, VAWS was used to assess men's violence behaviors. Distress level subscale was excluded in the analysis procedure in order to prevent irrelevant results due to the nature of the study. Frequency scores of participants were used to determine the level of violence. In the current study, the overall reliability was found 0.93, whereas the Cronbach's Alpha coefficients were found 0.89, 0.81 and 0.85 for the EPV, CAM and PV, respectively.

2.4.3. The Ways of Coping Inventory (WCI)

The Ways of Coping Inventory (WCI) was designed to assess thoughts and behaviors used to cope with stress by Folkman and Lazarus (1980). The inventory was defined by Folkman and Lazarus (1980) as a checklist of 68 items with yes-no responses that describes various behavioral and cognitive coping strategies that might be used in a specific stressful situation. The classification of 68 items was done into two categories as problem-focused and emotion focused (Folkman & Lazarus, 1980). Under these two categories, Folkman and Lazarus (1985) identified 8 factors. The adaptation study to Turkish was conducted by Siva (1991) with a high Cronbach's Alpha coefficient of .90. In addition to 68 items, the Turkish version of the scale includes 6 more items by considering the tendency of Turkish people to depend on superstitious beliefs and fatalism (Siva, 1991). Therefore, the TWCI includes 74 items with a 5-point Likert scale. In the Turkish version of WCI, Siva (1991) identified 7 factors namely, planned behavior, mood regulation, acceptance, fatalism, being reserved, maturation, and helplessness-seeking help; under two main categories, problem-focused and emotion-focused, similar with Folkman and Lazarus (1980; 1985). In another study that was conducted by Gençöz, Gençöz and Bozo (2006), three factors were obtained, namely, problem-focused coping, emotion focused coping and indirect coping (seeking social support). The internal consistency coefficients of these three factors were high as respectively, .88, .90 and .84 (Gençöz et al., 2006).

In this study, the Turkish version of the WCI was used to assess the general coping styles of women who were exposed to violence. The Cronbach's Alpha coefficients were found 0.90, 0.92 and 0.89 for the problem-focused coping, problem-focused coping and indirect coping, respectively for the present study.

2.4.4. Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) was developed by Beck and his colleagues (1961) to assess the intensity of depression quantitatively. The BDI includes 21 categories of symptoms and attitudes which are overt behavioral manifestations of depression (Beck, Ward, Mendelson, Mock & Erbaugh, 1961). These symptom and attitude categories are mentioned as "mood, pessimism, sense of failure, lack of satisfaction, guilty feeling, sense of punishment, self-hate, self-accusations, self punitive wishes, crying spells, irritability, social withdrawal, indecisiveness, body image, work inhibition, sleep disturbance, fatigability, loss of

appetite, weight loss, somatic preoccupation and loss of libido” (Beck et al., 1961, p.54). There are series of 4 or 5 self-evaluative statements to display the severity of each symptom from neutral to maximal severity and 0 to 3 numbers indicate the degree of severity (Beck et al., 1961). The internal consistency coefficient was found as .86 and with a Spearman-Brown correction, the coefficient value was found as 0.93. The BDI was revised in 1978 by Beck and his colleagues (Beck & Steer, 1984) and it became more answerable to self-administration and easier to score. In their study, Beck and Steer (1984) compared the internal consistencies of the 1961 and 1978 versions of the BDI and they found the alpha coefficients as .88 and .86, respectively, which means that both versions of BDI have high levels of internal consistency. It was adapted into Turkish by Hisli (1988) and it was found reliable with a sample of hospitalized psychiatric patients. In another study that was conducted by Hisli (1989), the internal consistency coefficient was obtained as .80 with a sample of 259 university students.

In the present study, the Turkish version of the BDI was used to assess the depression level of women. The Cronbach’s Alpha coefficient for the current study was found 0.93.

2.5. Procedure

The online survey including four questionnaires was formed by Google Forms. In order to reach participants, the announcement of the study was shared on social media (Facebook, Twitter, G-mail groups). Participants who were willing to complete the surveys were also requested to share the announcement with other women whom they might know.

In the first page of the online survey, an information about the study were shown to participants and they were asked to participate the study on a voluntary basis. Only the ones who approved participation to the study continued to the other parts of the survey. The survey came to an end page if one did not approve participation. After the consent form, the Violence against Women Scale, the Ways of Coping Inventory and Beck Depression Inventory were presented in different pages respectively. Any responses for the scales, except the socio-demographic form, were not obligatory to fill in. The approximate time required to fill in was 10-15 minutes.

2.6. Statistical Analysis

The data obtained from 430 women was analyzed by using Statistical Package for Social Sciences (SPSS) 21.0 software.

In order to detect socio-demographic characteristics of participants and their husbands, frequency analysis were conducted and the results were given in their corresponding frequency distribution tables throughout the text.

Also descriptive statistics such as means, standard deviations, minimum and maximum scores that were derived from Violence against Women Scale, The Ways of Coping and Beck Depression Inventories were analyzed.

In order to determine the statistical methods which would be used to compare women's scores obtained from VAWS, WCI and BDI, the distribution characteristics of the scale scores were analyzed in terms of normality. According to the results of Kolmogorov-Smirnov test of normality, QQ plot and skewness and kurtosis values, the data was detected to have a normal distribution. Therefore, independent samples *t* test was conducted to compare two groups of independent variable and ANOVA was used to compare three or more groups of independent variable. As the results of ANOVA revealed a significant difference between the groups of independent variable, Post hoc comparisons using the Tukey HSD test were conducted to show which groups differ from which.

The relationships between women's scores from VAWS, WCI and BDI were assessed by conducting Pearson product-moment correlations test. Finally, in order to test the moderator role of coping strategies on the effects of violence on depression, Multiple Regression analysis was performed. Significance level for the study was determined to be 0.05.

III. RESULTS

Table 1.

Demographic Characteristics of Women and Their Partners

Demographic Information	Number (n)	Percentage (%)
Age Groups		
30 years old and younger	133	30,93
31-40 years old	220	51,16
41 and above 41 years old	77	17,91
Mean	33,84±8,21	
Education Levels		
Primary school graduate	28	6,51
High school graduate	119	27,67
Bachelor's degree	217	50,47
Master and Ph.D. degrees	66	15,35
Occupation		
Unemployed	133	30,93
Employed	297	69,07
Income Levels		
1400 TL and less/No income	149	34,65
1401-3000 TL	117	27,21
3001-5000 TL	125	29,07
5001 TL and above	39	9,07
Partners' Age Groups		
30 years old and younger	64	14,88
31-40 years old	248	57,67
41 and above 41 years old	118	27,44
Mean	36,85±9,56	
Partners' Education Levels		
Primary school graduate	58	13,49
High school graduate	120	27,91
Bachelor's degree	203	47,21
Master and Ph.D. degrees	49	11,40
Partners' Income Levels		
1400 TL and less	30	6,98
1401-3000 TL	136	31,63
3001-5000 TL	166	38,60
5001 TL and above	98	22,79
Duration of Marriage		
3 years and less	145	33,72
4-6 years	96	22,33
7-9 years	68	15,81
10 years and above	121	28,14
Numbers of Children		
No child	100	23,26
One child	179	41,63
Two children	128	29,77
Three and more children	23	5,35

The socio-demographic information of women participated in the study and information about their husbands and relationship are listed in the Table 1. The average age of women was found as 33.84 ± 8.21 . 30.93% of these women were 30 years old and younger; 51.16% of them were between 31 and 40 years old and 17.91% of women were 41 and above 41 years old. Also, education level of 27.67% of women participated in the study were high school graduate, 50.47% of them had a bachelor degree and 15.35% of them had master and/or Ph.D. degrees. 30.93% of women were unemployed, 34.65% did not have any kind of income or had a 1400 TL and under monthly income; whereas 27.21% of women reported having a monthly income level between 1400 and 3000 TL, 29.07% of them had an income between 3000 and 5000 TL in per month and 9.07% of women reported a 5000 TL and above monthly income level.

The average age of women's partners was found as 36.85 ± 9.56 and 14.88% of these men were 30 years old and younger, 57.67% were between 31 and 40 years old and 27.44% of them were 41 and above 41 years old. By looking to partners' education level, 27.91% of them were high school graduate, 47.21% of them had a bachelor degree and 11.40% of partners were reported to have a master and/or a Ph.D. degree. 31.63% of partners had monthly income level between 1400 and 3000 TL, income level of 38.60% were between 3000 and 5000 TL, and 22.79% were 5000 TL and above.

In terms of information based on the duration of marriage, 33.72% of women were married for 3 years or less, 22.33% of them reported 4 to 6 years, 15.81% of women were married for between 7 to 9 years and duration of marriage for 10 years and above were reported by 28.14% of these women. 23.26% of women did not have any child; whereas 41.63% of them had one child and 29.77% of women had two children.

Table 2.

Means, Standard Deviations and Minimum and Maximum Scores of VAWS, WCI and BDI

Scales	n	\bar{x}	s	Min	Max
Emotional/Psychological Violence (EPV)	430	1,58	0,75	1	4,75
Physical Violence (PV)	430	1,27	0,58	1	4,17
Control Acts of Man (CAM)	430	1,44	0,63	1	4,22
Violence Against Women Scale (VAWS)	430	1,43	0,57	1	4,07
Emotion-Focused Coping	430	51,28	15,38	22	110,00
Problem-Focused Coping	430	67,38	15,61	20	100,00
Seeking Social Support: Indirect Coping Style	430	26,64	7,36	9	45,00
Beck Depression Inventory	430	13,31	11,35	0	54,00

* $p \leq 0.05$

Table 2 showed some descriptive statistics like means, standard deviations, minimum and maximum scores that were derived from VAWS, WCI and BDI.

When Table 2 was examined, the mean of the total violence score gathered from VAWS was found as 1.43 ± 0.57 . The mean of total score of EPV subscale was 1.58 ± 0.75 , whereas the mean scores were found as 1.27 ± 0.58 and 1.44 ± 0.63 for the PV and CAM subscales.

The mean scores of WCI were obtained 51.28 ± 15.38 , 67.38 ± 15.61 and 26.64 ± 7.66 for Emotion-Focused Coping, Problem-Focused Coping and Indirect Coping Style subscales, respectively.

The mean score that was obtained from BDI was found 13.31 ± 11.35 .

Table 3.**Comparison of the Scores of VAWS, WCI and BDI According to the Women's Age Groups**

Scales	Age Groups	n	\bar{x}	s	Min	Max	F	p
Emotional/Psychological Violence (EPV)	30 years old and younger	133	1,48	0,68	1,00	3,92	1,92	0,15
	31-40 years old	220	1,64	0,76	1,00	4,75		
	41 and above 41 years old	77	1,61	0,81	1,00	4,42		
Physical Violence (PV)	30 years old and younger	133	1,21	0,50	1,00	3,83	1,09	0,34
	31-40 years old	220	1,30	0,60	1,00	4,17		
	41 and above 41 years old	77	1,29	0,63	1,00	3,83		
Control Acts of Man (CAM)	30 years old and younger	133	1,39	0,59	1,00	4,11	0,97	0,38
	31-40 years old	220	1,48	0,65	1,00	4,22		
	41 and above 41 years old	77	1,41	0,64	1,00	3,89		
Violence Against Women Scale (VAWS)	30 years old and younger	133	1,36	0,52	1,00	3,55	1,63	0,20
	31-40 years old	220	1,47	0,59	1,00	4,07		
	41 and above 41 years old	77	1,44	0,60	1,00	3,29		
Emotion-Focused Coping	30 years old and younger	133	50,93	14,92	22,00	110,00	0,33	0,72
	31-40 years old	220	51,04	14,73	24,00	108,00		
	41 and above 41 years old	77	52,56	17,93	22,00	101,00		
Problem-Focused Coping	30 years old and younger	133	67,76	15,40	20,00	100,00	0,06	0,94
	31-40 years old	220	67,28	15,57	20,00	100,00		
	41 and above 41 years old	77	67,03	16,25	28,00	100,00		
Seeking Social Support: Indirect Coping Style	30 years old and younger	133	27,29	7,29	9,00	45,00	1,25	0,29
	31-40 years old	220	26,60	7,23	9,00	45,00		
	41 and above 41 years old	77	25,62	7,83	11,00	45,00		
Beck Depression Inventory	30 years old and younger	133	13,74	11,04	0,00	47,00	0,72	0,49
	31-40 years old	220	13,54	11,57	0,00	54,00		
	41 and above 41 years old	77	11,92	11,31	0,00	51,00		

* $p \leq 0.05$

The ANOVA results of the comparison of the scores obtained from VAWS, WCI and BDI according to the participants' age groups were listed in Table 3.

As presented in Table 3, the difference between scores obtained from VAWS, WCI and BDI based on the age groups was not statistically significant ($p > 0.05$).

Table 4.

Comparison of the Scores of VAWS, WCI and BDI According to the Women's Education Level

Scales	Education Level	n	\bar{x}	s	Min	Max	F	p	Dif.
Emotional/Psychological Violence (EPV)	Primary school	28	2,19	0,97	1	4,75	8,56	0,00*	1-2
	High school	119	1,65	0,77	1	4,17			1-3
	Bachelor's	217	1,51	0,70	1	4,42			1-4
	Master and Ph.D.	66	1,42	0,63	1	3,92			
Physical Violence (PV)	Primary school	28	1,65	0,89	1	3,83	7,71	0,00*	1-2
	High school	119	1,37	0,66	1	4,17			1-3
	Bachelor's	217	1,21	0,50	1	3,83			1-4
	Master and Ph.D.	66	1,13	0,35	1	3,00			
Control Acts of Man (CAM)	Primary school	28	1,99	1,02	1	3,89	12,14	0,00*	1-2
	High school	119	1,56	0,68	1	4,11			1-3
	Bachelor's	217	1,34	0,49	1	4,22			1-4
	Master and Ph.D.	66	1,32	0,58	1	3,56			
Violence Against Women Scale (VAWS)	Primary school	28	1,94	0,82	1	3,35	12,30	0,00*	1-2
	High school	119	1,53	0,62	1	4,07			1-3
	Bachelor's	217	1,36	0,48	1	3,55			1-4
	Master and Ph.D.	66	1,29	0,47	1	3,11			
Emotion-Focused Coping	Primary school	28	59,54	19,24	24	102,00	5,61	0,00*	1-3
	High school	119	53,97	15,41	22	101,00			1-4
	Bachelor's	217	49,47	14,21	25	110,00			
	Master and Ph.D.	66	48,89	15,67	22	108,00			
Problem-Focused Coping	Primary school	28	61,79	20,10	20	100,00	1,77	0,15	
	High school	119	66,35	16,64	20	100,00			
	Bachelor's	217	68,28	14,93	28	100,00			
	Master and Ph.D.	66	68,68	13,29	28	98,00			
Seeking Social Support: Indirect Coping Style	Primary school	28	25,54	8,56	9	44,00	2,27	0,08	
	High school	119	25,45	7,42	9	45,00			
	Bachelor's	217	27,00	7,43	11	45,00			
	Master and Ph.D.	66	28,06	6,18	11	44,00			
Beck Depression Inventory	Primary school	28	21,21	13,98	0	51,00	12,91	0,00*	1-3
	High school	119	16,29	12,70	0	54,00			1-4
	Bachelor's	217	12,11	10,08	0	49,00			
	Master and Ph.D.	66	8,56	8,25	0	38,00			

* $p \leq 0.05$

In Table 4, the ANOVA results of comparison of the scores derived from VAWS, WCI and BDI according to the participants' education level were presented.

As seen in Table 4, total violence scores and scores that were obtained from emotional/psychological violence, physical violence and control acts of man subscales were found to be significantly different according to the education levels of women participated in this study ($p \leq 0.05$). This difference resulted from that women who were Primary school graduate had significantly higher scores on VAWS and its subscales as compared to women from other education levels.

Problem-focused coping and indirect coping subscale scores did not reveal a significant difference according to the education levels of women ($p > 0.05$), while there was a significant difference among the scores from emotion-focused coping subscale according to the education levels ($p \leq 0.05$). The significant difference was between Primary school graduate and master and Ph.D. degrees women because Primary school graduate participants had significantly higher scores on emotion-focused coping subscale than master and Ph.D. degrees women.

The scores of BDI had a statistically significant difference according to education levels of participants ($p \leq 0.05$). Primary school graduated participants scored significantly higher on BDI as compared to master and Ph.D. graduated participants.

Table 5.**Comparison of the Scores of VAWS, WCI and BDI According to Women's Occupation**

	Occupation	n	\bar{x}	s	t	p
Emotional/psychological Violence (EPV)	Unemployed	133	1,74	0,81	3,02	0,00*
	Employed	297	1,51	0,71		
Physical Violence (PV)	Unemployed	133	1,37	0,66	2,34	0,02*
	Employed	297	1,23	0,53		
Control Acts of Man (CAM)	Unemployed	133	1,63	0,76	4,19	0,00*
	Employed	297	1,36	0,54		
Violence Against Women Scale (VAWS)	Unemployed	133	1,58	0,63	3,66	0,00*
	Employed	297	1,36	0,53		
Emotion-Focused Coping	Unemployed	133	53,48	15,46	1,99	0,053
	Employed	297	50,29	15,27		
Problem-Focused Coping	Unemployed	133	67,10	16,20	-0,25	0,80
	Employed	297	67,51	15,36		
Seeking Social Support: Indirect Coping Style	Unemployed	133	25,80	7,05	-1,57	0,12
	Employed	297	27,01	7,48		
Beck Depression Inventory	Unemployed	133	16,83	12,53	4,40	0,00*
	Employed	297	11,73	10,42		

* $p \leq 0.05$

The independent samples *t*-test results of comparison of the scores derived from VAWS, WCI and BDI according to the participants' occupation status were listed in Table 5.

As seen in the Table 5, the results of independent samples *t*-test showed that there was a significant difference between employed and unemployed women on the scores of total VAWS and its subscales ($p \leq 0.05$). Women who were unemployed scored higher on VAWS and its subscales than their employed counterparts.

The *t*-test analysis comparing means of scores from emotion-focused, problem-focused and indirect coping subscales between employed and unemployed women revealed that the differences were not significant ($p > 0.05$). Although the scores of unemployed

women from emotion-focused coping subscale were higher than employed women, there was not found a statistically significant difference.

A statistically significant difference was found between employed and unemployed participants in terms of their scores from BDI ($p \leq 0.05$). The mean scores of unemployed women from BDI were found significantly higher than the mean scores of employed women.

Table 6.

Comparison of the Scores of VAWS, WCI and BDI According to Women's Income Levels

Scales	Monthly Income	n	\bar{x}	s	Min	Max	F	p	Dif.
Emotional/psychological Violence (EPV)	1400 TL and less	149	1,75	0,84	1	4,75	4,82	0,00*	1-4
	1401-3000 TL	117	1,54	0,74	1	4,42			
	3001-5000 TL	125	1,50	0,65	1	3,92			
	5001 TL and above	39	1,31	0,59	1	3,92			
Physical Violence (PV)	1400 TL and less	149	1,37	0,66	1	4,00	3,58	0,01*	1-4
	1401-3000 TL	117	1,27	0,57	1	4,17			
	3001-5000 TL	125	1,23	0,54	1	3,83			
	5001 TL and above	39	1,05	0,20	1	2,17			
Control Acts of Man (CAM)	1400 TL and less	149	1,61	0,77	1	4,22	6,51	0,00*	1-4
	1401-3000 TL	117	1,41	0,57	1	3,89			
	3001-5000 TL	125	1,31	0,46	1	3,11			
	5001 TL and above	39	1,29	0,54	1	3,56			
Violence Against Women Scale (VAWS)	1400 TL and less	149	1,58	0,65	1	3,51	6,22	0,00*	1-4
	1401-3000 TL	117	1,41	0,56	1	4,07			
	3001-5000 TL	125	1,35	0,48	1	3,55			
	5001 TL and above	39	1,22	0,39	1	2,82			
Emotion-Focused Coping	1400 TL and less	149	52,79	15,47	24	102,00	1,22	0,30	
	1401-3000 TL	117	51,74	15,47	22	110,00			
	3001-5000 TL	125	49,37	14,47	28	96,00			
	5001 TL and above	39	50,26	17,36	22	108,00			
Problem-Focused Coping	1400 TL and less	149	66,66	16,61	20	100,00	0,38	0,77	
	1401-3000 TL	117	67,15	16,60	20	100,00			
	3001-5000 TL	125	68,61	13,24	36	100,00			
	5001 TL and above	39	66,92	15,98	28	100,00			
Seeking Social Support: Indirect Coping Style	1400 TL and less	149	25,99	7,60	9	45,00	1,04	0,38	
	1401-3000 TL	117	26,72	7,37	9	45,00			
	3001-5000 TL	125	27,50	6,90	12	45,00			
	5001 TL and above	39	26,10	7,82	11	41,00			
Beck Depression Inventory	1400 TL and less	149	17,07	12,86	0	51,00	10,56	0,00*	1-3
	1401-3000 TL	117	13,04	10,39	0	54,00			
	3001-5000 TL	125	10,16	9,55	0	47,00			1-4
	5001 TL and above	39	9,85	9,12	0	48,00			

* $p \leq 0.05$

Table 6 presented the results of comparison of the scores collected from VAWS, WCI and BDI according to the women's income levels which were analyzed by ANOVA.

The differences between total violence score and scores from the subscales of VAWS according to the income levels of women were found statistically significant ($p \leq 0.05$).

Women whose income levels were 1400 TL and less had significantly higher scores on the total and subscales of VAWS compared to women who had income levels of 5001 TL and above. Other groups of income levels did not show any significant difference.

The scores of women from emotion-focused, problem-focused and indirect coping subscales did not reveal any significant difference according to their monthly income levels ($p > 0.05$). Regardless of their income levels, their scores obtained from the WCI were found as similar.

The BDI scores of participants were found to be statistically significant according to income levels ($p \leq 0.05$). The difference was found between the income levels groups of 1400 TL and less, 3001-5000 TL and 5001 TL and above. Women who had an income level of 1400 TL and less reported higher scores of BDI as compared to women whose income levels were between 3001 and 5000 TL and 5001 TL and above.

Table 7.

Comparison of the Scores of Women from VAWS, WCI and BDI According to the Partners' Age Groups

Scales	Partners' Age Groups	n	\bar{x}	s	Min	Max	F	p	Dif.
Emotional/psychological Violence (EPV)	30 years old and younger	64	1,60	0,76	1,00	3,92	0,78	0,46	
	31-40 years old	248	1,55	0,73	1,00	4,75			
	41 and above 41 years old	118	1,65	0,78	1,00	4,17			
Physical Violence (PV)	30 years old and younger	64	1,20	0,37	1,00	2,67	3,74	0,02*	1-3
	31-40 years old	248	1,23	0,54	1,00	4,00			
	41 and above 41 years old	118	1,39	0,71	1,00	4,17			
Control Acts of Man (CAM)	30 years old and younger	64	1,45	0,64	1,00	3,89	0,21	0,81	
	31-40 years old	248	1,43	0,60	1,00	4,11			
	41 and above 41 years old	118	1,47	0,69	1,00	4,22			
Violence Against Women Scale (VAWS)	30 years old and younger	64	1,42	0,52	1,00	3,35	1,35	0,26	
	31-40 years old	248	1,40	0,54	1,00	3,57			
	41 and above 41 years old	118	1,50	0,64	1,00	4,07			
Emotion-Focused Coping	30 years old and younger	64	50,34	14,25	22,00	110,00	0,20	0,82	
	31-40 years old	248	51,24	15,21	24,00	108,00			
	41 and above 41 years old	118	51,86	16,40	22,00	101,00			
Problem-Focused Coping	30 years old and younger	64	64,81	15,84	20,00	100,00	1,51	0,22	
	31-40 years old	248	68,39	15,23	20,00	100,00			
	41 and above 41 years old	118	66,67	16,18	28,00	100,00			
Seeking Social Support: Indirect Coping Style	30 years old and younger	64	26,88	7,97	9,00	45,00	2,10	0,12	
	31-40 years old	248	27,13	7,01	9,00	45,00			
	41 and above 41 years old	118	25,47	7,67	11,00	45,00			
Beck Depression Inventory	30 years old and younger	64	14,39	11,85	0,00	47,00	0,35	0,71	
	31-40 years old	248	13,06	10,73	0,00	51,00			
	41 and above 41 years old	118	13,25	12,37	0,00	54,00			

* $p \leq 0.05$

As seen in Table 7, the results of ANOVA showed that the scores of total violence, emotional/psychological violence and control acts of man subscales did not reveal any statistically significant difference according to partners' age groups ($p > 0.05$), whereas physical violence scores of women were found to be significant by looking to age of partners ($p \leq 0.05$). Women, who had a partner that was 41 years old or above, scored significantly higher on physical violence subscale than women with partners who were 30 years old and younger.

The scores of women from the WCI and BDI did not reveal any significant difference according to their partners' age groups ($p > 0.05$).

Table 8.

Comparison of the Scores of Women from VAWS, WCI and BDI According to the Partners' Education Levels

Scales	Partners' Education Levels	n	\bar{x}	s	Min	Max	F	p	Dif.
Emotional/psychological Violence (EPV)	Primary school	58	1,93	0,90	1	3,83	6,70	0,00*	1-3
	High school	120	1,64	0,71	1	3,67			1-4
	Bachelor's	203	1,48	0,68	1	4,42			
	Master and Ph.D.	49	1,41	0,79	1	4,75			
Physical Violence (PV)	Primary school	58	1,58	0,87	1	4,00	8,34	0,00*	1-3
	High school	120	1,31	0,52	1	3,17			1-4
	Bachelor's	203	1,18	0,50	1	4,17			
	Master and Ph.D.	49	1,18	0,43	1	2,83			
Control Acts of Man (CAM)	Primary school	58	1,70	0,75	1	4,11	4,58	0,00*	1-3
	High school	120	1,47	0,65	1	4,22			1-4
	Bachelor's	203	1,36	0,54	1	3,89			
	Master and Ph.D.	49	1,41	0,71	1	3,56			
Violence Against Women Scale (VAWS)	Primary school	58	1,74	0,71	1	3,57	8,38	0,00*	1-3
	High school	120	1,48	0,56	1	3,35			1-4
	Bachelor's	203	1,34	0,50	1	4,07			
	Master and Ph.D.	49	1,33	0,56	1	3,29			
Emotion-Focused Coping	Primary school	58	58,55	17,58	31	102,00	6,64	0,00*	1-3
	High school	120	52,43	15,20	25	99,00			1-4
	Bachelor's	203	48,81	13,55	22	108,00			
	Master and Ph.D.	49	50,10	17,52	22	110,00			
Problem-Focused Coping	Primary school	58	66,38	17,41	27	100,00	0,55	0,65	
	High school	120	67,28	15,67	30	100,00			
	Bachelor's	203	68,22	14,93	28	100,00			
	Master and Ph.D.	49	65,37	16,21	20	100,00			
Seeking Social Support: Indirect Coping Style	Primary school	58	25,79	8,57	11	45,00	1,15	0,33	
	High school	120	25,88	7,38	11	45,00			
	Bachelor's	203	27,16	7,12	11	45,00			
	Master and Ph.D.	49	27,31	6,72	9	45,00			
Beck Depression Inventory	Primary school	58	20,34	13,50	0	51,00	12,05	0,00*	1-3
	High school	120	14,52	11,03	0	49,00			1-4
	Bachelor's	203	11,38	10,25	0	54,00			
	Master and Ph.D.	49	10,04	10,09	0	41,00			

* $p \leq 0.05$

The ANOVA results of the comparison of the scores of women from VAWS, WCI and BDI according to their partners' education levels were shown in Table 8.

According to the results, total violence and violence subscales scores of women showed statistically significant differences according to their partners' education levels (p

≤ 0.05). The difference was found to be between women whose partners were primary school graduate and women who had partners with master and Ph.D. degrees. Women whose partners' education level was primary school graduation reported higher scores on the total and subscales of violence scale compared to women with partners who had higher education levels.

Emotion-focused coping scores of women revealed a significant difference according to their partners' education levels ($p \leq 0.05$). The emotion-focused coping scores of women who had a partner with primary school graduation were higher than scores of women whose partners had master and/or Ph.D. degrees. Scores from problem-focused coping and indirect coping subscales showed no statistically significant difference according to women's partners' education levels.

It was shown that there was a significant difference between BDI scores of women and their partners' education levels ($p \leq 0.05$). Depression scores of women whose partners were primary school graduated were higher than women with partners who were master and Ph.D. graduated.

Table 9.

Comparison of the Scores of Women from VAWS, WCI and BDI According to the Partners' Income Levels

Scales	Partners' Income Level	n	\bar{x}	s	Min	Max	F	p	Dif.
Emotional/psychological Violence (EPV)	1400 TL and less	30	1,85	0,84	1	3,58	5,10	0,00*	1-3
	1401-3000 TL	136	1,73	0,81	1	4,42			1-4
	3001-5000 TL	166	1,47	0,69	1	4,75			
	5001 TL and above	98	1,48	0,67	1	3,92			
Physical Violence (PV)	1400 TL and less	30	1,46	0,74	1	3,50	3,01	0,03*	1-3
	1401-3000 TL	136	1,35	0,63	1	3,83			1-4
	3001-5000 TL	166	1,20	0,51	1	4,17			
	5001 TL and above	98	1,22	0,54	1	3,67			
Control Acts of Man (CAM)	1400 TL and less	30	1,69	0,78	1	4,11	3,90	0,01*	1-3
	1401-3000 TL	136	1,53	0,66	1	3,89			1-4
	3001-5000 TL	166	1,34	0,53	1	4,22			
	5001 TL and above	98	1,42	0,66	1	3,89			
Violence Against Women Scale (VAWS)	1400 TL and less	30	1,66	0,70	1	3,51	5,23	0,00*	1-3
	1401-3000 TL	136	1,54	0,62	1	3,57			1-4
	3001-5000 TL	166	1,34	0,50	1	4,07			
	5001 TL and above	98	1,37	0,53	1	3,11			
Emotion-Focused Coping	1400 TL and less	30	55,93	19,49	30	102,00	3,06	0,03*	1-3
	1401-3000 TL	136	53,22	14,69	22	95,00			1-4
	3001-5000 TL	166	48,86	13,58	25	96,00			
	5001 TL and above	98	51,27	17,22	22	110,00			
Problem-Focused Coping	1400 TL and less	30	66,10	21,43	27	100,00	0,31	0,81	
	1401-3000 TL	136	66,57	15,41	20	100,00			
	3001-5000 TL	166	67,84	14,38	26	100,00			
	5001 TL and above	98	68,14	15,98	20	100,00			
Seeking Social Support: Indirect Coping Style	1400 TL and less	30	26,60	8,35	11	45,00	0,17	0,91	
	1401-3000 TL	136	26,79	7,50	9	45,00			
	3001-5000 TL	166	26,79	6,95	13	45,00			
	5001 TL and above	98	26,17	7,63	9	45,00			
Beck Depression Inventory	1400 TL and less	30	19,80	14,11	0	51,00	7,78	0,00*	1-3
	1401-3000 TL	136	15,52	12,12	0	49,00			1-4
	3001-5000 TL	166	11,63	10,19	0	54,00			
	5001 TL and above	98	11,11	9,99	0	51,00			

* $p \leq 0.05$

Table 9 presented the results of comparison of the women's scores collected from VAWS, WCI and BDI according to their partners' income levels which were analyzed by ANOVA.

Total violence and all violence subscales scores of women revealed statistically significant differences according to their partners' income levels ($p \leq 0.05$). Women whose partners had 1400 TL and less income levels had higher total violence and subscales scores as compared to women with partners who had income levels of 3001-5000 TL and 5001 TL and above.

It was revealed that there was a significant difference between emotion-focused coping scores of women and their partners' income levels ($p \leq 0.05$). Emotion-focused coping scores of women with partners whose income levels were 1400 TL and less were higher than women whose partners with 3001-5000 TL and 5001 TL and above. Women's scores from problem-focused coping and indirect coping subscales did not reveal any statistically significant difference according to their partners' income levels.

The BDI scores of participants were found to be statistically significant according to their partners' income levels ($p \leq 0.05$). Women with partners who had 1400 TL and less level of income scored higher on depression than women whose partners had 3001-5000 TL and 5001 TL and above income levels.

Table 10.

Comparison of the Scores from VAWS, WCI and BDI According to the Duration of Marriage

Scales	Duration of Marriage	n	\bar{x}	s	Min	Max	F	p	Dif.
Emotional/psychological Violence (EPV)	3 years and less	145	1,47	0,64	1	3,92	1,72	0,16	
	4-6 years	96	1,65	0,75	1	3,92			
	7-9 years	68	1,62	0,78	1	3,50			
	10 years and above	121	1,65	0,84	1	4,75			
Physical Violence (PV)	3 years and less	145	1,19	0,46	1	3,00	1,56	0,20	
	4-6 years	96	1,27	0,57	1	3,83			
	7-9 years	68	1,32	0,66	1	4,00			
	10 years and above	121	1,33	0,65	1	4,17			
Control Acts of Man (CAM)	3 years and less	145	1,38	0,59	1	3,89	0,81	0,49	
	4-6 years	96	1,47	0,59	1	3,44			
	7-9 years	68	1,44	0,69	1	4,22			
	10 years and above	121	1,50	0,68	1	3,89			
Violence Against Women Scale (VAWS)	3 years and less	145	1,35	0,48	1	3,35	1,68	0,17	
	4-6 years	96	1,46	0,55	1	3,57			
	7-9 years	68	1,46	0,61	1	3,51			
	10 years and above	121	1,49	0,65	1	4,07			
Emotion-Focused Coping	3 years and less	145	50,42	14,36	22	110,00	1,09	0,35	
	4-6 years	96	50,99	15,28	28	102,00			
	7-9 years	68	49,84	14,56	24	89,00			
	10 years and above	121	53,35	16,99	22	101,00			
Problem-Focused Coping	3 years and less	145	67,68	14,91	20	100,00	0,12	0,95	
	4-6 years	96	67,30	15,25	26	100,00			
	7-9 years	68	66,40	16,51	20	98,00			
	10 years and above	121	67,64	16,35	27	100,00			
Seeking Social Support: Indirect Coping Style	3 years and less	145	28,48	7,25	9	45,00	5,33	0,00*	1-3
	4-6 years	96	26,54	6,96	11	45,00			1-4
	7-9 years	68	25,26	7,59	9	45,00			
	10 years and above	121	25,28	7,30	11	45,00			
Beck Depression Inventory	3 years and less	145	12,38	10,55	0	51,00	2,49	0,06	
	4-6 years	96	16,04	12,38	0	49,00			
	7-9 years	68	12,13	9,82	0	35,00			
	10 years and above	121	12,93	12,00	0	54,00			

* $p \leq 0.05$

As seen in Table 10, the scores of women from VAWS, WCI and BDI were compared with the duration of marriage were compared by ANOVA and results were listed.

Any significant difference was revealed between women's scores from the total violence scale and its subscales and the duration of their marriages ($p > 0.05$). Although women who were married 3 years or less scored relatively higher than other women, this difference was not in a statistically significant way.

It was found that there was a significant difference between women's scores from the WCI in terms of their duration of marriages ($p \leq 0.05$). Women who were married 3 years or less than 3 years scored higher on the indirect coping subscale compared to women who were married for 7 to 9 years and 10 years or more. In terms of emotion-focused and problem-focused coping subscales, there was not any statistically significant difference according to women's duration of their marriages.

BDI scores of women did not reveal any significant difference according to their marriage durations ($p > 0.05$). Although women who were married for 4 to 6 years scored higher than other women, this difference was not in a statistically significant level.

Table 11.

Comparison of the Scores from VAWS, WCI and BDI According to the Numbers of Children

Scales	Numbers of Children	n	\bar{x}	s	Min	Max	F	p	Dif.
Emotional/psychological Violence (EPV)	No child	100	1,45	0,67	1	3,67	8,88	0,00*	1-4
	One child	179	1,49	0,65	1	3,92			2-4
	Two children	128	1,69	0,81	1	4,42			
	Three and more children	23	2,22	1,03	1	4,75			
Physical Violence (PV)	No child	100	1,21	0,51	1	3,00	3,92	0,01*	1-4
	One child	179	1,20	0,48	1	3,83			2-4
	Two children	128	1,36	0,70	1	4,17			
	Three and more children	23	1,54	0,72	1	3,50			
Control Acts of Man (CAM)	No child	100	1,42	0,63	1	3,89	3,67	0,01*	1-4
	One child	179	1,38	0,54	1	3,56			2-4
	Two children	128	1,49	0,67	1	4,22			
	Three and more children	23	1,82	0,89	1	3,89			
Violence Against Women Scale (VAWS)	No child	100	1,36	0,54	1	3,35	6,99	0,00*	1-4
	One child	179	1,36	0,48	1	3,57			2-4
	Two children	128	1,51	0,64	1	4,07			
	Three and more children	23	1,86	0,75	1	3,29			
Emotion-Focused Coping	No child	100	48,03	12,96	22	110,00	2,29	0,08	
	One child	179	51,83	15,82	25	108,00			
	Two children	128	52,34	15,68	22	94,00			
	Three and more children	23	55,22	18,43	32	101,00			
Problem-Focused Coping	No child	100	66,02	15,27	20	100,00	0,44	0,73	
	One child	179	68,20	15,01	26	100,00			
	Two children	128	67,47	16,15	28	100,00			
	Three and more children	23	66,52	18,92	27	100,00			
Seeking Social Support: Indirect Coping Style	No child	100	27,69	7,84	9	45,00	2,36	0,07	
	One child	179	26,91	6,98	11	45,00			
	Two children	128	25,27	7,39	11	45,00			
	Three and more children	23	27,52	7,41	14	44,00			
Beck Depression Inventory	No child	100	12,45	11,36	0	47,00	1,77	0,15	
	One child	179	13,22	10,11	0	47,00			
	Two children	128	13,19	12,14	0	54,00			
	Three and more children	23	18,43	14,97	1	51,00			

* $p \leq 0.05$

The ANOVA results listed in the Table 11 indicated that there was a statistically significant difference between women's total violence, emotional/physical violence, physical violence and control acts of man subscale scores according to their numbers of children ($p \leq 0.05$). Women who had three or more children reported higher total violence scores and scores from all violence subscales compared to women who had no child and only one child.

There was no statistically significant difference between women's scores from emotion-focused coping, problem-focused coping and indirect coping subscales according to their numbers of children ($p \leq 0.05$). Regardless of their numbers of children, all women scored similarly on the subscales of the WCI.

Women's scores obtained from BDI did not reveal any statistically significant difference according to their children numbers ($p > 0.05$). Although, women with three or more children had higher scores on depression scale than other women, this difference was not in a significant level.

Table 12.

Correlation Coefficient between VAWS, WCI and BDI

		Emotional/psychological Violence (EPV)	Physical Violence (PV)	Control Acts of Man (CAM)	Violence Against Women Scale (VAWS)	Emotion-Focused Coping	Problem-Focused Coping	Seeking Social Support: Indirect Coping Style	Beck Depression Inventory
Emotional/psychological Violence (EPV)	r	1,00							
	p								
Physical Violence (PV)	r	0,69	1,00						
	p	0,00*							
Control Acts of Man (CAM)	r	0,70	0,51	1,00					
	p	0,00*	0,00*						
Violence Against Women Scale (VAWS)	r	0,93	0,83	0,85	1,00				
	p	0,00*	0,00*	0,00*					
Emotion-Focused Coping	r	0,17	0,12	0,17	0,18	1,00			
	p	0,00*	0,01*	0,00*	0,00*				
Problem-Focused Coping	r	-0,10	-0,08	-0,09	-0,10	0,46	1,00		
	p	0,03*	0,09	0,07	0,03*	0,00*			
Seeking Social Support: Indirect Coping Style	r	-0,01	-0,01	-0,10	-0,04	0,40	0,55	1,00	
	p	0,92	0,84	0,04*	0,39	0,00*	0,00*		
Beck Depression Inventory	r	0,62	0,45	0,51	0,61	0,16	-0,19	-0,06	1,00
	p	0,00*	0,00*	0,00*	0,00*	0,00*	0,00*	0,20	

* $p < 0.05$

The correlation coefficients analyzed by a Pearson correlation test between scores of VAWS, WCI and BDI were given in the Table 12.

Emotion-focused coping was found to be positively correlated with total violence score, emotional/psychological violence, physical violence and control acts of man ($p \leq 0.05$). It means that as the scores of women from emotion-focused coping increase, total violence score and scores from all the violence subscales increase.

Problem-focused coping was negatively correlated with total violence and emotional/psychological violence scores ($p \leq 0.05$). It means that as problem-focused coping scores increase, total violence and emotional/psychological violence scores decrease.

Indirect coping was found to be negatively correlated with control acts of man subscale of VAWS ($p \leq 0.05$). As the scores from indirect coping subscale increases, control acts of man subscale scores decreases.

Depression was positively correlated with total violence and all of the violence subscales ($p \leq 0.05$). The relationship between these variables were highly strong and as women's total violence, emotional/psychological violence, physical violence and control acts of man scores increase, their depression scores from BDI also increase. Also, depression was found to be positively correlated with emotion-focused coping, and negatively correlated with problem-focused coping ($p \leq 0.05$). It indicates that as the scores of emotion-focused coping increase, depression scores also increase; whereas problem-focused coping scores increase, depression scores decrease.

Table 13.

Linear Regression Analysis Examining Moderator Role of Coping Strategies in the Relationship between Violence and Depression

		Unstandartized		Standartized	t	Sig.
		Coefficients		Coefficients		
		B	S.E.	Beta		
Model 1	(Constant)	-1,54	0,10		-14,89	0,00*
	Violence Against Women Scale (VAWS)	1,07	0,07	0,61	16,02	0,00*
Model 2	(Constant)	-1,42	0,10		-13,60	0,00*
	Violence Against Women Scale (VAWS)	0,99	0,07	0,57	14,56	0,00*
	Emotion-Focused Coping (EFC)	0,15	0,04	0,15	3,29	0,00*
	Problem-Focused Coping (PFC)	-0,21	0,05	-0,21	-4,39	0,00*
	Seeking Social Support: Indirect Coping Style (SSS)	0,02	0,05	0,02	0,39	0,69
Model 3	(Constant)	0,002	0,04		0,05	0,96
	Violence Against Women Scale (VAWS)	0,56	0,04	0,56	13,59	0,00*
	Emotion-Focused Coping (EFC)	0,15	0,04	0,15	3,50	0,00*
	Problem-Focused Coping (PFC)	-0,20	0,04	-0,20	-4,66	0,00*
	EFCxVAWS	-0,02	0,04	-0,02	-0,43	0,67
	PFCxVAWS	-0,01	0,04	-0,01	-0,32	0,75

* $p < 0.05$

In the Table 13, Linear Regression analysis results of moderator role of coping strategies in the relationship between violence and depression were presented.

Total scores of VAWS and depression scores were entered in the first step of the regression analysis. As seen in the Model 1, total scores of VAWS predicted the scores of depression in a statistically significant way ($p \leq 0.05$).

In the Model 2, the scores of emotion-focused coping, problem-focused coping and indirect coping subscales were entered to the equation. Women's scores from VAWS and emotion-focused and problem-focused subscales of WCI significantly predicted their scores from BDI.

In order to analyze the moderator role of coping strategies, the interaction of violence scale and emotion-focused coping subscale scores (EFC x VAWS) and the interaction of violence scale and problem-focused coping subscale scores (PFC x VAWS) were entered to the equation in the Model 3. Results revealed that both the interaction effect of Total Violence and Emotion Focused Coping and the interaction effect of Total Violence and Problem-Focused Coping were found to be non-significant in the last model ($p > 0.05$). It was found that coping strategies did not moderate the effects of intimate partner violence on depression.

IV. DISCUSSION

The main goal of the present study was to investigate the moderator role of coping strategies on the effects of intimate partner violence on depression among Turkish women. Although previous literature shows that violence against women is a common health problem in all over the world, specific studies investigating the effects of IPV on depression in a Turkish sample are not common. The current study gives an opportunity to see the effects of IPV and related risk factors on depression and the moderator impact of coping strategies on this relationship. Considering the results of the current study, related implications to prevent IPV and its negative effects can be designed.

Results showed that emotional/psychological violence was the most frequently reported violence type. It is obvious that findings of the current study have similar outcomes with the literature. In a study that was conducted in Malatya (Karaoğlu, Celbis, Ercan, Ilgar, Pehlivan, Güneş, Genç & Eğri, 2006), the prevalence rates of physical, emotional and sexual violence among 824 pregnant women were investigated. Result of the study showed that women mostly reported emotional violence during their pregnancy compared to other types of violence. As it was mentioned before, a study conducted by Turkish Republic Prime Ministry General Directorate on the Status of Women in collaboration with Hacettepe University (2009) revealed that 44% of women reported emotional abuse by their intimate male partner at least once in their lives. The repeated version of the study conducted in 2015 to examine the differences in 6 years did not reveal a difference in the percentage of emotional abuse, whereas physical and sexual violence percentages changed slightly. Also, Çakıcı and his friends (2007) indicated that psychological violence was reported by 86% of their participants in TRNC. In their study, Kardam and Yüksel (2009) found out that most commonly reported type of violence was emotional violence. Women did not feel uncomfortable when they expressed emotional violence compared to other types of violence. Moreover, Tokuç, Ekuklu and Avcıoğlu (2010) investigated the prevalence of domestic violence among married women living in Edirne. 93% of women reported the experience of psychological violence in the last 12 months. Similarly, a study conducted by Eyüpoğlu (2014) revealed that 51% of Turkish professional women who experienced intimate partner violence expressed emotional/psychological violence most frequently. Also, these women reported emotional/psychological violence as the most distressing violence type.

The present study indicated that women reported physical violence comparatively less to other violence types. Findings of the current study seem to be congruent with the

literature. For example, pregnant women living in Malatya reported physical violence as the least experienced form of violence (Karaoğlu et al., 2006). Also, results of the study conducted by Turkish Republic Prime Ministry General Directorate on the Status of Women in collaboration with Hacettepe University (2009) pointed out that physical violence was reported less than emotional violence. Tokuç and her friends (2010) revealed that prevalence of physical violence was considerably lower than psychological domestic violence. Moreover, Akar and his colleagues (2010) conducted a study to investigate prevalence rates of domestic violence against women among 1178 married women living in Ankara. According to the findings of the study, the least reported type of domestic violence is physical violence. Also, Eyüpoğlu (2014) showed that professional Turkish women reported physical violence in the last order with lower percentages compared to other types of violence.

As it was mentioned before, according to The World Report on Violence and Health (WHO, 2002), young age was reported as a risk factor for intimate partner violence. Van Wjik and De Bruijn (2012) pointed out young age as a risk factor related to violence victimization in adulthood for both gender. Also, it was stated by WHO (2012) that prevalence of being exposed to violence is commonly high at ages between 15 and 19 years and reaches a highest degree among women aged 40-44 years. Inconsistent with the previous literature, present study did not reveal any significant difference on the scores of violence according to women's age groups. Neither women aged 30 years and younger, nor women aged 41 and above 41 years old did not report any significant violence behavior in their relationships. It might be explained with that the sample of the current study was not heterogenic. Because it was a convenience sampling, only women whom the announcement of the study was reached attended and their education levels were found high. It is also known that high education level is a protector factor for intimate partner violence (Altınay & Arat, 2008). Thus, the explanation behind why younger participants did not report intimate partner violence might be underreporting their experiences with a hesitation to their high status or not experiencing intimate partner violence. Also, another reason might be the acceptance and legitimization of violence. Marshall and Furr (2010) indicated that justification of violence correlated positively with age among Turkish women and they pointed out the importance of patriarchal beliefs on this correlation. Therefore, women who were 41 years old and older might not report violence because they might perceive intimate partner violence more acceptable.

Findings of the current study indicated that education levels of women plays an important role on their violence experience. Women who are primary school graduated reported more experience of violence. On the other hand, women who have Bachelor's, Master and Ph.D. degrees showed less violence in their marriages. Compatible with the literature, findings of this study revealed that low education level is a risk factor for intimate partner violence against women. The positive correlation between domestic violence and women's low education level was emphasized by Jewkes, Levin and Penn-Kekana (2002). Also, World Health Organization (2012) pointed out low level of education as a risk factor for women that increase the likelihood of violence victimization. Bangdiwala and his friends (2004) emphasized low level of education as a strong indicator of physical violence. According to the results of a study that was conducted among Turkish women living in Sivas, Nur (2012) suggested that vulnerability for being a victim of physical violence was found more among women who have low level of education and low economic power. However, low education level was found as a predictor of all violence types in the current study. Moreover, it was found that high education level is a protective factor against intimate partner violence.

Women's employment status was found related to the experience of intimate partner violence. Results showed that unemployed women reported more violence than their employed counterparts. Similarly, Nur (2012) found being unemployed related to experience of intimate partner violence among Turkish women. Moreover, Tokuç, Ekuklu and Avcioğlu (2010) investigated risk factors of domestic violence in a sample of married Turkish women living in Edirne. They (2010) detected unemployment as a risk factor for physical violence. In the current study, being unemployed was significantly related not only with physical violence, but also with emotional/psychological violence and control acts of man dimension. On the other hand, reports of employed women were found related with less experience of intimate partner violence. Also, studies conducted among Turkish women indicated the protective role of being employed on physical violence experience (Karaoğlu et al., 2005, Tokuç, Ekuklu & Avcioğlu, 2010).

It was found that women who have lower income level reported higher violence experience. Women whose income levels are less than minimum wage reported more experiences of intimate partner violence compared to women whose income levels are more than 5000 TL. Current results are related with the studies investigating the association between violence and income. Women with lower economic income were found more likely to be exposed to intimate partner violence (Nur, 2012). Also, Eyüpoğlu

(2014) stated that as the income level decreases, the experience of intimate partner violence increases. Similarly, Altınay and Arat (2007) found a negative correlation between income level and physical violence. 43% of women who had an income level of 250 TL and less reported physical violence from their husbands at least once in their lives, whereas the physical violence rate decreased to 23% among women who had an income level of 2500 TL and more.

Results of the study indicated that partners' age is related with only physical violence. More specifically, women whose partners are 41 years old or above reported more physical violence compared to women with 30 years old and younger partners. The present findings are not consistent with the literature. The World Report on Violence and Health (WHO, 2002) pointed out young age as a man's individual risk factor for abusing his partner. Moreover, Mezey, Post and Maxwell (2002) investigated the relationship between age and physical violence and found out that physical abuse decreased with increased age.

It was reported that women whose partners completed primary education experienced intimate partner violence in their relationships compared to women with partners who have higher education levels. Altınay and Arat (2007) stated that there is a significant relationship between education levels of partners and physical violence against women. Although most of the women who have an illiterate partner reported physical violence at least once in their lives, the percentage of being exposed to physical violence was found 18% among women who have a partner with a high school and university degree. It is important to note that one out of six Turkish men who have higher education level commit physical violence against their partners. Moreover, Eyüpoğlu (2014) revealed that education level of partners is related to control acts of man. Women with partners who have lower education levels experienced control acts of man more than women with partners who have university and higher degrees. Although there are no specific findings in the literature about the relationship between emotional/psychological violence and partners' education level in a Turkish sample, the current results indicated that experience of emotional/psychological violence is also related with lower education levels of partners.

Partners' economic status played a significant role on the experience of violence. All the partners are employed and women whose husbands' level of income were 1400 TL and less reported more violence experiences compared to women with partners whose income levels were between 3000 to 5000 TL and 5000 TL and above. These results seem to be consistent with previous studies. Low income level was reported as an individual risk factor for a perpetration of intimate partner violence by World Health Organization (2002).

In their study with a Turkish sample, Altınay and Arat (2007) explored that reports of violence experience decreased with the increase in income levels. Women who indicated no income or lower income levels than 250 TL reported physical violence with a percentage of 43. The rate was found 23% among women who indicated the household income more than 2500 TL. However, it is important to note that women who reported higher household income levels might have a tendency to underreport violence experiences.

Although most of the studies emphasized the importance of duration of relationship as a strong predictor of intimate partner violence, the current findings did not reveal an effect. Even women who are married for 3 years or less reported higher violence experience, the difference was not significant. Also, they did not report any significant difference on their depression levels according to their duration of relationship. It was only found that women who are married for 3 years or less use indirect coping strategies more commonly compared to who are married for 7 to 9 years and 10 years or more. In contrast, it was found by Eyüpoğlu (2014) that duration of relationship has a positive correlation with problem-focused coping and a strong predictor of depression. However, the results of the present study did not show any similar findings with the previous literature.

In terms of number of children, a relationship was found on intimate partner violence experiences. Women with three or more children reported more violence experiences in their relationships compared to women who have no child and only one child. The results are in accordance with the related literature. Jewkes (2002) stated that the association between number of children and intimate partner violence is frequently reported. Straus, Gelles and Steinmetz (1980) explained this relationship based on the marital satisfaction problems among American families. They (1980) proposed that having a child causes stress and pressure on the parents and the conflicts appear as a result of the marital happiness. Once marital satisfaction starts to decrease, it never rises again to the former level and intimate partner violence appears as a show of strength. Therefore, the more children mean more stress, conflicts and experiences of intimate partner violence.

In the current study, a positive correlation between violence and emotion-focused coping was found. It means that women who experience violence are more likely to use emotion-focused coping strategies. Compatible with the current results, Matheson et al. (2007) mentioned the common use of emotion-focused coping strategies among the victims of physical and/or emotional violence. Finn (1985) explained that women might be prohibited to use problem-solving in an effective way because of the stress as an outcome

of intimate partner violence. Therefore, the victims of intimate partner violence start more likely to use emotion-focused coping strategies to deal with that stress.

It was also detected that problem-focused coping correlated negatively with total violence and emotional/psychological violence. It means that as the emotional/psychological violence increases, the use of problem-focused coping strategy decreases. As it was mentioned before, Waldrop and Resick (2004) notified that women who were exposed to intimate partner violence have poorer problem-solving abilities. Therefore, they are less likely to use problem-focused coping strategies (Matheson et al., 2007). It is also important to remember that emotional/psychological violence was reported more frequently by Turkish women. An explanation behind of these results might be that Turkish women perceive emotional/psychological violence more stressful than the other types of violence and their problem-solving abilities are suppressed.

A negative correlation was found between indirect coping and control acts of man dimension. As women are exposed to more control acts of men, they use indirect coping strategies less frequently. Similarly, Eyüpoğlu (2014) also found out that control acts of men were negatively correlated with indirect coping strategies of women. Moreover, control acts of man were reported as the second common violence type among Turkish women both in Akar and his colleagues' (2010) study and the present study. It is essential to point out that indirect coping refers to seeking social support. According to WHO (2005), controlling behaviors of men was defined as including preventions of seeing friends and restrictions to contact with her family or other people. Therefore, it can be inferred that Turkish women might not find a chance to share their problems about their husbands' control behaviors with their close environment because of the restrictions to contact with the environment.

Results indicated that strong correlations were obtained between depression and all types of violence. As emotional/psychological violence, physical violence or control acts of man experiences are escalated; women are more likely to have higher depression. Although the correlations coefficients were highly strong for every kind of violence, the coefficient between emotional/psychological violence and depression was the highest one. The findings are concordant with the previous studies. Depression is one of the frequently reported psychological problems as a negative consequence of intimate partner violence (Dorahy et al., 2007; Rodriguez et al., 2008; Lara et al., 2014; Eyüpoğlu, 2014). Especially, emotional violence was emphasized by many studies as a strong predictor of depression (Orava et al., 1996; Dutton et al., 1999; Coker et al., 2000; Hazen et al., 2008).

A positive correlation was found between depression and emotion-focused coping, whereas a negative correlation was obtained between depression and problem-focused coping. Similarly, Matheson et al. (2007) stated that higher levels of emotion-focused coping strategies predict higher levels of depression symptoms. Another study that was conducted to investigate the links between intimate partner violence and suicidality showed that women who attempted to suicide reported the use of emotion-focused coping strategies more frequently in order to deal with intimate partner violence (Reviere et al., 2007). On the other hand, Mitchell and Hodson (1983) revealed that women who use more active coping strategies such as problem solving reported less depression and higher self-esteem levels. Moreover, women who did not attempt to suicide reported more frequently use of problem-focused coping strategies in the case of intimate partner violence (Reviere et al., 2007).

The main goal of this study was to investigate the moderator role of coping strategies on the effects of intimate partner violence on depression. The findings suggested that although violence experiences and coping strategies were found to be related with women's depression separately, it was detected that coping strategies did not moderate the effects of total violence on depression. In addition, the interaction effect of total violence and problem-focused coping strategy did not achieve a decline on depression, whereas the interaction effect of total violence and emotion-focused coping strategy also did not enhance depression levels of women. Similarly, there are a few studies in which coping strategies did not play a moderator role on the relationship between violence and psychological symptomology. A study conducted by Calvete, Corral and Estevez (2008) among 298 women who were the victims of physical violence revealed that coping strategies of women did not moderate the effects of intimate partner violence on depression and anxiety symptoms. Moreover, Eyüpoğlu (2014) investigated the moderator role of coping strategies of professional Turkish women on the relationship between total violence and psychological symptomatology. Congruent with the current findings, coping strategies of professional women did not moderate the effects of total violence on their psychological symptomatology (Eyüpoğlu, 2014).

4.1. Limitations of the Study and Future Recommendations

The present study explained some predictors of intimate partner violence and their impacts on depression levels among a sample of Turkish women. Although the current findings of this study are primarily consistent with the hypotheses and the previous

literature, there are some limitations of the study that need to be considered in the interpretation of the results.

First of all, it was a cross-sectional study in which the data were collected from participants at a specific point in time. Because both intimate partner violence and depression are continuing variables, collecting the data at one specific time does not provide information about the changes over time. Therefore, it can be recommended that future researches should use a longitudinal study design to obtain more clear findings about the changes in the relationship between violence and depression over time. In addition, in order to reveal more objective results, quantitative measures were used in the present study. Although quantitative measures are recommended as suitable to obtain data from a large number of participants, qualitative methods including interviews might help to provide in-depth information about the participants' perceived subjective experiences of violence and depression. Moreover, the data collection process was conducted via online survey and the announcement of the study was shared by social media. That means only women who have social media accounts and internet access responded to the questionnaires. Thus, it is recommended to administer questionnaires in a face-to-face interview in order to reach also participants who do not use social media accounts.

Secondly, the inventory to assess women's coping strategies was a measurement of general coping strategies to deal with stress. Future research should use a measurement of coping strategies which would specifically assess women's coping with intimate partner violence. Therefore, the findings would be more clear and reliable.

Also, the results of the current study suggested that most of the participants have higher education levels and economic status. It was emphasized by Altınay and Arat (2007) that women with high education and income levels might underreport the experiences of intimate partner violence to prevent any harm towards their valued status. In order to avoid these issues, future research should focus on to reach women with different socio-economic conditions. Lastly, an official report of intimate partner violence experience was not a prerequisite and women who did not experience intimate partner violence before might have attended the study. Because it is a limitation that can affect the generalizability of the current findings, the study can be replicated with battered women with official intimate partner reports to obtain more clear information.

V. CONCLUSION

The aim of the present study was to examine the moderator role of coping strategies on the effects of intimate partner violence on depression in a sample of Turkish women. Although the main hypothesis was not supported with the results, the important findings of the study were discussed above. Overall findings demonstrated that some variables can be important predictors and/or protectors of the impacts of intimate partner violence on depression.

Intimate partner violence was found as a strong predictor of depression. Every type of intimate partner violence leads to an increase in depression levels of women. Moreover, it was detected that the use of emotion-focused coping increases with the escalation in the experience of intimate partner violence. Similarly, the use of emotion-focused coping causes an increase in the depression levels. Thus, it can be concluded that both intimate partner violence and emotion-focused coping seem to be powerful predictors of depression.

The most frequently reported type of violence among Turkish women was found emotional/psychological violence. Emotional/psychological violence was found to be negatively correlated with problem-focused coping and positively correlated with depression. On the other hand, it was found that an increase in the use of problem-focused coping is related with a decline in depression level. It is essential to conclude that problem-focused coping seems like a strong protector of depression levels of women experienced intimate partner violence.

In conclusion, it is important to remind that the concept of violence is mostly perceived physically. However, similar with the previous literature, the current study emphasized the importance of emotional/psychological violence. In order to raise awareness about intimate partner violence, women should be educated about the meanings of partners' abusing behaviors. Moreover, if the victims of intimate partner violence are educated about the important protector role of problem-focused coping, the negative consequences of intimate partner violence on depression can be reversed. Therapists should also focus on the coping strategies of women with intimate partner violence experiences while working with their depression symptoms.

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APPENDICES

APPENDIX A

BÖLÜM I

Gönüllü Katılım Formu

Sayın katılımcı,

Bu çalışma, Yakın Doğu Üniversitesi Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans programına bağlı olarak Prof. Dr. Ebru Tansel Çakıcı danışmanlığı altında yürütülen Psikolog Ecem Aşık'ın tez çalışmasıdır. Çalışmamızın amacı kadına yönelik eş şiddetinin ruh sağlığı üzerindeki etkisinin incelenmesidir. Soru formu içerisinde anket tarzında sorular bulunmaktadır ve cevaplama süresi yaklaşık 10 dakikadır. Soruların doğru ya da yanlış cevapları yoktur. Cevaplarınızın içten ve gerçek olmaları, araştırmada geçerli ve güvenilir sonuçlar elde edilmesine yardımcı olacaktır.

Çalışmada sizden kimlik bilgileriniz istenmemektedir. Cevaplarınız bilimsel araştırma amaçlı kullanılacak ve sağlanan bilgilerin tamamı sadece araştırmacı tarafından değerlendirilecektir. Size ait bilgileriniz kesinlikle gizli tutulacaktır.

Araştırmada, duygusal açıdan sizi üzen deneyimleriniz ile ilgili cevaplar vermeniz istenebilir. Katılım esnasında sorulardan veya cevaplarınızdan ötürü fazlasıyla rahatsız hissederseniz soruları cevaplamamayı tercih edebilir ya da katılımınızı istediğiniz an sonlandırabilirsiniz. Araştırmaya katılımın tamamen gönüllülük esasına dayandığını unutmayınız. Çalışma hakkında daha kapsamlı bilgi almak isterseniz Psikolog Ecem Aşık'a ecemmasik@gmail.com adresinden ulaşabilirsiniz.

İZİN ONAYI (Lütfen size uygun cümlelerin yanındaki kareyi işaretleyiniz)

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman sonlandırabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı kullanılmasını kabul ediyorum.

☐

Bu çalışmaya katılmıyorum.

☐

APPENDIX B

BÖLÜM II

Demografik Bilgiler

1. Yaşınız: ____

2. Uyruğunuz:

T.C. ☐

Diğer ☐

Belirtiniz ____

3. Eğitim durumunuzu son bitirdiğiniz okula göre işaretleyiniz:

Okur-Yazar değil ☐

Üniversite ☐

İlköğretim ☐

Yüksek Lisans ☐

Lise ☐

Doktora ☐

4. Mesleğiniz aşağıdaki grupların hangisine dahilse işaretleyiniz:

Ev Hanımı ☐

Serbest Meslek ☐

Memur ☐

Emekli ☐

İşçi ☐

Diğer ☐ Belirtiniz ____

5. Size ait ortalama aylık geliriniz (maaş, kira, vb.) ne kadardır?

Gelirim yok ☐

3000 – 5000 TL ☐

Asgari ücretin (1400 TL) altında ☐

5000 – 10000 TL ☐

1400 – 3000 TL ☐

10000 TL ve üzeri ☐

6. Eşinizin yaşı: ____

7. Eşinizin eğitim durumunu son bitirdiği okula göre işaretleyiniz:

Okur-Yazar değil ☐

Üniversite ☐

İlköğretim ☐

Yüksek Lisans ☐

Lise ☐

Doktora ☐

8. Eşinizin mesleği aşağıdaki grupların hangisine dahilse işaretleyiniz:

Çalışmıyor ☐

İşçi ☐

Memur ☐

Serbest Meslek ☐

Emekli ☐

Diğer ☐

Belirtiniz ____

9. Eşinize ait ortalama aylık gelir (maaş, kira, vb.) ne kadardır?

Geliri yok ☐

3000 – 5000 TL ☐

Asgari ücretin (1400 TL) altında ☐

5000 – 10000 TL ☐

1400 – 3000 TL ☐

10000 TL ve üzeri ☐

10. Eşinizle kaç yıldır evlisiniz? ____

11. Kaç çocuğunuz var?

Çocuğum yok ☐

Çocuğum var ☐ Kaç tane çocuğunuz var? ____

12. Resmi nikahınız var mı?

Evet ☐

Hayır ☐

APPENDIX C

BÖLÜM III

Kadına Yönelik Şiddet Ölçeği'nden Örnek Sorular

Aşağıdaki soruları şu anda evli olduğunuz kişiyle olan birlikteliğinizi dikkate alarak cevaplayınız. Eğer şu anda bir evliliğiniz yok ise soruları en son evliliğinizdeki ilişkinizi dikkate alarak cevaplayınız. Her soruda ilk olarak o maddedeki ifadeyi ne sıklıkla yaşadığınız, ikinci olarak da maddede ifade edilen durumun sizi ne kadar rahatsız ettiği sorulmuştur. Lütfen her madde için size en iyi ifade eden sıklık ve rahatsızlık düzeylerini işaretleyiniz. Eğer sıklık düzeyinde “hiç olmadı” seçeneğini işaretlerseniz, o soruya ait rahatsızlık düzeyini boş bırakabilirsiniz.

Eşim/Partnerim	Sıklık						Rahatsızlık Düzeyi				
	Hiç olmadı	Yalnız bir kez	Birkaç kez	Ara sıra	Sık sık	Her zaman	Hiç	Biraz	Orta	Oldukça	Çok fazla
1. Benim paramı elimden alır											
2. Beni evden kovar											
3. Fiziksel özelliklerimle dalga geçer											
4. Bana bir şeyler fırlatır											

15. Beni başkalarının yanında küçük düşürür						
16. Benim boğazımı sıkar						
17. Benim kıyafetlerime karışır						
18. Bana kesici aletlerle saldırır						
19. Beni yumruklar, tekmeler						

APPENDIX D

BÖLÜM IV

Baş Etme Stratejileri Ölçeği'nden Örnek Sorular

Bir kadın olarak çeşitli sorunlarla karşılaşılıyor ve bu sorunlarla başa çıkabilmek için çeşitli duygu, düşünce ve davranışlardan yararlanıyor olabilirsiniz.

Sizden istenilen karşılaştığınız sorunlarla başa çıkabilmek için neler yaptığınızı göz önünde bulundurarak, aşağıdaki maddeleri cevap kağıdı üzerinde işaretlemenizdir. Lütfen her bir maddeyi dikkatle okuyunuz ve cevap formu üzerindeki aynı maddeye ait cevap şıklarından birini daire içine alarak cevabınızı belirtiniz. Başlamadan önce örnek maddeyi incelemeniz yararlı olacaktır.

ÖRNEK:

Madde 4. İyimser olmaya çalışırım.

Hiç uygun değil	Pek uygun değil	Uygun	Oldukça uygun	Çok uygun
1.....	2.....	3.....	4.....	5.....

1. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım.....

1.....2.....3.....4.....5

2. Bir sıkıntıyı olduğuna kimsenin bilmesini istemem

1.....2.....3.....4.....5

3. Bir mucize olmasını beklerim.....

1.....2.....3.....4.....5

4. İyimser olmaya çalışırım.....

1.....2.....3.....4.....5

5. “Bunu da atlatırsam sırtım yere gelmez” diye düşünürüm.....

1.....2.....3.....4.....5

6. Çevremdeki insanlardan problemi çözmede bana yardımcı olmalarını beklerim

1.....2.....3.....4.....5

7. Bazı şeyleri büyütmemeye üzerinde durmamaya çalışırım.....

1.....2.....3.....4.....5

8. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım.....

1.....2.....3.....4.....5

9. Bu sıkıntılı dönem bir an önce geçsin isterim.....

1.....2.....3.....4.....5

10. Olayın değerlendirmesini yaparak en iyi kararı vermeye çalışırım.....
1.....2.....3.....4.....5
11. Konuyla ilgili olarak başkalarının ne düşündüğünü anlamaya çalışırım.....
1.....2.....3.....4.....5
12. Problemin kendiliğinden hallolacağına inanırım.....
1.....2.....3.....4.....5
13. Ne olursa olsun kendimde direnme ve mücadele etme gücü hissederim...
1.....2.....3.....4.....5
14. Başkalarının rahatlamama yardımcı olmalarını beklerim.....
1.....2.....3.....4.....5
15. Kendime karşı hoşgörülü olmaya çalışırım.....
1.....2.....3.....4.....5
16. Olanları unutmaya çalışırım.....
1.....2.....3.....4.....5
17. Telaşımı belli etmemeye ve sakin olmaya çalışırım.....
1.....2.....3.....4.....5
18. “Başa gelen çekilir” diye düşünürüm.....
1.....2.....3.....4.....5
19. Problemin ciddiyetini anlamaya çalışırım.....
1.....2.....3.....4.....5
20. Kendimi kapana sıkışmış gibi hissederim.....
1.....2.....3.....4.....5
21. Duygularımı paylaştığım kişilerin bana hak vermesini isterim.....
1.....2.....3.....4.....5
22. Hayatta neyin önemli olduğunu keşfederim.....
1.....2.....3.....4.....5
23. “ Her işte bir hayır vardır ” diye düşünürüm.....
1.....2.....3.....4.....5
24. Sıkıntılı olduğumda her zamankinden fazla uyurum.....
1.....2.....3.....4.....5
25. İçinde bulunduğum kötü durumu kimsenin bilmesini istemem.....
1.....2.....3.....4.....5
26. Dua ederek Allah’tan yardım dilerim.....
1.....2.....3.....4.....5
27. Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım.....
1.....2.....3.....4.....5

28. Olanla yetinmeye çalışırım.....
1.....2.....3.....4.....5
29. Olanları kafama takıp sürekli düşünmekten kendimi alamam.....
1.....2.....3.....4.....5
30. İçimde tutmaktansa paylaşmayı tercih ederim.....
1.....2.....3.....4.....5
31. Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım.....
1.....2.....3.....4.....5
32. Sanki bu bir sorun değilmiş gibi davranırım.....
1.....2.....3.....4.....5
33. Olanlardan kimseye söz etmemeyi tercih ederim.....
1.....2.....3.....4.....5
34. “İş olacağına varır” diye düşünürüm.....
1.....2.....3.....4.....5
35. Neler olabileceğini düşünüp ona göre davranmaya çalışırım.....
1.....2.....3.....4.....5
36. İşin içinden çıkamayınca “elimden birşey gelmiyor” der, durumu olduğu gibi kabullenirim.....
1.....2.....3.....4.....5
37. İlk anda aklıma gelen kararı uygulayırım.....
1.....2.....3.....4.....5
38. Ne yapacağıma karar vermeden önce arkadaşlarımdan fikrini alırım.....
1.....2.....3.....4.....5
39. Herşeye yeniden başlayacak gücü bulurum.....
1.....2.....3.....4.....5
40. Problemin çözümü için adak adarım.....
1.....2.....3.....4.....5
41. Olaylardan olumlu birşey çıkarmaya çalışırım.....
1.....2.....3.....4.....5
42. Kırgınlığımı belirtirsem kendimi rahatlamış hissedirim.....
1.....2.....3.....4.....5
43. Alın yazısına ve bunun değişmeyeceğine inanırım.....
1.....2.....3.....4.....5
44. Soruna birkaç farklı çözüm yolu ararım.....
1.....2.....3.....4.....5

45. Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım.....

12345

46. “Olanları keşke değiştirebilseydim” derim.....

12345

47. Aile büyüklerine danışmayı tercih ederim.....

12345

48. Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım.....

12345

49. “Herşeye rağmen elde ettiğim bir kazanç vardır” diye düşünürüm.....

12345

50. Gururumu koruyup güçlü görünmeye çalışırım.....

12345

APPENDIX E

BÖLÜM V

Beck Depresyon Ölçeği'nden Örnek Sorular

Açıklama:

Sayın cevaplayıcı aşağıda gruplar halinde cümleler verilmektedir. Öncelikle her gruptaki cümleleri dikkatle okuyarak, **BUGÜN DAHİL GEÇEN HAFTA** içinde kendinizi nasıl hissettiğini en iyi anlatan cümleyi seçiniz.

1. 0. Üzgün ve sıkıntılı değilim.
 1. Kendimi üzüntülü ve sıkıntılı hissediyorum.
 2. Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.
 3. O kadar üzüntülü ve sıkıntılıyım ki, artık dayanamıyorum.

2. 0. Gelecek hakkında umutsuz ve karamsar değilim.
 1. Gelecek hakkında karamsarım.
 2. Gelecekte beklediğim hiçbir şey yok.
 3. Geleceğim hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

3. 0. Kendimi başarısız bir insan olarak görmüyorum.
 1. Başkalarından daha başarısız olduğumu hissediyorum.
 2. Geçmişe baktığımda başarısızlıklarla dolu olduğunu görüyorum.
 3. Kendimi tümüyle başarısız biri olarak görüyorum.

4. 0. Herşeyden eskisi kadar zevk alıyorum.
 1. Birçok şeyden eskiden olduğu gibi zevk alamıyorum.
 2. Artık hiçbir şey bana tam anlamıyla zevk vermiyor.
 3. Herşeyden sıkılıyorum.

5. 0. Kendimi herhangi bir şekilde suçlu hissetmiyorum.
 1. Kendimi zaman zaman suçlu hissediyorum.
 2. Çoğu zaman kendimi suçlu hissediyorum.
 3. Kendimi her zaman suçlu hissediyorum.

6. 0. Kendimden memnunum.
 1. Kendimden pek memnun değilim.
 2. Kendime kızgıyım.

3. Kendimden nefret ediyorum.
7. 0. Başkalarından daha kötü olduğumu sanmıyorum.
 1. Hatalarım ve zayıf taraflarım olduğunu düşünmüyorum.
 2. Hatalarımdan dolayı kendimden utanıyorum.
 3. Herşeyi yanlış yapıyormuşum gibi geliyor ve hep kendimi kabahatli buluyorum.
 8. 0. Kendimi öldürmek gibi düşüncelerim yok.
 1. Kimi zaman kendimi öldürmeyi düşündüğüm oluyor ama yapmıyorum.
 2. Kendimi öldürmek isterdim.
 3. Fırsatını bulsam kendimi öldürürdüm.
 9. 0. İçimden ağlamak geldiği pek olmuyor.
 1. Zaman zaman içimden ağlamak geliyor.
 2. Çoğu zaman ağlıyorum.
 3. Eskiden ağlayabilirdim ama şimdi istesem de ağlayamıyorum.
 10. 0. Her zaman olduğumdan daha canı sıkın ve sinirli değilim.
 1. Eskisine kıyasla daha kolay canım sıkılıyor ve kızıyorum.
 2. Herşey canımı sıkıyor ve kendimi hep sinirli hissediyorum.
 3. Canımı sıkın şeylere bile artık kızamıyorum.
 11. 0. Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.
 1. Eskisi kadar insanlarla birlikte olmak istemiyorum.
 2. Birileriyle görüşüp konuşmak hiç içimden gelmiyor.
 3. Artık çevremde hiçkimseyi istemiyorum.
 12. 0. Karar verirken eskisinden fazla güçlük çekmiyorum.
 1. Eskiden olduğu kadar kolay karar veremiyorum.
 2. Eskisiye kıyasla karar vermekte çok güçlük çekiyorum.
 3. Artık hiçbir konuda karar veremiyorum.
 13. 0. Aynada kendime baktığımda değişiklik görmüyorum.
 1. Aynada kendime her zamankinden kötü görünüyorum.
 2. Aynaya baktığımda kendimi yaşlanmış ve çirkinleşmiş buluyorum.
 3. Kendimi çok çirkin buluyorum.

APPENDIX F

Kadına Yönelik Şiddet Ölçeği Kullanım İzni Hakkında



Gelen Kutusu x



ecem aşık <ecemmasik@gmail.com>

22.11.2017 ☆



Alıcı: Nuray ▾

Sayın Prof. Dr. Nuray Karancı,

Yakın Doğu Üniversitesi, Klinik Psikoloji Yüksek Lisans Programı'nda öğrenciyim. Baş etme stratejilerinin, kadına karşı eş/partner şiddeti ve depresyon arasındaki ilişkiye moderatör etkilerini araştıracağım Prof. Dr. Ebru Çakıcı'nın danışmanlığında hazırladığım tez çalışmamda, eş/partner şiddetini, danışmanlığını yaptığınız Hilal Eyüpoğlu'nun doktora tezi için geliştirmiş olduğu Kadına Yönelik Şiddet Ölçeği ile değerlendirmek istiyorum. Ölçeğin kullanımı için izin vererseniz çok sevinirim.

Yardımlarınız için teşekkür ederim,

Ecem Aşık.



karanci@metu.edu.tr

23.11.2017 ☆



Alıcı: bana ▾

Sayın Aşık,

Danışmanlığını yuruttuğum, Hilal Eyüpoğlu'nun doktora tezi için geliştirmiş olduğu Kadına Yönelik Şiddet Ölçeğini tez çalışmasında referans göstererek kullanabilirsiniz.

İyi çalışmalar,

Prof. Nuray Karancı

Alıntı ecem aşık <ecemmasik@gmail.com>

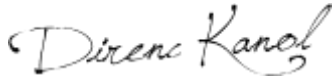
APPENDIX G**Etik Kurulu Onay Yazısı****BİLİMSEL ARAŞTIRMALAR ETİK KURULU**

04.12.2017

Sayın Ecem Aşık,

Bilimsel Araştırmalar Etik Kurulu'na yapmış olduğunuz YDÜ/SB/2017/69 proje numaralı ve **“The Moderator Role of Coping Strategies on The Effects of Intimate Partner Violence on Depression”** başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur. Bu yazı ile birlikte, başvuru formunuzda belirttiğiniz bilgilerin dışına çıkmamak suretiyle araştırmaya başlayabilirsiniz.

Yardımcı Doçent Doktor Direnç Kanol
Bilimsel Araştırmalar Etik Kurulu Raportörü



Not: Eğer bir kuruma resmi bir kabul yazısı sunmak istiyorsanız, Yakın Doğu Üniversitesi Bilimsel Araştırmalar Etik Kurulu'na bu yazı ile başvurup, kurulun başkanının imzasını taşıyan resmi bir yazı temin edebilirsiniz.

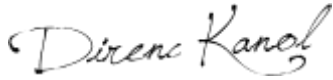
BİLİMSEL ARAŞTIRMALAR ETİK KURULU

04.12.2017

Dear Ecem Aşık,

Your application titled **“The Moderator Role of Coping Strategies on The Effects of Intimate Partner Violence on Depression”** with the application number YDÜ/SB/2017/69 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assist. Prof. Dr. Direnç Kanol
Rapporteur of the Scientific Research Ethics Committee



Note: If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.

APPENDIX H

Curriculum Vitae

1. **Name, Surname:** Ecem Aşık
2. **Date of Birth:** 26.05.1992
3. **Title:** MSc
4. **Education Status:** Master's Degree

Degree	Department	University	Years
Bachelor's Degree	Psychology	Middle East Technical University Northern Cyprus Campus	2009 - 2015
Master's Degree	Clinical Psychology	Near East University	2015 - 2018

5. Academic Experience

Assignment Period	Title	Department	University
2017 Spring Semester	Teaching Assistant	Psychology	METU NCC
2012 - 2013	Research Assistant	Psychology	METU NCC

Master's Thesis:

Aşık, E. (2018). *The moderator role of coping strategies on the effects of intimate partner violence on depression*. (Unpublished master's thesis). Near East University, Nicosia, TRNC.

APPENDIX I

Ecem Aşık

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