

**NEAR EAST UNIVERSITY
INSTITUTE OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY**

**THE RELATIONSHIP BETWEEN DOMESTIC VIOLENCE,
SELF-BLAME, SELF-ESTEEM AND PSYCHOLOGICAL WELL-
BEING AMONG FEMALE STUDENTS**

M.Sc. THESIS

Stephen ADEBANJO

Nicosia

January, 2024

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M.Sc. THESIS

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Approval

We certify that we have read the thesis submitted by STEPIHEN OLAWALE ADEBANJO titled **“The relationship between domestic violence, self-blame, self-esteem and psychological well-being among female students** and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of General Psychology.

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Declaration

I formally attest that all data, materials, analyses, and results in this thesis were gathered and presented in accordance with the academic expectations and ethical principles of the Institute of Graduate Studies, Near East University. I further declare that I have properly attributed and referenced any information and data that are not unique to this work, as required by these rules and conduct.

Stephen Olawale Adebajo

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I would like to begin by expressing my profound gratitude to God Almighty for enabling me to complete my master's thesis by providing me with strength and wisdom and also for providing the financial resources for me to complete my masters program. I also would love to express my heartfelt appreciation to my fiancée, Adedamola and my family members for their continuous support and encouragement throughout my journey in writing this thesis. I would like to say thank you to my thesis supervisor, Dr Gloria Manyeruke for her unwavering support and guidance during this project. I would also love to thank lecturers of the General Psychology Department at Near East University, for their efforts in educating and nurturing me for the future. A big thank you to you all.

Stephen Olawale Adebajo

Abstract

The Relation between Domestic Violence, Self-Blame, Self-Esteem and Psychological Well-Being among Female Students

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Domestic violence, commonly referred to as intimate partner violence (IPV), is a critical, destructive, and widespread issue that puts lots of women globally at risk for poor health outcomes, including higher rates of mental health disorders. The goal of this study is to examine relationship between domestic violence, self-blame, self-esteem, psychological well-being and academic performance among female students. A sample of 385 female students was recruited using a convenience sampling technique. The data was gathered through a survey that included four standardized scales and a demographic data form. The scales included WHO Violence Against Women Instrument (WHO-VAWI), the Self-blame Scale (SBS), the Depression, Anxiety and Stress Scale (DASS-21) and the Rosenberg Self-esteem Scale. The results of the study revealed that self-blame and psychological well-being are positively correlated to life-time exposure, exposure in the last 12 months and frequency of exposure to domestic violence. The study also revealed that self-esteem is negatively correlated to life-time exposure, exposure in the last 12 months and frequency of exposure to domestic violence. Additionally, the findings also indicated that witnessing IPV in the family is strongly associated with lifetime exposure, exposure in the last 12 months and frequency of exposure to domestic violence. However, no significant correlation was found between witnessing IPV in the society and life-time exposure, exposure in the last 12 months, and frequency of exposure to domestic violence. The findings also showed that students living with a partner have higher incidences of domestic violence than any other relationship status. These results emphasize the need for awareness and prevention programs that promote healthy intimate partner relationships devoid of domestic violence among university students, as well strategic interventions targeting the specific needs of the victims.

Key words: intimate partner violence, self-blame, psychological well-being, self-esteem, academic performance

Öz

Kız Öğrencilerde Aile İçi Şiddet, Kendini Suçlama, Benlik Saygısı ve Psikolojik İyi Oluş Arasındaki İlişki

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Yaygın olarak yakın partner şiddeti (IPV) olarak adlandırılan aile içi şiddet, küresel olarak birçok kadını, daha yüksek zihinsel sağlık bozuklukları oranları da dahil olmak üzere kötü sağlık sonuçları açısından risk altına sokan kritik, yıkıcı ve yaygın bir sorundur. Bu çalışmanın amacı, Kuzey Kıbrıs'taki kadın üniversite öğrencilerinin aile içi şiddetin kendini suçlamayı, psikolojik iyi oluşlarını ve özsaygılarını nasıl etkilediğini incelemektir. Kolayda örnekleme tekniği kullanılarak 385 kız öğrenciden oluşan bir örnek alınmıştır. Veriler, dört standart ölçek ve demografik veri formunu içeren bir anket aracılığıyla toplandı. Ölçekler arasında DSÖ Kadına Yönelik Şiddet Ölçeği (WHO-VAWI), Kendini Suçlama Ölçeği (SBS), Depresyon, Kaygı ve Stres Ölçeği (DASS-21) ve Rosenberg Benlik Saygısı Ölçeği yer almaktadır. Araştırmanın sonuçları, kendini suçlama ve psikolojik iyi oluşun yaşam boyu maruz kalma, son 12 ayda maruz kalma ve aile içi şiddete maruz kalma sıklığı ile pozitif yönde ilişkili olduğunu ortaya koymuştur. Araştırma ayrıca benlik saygısının yaşam boyu maruz kalma, son 12 ayda maruz kalma ve aile içi şiddete maruz kalma sıklığı ile negatif ilişkili olduğunu ortaya koymuştur.

Ek olarak, bulgular ayrıca ailede IPV'ye tanık olmanın yaşam boyu maruz kalma, son 12 aydaki maruz kalma ve aile içi şiddete maruz kalma sıklığı ile güçlü bir şekilde ilişkili olduğunu göstermiştir. Bulgular ayrıca bir partnerle yaşayan öğrencilerin aile içi şiddet vakalarının diğer ilişki durumlarına göre daha yüksek olduğunu göstermiştir. Bu sonuçlar, üniversite öğrencileri arasında aile içi şiddet içermeyen sağlıklı yakın partner ilişkilerini destekleyen farkındalık ve önleme programlarının yanı sıra mağdurların özel ihtiyaçlarını hedef alan stratejik müdahalelere olan ihtiyacı vurgulamaktadır.

Anahtar Kelimeler: yakın partnerden şiddet, kendini suçlama, psikolojik iyi oluş, benlik saygısı, akademik performans

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List of Abbreviations

CGPA:	Cumulative Grade Point Average
EMU:	Eastern Mediterranean University
IPV:	Intimate Partner Violence
NEU:	Near East University
PTSD:	Post-traumatic Stress Disorders
STD:	Sexually Transmitted Disease
WHO:	World Health Organization

CHAPTER I

Introduction

This chapter includes the background, problem statements, aims, research questions, significance, limitations and definition of terms of the research.

Domestic violence is now broadly recognized as a serious societal issue that impacts the physical and mental well-being of millions of individuals globally. However, domestic violence is defined differently in various research, populations, and languages. Other related phrases are intimate partner violence (IPV) and family violence (Siltala, 2014). Domestic violence comprises acts of violence committed against another adult by a household member or close partner (Hawcroft et al., 2019). The term “Domestic violence” also known as intimate partner violence (IPV), disproportionately affects women, with one-third women globally suffering physical or sexual violence at any stage in their lives (Gulati & Kelly 2020).

Domestic violence may take various forms such as physical or verbal violence, sexual violence, and psychological violence or emotional violence and controlling behaviors (Patra et al., 2018) however, these various forms of abuse are not always easy to differentiate and occur together most of the time (Garcia-Moreno & Watts, 2011). Previous research indicates that several forms of IPV usually occur in the same relationship. However, some research indicates that psychological abuse, which includes controlling behavior, affects both genders far more frequently than other forms of IPV (Lovestad et al., 2017). Intimate partner violence affects both genders, though women are more at risk of being victimized and experience more grave consequences, particularly in cases of severe physical and sexual abuse (Ramsay et al., 2012). IPV is not only prevalent in adults, previous studies discovered that the rate of young adults, many of whom are college students, who have experienced IPV is between 20% and 50% (Bryant & Spencer, 2003). Depending on the types of violent behaviors the victims were exposed to, IPV involvement can have short-term or long-term effects (Ahmadabadi et al., 2020).

According to Mazza et al. (2021), domestic violence is regarded as a critical public health problem that has been connected to a variety of mental health consequences, including low self-esteem, depression, anxiety, PTSD, problems focusing, somatization, difficulties in social or academic settings, and feelings of guilt and blame. A World Health Organization (WHO) report on violence and health, stated that women who experienced abuse from their partners had greater incidences

of depression and anxiety than non-abused women (Malik, 2021). The increased prevalence of anxiety disorders among women who have experienced domestic abuse is concerning according to mental health professionals worldwide (Zola et al., 2021). IPV victims also report high degrees of PTSD, ranging from mild to severe. The rates are significantly higher when compared to the general population or women (Nathanson et al., 2012).

Recent literature has found links connecting women's exposure to intimate partner violence, psychological health outcomes connected to IPV, and their levels of self-esteem. The link between the adversity of IPV exposure and mental health problems in women who are exposed to it is also moderated by self-esteem. Prolonged exposure to psychological and physical abuse permanently lowers women's self-esteem (Guler et al., 2022). Furthermore, victims of domestic violence frequently experience feelings of shame, guilt, and self-blame for their abuse. Regrettably, individuals with poor self-esteem are less likely to take action to leave or stay out of abusive situations, which can intensify a violent cycle. In addition, the victim may suffer from damaged self-esteem if friends or professionals hold her accountable for not stopping the abuse (Karakurt et al., 2014).

Studies conducted on crime victims' attitudes reported they frequently hold themselves responsible for their mistreatment. Women who have been abused frequently hold themselves responsible for their partner's violence, which, if it continues, eventually results in depression (Cascardi & O'Leary, 1992). A previous research has also found connections between intimate partner violence and academic achievement. Physical IPV, for instance, has been shown to negatively impact undergraduate students' performance on a number of measures, including cumulative GPA. Similarly, there is a negative correlation between GPA and emotional and sexual intimate partner psychological aggression (Mengo & Black, 2015). This research aims to investigate the experiences of North Cyprus university students, giving light on the effects of domestic violence and its correlation with self-blame on victims' mental health, self-esteem, and academic achievement.

Problem Statement

Domestic abuse is a global issue that cuts over national boundaries as well as financial, cultural, racial, and class barriers. This problem is ubiquitous in terms of

both area and incidence, indicating that it is a common and acceptable practice (Susmitha, 2016). Gender-based violence is widely acknowledged as one of the most prevalent forms of domestic abuse and several studies suggest that anywhere from 10 to 35 percent of women have encountered such maltreatment during their lifetime (Flury et al., 2010). Based on a comprehensive survey conducted by the World Health Organization (WHO) across ten diverse nations, it was found that a significant proportion of women (ranging from 15% to 71%), who had been in a romantic relationship at some point, had encountered instances of physical or sexual abuse perpetrated by their intimate partners (Ellsberg et al., 2008). Conversely, the available research data on domestic violence experienced by men is notably limited, and findings in this area have often presented conflicting conclusions. A thorough analysis by Desmarais et al. (2012) affirmed that 36% of women and 22% of men had experienced at least one occurrence of physical domestic violence throughout their lifetimes (Desmarais et al., 2012).

Globally, the occurrence rate of intimate partner violence (IPV) towards individuals involved in sexual relationships stands at 30%, with the regions of the Eastern Mediterranean, South-East Asia, and Africa exhibiting the most elevated rates. Their intimate partners are the perpetrators for 37% of all sexual and/or physical assaults and 38% of all female homicides worldwide (Stöckl et al., 2013). Young people are disproportionately affected by intimate partner violence. Approximately 50% of all survivors of intimate partner violence (IPV) disclose that their initial encounter occurred during the period encompassing their early adulthood, specifically ranging from 18 to 24 years of age. Many undergraduate college students belong to the 18–24 age range (Brewer et al., 2018). Women who are abused by domestic violence may suffer severe physical and psychological consequences (Malik et al., 2021). Physical and sexual abuse can lead to internal injuries, cuts, fractures, burns, disability it can also harm reproductive organs and cause unwanted pregnancy, abortion, sexually transmitted infections and death (Thabet et al., 2015; Mazza et al., 2021; Erden, 2022). Psychological violence can have longer-lasting effects and be more destructive than physical violence. Suicidal thoughts are extremely prevalent in people who have experienced psychological abuse (Rahnavardi et al., 2017). Besides causing physical harm, there exists substantial evidence establishing a correlation between intimate partner violence and mental health conditions like depression and depressive symptoms. Depression affects

women twice as frequently as it does men, making it the most prevalent mental health issue among them (Lovestad et al., 2017). Further research has unveiled that the indicators exhibited by females who have been subjected to abuse are congruous with the key manifestations associated with post-traumatic stress disorder (Jones et al., 2001).

Moreover, domestic abuse has the potential to undermine an individual's self-worth and belief in ones' self. Victims often experience a sense of worthlessness, self-blame, and a distorted self-perception due to the constant belittlement, humiliation, and degradation they may endure (Dutton & Goodman, 2005). Frequent exposure to abusive behavior can make young adults doubt their worth, abilities, and value in a relationship. The constant belittlement, criticism, and manipulation can lead to a diminished sense of self-esteem (Randle & Graham, 2011). Reports have also highlighted the detrimental impact of domestic violence on academic performance. A lower GPA and more academic difficulties were more common among undergraduates who reported IPV (Brewer et al., 2018). Comparisons between the grades of students who experienced physical abuse indicate that physical violence has a negative impact on academic performance (Omosuzi et al., 2022). The pervasive global occurrence of domestic violence cutting across diverse demographics, poses a critical and widespread challenge, with serious physical, psychological, and academic consequences for individuals, particularly women, necessitating urgent research to understand its multifaceted impact and inform targeted interventions. Therefore, this study explores the prevalence of domestic violence and its association with self-blame, self-esteem, psychological well-being and academic performance among female students in North Cyprus.

Aim of the Study

This study aims to determine the relationship between domestic violence, self-blame, self-esteem, psychological or mental well-being, and academic performance among female university students in North Cyprus. The study also explores the mediating role of self-blame and self-esteem in the relationship between domestic violence and psychological well-being. This study intends to critically analyze the following research question:

Research Questions

1. Is there a relationship between domestic violence, self-blame, self-esteem, psychological well-being and academic performance among female students?
2. Does self-blame mediate the relationship between domestic violence and psychological well-being?
3. Does self-esteem mediate the relationship between domestic violence and psychological well-being?

Sub-questions

4. Are there significant differences in the level of domestic violence experienced based on witnessing IPV in the family?
5. Are there significant differences in the level of domestic violence experienced based on witnessing IPV in the society?
6. Are there significant differences in level of domestic violence experienced based on relationship status?
7. Are there significant differences in level of domestic violence according to economic levels?
8. Are there significant differences in level of domestic violence experienced according to source of income?
9. Are there significant differences in level of domestic violence experienced according to educational level?
10. Are there significant differences in level of domestic violence experienced according to race?

Significance of the Study

The researcher's work is crucial since limited research exists that specifically address the psychological consequences of domestic violence and its link with self-blame, self-esteem and academic performance in a single research setting. (Cascardi & O'Leary, 1992; Bryant & Spencer, 2003; Thabet et al., 2015; Sesar et al. 2015; Brewer et al., 2018; Attalla & Rome, 2020; Guler et al., 2022; Tarrino-Concejero et al. 2023). Cascardi and O'Leary (1992) conducted a study on the correlation between depressive symptoms, self-esteem, and self-blame among women who have experienced domestic violence. Several earlier investigations have examined the link between academic achievement and intimate partner violence (IPV) in heterosexual

and sexual minority college students, investigating the potential role of physical and mental health in mediating this connection (Bryant and Spencer (2003).

Studies in North Cyprus were mainly conducted on the general population and there is a noticeable gap on the subject matter (Uzun & Uzunboylu, 2015). Most these research tends to only shed light on the plight of gender, and exploring just the psychological impacts of domestic violence, with a lesser or non-existence link to self-blame, self-esteem and academic performance. The main subject of these studies was the occurrence, causes, and methods of preventing domestic violence in North Cyprus (Uzun & Uzunboylu, 2015; Guder et al., 2021). Mertan et al. (2012) focused only on the knowledge and attitudes toward domestic violence against women in North Cyprus. Karaaziz and Tansel (2022) only looked into the frequency of intimate partner violence in North Cyprus among women, along with associated risk factors and psychological symptoms.

The aim of this study is to fill the research void and provide valuable perspectives on the experiences of college students in North Cyprus, shedding light on the consequences of domestic violence and its connection with self-blame, psychological well-being, self-esteem and academic performance of the victims. The findings of this research can be utilized by academic institutions, government agencies and non-governmental organizations to raise public awareness of the threat posed by domestic violence and its link to self-blame, which can have a detrimental effect on college students' mental health and self-esteem. This increased awareness can lead to community mobilization, prevention campaigns, and educational initiatives aimed at promoting healthy relationships, preventing violence, and reducing the stigma associated with seeking help among the student population. The abused women may feel more validated when their experiences are acknowledged and understood. This recognition is crucial for breaking the silence and stigma surrounding domestic abuse. Also awareness campaigns frequently give information on accessible support services, shelters, counseling, and help-lines. The abused women might benefit from knowing where to go for support and services in their areas.

Limitations

Since only two of the more than fifty recognized institutions in North Cyprus will take part in this study, information will be gathered through a survey of a sizable

sample of university students (Eastern Mediterranean University and Near East University). This can lead to a very common quantitative research pitfall of generalization, which involves drawing a broad inferences or conclusion from a pretty insignificant population in comparison to the entire problem setting (Eyisi, 2016).

Definition of Terms

Domestic Violence: is characterized by a pattern of hostile behavior in interpersonal interactions. It encompasses various forms of violence such as physical, sexual, emotional, and psychological, which can result in detrimental effects, causing fear and anger for the person being victimized (Halket et al., 2013).

Self-blame: Self-blame is the belief that one's experiences are a direct outcome of one's conduct or character (Hooker, 2013).

Psychological or mental well-being: refers to a state of being mentally and emotionally healthy, where an individual acknowledges their own abilities, manages everyday difficulties effectively, achieves success in their endeavors, and makes meaningful contributions to their community (Dhanabhakym, M., & Sarath, 2023).

Self-esteem: is used to describe a person's subjective assessment of their own value, worth, and overall self-perception (Rosenberg, 1965).

Academic Performance: Academic performance gauges students' performance across a range of subject areas (Ward, 1998).

Young Adult Relationship: refers to interactions that are sexual or personal between adults who are 18 to 25. Long-term commitments, independence, and identity exploration are typical developmental steps in these partnerships (Arnett & Mitra, 2018).

Intimate Partner Violence (IPV): hints at a case of poor behavior that takes place in a personal relationship. Through physical, sexual, emotional, or psychological means, one partner gains control and sway over the other (Mitchell, 2009).

CHAPTER II

Literature Review

The purpose of this study is to look at the impact of domestic violence on self-blame, psychological well-being, self-esteem, and academic performance of university students in Northern Cyprus. This chapter comprises two sections, the theoretical framework and related research.

Theoretical Framework

This section will discuss the concepts, nature, theories and form of domestic violence. The section will also discuss the impact of domestic violence on women and university students. Furthermore, the concepts, definition, theories and impact of self-blame on victims will also be discussed. In addition, the concepts, theories and factors affecting self-esteem will also be covered. Lastly, the impact of domestic violence on self-esteem, mental well-being and academic performance will be outlined.

Domestic Violence

In many nations, domestic violence refers to intimate partner violence (IPV) or family violence; however, the word can also apply to various types of violence against children (child abuse), the elderly, or maltreatment by household members. However, it is crucial to understand the situations in which domestic violence might arise in a home or domestic environment (Omosuzi et al., 2021). Domestic violence is the term used to describe any act of violence that takes place within a significant personal relationship. This violence can manifest in various forms, such as between married couples, romantic partners, or same-sex couples. Additionally, domestic violence can occur within familial connections, including parent-child relationships, adult children and elderly parents, and even among siblings (Huss, 2008). Domestic abuse spans across age, gender, color, sexual orientation, socioeconomic standing, and geographic location (Johnson, 2020). The terms domestic violence and abuse are frequently utilized to depict the physical, sexual, and mental mistreatment, which is commonly, though not exclusively, directed towards females. However, when abuse is directed towards children, it is more commonly called child abuse (Rakovec-Felser, 2014). Male violence against females in close relationships during adolescence is a recently identified problem known as "adolescent" or "teen dating

violence" (Mazza, et al., 2021). It is a combination of coercive and violent behaviors intended to control and subjugates another capable adult or teenager to get obedience and reliance (Okoye, 2019).

Nature of Domestic Violence. Domestic violence extends beyond a mere difference of opinion and involves a systematic exertion of power by one individual over another. Perpetrators employ various methods such as physical and sexual assault, intimidation, verbal abuse, and financial hardships to assert dominance and retain power over their victims (Kaur & Suneela, 2008). The perpetrator belongs to the victim's household and can be categorized as an intimate partner, spouse, former intimate partner, family member, friend, or acquaintance. Domestic violence is determined by the proximity of the relationship between the offender and the victim, irrespective of whether they actually share a residence (Flurry et al., 2010).

Domestic abuse may take the form of a singular event or a recurring pattern, and it can be expressed through various means such as physical, sexual, psychological, emotional, financial, and manipulative control (Hawcroft et al., 2019). It can have short-term or long-term effects, depending on the different types of abusive behavior the victims were exposed to (Sesar et al., 2015). Even though domestic violence has a neutral meaning, it primarily refers to gender-specific violence motivated by sexism (Flury et al., 2010). Although some surveys have suggested that men and women have an equal likelihood of being assaulted by their partners, in reality, the impact of domestic violence is more significant for women (Golding, 1999). The results of studies vary widely depending on how it is conducted, but they unmistakably demonstrate that men's violence differs from women's violence in a number of important ways, both in terms of its form and its severity (Golding, 1999; Bagshaw & Chung, 2000).

Theories of Domestic Violence

Object Relation Theory of Domestic Violence. According to Fairbairn (1952), this theory posits that right from the beginning of life, individuals have an innate drive for connections and that the concept of being a person inherently includes having intimate relationships with others. The theory centers on how the environment affects the development of inner ego structures and the resulting outcomes for individuals. More so, he argued that individuals who experience

domestic violence, experience object relation and are said to possess pathological features from their early primary relationships (family), and that these characteristics are mostly the vital determining factor to mate violent behavior on their partners (Fairbairn, 1952; Summers, 1994; Walker, 1984). These individuals may adopt a defensive approach of internalizing their negative experiences with parental figures, resulting in feelings of shame and self-blame. This internalization can, in turn, impact their future relationships and behaviors, including the perpetuation of violence within intimate relationships (Celani, 1999). Furthermore, the perpetrating partner may view the other as object to relate with and not as a partner resulting in domestic violence.

Social Learning Theory of Domestic Violence. Social Learning Theory posits that children who witness violence from adults in their family and community may perceive and understand violence as a normal and socially-accepted way to address others' undesirable actions (Bandura, 1973). The theorists argue that children are taught to resort to violence as a means of resolving family disputes by observing the behaviors of their parents and peers during their formative years (Stith et al., 2000; Woollett & Thomson, 2016). There have been many research studies indicating a connection between observing or being a victim of abuse during childhood and later participating in or being victimized by intimate partner violence as an adult (Heyman & Slep, 2002; Whitfield et al., 2003; McKinney et al., 2009; Roberts et al., 2011; Chernyak et al., 2020). They emphasized that individuals who experience or inflict violence in intimate relationships were either witness to or victims of actual abuse during their childhood, thereby completing the cycle of recognizing or enduring brutality within the family. The circumstances and outcomes of violence in teenage romantic relationships and friendships have been theorized to impact its continuation into adulthood (Ehrensaft et al., 2003).

Exchange/Social Control Theory of Domestic Violence. Firstly, exchange theory is a behavioral aspect that deals explicably deals with understanding all form of social relationships including the factors influencing them (Finkelhor, et al., 1983). On the other hand, social control theory offers understanding on forms of social deviances (Finkelhor, et al., 1983). However, according to Gelles (1982), exchange theory of domestic violence holds that partners, family and human

interactions are driven by their act to pursue rewards and undermine punishments and costs. That is to say, that partners who carry-out any act of violence on the other family member/partner especially on women, is as a result of estimated positive reward and some form of gratifications which have been said to outweigh the costs of displaying violence. Therefore, the intrinsic rewards they receive reinforce their violent behavior (Gottfredson & Hirschi, 1990; Goode, 1971; Gelles, 1982)

Furthermore, the theory of social control posits that domestic violence arises when there is a lack of strong and stringent societal norms and regulations that serve as mechanisms for social control, fostering connections among individuals and reinforcing adherence to social order. It also emphasizes the consequences that would be imposed on individuals who engage in violent acts against others (Gottfredson & Hirschi, 1990). The theory proposes that the objective of the abusive individual, be it a parent or partner, is to acquire or sustain dominance and authority in the relationship. The recurring instances of aggression towards the victim can induce feelings of vulnerability and powerlessness, ultimately resulting in a condition known as learned helplessness (Rodríguez-Menés & Safranoff, 2020).

Feminist Theory of Domestic Violence. According to the feminist theory of domestic violence, the root cause of violence is the unequal balance of power between genders. This theory stresses that domestic violence is a consequence of societal, cultural, and political factors that perpetuate male entitlement and maintain women's oppression both within the household and in the wider community (Bagshaw, 2011). The theory posits that men often use various methods, including physical violence, to exert power and control over women and their families. In response to male violence, women's aggressive actions towards their male partners should be seen as self-defense, retaliation, or preemptive measures (Dobash & Dobash, 1978). The feminist theory argues that the act of inflicting harm on women is distinct from harming others or violating other laws (Dobash & Dobash, 2004). Therefore, proponents of this theory assert that acts of violence against women should be examined within the broader framework of patriarchy, and they propose employing non-patriarchal cognitive approaches to better comprehend these acts (McMahon & Pence, 1996).

Form of Domestic Violence

Physical Violence. Physical abuse refers to any intentional behavior that causes harm to another person's body, with the potential of inflicting physical injuries, even if no injuries actually occur (Flury et al., 2010). There are various manifestations of physical abuse, encompassing actions such as restraining, stabbing, throwing, kicking, slapping, grabbing, hitting, punching, beating, tripping, assaulting, injuring, strangling, shaking, pinching, biting, restraining, imprisoning, fracturing bones, wielding weapons like knives or guns, burning, and even committing murder (Omosuzi et al., 2021).

Sexual Violence. There exist multiple interpretations of sexual abuse; although it is categorized as a form of physical abuse, it is crucial to differentiate it from other types of physical abuse. From a clinical perspective, it encompasses any non-consensual sexual behavior (Flury et al., 2010). Sexual abuse may include attempting to coerce someone into engaging in sexual activity or having sex against their will; using a tool or part of one's body to enter the mouth, vagina, or anus without that person's knowledge or consent; injuring one's reproductive organs; purposefully hurting someone during intercourse; coercing someone into having unsafe intercourse; and failing to provide protection against pregnancy or STDs, forcing someone to participate in, watch, or participate in sexual activities; voyeurism or exhibitionism; making sexually offensive remarks or calling someone names; forcing someone to take off their clothes or remain nude; being forced to pose for pornography or to look at pornography against their will; sexually harassing, criticizing, or participating in sexual activities (Susmitha, 2016).

Psychological Violence. Psychological abuse includes the use of disparaging words or persistent "put-downs" to draw attention to a specific aspect of a person's identity or their place in society, as well as the intention to degrade, denigrate, threaten, compel, or intimidate. As a result, the victim may perceive this abuse as an assault on their identity, which might cause psychological distress. Because of this, emotional abuse and verbal abuse are strongly associated. A victim of emotional or psychological abuse may come to believe that they are at fault for issues within the family or in a romantic relationship (Susmitha, 2016).

Impact of Domestic Violence on Women

Domestic violence against women has a detrimental impact on the victims' and their families' life. Women who have abusive partners are more vulnerable to trauma than other women. Physical and sexual assault can have a variety of negative effects on women's well-being. Women's health can be jeopardized by both physical and sexual violence which can lead to internal injuries, dislocation, fractures, wounds, and cuts as well as harm to the reproductive system, vaginal bleeding, problems with movement, unwanted pregnancy, abortion and sexually transmitted infections (Mohd et al., 2018). Domestic abuse has also been linked to higher incidence of CNS issues, mental and emotional illnesses, drug dependency, suicidal thoughts, and antisocial personality features in women (Rahnavardi et al., 2017).

Intimate partner violence is improbable to occur only once. It is more probable to be a repetitive and ongoing occurrence (Ahmadabadi et al., 2020). A usual sequence of domestic violence, especially between intimate partners, involves the perpetrator alternating between acting violently or abusively, and then apologizing while making seemingly sincere vows to change. The abuser may also seem quite nice most of the time (Rakovec-Felser, 2014).

The influence of Domestic violence on university students

Intimate partner violence is a matter of public health which adversely impacts the physical and emotional well-being of both the men and women involved. It can exist throughout the dating stage, when living together, or in a legally recognized marriage. According to several experts, this violence can start when a couple first dates and can influence the dynamics of the relationship throughout the duration of its critical cycle (Flake et al., 2013). In addition, it can serve as a prelude to more severe acts of aggression when the couple moves into cohabitation or marriage. Previous studies on intimate partner violence suggest that dating couples are more likely to experience violence against one another than married couples (Larsen & Wobschall, 2016).

Dating is one of the most important phases of becoming an adult for young people. Regretfully, many people at this point discover that they are the victims of abuse in relationships where they are the aggressor and the victimized. While romantic violence occurs throughout all age groups, it tends to peak in high school and college (Calikoglu et al., 2021). Particularly, individuals attending higher

education institutions have a higher probability of encountering violence within their romantic relationships (Larsen & Wobschall, 2016). Research suggests that individuals in the age group of 18 to 24 are at a higher risk of experiencing intimate partner violence (Beaulieu et al., 2017), and estimates of this rate among these young people range as high as 22% for males and 37% for females, according to a recent study. It is interesting to note that IPV is reported by 47% of women and 44% of men as their initial experience of intimate partner violence during their early adult years (Gill et al., 2020).

Based on the existing statistics, it appears that women who enroll in college might face a higher risk of experiencing intimate partner violence (IPV) than their peers who do not (Banyard, 2008; Gill et al., 2020). In a global survey that took place over a 12-month period at 31 institutions across sixteen nations, the percentages of physical violence in romantic relationships ranged from 17% to 45% (Calikoglu et al., 2021). According to another study, over 30% of college students may experience physical abuse at some point from a romantic partner (Bryant & Spencer, 2003). In addition, more than 20% of undergraduates who date report having experienced physical assault, and an even higher number report psychological abuse (Iconis, 2013). A recent survey involving Turkish university students, reported that the incidence of dating violence was 8.2% (Tuz et al., 2015).

There is a lack of information about the effects of IPV on college students' internal and external resources (Brewer et al., 2018). Multiple cross-sectional studies indicate that both boys and girls who experience victimization in a romantic relationship encounter negative consequences such as elevated engagement in sexual risk behaviors, suicidal tendencies, unhealthy methods of weight control, unfavorable mental health outcomes, substance abuse, undesired pregnancy outcomes, injuries, and even death. Nonetheless, the cross-sectional nature of these prior studies prevents the determination of whether these behaviors are a result or an instigator of victimization (Exner-Cortens et al., 2012; Brewer et al., 2018; Calikoglu et al., 2021). Out of the numerous longitudinal studies conducted, only four have explored outcomes other than the probability of experiencing dating violence victimization again.

The research on IPV among young people and college students suggests that this subgroup is mostly affected by the risk variables found in the general population. This subgroup may be more vulnerable due to factors including young age, financial

instability; stress and demands of school, drug and alcohol abuse, mental health issues, peer and campus cultures, and attitudes that condone violence (Zark et al., 2023). For example, witnessing inter-parental violence as children and tolerant attitude towards IPV were significant risk factors in both men and women (Han & Choi, 2021). There are additional factors that contribute to the increased occurrence of domestic violence among college students, such as having low self-esteem, endorsing traditional gender roles, making decisions in relationships, receiving academic assistance from male peers, and participating in transactional sex or substance abuse. These factors have been identified as risks for gender-based violence. Some students also alluded that gender-based violence may be caused by women's "improper" conduct, dress, or exploitation of men by women for personal gain, or their own inability to prevent violence (Kaufman et al., 2019).

Sadly, only a small fraction of those who encounter domestic violence seek help (Concejero et al., 2022). It has been noted that many prefer not to openly discuss this and generally choose to regard it as a private matter (Karaaziz & Tansel, 2022). Many victims do not seek help or assistance because they do not see a need for them, and many victims do sense a need for services but do not take action to obtain them. According to research, the frequency of seeking formal assistance for IPV is significantly less compared to seeking informal assistance. However, new research indicates that rates of students who seek help and formally disclose IPV are considerably lower than those who report sexual assault and other types of abuse (Zark et al., 2023). A number of impediments may contribute to the limited frequency of seeking assistance among individuals affected by intimate partner violence. Age, lack of awareness, fear of the perpetrator, privacy concerns, financial insecurity, self-blame, betrayal or shock, societal norms, negative reactions to disclosure and stigmatization, lack of concern from support services, and the belief or personal experience that reporting would not result in justice were all common barriers to reporting (Orchowski et al., 2022; Zark et al., 2023). Other barriers to seeking assistance may also include personal limits or tolerance levels regarding the severity of the violence and a perceived obligation to terminate the relationship (Fugate et al., 2005).

Concept and definition of Self-Blame

Self-blame has been recognized as being especially significant in the aftermath of interpersonal traumas such as IPV (Reich et al., 2014). According to Balzarotti and colleagues (2016), self-blame is defined as a mental process of attributing the occurrences of an awful or a stressful event to oneself. More so, the direction of these blames often has consequences on that individual's emotions, attitudes, and behaviors during the occurrence of those unwanted situations (Janoff-Bulman, 1979; Balzarotti, et al., 2016). When resources are limited, self-blame is believed to influence the way victims deal with and adapt to their situation. It can also assist individuals in managing unforeseen or hazardous events by giving them a feeling of regained control over their surroundings (Cascardi & O'Leary, 1992). It can, however, lead to increased self-blame and poor self-worth, especially in victims of abuse or trauma.

Theories of Self-Blame

Psychodynamic Theory of Self-Blame. This theory posits that most act of self-blame results from loss and previous awful experiences which could be bereavement, job or position loss, loss of one's concept, loss of opportunities, and/or loss of self (Arieti, 1962; APA, 2013). Experiences in early childhood, such as trauma, abuse, and neglect, might have a role in an individual's development of self-blame (Cicchetti & Toth, 1995). According to Brewer et al. (2018), when individuals experience traumatic life events, it initiates a negative cycle where initial losses decrease available resources and limit choices (Brewer et al., 2018). Children who suffer from trauma, whether severe like physical and sexual abuse or minor like neglect, are frequently denied the opportunity to express their emotions, including hurt, anger, wrath, betrayal, rejection, and so on. If these issues are unresolved and often not even identified, the child may internalize such emotions of shame and responsibility which can manifest as self-blame in her adult life. (Cicchetti & Toth, 1995).

Characterological Theory of Self-Blame. This theory holds that self-blame results from the act of attributing blame to oneself due to factors of self that are deemed uncontrollable and are said to be stable over a period (Bulman, 1979). For example: a statement like "It occurred due to my negative character" (Ullman &

Najdowski, 2010). Characterological self-blame centers on an individual's character and how they assess their entire self. Those who experience characterological self-blame have a tendency to hold themselves accountable for the type of person they are and consequently criticize their own character (Reddy, 2023). According to Ullman et al. (2014), characterological self-blame is difficult to change as it develops from the observations of individuals who are experiencing similar situations that led to the self-blame. People who tend to blame themselves for their character, are often preoccupied with what they might have controlled in the past, especially if they deserve the results of their actions (Reddy, 2023). This type of self-blame is also associated with feeling of helplessness, lack of control, and perception that the negatively is bound to repeat (Levine, 2011).

Behavioral Theory of Self-Blame. This theory points that self-blame is the causal attribution of consequences of negative events to specific controllable choices or actions taken by an individual (Janoff-Bulman, 1979). For example: a statement like “It happened because of what I did” (Ullman & Najdowski, 2010). Behavioral self-blame is centered on the actions of the individual, wherein, the blame is directed towards their behavior or inaction in a certain scenario (Reddy, 2023). According to Tilghman-Osborne et al. (2008), behavioral self-blames are more common and are mostly associated with self-contempt and self-disgust. People who tend to blame themselves for their behavior often believe that they can exert control over a situation and avoid a negative outcome by exerting effort, giving their utmost, and trying harder in the future (Levine, 2011).

Impact of self-blame on victims

It is possible that self-blame might have an impact on psychological functioning after physical, psychological, or sexual abuse, especially if the woman blames herself (Reich et al., 2014). Victims of sexual assault who blame themselves often engage in maladaptive coping strategies, such as denial or withdrawal without addressing the cause of the pain (Ullman & Najdowski, 2010). Self-blame has long been seen in survivors of interpersonal violence and is often connected with a variety of unpleasant psychological experiences such as shame (Reich, 2014; Guler et al., 2022), low self esteem and increased depressive symptomatology (Cascardi & O’Leary, 1992) as well as PTSD and depression (Levine, 2011). The victims are

more prone to experience guilt, humiliation and self-loathing (Perilloux et al., 2014). Self-blame has an impact on how society reacts to victims when they disclose their experiences of assault. In cases where women blame themselves for being raped, they may communicate this self-blame to support providers when discussing their assault. Consequently, support providers might be inclined to respond with blame or other negative emotions, particularly if they endorse misconceptions about rape that place the responsibility on the victims. This can skew self-perception and make getting help more difficult (Ullman & Najdowski, 2010). Furthermore the abused women may also resort to the use of illicit drugs and alcohol, and sexually harmful behaviors thereby increasing their vulnerability to prospective perpetrators (Ullman & Najdowski, 2010).

Concept and Definition of Self-Esteem

Self-esteem is another factor that influences dating violence in young people. Individuals with poor self-esteem exhibit more negative qualities, such as avoiding personal interactions, having difficulty trusting people, and failing to create loving or pleasant relationships. This circumstance raises the likelihood of violence (Yilmaz & Taplak, 2020). Self-esteem is a broad impression of one's own worth that develops over time (Rosenberg, 1965). Self-esteem tends to increase as individuals transition from childhood to adolescence and reaches its highest point in young adulthood. Although women generally have lower self-esteem than men, the trajectory of development in this aspect converges later in life (Cherrier et al., 2023). Research has shown that self-esteem plays a role in determining the vulnerability to intimate partner violence (IPV) victimization among young adults, where having higher self-esteem serves as a safeguard and lower self-esteem increases the risk. It might be the outcome of experiencing IPV primarily among women, or it can be involved bi-directionally (Cherrier et al., 2023).

Theories of Self-Esteem

Jamesian Theory of Self-Esteem. According to James (1890), this theory holds that individuals' self-esteem is determined by the level of their success and pretensions. To put it differently, our well-being is determined by the ratio of our life accomplishments to our self-perception Gilbey (2014). The theory divides an individual's mental image or elements of self into two distinct categories: the "Me"

and the "I." According to him, the "Me" represents the experiential self, which comprises three subcategories: the physical self (tangible belongings or possessions we acquire), the social self (how we engage and present ourselves in various groups, situations, or relationships), and the psychological self (internal qualities or traits). Conversely, the "I" is synonymous with the pure Ego, which James associated with the soul or the mind. He held the belief that the "I" is the reflective self, unique and incapable of any further reduction (Woźniak, 2018). This idea suggests that self-esteem is not a static mindset, but instead fluctuates over time and is impacted by how we perceive our achievements and our own value (Pelham, 1995).

Coopersmith's Theory of Self-Esteem. According to Coopersmith (1969), self-esteem has its foundation in the early stages of childhood and is shaped by a blend of positive and negative assessments throughout one's life. He described self-esteem as "the way one thinks about oneself in positive and negative aspects, and perceived it as an indication of approval or disapproval (Romero-Maroto, 2015). The theory posits that the presence of nurturing and acceptance from parents, along with well-defined and enforced boundaries, has an impact on developing a healthy self-esteem (Hosogi et al., 2012).

Self-Determination Theory of Self-Esteem (SDT). According to Ryan & Deci (2000), this theory highlights the significance of internal motivation and the fulfillment of fundamental psychological needs, including autonomy, competence, and relatedness, in forming genuine self-worth. It proposes that individuals do not prioritize attaining genuine self-esteem when their basic psychological needs are satisfied (Moller et al., 2006). According to Pyszczynski et al. (2004), individuals undergo personal development, energy, and contentment when their psychological needs are met with support and available opportunities in social situations. Nonetheless, if individuals excessively prioritize self-esteem, it may imply that their basic psychological needs are not being properly fulfilled or are unbalanced (Pyszczynski et al. 2004).

Factors affecting Self-Esteem

Generally, people believed the greatest influencing factor in terms of self-esteem development, demonstration, and expression is gender (Martins & Harrison,

2011). Numerous attributes linked to the male gender role, such as belief in oneself and decisiveness, align with having strong self-worth. Conversely, when girls display self-assurance, it is often viewed as deviating from traditional gender norms, which can result in diminished self-esteem for girls (Caskey et al., 2006). More so, possessing a greater amount of friends who are of the same sex is connected to increased levels of self-confidence in both males and females (Li et al., 2022).

Also, personal beliefs about one's strengths, weaknesses, and expectations for the future play a fundamental role in shaping self-esteem. Positive self-beliefs and realistic expectations can contribute to healthy self-esteem, while negative beliefs and unrealistic expectations can impact self-worth. Scholars have argued that self-esteem can be influenced by an individual's beliefs about the type of person they are, their abilities, strengths, weaknesses, and their expectations for the future (The Children's Society, 2023).

Furthermore, childhood experiences also have a crucial impact on the development of one's self-esteem. Favorable and encouraging childhood settings can foster a positive self-esteem, whereas unstable or abusive environments can result in decreased self-confidence and self-value. Studies consistently indicate that negative childhood experiences are linked to notable limitations in functioning and diminished self-esteem in adulthood (Shawi & Lafta, 2015). Experiencing negative events during childhood, such as trauma or mistreatment, can result in lasting and significant consequences on a child's self-assurance, resulting in emotions of inferiority and diminished self-value (Kim et al., 2021).

In addition, the media and societal messages can significantly impact self-esteem, particularly in the context of unrealistic standards of beauty and success portrayed in the media. Research has shown that exposure to idealized and unattainable images in the media can lead to feelings of inadequacy and lower self-esteem, especially among young people. Society's messages about who individuals should be and what they should achieve can also influence self-esteem, contributing to a negative impact on how individuals perceive themselves (Buck, 2018). Among adolescents, the impact of the media on self-esteem is especially significant, as they are more vulnerable to the messages transmitted through different media platforms. Notably, social media has been recognized as a major factor in shaping self-esteem, as it frequently portrays an idealized depiction of life that can result in feelings of inadequacy and a diminished sense of self-value (Kanouzi, 2020).

Self-Esteem, Culture, and Violence

Self-esteem can be influenced by cultural variances as they determine societal standards, gender expectations, and the tolerance of abuse in close relationships. According to Bartholomew and his colleagues' research in 2018, it was discovered that collectivist cultures such as those in Asia and Africa are primarily marked by interdependence. In these cultures, the focus on group unity and adherence to social norms is well-recognized. Therefore, individuals might prioritize preserving family unity rather than confronting issues of intimate partner violence (IPV). Consequently, this can have an influence on the occurrence and disclosure of such violence (Ngoc et al., 2013). Numerous studies have indicated that there is a correlation between cultural collectivism and the occurrence of intimate partner violence (IPV), which can greatly affect the mental well-being of women (Rajkumar, 2023). The women coming from these cultures are believed to possess lower levels of self-esteem, possibly due to the traditional interactions they engage in with men (Konrath, 2014).

On the other hand, individualistic cultures typically encourage a feeling of distinctiveness and autonomy from others, giving importance to personal accomplishments and self-expression. Studies indicate that individuals from such cultures perceive self-esteem as pertaining to their personal qualities and capabilities, fostering a sense of self-value based on individual achievements and attributes (Konrath, 2014). Research suggests that cultures that emphasize individualism can contribute to the growth of self-esteem, particularly in terms of an individual's overall positive perception and liking of oneself. In addition, these cultures encourage the development of a strong sense of self-worth, self-assurance and independence, and people coming from this cultures experience higher levels of overall well-being (Tafarodi & Swann, 1996).

Impact of Domestic Violence on Self-esteem

One crucial element in the cycle of domestic abuse is the perception of women towards themselves and their partners in a close relationship. During the reconciliation phase, the abuser may shift blame onto the victim for provoking the abuse or deny that the abuse even took place (Rakovec-Felser, 2014). These individuals may internalize this blame leading to a persistent belief that the abuse is their fault (Taccini & Mannarini, 2023). As a result, victims may find themselves in a

situation where they feel confined and go through various emotions, such as embarrassment, holding themselves responsible, and feeling a decrease in their own value (Guler et al., 2022). Women's self-esteem levels vary depending on the pattern of IPV they experience. Among women who experience intimate partner violence, decreased self-esteem has been identified as a primary consequence of the abuse and is linked to negative mental health conditions. One tactic employed by those who commit IPV victimization is to undermine women's self-worth. On the other hand, perpetration and victims of IPV are both at risk due to poor self-esteem (Guler et al., 2022).

According to studies on battered women, psychological symptoms seem to be closely connected to the predictability of the physical assault, and physically abused women believe that outside forces have more power over their life. Physical abuse frequently causes visible wounds and scars, leaving the victims feeling incredibly helpless and ashamed. Victims who feel helpless or incapable of defending themselves may hold themselves responsible for the abuse. Academics and clinicians who have dealt with women who have experienced physical violence agree that there are psychological fallouts from the assault, such as lowered self-esteem (Aguilar & Nightingale, 1994).

Sexual abuse experiences among adolescents may also have a detrimental effect on their sense of self and, consequently, their ability to operate in other spheres of life. Many young adults just spend their time wallow in their suffering, trauma, remorse, humiliation, and so forth (Adeosun, 2015). Studies have shown that adolescents who have been sexually assaulted also have considerably lower levels of self-esteem than their peers who have not been abused, which supports this fact. Some scholars have linked this to the adolescents' self-perception distortions, including feelings of shame and blame (Okunlola et al., 2020). While physical abuse may appear to be more severe, the wounds of psychological abuse are profound because it pierces a person's inner soul (Okoye et al., 2019).

Furthermore, an individual's perception of identity, self-value and self-confidence can also be seriously undermined or severely damaged by verbal insults, confinement, isolation, humiliation, intimidation, infantilization, or any other type of treatment and threats. Constant humiliation and disparaging comments can cause victims to internalize self-defeating ideas, which can undermine their sense of security (Kaur & Suneela, 2008), and result in feelings of inferiority and

worthlessness (Afreen & Alam, 2019). Perpetrators frequently break the woman's social network's bonds of conviviality and harm her relationships with friends, family, and neighbors, as well as with official institutions that can offer support in the areas of safety, health, social services, and education. Victims may find it harder to seek assistance or support due to the increased feelings of worthlessness and loneliness that can be intensified by this isolation (De Albuquerque Netto et al., 2017; Shen & Kusunoki, 2019).

Impact of domestic violence on mental well-being

It is improbable that IPV exposure will occur once. It is probably going to happen frequently and continuously, and long-term exposure may have an impact on mental health (Ahmadabadi et al., 2020). Violence can contribute to the development of psychopathological diseases or worsen existing mental health problems, but it can also enhance susceptibility and inclination to partner violence (Mazza et al., 2021). Domestic violence encompasses a broad spectrum of psychological and behavioral implications. Some studies found greater levels of chronic stress, depression, anxiety, sleep disturbance (insomnia; hypersomnia), suicidal ideation, post-traumatic stress disorder (PTSD), and chronic mental issues among women who are victims of IPV (Karaaziz & Tansel, 2022). Previous studies have already established the association between IPV and negative mental health effects. However, research conducted among college students has produced inconsistent findings due to limited sample sizes or the absence of data from male students. College students have significant rates of anxiety and depressive disorders, as well as other mental problems, yet they frequently do not seek therapy (Musa et al., 2021). According to research findings, depression affects 37% of women who have experienced violence, while anxiety and panic attacks are prevalent among 46% of them. Posttraumatic stress disorder is also reported in 45% of these women (Flury et al., 2010).

Depression is the primary mental health problem among women, impacting them twice as frequently as males. The symptoms and intensity of depression can differ significantly, and diagnosis can be conducted using either the Diagnostic and Statistical Manual (DSM) or self-reported assessments. In addition to causing personal suffering, depression has a significant negative impact on society and the economy due to increased expenses for medical treatment, sick leave, and disability (Lovestad et al., 2017). Intimate partner violence has been identified as a separate

factor that contributes to the development of depression (Ouellet-Morin et al., 2015). Some studies have found physical and sexual IPV exposure to be a significant and distinct risk factor for depression in women later in life, while other studies indicate that psychological abuse is a more potent predictor of depression development in women who are physically abused than other types of abuse (Lovestad et al., 2017). Sleep quality is severely impacted by depression, which also leads to concerning alterations in appetite, energy levels, and functional abilities. Suicidal thoughts or attempts could ultimately result from depression (Karakurt et al., 2014).

According to research, women who endure severe abuse from men are four times more prone to depression or contemplation of suicide compared to women who have not been victimized (Straus & Smith, 1990; Lloyd, 2018). It has been discovered that individuals who experience violence from their intimate partners are more prone to use illicit drugs as a coping mechanism for symptoms of depression and stress (Brewer & Thomas, 2019). Women who are depressed are less likely to leave abusive relationships and may find it difficult to form and sustain relationships, which can lead to social isolation and a reduction in the availability of social supports (Nathanson et al., 2012; Shen & Kusunoki, 2019). Stress and anxiety are two other extremely prevalent effects of IPV exposure. According to research, women who experienced psychological and physical abuse from their partners are more prone to have anxiety and stress symptoms, both in terms of frequency and intensity (Sesar et al., 2015). Previous studies have reported that the prevalence of panic disorder in abused women was similar to that of non-abused women in unhappy relationships, compared to women who are happy in their relationships (Golding, 1999). It may be challenging to maintain relationships and accomplish tasks like work and school when experiencing symptoms of anxiety (Zola et al., 2021). Furthermore, in order to erase memories linked to the trauma, recreational drugs and alcohol are frequently used by IPV victims with PTSD and depression symptoms, as a coping mechanism (Nathanson et al., 2012).

Impact of Domestic Violence on Academic Performance

Academic performance has been highlighted as another, albeit less studied, aspect of wellbeing that domestic violence negatively affects. Although earlier research in this field focused on younger students, some subsequent studies have looked at domestic violence and academic achievement among college students

(Brewer & Thomas, 2019). The majority of women who have witnessed domestic violence carry these traumatic experiences to school and demonstrate multiple problematic behavioral patterns such as heightened aggression, discomfort in social situations and difficulty concentrating (Karanja, 2019). The psychological distress associated with experiences of domestic violence in abused women, impairs their capacity to function in school, resulting in poor academic involvement, such as poor concentration, low class attendance and participation, failure to complete assignments, poor learning abilities, and absenteeism (Klencakova et al., 2021; Attalla & Rome, 2020; Omosuzi et al., 2021; Mengo & Black, 2015). Furthermore, college women who reported increased psychological distress as a result of physical abuse in both childhood and adolescence may ultimately drop out of college (Mengo & Black, 2015).

Related Research

Stets and Straus (1989) also carried out a study to examine the different types and levels of physical assault among different marital status groups. The research involved a sample of 526 dating couples from a university, as well as a random sample of 5,005 married couples and 237 cohabiting couples from across the country. The results indicated that cohabiting couples have a higher likelihood of experiencing physical assault compared to married couples. These results remain the same after controlling for age and socioeconomic level (Stets & Straus, 1989).

Another study was carried out by Neill and Kerig (2000) conducted a study to examine how self-blame attribution, perceived control, and psychological adaptations are related among abused women. A group of 160 women who experienced physical violence in intimate relationships were surveyed. The findings revealed that women currently involved with violent partners displayed the highest levels of blaming themselves for the abuse, both in terms of their character and behavior, while also perceiving a lower sense of control over their lives. Both types of self-blame were found to be positively linked to symptoms of distress, whereas a higher sense of control was associated with lower symptoms. Furthermore, the impact of aggression on adjustment was influenced by characterological self-blame, behavioral self-blame and perceived control (Neill & Kerig, 2000).

Stith et al. (2000) conducted a different study using meta-analysis methods to examine the connection between being raised in a violent environment and

subsequently engaging in a violent marriage. The results indicate that there is a slight to moderate correlation between growing up in an abusive household and involvement in a violent marital relationship (Stith et al., 2000).

In 2002, Heyman and Slep conducted a research study to investigate if being exposed to physical victimization and inter-parental violence raises the likelihood of engaging in child abuse, partner abuse, or becoming a victim of partner abuse in adulthood. They analyzed a comprehensive dataset of 6,002 individuals that represented the entire nation. The findings revealed that individuals who experienced both types of violence had a significantly greater probability of being involved in domestic violence as adults compared to those who were exposed only once. The occurrence of violence within the family during childhood was found to predict both child and spouse abuse in adulthood, with effects seen through both direct factors and interactions (Heyman & Slep, 2002).

Again, Whitfield and colleagues in 2003 conducted a study aiming to investigate the correlation between childhood physical or sexual abuse and growing up with a violent mother, with the likelihood of becoming a victim of Intimate Partner Violence (IPV) for women or a perpetrator for males. The study involved 8,629 participants. The findings indicated that each of the three violent childhood traumas approximately doubled the probability of experiencing IPV as a victim or perpetrator. A significant and gradual association was observed between the number of violent encounters and the likelihood of IPV. Both women and men who had experienced all three forms of violent childhood experiences had an increased probability of being victims or perpetrators (Whitfield et al., 2003).

In 2005, Breiding and colleagues conducted a research to examine the occurrence and factors contributing to intimate partner violence (IPV) in the United States. More than 70,000 individuals were interviewed for this research. The findings indicated that around 25% of women and 14% of men reported experiencing IPV at some point in their lives. Women had a significantly higher prevalence of lifetime and recent IPV, and were more prone to reporting harm caused by IPV compared to men. The frequency of IPV varied depending on factors such as state of residence, racial or ethnic background, age, income, and education (Breiding et al., 2008).

Breitenbecher (2006) conducted a study to investigate the structure of survivors' perceptions regarding their attributions for past instances of sexual assault. A total of 224 female sexual assault survivors participated in the study by completing

questionnaires that assessed their attributions for previous assaults, the perceived possibility of avoiding future assaults, the frequency of past victimizations, and their psychological distress levels. The findings indicated that while characterological self-blame was associated with negative outcomes such as increased psychological distress and a higher frequency of prior victimization, behavioral self-blame did not show a similar connection. Although behavioral self-blame was linked to the perception of being able to prevent future attacks, it did not correlate with lower psychological distress or fewer instances of previous victimization (Breitenbecher, 2006)

Also, Thompson et al. (2006) carried out a study to assess the occurrence, duration, and seriousness of intimate partner violence (IPV) in adult females. The study included a total of 3568 female participants. The findings indicated that the majority of respondents (3429) had been involved in at least one romantic relationship during adulthood. 14.7% of the women reported experiencing some form of IPV within the past five years, and 45.1% of those who had been abused reported experiencing more than one type of abuse. The prevalence of IPV in the previous year was 7.9%, while it was 44.0% throughout a woman's adult life. Younger women, women with lower income and education levels, single mothers, and individuals who had experienced abuse during their childhood had higher rates of IPV (Thompson et al., 2006).

In a research conducted by Gelaye et al. (2008) to examine the likelihood of depression and depressive symptoms in 1,102 female undergraduate students who had encountered gender-based violence, the findings indicated that, in comparison to non-abused students, those who disclosed any form of gender-based violence were almost twice as prone to being classified as significantly depressed throughout the academic year. Furthermore, individuals who experienced both physical and sexual abuse were four times more likely to exhibit moderately severe or severe depression symptoms, in contrast to non-abused teenagers (Gelaye et al., 2008).

McKinney and colleagues (2009) conducted a research to examine the association between childhood domestic violence within the family and intimate partner violence (IPV) through the utilization of multistage cluster sampling. The study involved surveying 1615 couples from the general population in the United States. Findings from the investigation indicated that men who experienced moderate or severe physical abuse during their childhood or were exposed to violence between

their parents faced double the risk of engaging in IPV. Similarly, women who witnessed threats or actual violence between their parents as children were more prone to develop IPV (McKinney et al., 2009).

Research carried out by Cho (2011) aimed to examine the variations in the prevalence of IPV and related factors among different racial groups in the United States. The results showed that Black individuals were the most affected by IPV, followed by Whites and Latinos, whereas Asians experienced the least victimization. Individuals who perceived themselves as financially secure were less vulnerable to exploitation compared to those who did not. Furthermore, the older generation had a lower likelihood of being victimized compared to the younger generation (Cho, 2011).

A different study conducted in the United States by Roberts et al. (2011) examined whether there was an interaction between stressors in adulthood and adverse experiences in childhood in relation to the likelihood of engaging in intimate partner violence (IPV). The study specifically investigated whether the difference in risk of IPV perpetration associated with recent stressors differed depending on the individual's history of childhood adversity. The data analyzed for this study included information from 34,653 adults. The findings indicated a significant stress sensitization effect, wherein recent stresses were associated with a higher risk of perpetration among males with a high level of childhood adversity compared to those with a low level of adversity. Among women, the risk was higher for those who had experienced high levels of childhood adversity and lower for those who had experienced moderate levels of adversity (Roberts et al., 2011).

Another study was conducted by Kiss et al. (2012) investigation focusing on how neighborhood socioeconomic conditions influence the likelihood of women experiencing intimate partner violence (IPV) in Sao Paulo, 940 women were interviewed. The findings indicated that the risk of IPV among women in Sao Paulo was not affected by the neighborhood they lived in, nor was it influenced by their individual socioeconomic circumstances. However, women who fell in the middle range of the socioeconomic spectrum were significantly more prone to reporting partner violence (Kiss et al., 2012).

Also, Chatha et al. (2014) conducted a study that looked at the link between women's socioeconomic level and their exposure to domestic violence in metropolitan Lahore, Pakistan. The data was obtained from married women through

a home survey in various socioeconomic neighborhoods of Lahore in 2012. Findings from the study revealed a substantial association between women's socioeconomic position and their exposure to domestic abuse. Domestic violence exposure was connected with women's age, educational achievement, and economic dependency (Chatha et al., 2014).

Umana et al. (2014) conducted research with the aim of determining the occurrence and correlation of intimate partner violence (IPV) among female students pursuing undergraduate and postgraduate degrees at a higher education institution. A total of 1,100 undergraduate and 255 postgraduate female students participated in the study. The findings indicated that 42.3% of the participants had experienced IPV in their lifetime. Specifically, psychological, physical, and sexual IPV were reported by 41.8%, 7.9%, and 6.6% of the participants, respectively. Furthermore, individuals with a previous history of physical and sexual violence were more likely to have recently experienced violence within the past year compared to those without such a history. Among the students, postgraduate and married individuals were less likely to have encountered IPV compared to undergraduate and single students. Further results revealed that adolescents who smoked, drank alcohol, or had witnessed inter-parental violence were more likely to be violent than adolescents who were not exposed to these activities. 10.3% of IPV victims cited negative impacts such as difficulties concentrating on academic achievement (Umana et al., 2014).

In another study conducted by Kamimura et al. (2016) to examine the correlation between IPV and depression among Iranian college students, 23 male and 75 female college students from Iran were selected using the national Iranian data. Female participants were more inclined to report depression compared to their male counterparts. The study found that individuals who had encountered sexual IPV reported significantly higher levels of depression in comparison to those who hadn't experienced such violence (Kamimura et al., 2016).

Furthermore, White (2017) conducted a study that aimed to explore the experiences of college women from black and white backgrounds who had encountered intimate partner violence (IPV) or sexual assault while attending a predominantly white institution. Undergraduate women participated in online surveys, with a total of 435 black respondents and 4,313 white respondents. The study covered various topics including race, physical IPV, sexual assault, depression, the impact of victimization on academic performance, excessive alcohol

consumption, and seeking help. Results indicated that although black women were more prone to experience physical IPV compared to white women, there was no difference in the occurrence of sexual assault between the two groups. Additionally, white women were more inclined to report excessive drinking among victims. Lastly, black women were less likely than white women to seek assistance after experiencing a sexual assault (White, 2017).

In a study conducted by Abramsky et al. (2019) in Tanzania to examine the connections and potential pathways between women's earnings and their experience of intimate partner violence (IPV), data was collected from 740 married or cohabiting women. The findings of the study indicated that a higher income was associated with a reduced risk of physical IPV in the past year, although it did not decrease the risk of sexual IPV. Furthermore, a higher income was associated with less conflict regarding the partner's inability to provide for the family, improved dynamics in the relationship, and a higher likelihood of relationship breakdown, among other potential factors contributing to lower levels of IPV. The study also found that higher financial contributions relative to the partner were linked to increased risks of both physical and sexual IPV among all women (Abramsky et al., 2019).

In a research carried out by Chernyak et al. (2020) to investigate the occurrence of physical intimate partner violence (IPV) in ten developing countries. The purpose of the study was to determine whether witnessing physical IPV within one's family of origin is related to women's encounter with physical IPV in adulthood in these nations. The results indicate that observing physical IPV in one's family of origin significantly increases the likelihood of experiencing subsequent physical abuse for individuals from all the countries examined (Chernyak et al., 2020).

Research carried out by Wood et al. (2020) among female college students to examine the prevalence of various types of intimate partner violence (IPV), including physical, psychological, sexual, and cyber forms. The research also explored the impact of IPV on the mental health and academic outcomes of these students. The study involved 6,818 female students from eight campuses of a University System in the Southwest. The findings indicated significant connections between the severity of IPV and the levels of post-traumatic stress disorder (PTSD), depression, school disengagement, and academic consequences (Wood et al., 2020).

Ogbonnaya and colleagues (2021) conducted a study to analyze the prevalence, characteristics, and factors associated with intimate partner violence (IPV) among Ugandan adolescents aged 13-19 and young adults aged 20-24. The results of the study revealed that there was no significant difference in the rates of lifetime sexual IPV between adolescents and young adults. However, significant disparities in the types of sexual IPV and the initial features of physical and sexual IPV episodes were observed between the two age groups and genders. Being widowed, divorced, or separated, being female, seeing parental IPV, and having poorer mental health all strong associations with IPV in both age groups. Gender influenced the age-IPV connection, but only among teenagers (Ogbonnaya et al., 2021).

In 2021, researchers led by Pakhomora conducted a gender-based study in South Africa, investigating the correlation between intimate partner violence (IPV), psychosocial and sexual health, and the perception of stress among adolescents and young adults. The study recruited a group of teenagers aged 16 to 24 from Durban and Soweto. The results revealed that increased perceived stress was connected with likely sadness, anxiety, IPV perpetration in young males, and IPV experiences in young women (Pakhomora et al., 2021).

Again, Sadah et al. (2021) conducted a study to assess the influence of domestic violence on depression among female students enrolled at Saudi Arabian University. The study comprised 214 female medical students and 11 interns between the ages of 18 and 26. Results showed that the majority of women (92.4%) were single, while the majority of respondents (30.2%) were second-year students. Results showed that domestic violence was experienced by more than half of the participants at some point in their life. Emotional abuse was the most prevalent, followed by physical, sexual, and healthcare abuses. The results also revealed that there is no significant link between abuse and depression. Nevertheless, students or interns who have experienced emotional or sexual violence tend to have the highest levels of severe depression (Sadah et al., 2021).

In 2023, Dabaghi and colleagues investigated the association between socioeconomic level and domestic abuse against women in Isfahan. A cross-sectional research of 427 married women referred to comprehensive health care institutions in Isfahan, Iran, was conducted in 2021. The convenience sampling method was used. A domestic abuse questionnaire and a socioeconomic status indicator were utilized to

collect data. The results found a link between socioeconomic class and many sorts of violence against women, including mild physical aggression, psychological violence, verbal abuse, and sexual assaults (Dabaghi et al., 2023).

CHAPTER III

Methodology

This chapter offers a summary of the research approach utilized in this present investigation. Moreover, it also presents a concise elucidation of the research design, the target population and sample size, and the sampling methods used in this study. Furthermore, information pertaining to the instruments and procedures for data collection, as well as protection of human subjects will be provided. This chapter ends with data analysis methods.

Research Design

A quantitative research method is suitable for this current study because it quantifies and analyses data, which allows for generalization (Eyisi, 2016). As a result, a correlation design approach was adopted. This research design entails the measurement of two or more variables and evaluating the correlation between them, without manipulating the independent variable (Lau, 2017).

Participants/Population and Sample

This study's population comprises of female students in North Cyprus. Samples are taken from this population at Near East University and Eastern Mediterranean University, using a convenience sampling technique. Convenience sample design is a non-probability sampling design, where respondents will be selected based on convenience, accessibility, and proximity to the researcher (Saunders et al., 2019). A total of 385 students will take part in the study. This sample size was determined using the sample size formula, which estimates the appropriate sample size necessary to provide precise data and positive outcomes.

According to Shete et al. (2020), the size of a sample from an unidentified population was determined by utilizing the subsequent equations: The dimensions of the sample, denoted as S , can be calculated through the formula $(Z\text{-score})^2 \times p \times (1-p) / (m)$ when considering an infinite population, m is the margin of error, p is the standard deviation, and Z is the Z-score or confidence interval.

Table 1

Descriptive Statistics for Demographic Variables, Lifetime Exposure and 12 Months Exposure of Domestic Violence and Forms Of Domestic Violence

Variable	Frequency	Percentage
Race		
Black	175	45.5%
White	10	54.5%
Marital Status		
Living with a partner	52	13.5%
Dating	232	60.3%
Single	98	25.5%
CGPA		
0.0-0.9	24	6.2%
1.0-1.9	154	40.0%
2.0-2.9	121	31.4%
3.0-4.0	86	22.3%
Domestic Violence		
Lifetime exposure		
Yes	264	68.6%
No	121	31.4%
Twelve months exposure		
Yes	219	56.9%
No	166	43.1%
Forms of Domestic Violence		
Psychological Violence		
Yes	264	68.6%
No	121	31.4%
Physical Violence		
Yes	90	23.4%
No	195	76.6%
Sexual Violence		
Yes	58	15.1%
No	327	84.9%
Age		
Minimum	Maximum	Mean
17.00	31.00	20.95 ± 2.679

Table 1 above shows that the participants of the study were made up of 175 (45.5%) black and 210 (54.5%) white. The table also shows that 52 (13.5%) out of the total participants are living with a partner, 232 (60.3%) are dating while 98 (25.5%) are single. The table also shows that 24 (6.2%) out of the total participants reported having a CGPA range of 0.0-0.9, 154 (40.0%) reported having a CGPA range of 1.0-1.9, 121 (31.4%) reported having a CGPA range of 2.0-2.9 while 86 (22.3%) reported having a CGPA range of 3.0-4.0 respectively. The table above also

shows that 264 (68.6%) out of the total participants in the study have reported to have experienced at least one form of domestic violence in their lifetime while 121 (31.4%) of the total participants have not experienced at any form of domestic violence in their lifetime. The table also shows that 219 (56.9%) out of the total participants in the study have reported to have experienced at least one form of domestic violence in the past 12 months while 166 (43.1%) of the total participants have not experienced at any form of domestic violence in the past 12 months. Table 1 also shows that the most prevalent form of violence among the study population was psychological violence (68.6%), followed by physical violence (23.4%) and sexual violence (15.8%). The data above also shows that the minimum age of participants who took part in the study was 17 years, and the maximum age was 31 years. The mean age is 20 years, while the standard deviation for age is at 2.679.

Data Collection Tools/Measures

The study makes use of a structured questionnaire. The questionnaire included a socio-demographic form as well as four standardized scales namely: WHO Violence Against Women Instrument (WHO-VAWI), The Self-blame Scale (SBS), Depression, anxiety and Stress Scale (DASS-21), and Rosenberg Self-esteem Scale (RSE).

Demographic Form

This questionnaire gathered information on participants' basic socio-demographic factors, such as their age, race, place of origin, religion, level of education, and institution of higher learning and CGPA. This form was designed by the researcher to collect basic data pertinent to the study.

WHO Violence Against Women Instrument (WHO-VAWI)

The World Health Organization Violence Against Women Instrument (WHO-VAWI) is a self-report tool that measures women's exposure to different forms of intimate partner violence, with emphasis on the severity and frequency of experiences. This scale consists of 13 items divided into three domains: physical abuse (6-item), sexual (3-item), and psychological abuse (4-item). The respondents are asked whether each item had happened earlier in life or in the past year (12

months) using a dichotomous response format "Yes' or "no", and with what frequency, on a 3-point Likert-scale response format ranging from: 1 (once) to 3 (many times). The scale is scored by calculating the mean scores for each domain of violence for the past year and lifetime. Cronbach's alpha values for the domains are 0.79 for psychological abuse, 0.80 for physical abuse, 0.72 for sexual abuse and 0.88 for the total 13 items (Nyberg et al., 2013).

The Self-blame Scale (SBS)

The Self-blame Scale is a 22-item non-dimensional, self-report scale developed by Reddy (2023), which measures a person's behavior, thoughts, and feelings regarding how they attribute the consequences of a stressful incident to themselves. A 5-point Likert scale is used to rate all items, with answers ranging from 5 (strongly agree) to 1 (strongly disagree). The scale is scored by adding the individual 5-point items to produce a global score ranging from 22 to 110. High scores indicate high self-blame and vice-versa. Cronbach's alpha value for the 22-items is 0.891 (Reddy, 2023).

Rosenberg self-esteem scale (RSE)

The Rosenberg Self-esteem Scale, which was created by Rosenberg (1965) is a 10-item scale that measures global self-worth by assessing both positive and negative thoughts about oneself. The scale is assumed to be one-dimensional. All items are graded on a 4-point Likert scale, with answers ranging from 1 (strongly agree) to 4 (strongly disagree). The scale is scored by adding the individual 4-point items to produce a global score ranging from 10 to 40. Test-retest reliability over the course of the 2-week period was 0.85, Cronbach's alpha value of 0.90, and internal consistency of 0.77 (Rosenberg, 1965).

Depression, Anxiety and Stress Scale (DASS-21)

The Depression, Anxiety and Stress Scale (DASS-21), which was created by Lovibond & Lovibond (1995) is a self-report scale that measures the three negative emotional states of stress, anxiety, and depression. This scale has 21 components that are divided into three subscales: stress, anxiety, and depression. Each subscale has seven components. This instrument is scored on a 4-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time).

The respondent must specify whether they have experienced a symptom throughout the past week when filling out the questionnaire. Cronbach's alpha values for the subscales are 0.87 for depression, 0.84 for anxiety, and 0.85 for stress (Lovibond & Lovibond, 1995).

Data Collection Procedure

The initial step in the study involved obtaining ethical clearance from the Near East University Social Science Ethics Committee (application number NEU/SS/2023/1701). The structured questionnaire was then delivered to the participants using pen and paper. The researcher collected data at NEU and EMU libraries, cafeterias, as well as other areas where students go for recreational activities. An informed consent form was sent to participants along with the questionnaire, and they subsequently gave their approval to participate in the study. The questionnaire took roughly 12 minutes to complete. Furthermore, participants were told of the study's aims and guaranteed that their answers would be treated with utmost secrecy and anonymity. Participants received no monetary compensation for their participation, as participation was entirely voluntary.

Data Analysis Procedure

The research study required the utilization of the IBM version 20.0 statistical software, which is an advanced tool commonly used by social scientists and other professionals in the field for statistical analysis (IBM Corp., 2011). The software program analyzed the data using quantitative analyses. The statistical method for this study included descriptive statistics because it summarizes the data that will represent the whole population. This was comprised of the mean, mode, and standard deviation. Correlation between the scales using the Pearson correlation coefficient was analyzed.

Table 2

Normality

Variable	N	Min.	Max.	Mean	StdDev	Skewness	Kurtosis		
						Stats	StdErrorStats	StdError	
WHO-VAW Lifetime	385	0.00	0.77	0.1842	0.1822	0.983	0.124	0.591	0.248

Table 2
(Continued)

WHO-VAW 12 Months	385	0.00	0.85	0.1471	0.1835	1.553	0.124	2.415	0.248
WHO-VAW Frequency	385	0.00	1.69	0.2633	0.3263	1.507	0.124	2.560	0.248
Self-Blame	385	38.00	102.00	59.9922	11.3352	0.845	0.124	1.482	0.248
Self-Esteem	385	16.00	39.00	27.7065	5.69124	0.028	0.124	-0.844	0.248
Depression Subscale	385	0.00	18.00	7.8390	4.8018	0.029	0.124	-0.997	0.248
Anxiety Subscale	385	0.00	19.00	7.8364	4.8527	0.291	0.124	-0.647	0.248
Stress Subscale	385	1.00	19.00	9.5974	4.2379	-0.055	0.124	-0.561	0.248

According to George and Mallery's (2010) definition of normality, Kurtosis and skewness scores should fall within the range of -2 and +2. The values of skewness and kurtosis shown in table 3 above support this assertion by demonstrating that the data for the variables are not normally distributed. Thus, in order to analyze the study's research questions, non-parametric tests were utilized. The Spearman Brown correlation was employed to ascertain the association that exists between domestic violence, self-blame, emotional states, self-esteem, and academic performance and age. The Mann-Whitney U and Kruskal Wallis H tests were employed to evaluate how demographic factors like race, relationship status, exposure to IPV in the family and society, affect domestic violence, self-blame, emotional states, and self-esteem.

Research Plan and Process

The plan below shows the structure of the research conducted.

The first step in this study's methodology was to obtain permission from the creators of the WHO Violence Against Women Instrument (WHO-VAWI), The Self-blame Scale (SBS), The depression, anxiety, and stress scale (DASS-21) and Rosenberg Self-esteem Scale (RSE), all of which were used in this study.	October,2023
Subsequently, an Ethical Approval Form was filled out and emailed to the Near East University Ethics Committee.	October, 2023–November,2023
A paper and pen version of the questionnaire was sent to students at Near East University and Eastern Mediterranean University using a convenience sampling method.	November,2023
A review of related research as well as a review of relevant literature.	December,2023
The statistics generated from the information received from the research participants were then analyzed in order to assist guide the study's results. The findings were analyzed in light of the body of research, and appropriate suggestions and recommendations were made.	December,2023 –January,2024

CHAPTER IV

Findings and Discussion

The goal of this study is to investigate the impact of domestic violence on self-blame, self-esteem, psychological well-being, and academic performance among university students' in North Cyprus. This chapter will give an analysis of the information received from the study's participants, as well as the important conclusions. Tables and table summaries will be used to present the findings. The first table will look at the relationship between domestic violence, self-blame, self-esteem, emotional states such as depression, anxiety and stress, academic performance and age.

Table 3

Relationship between Domestic Violence, Self-blame, Self-esteem, Emotional States, Academic Performance and Age

	Variables	1	2	3	4	5	6	7	8	9	10
1	Lifetime exposure		0.797**	0.790**	0.502**	-0.524**	0.561**	0.492**	0.576**	-0.627**	0.150**
		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.003
2	Twelve months exposure			0.987**	0.398**	-0.396**	0.481**	0.413**	0.475**	-0.529**	0.040
			0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.430
3	Frequency of exposure				0.390**	-0.386**	0.465**	0.421**	0.477**	-0.528**	0.049
					0.000	0.000	0.000	0.000	0.000	0.000	0.335
4	Self-blame					-0.423**	0.530**	0.570**	0.594**	-0.400**	0.067
						0.000	0.000	0.000	0.000	0.000	0.193
5	Self-esteem						-0.491**	-0.332**	-0.459**	0.514**	-0.118**
							0.000	0.000	0.000	0.000	0.020
6	Depression Subscales							0.606**	0.650**	-0.517**	0.055
								0.000	0.000	0.000	0.279
7	Anxiety Subscales								0.671**	-0.364**	0.054
									0.000	0.000	0.290
8	Stress Subscales									-0.426**	0.149**
										0.000	0.003
9	CGPA										-0.043
											0.395
10	Age										

p≤0.05**

The spearman test results, as shown in table 3 above, demonstrates that the participants' lifetime exposure, exposure in the past 12 months and frequency of exposure, are positively correlated to self-blame ($p=0.000$, $p=0.000$, $p=0.000$), emotional states (depression, anxiety and stress) ($p=0.000$, $p=0.000$, $p=0.000$), but negatively correlated to self-esteem ($p=0.000$, $p=0.000$, $p=0.000$) and CGPA ($p=0.000$, $p=0.000$, $p=0.000$). The table also shows that the participants' lifetime exposure to domestic violence is positively correlated to age ($p=0.003$). However, the participants' exposure in the past 12 months and frequency of exposure has no correlation to age of the participants.

The table also shows that self-blame is positively correlated to emotional states (depression, anxiety and stress) ($p=0.000$, $p=0.000$, $p=0.000$) but negatively correlated to self-esteem ($p=0.000$) and CGPA of the participants ($p=0.000$). However, there is no correlation between self-blame and age of the participants. The table also shows a negative correlation between self-esteem and emotional states (depression, anxiety and stress) ($p=0.000$, $p=0.000$, $p=0.000$) as well age of the participants ($p=0.020$) but positively correlated to CGPA ($p=0.000$).

The table also shows strong negative correlations between emotional states (depression, anxiety and stress) and CGPA of the participants ($p=0.000$, $p=0.000$, $p=0.000$). Stress is positively correlated to the age of the participants ($p=0.003$). However there is no correlation between the other two psychological or mental well-being subscales (depression and anxiety) and age of the participants. The analysis also reveals that there is a strong positive correlation between depression ($p=0.000$), anxiety ($p=0.000$) and stress subscales ($p=0.000$). The analysis also reveals that there is no correlation between the participants' CGPA and age.

Table4

Mediation Model with Linear Regression Analysis for Mediating Role of Self-blame between Lifetime Exposure to Domestic Violence and Psychological Well-being

Variable	Beta	SE	95%CI		B	P
			LL	UL		
Self-blame	0.336	0.042	0.278	0.442	0.360	0.000**
WHO-WAV	0.520	1.019	11.567	15.575	13.571	0.000**
Lifetime						

$p \leq 0.05^{**}$; Dependent Variable: Psychological well-being

The regression analysis results shown in table 4 above reveals that there is still a significant relationship between the independent variable (lifetime exposure) and the dependent variable (psychological well-being) when you control the impact of the mediating variable (self-blame) ($p=0.000$). Self-blame does not significantly mediate the relationship between lifetime exposure to domestic violence and psychological well-being. Although, the study revealed that there is a reduction in lifetime exposure scores with self-blame as a mediator, but the reduction was not significant.

Table 5

Mediation model with Linear Regression Analysis for Mediating Role of Self-esteem between Lifetime Exposure to Domestic Violence and Psychological Well-being

Variable	Beta	SE	95%CI		B	P
			LL	UL		
Self-esteem	-0.159	0.097	-0.531	-0.148	-0.340	0.001**
WHO-WAV	0.587	1.191	12.978	17.660	15.319	0.000**
Lifetime						

$p \leq 0.05^{**}$; Dependent Variable: Psychological well-being

The regression analysis results shown in table 5 above reveals that there is still a significant relationship between the independent variable (lifetime exposure) and the dependent variable (psychological well-being) when you control the impact of the mediating variable (self-esteem) ($p=0.000$). Self-esteem does not significantly mediate the relationship between lifetime exposure to domestic violence and psychological well-being. Although, the study revealed that there is a reduction in lifetime exposure scores with self-esteem as a mediator, but the reduction was not significant.

Table 6

Comparison of Witnessing Family IPV Differences in Exposure to Domestic Violence, Self-blame, Self-esteem and Emotional States.

Variable	Family IPV	N	Mean Ranks	Sum of Ranks	U	P
WHO-VAW	Yes	72	239.24	17225.00	7939.000	0.000**
Lifetime	No	313	182.36	57080.00		

Table 6
(Continued)

WHOVAW 12 Months	Yes	72	221.47	15946.00	9218.000	0.012**
	No	313	186.45	58359.00		
WHO-VAW Frequency	Yes	72	223.10	16063.00	9101.000	0.008**
	No	313	186.08	58242.00		
Self-Blame	Yes	72	205.94	14828.00	10336.000	0.273
	No	313	190.02	59477.00		
Self-Esteem	Yes	72	163.42	11766.50	9138.500	0.012**
	No	313	199.80	62538.50		
Depression Subscales	Yes	72	240.24	17297.50	7866.500	0.000**
	No	313	182.13	57007.50		
Anxiety Subscales	Yes	72	217.73	5676.50	9487.500	0.036**
	No	313	187.31	8628.50		
Stress Subscales	Yes	72	223.66	16103.50	9060.500	0.009**
	No	313	185.95	58201.50		

$p \leq 0.05^{**}$

Results of the Mann Whitney U test in table 6 above shows that there are significant differences in the participants' lifetime exposure ($p=0.000$), exposure in the past 12 months ($P=0.012$), frequency of exposure ($P=0.008$), self-esteem ($p=0.012$) and emotional state subscales such as depression ($p=0,000$), anxiety ($p=0.036$) and stress ($p=0.009$) according to witnessing IPV within the family. However, there is no significant difference in the participants' self-blame according to witnessing IPV within the family.

Table 7

Comparison of Witnessing Societal IPV Differences in Exposure to Domestic Violence, Self-blame, Self-esteem and Emotional States.

Variable	Societal IPV	N	Mean Ranks	Sum of Ranks	U	P
WHO-VAW Lifetime	Yes	156	193.87	30244.00	17726.000	0.897
	No	229	192.41	44061.00		
WHOVAW 12 Months	Yes	156	192.45	30022.00	17776.000	0.933
	No	229	193.38	44283.00		
WHO-VAW Frequency	Yes	156	190.99	29794.00	17548.000	0.760
	No	229	194.37	44511.00		

Table 7
(Continued)

Self-Blame	Yes	156	184.14	28726.00	16480.000	0.197
	No	229	199.03	45579.00		
Self-Esteem	Yes	156	197.91	30874.50	17095.500	0.474
	No	229	189.65	43430.50		
Depression Subscales	Yes	156	187.98	29325.00	17079.500	0.464
	No	229	196.42	44980.00		
Anxiety Subscales	Yes	156	182.68	28498.50	16252.500	0.132
	No	229	200.03	45806.50		
Stress Subscales	Yes	156	177.01	27613.50	15367.500	0.019**
	No	229	203.89	46691.50		

p≤0.05**

Results of the Mann Whitney U test in table 7 above shows that there are no significant differences in the participants' lifetime exposure, exposure in the past 12 months, frequency of exposure, self-blame, self-esteem, depression and anxiety according to witnessing IPV within the society. However, there is a significant difference in the participants' stress according to witnessing IPV within the society (p=0.019).

Table 8

Comparison of Relationship Status Differences in Exposure to Domestic Violence, Self-blame, Self-esteem and Emotional States

Variable	Relationship Status	N	Mean Ranks	X ²	df	P
WHO-VAW Lifetime	Cohabiting	52	269.92	106.065	2	0.000**
	Dating	232	212.53			
	Single	98	100.09			
WHOVAW 12 Months	Cohabiting	52	278.50	87.953	2	0.000**
	Dating	232	203.76			
	Single	98	116.32			
WHO-VAW Frequency	Cohabiting	52	279.85	92.903	2	0.000**
	Dating	232	204.69			
	Single	98	113.41			
Self-Blame	Cohabiting	52	184.60	24.581	2	0.000**
	Dating	232	212.06			
	Single	98	146.48			

Table 8
(Continued)

Self-Esteem	Cohabiting	52	155.43	31.511	2	0.000**
	Dating	232	177.44			
	Single	98	243.93			
Depression Subscales	Cohabiting	52	240.62	59.786	2	0.000**
	Dating	232	211.00			
	Single	98	119.29			
Anxiety Subscales	Cohabiting	52	230.35	30.281	2	0.000**
	Dating	232	204.20			
	Single	98	140.83			
Stress Subscales	Cohabiting	52	233.10	66.864	2	0.000**
	Dating	232	214.97			
	Single	98	113.86			

$p \leq 0.05^{**}$

The table 8 above reveals that students who are cohabiting, experienced domestic violence more in terms of lifetime and 12 months exposure, followed by those who are currently dating, and then those who are currently single. The Kruskal Wallis test results show that there are significant differences in the participants' life-time exposure ($p=0.000$), exposure in the past 12 months ($p=0.000$), frequency of exposure ($p=0.000$), self-blame ($p=0.000$), self-esteem ($p=0.000$), depression ($p=0.000$), anxiety ($p=0.000$) and stress ($p=0.000$) according to relationship status.

The pair-wise analysis shows that for lifetime exposure, past 12 months exposure and frequency of exposure, there are significant differences between the groups ($P<0.05$). The pair-wise comparison for self-blame revealed that the significant differences are between students who are cohabiting and those who are single ($p=0.010$), as well as between students who are currently dating and those who are single ($p=0.000$). The pair-wise analysis for self-esteem shows that the significant differences are between students who are cohabiting and those who are single ($p=0.000$), as well as between students who are currently dating and those who are single ($p=0.000$).

The pair-wise analysis shows that for depression, there are significant differences between the groups ($P<0.05$). The pair-wise analysis revealed that for anxiety, there are significant differences between students who are cohabiting and those who are single ($p=0.000$), as well as between students who are currently dating and those who are single ($p=0.000$). The pair-wise analysis also revealed that for

stress, the significant differences are between students who are cohabiting and those who are single ($P=0.000$), and students who are dating and those who are single ($P=0.000$) respectively.

Table 9

Comparison of Differences in Economic Level in Exposure to Domestic Violence, Self-blame, Self-esteem and Emotional States.

Variable	Economic level	N	Mean Ranks	X^2	df	P
WHO-VAW Lifetime	Low level	58	172.34	6.412	2	0.041**
	Middle level	304	199.96			
	High level	23	153.09			
WHOVAV 12 Months	Low level	58	180.81	7.728	2	0.021**
	Middle level	304	199.39			
	High level	23	139.26			
WHO-VAW Frequency	Low level	58	178.97	8.441	2	0.015**
	Middle level	304	199.86			
	High level	23	137.70			
Self-Blame	Low level	58	190.47	0.205	2	0.903
	Middle level	304	192.75			
	High level	23	202.65			
Self-Esteem	Low level	58	193.07	5.104	2	0.078
	Middle level	304	189.17			
	High level	23	243.46			
Depression Subscales	Low level	58	167.86	13.859	2	0.001**
	Middle level	304	202.89			
	High level	23	125.67			
Anxiety Subscales	Low level	58	199.18	4.087	2	0.130
	Middle level	304	195.23			
	High level	23	147.96			
Stress Subscales	Low level	58	177.97	3.007	2	0.222
	Middle level	304	197.90			
	High level	23	166.17			

$p \leq 0.05^{**}$

The Kruskal Wallis test results shown in table 9 above reveals that there are significant differences in the participants' lifetime exposure ($p=0.041$), exposure in the past 12 months ($p=0.021$), frequency of exposure ($p=0.015$) and depression ($p=0.001$) according to economic level. The table also shows that there is no

significant difference in self-blame, self-esteem, anxiety and stress according to economic level. The pair-wise analysis shows that the significant difference is between students who report middle and high economic levels for lifetime exposure ($p=0.048$), past 12 months exposure (0.009) and frequency of exposure (0.007). The pair-wise analysis shows that for depression, the significant differences are between students who report low and middle economic levels ($P=0.028$), as well as between students who report middle and high economic levels ($P=0.001$).

Table 10

Comparison of Differences Source of Income in Exposure to Domestic Violence, Self-blame, Self-esteem and Emotional States

Variable	Source of Income	N	Mean Ranks	X^2	df	P
WHO-VAW Lifetime	Family support	324	190.72	12.848	2	0.002**
	Job	53	186.38			
	Partner support	8	329.25			
WHO-VAW12 Months	Family support	324	192.02	0.726	2	0.696
	Job	53	194.30			
	Partner support	8	224.25			
WHO-VAW Frequency	Family support	324	191.95	0.480	2	0.787
	Job	53	195.75			
	Partner support	8	217.25			
Self-Blame	Family support	324	195.72	1.409	2	0.494
	Job	53	176.17			
	Partner support	8	194.25			
Self-Esteem	Family support	324	195.61	8.075	2	0.018**
	Job	53	193.72			
	Partner support	8	82.63			
Depression Subscales	Family support	324	188.91	10.527	2	0.005**
	Job	53	199.39			
	Partner support	8	316.50			
Anxiety Subscales	Family support	324	195.11	2.689	2	0.261
	Job	53	174.08			
	Partner support	8	232.88			
Stress Subscales	Family support	324	192.95	1.402	2	0.496
	Job	53	186.74			
	Partner support	8	236.50			

$P \leq 0.05^{**}$

The Kruskal Wallis test results shown in table 10 above reveals that there is a significant difference in the participants' lifetime exposure ($p=0.002$), self-esteem ($p=0.018$) and depression ($p=0.005$) according to source of income. However, there are no significant differences in past 12 months exposure, frequency of exposure, self-blame, anxiety and stress according to source of income. The pair-wise analysis shows that for lifetime exposure ($p=0.001$, $P=0.000$), self-esteem ($p=0.001$, $p=0.000$) and depression ($p=0.002$, $p=0.000$), the significant differences are between students whose source of income comes from family support and those whose source of income comes from partner support, as well as between students whose source of income comes from their job and those whose source of income comes from partner support.

Table 11

Comparison of Educational Level Differences in Exposure to Domestic Violence, Self-blame, Self-esteem and Emotional States.

Variable	Educational Level	N	Mean Ranks	Sum of Ranks	U	P
WHO-VAW Lifetime	Undergraduates	366	194.33	71126.00	2989.000	0.292
	Masters	19	167.32	3179.00		
WHO-VAW 12 Months	Undergraduates	366	197.03	72112.00	2003.000	0.001**
	Masters	19	115.42	2193.00		
WHO-VAW Frequency	Undergraduates	366	196.98	72095.00	2020.000	0.001**
	Masters	19	116.32	2210.00		
Self-Blame	Undergraduates	366	191.68	70154.00	2993.000	0.306
	Masters	19	218.47	4151.00		
Self-Esteem	Undergraduates	366	194.21	71080.00	3035.000	0.349
	Masters	19	169.74	3225.00		
Depression Subscales	Undergraduates	366	194.67	71250.50	2864.500	0.194
	Masters	19	160.76	3054.50		
Anxiety Subscales	Undergraduates	366	193.33	70758.00	3357.000	0.799
	Masters	19	186.68	3547.00		
Stress Subscales	Undergraduates	366	193.30	70749.00	3366.000	0.814
	Masters	19	187.16	3556.00		

$p \leq 0.05^{**}$

Results of the Mann Whitney U test in table 11 above shows that there are significant differences in the participants' exposure in the past 12 months ($p=0.001$) and frequency of exposure ($p=0.001$) according to educational level. However, there is no significant difference in the participants' lifetime exposure, self-blame, self-esteem and emotional state subscales (depression, anxiety and stress) according to educational level.

Table 12

Comparison of Racial Differences in Exposure to Domestic Violence, Self-blame, Self-esteem and Emotional States.

Variable	Race	N	Mean Ranks	Sum of Ranks	U	P
WHO-VAW Lifetime	Black	175	148.46	25981.00	10581.000	0.000**
	White	210	230.11	48324.00		
WHOVAW 12 Months	Black	175	149.91	26234.00	10834.000	0.000**
	White	210	228.91	48071.00		
WHO-VAW Frequency	Black	175	148.86	26050.00	10650.000	0.000**
	White	210	229.79	48255.00		
Self-Blame	Black	175	164.14	28724.00	13324.000	0.000**
	White	210	217.05	45581.00		
Self-Esteem	Black	175	223.23	39066.00	13084.000	0.000**
	White	210	167.80	35239.00		
Depression Subscales	Black	175	148.65	26014.00	10614.000	0.000**
	White	210	229.96	48291.00		
Anxiety Subscales	Black	175	157.30	27527.50	12127.500	0.000**
	White	210	222.75	46777.50		
Stress Subscales	Black	175	140.95	24666.50	9266.500	0.000**
	White	210	236.37	49638.50		

$p \leq 0.05^{**}$

The table 12 above shows that white students experience domestic violence more in term of exposure and frequency than their black counterparts. Results of the Mann Whitney U test in the table above shows that there are significant differences in the participants' lifetime exposure ($p=0.000$), exposure in the past 12 months ($p=0.000$), frequency of exposure ($p=0.000$), self-blame ($p=0.000$), self-esteem

($p=0.000$) and emotional states such as depression ($p=0.000$), anxiety ($p=0.000$) and stress ($p=0.000$) according to race.

CHAPTER V

Discussion

This chapter discusses the findings in the context of relevant literature and variables that influenced the research. The aim of this study is to explore the impact of domestic violence on self-blame, psychological well-being, self-esteem and academic performance among university students in North Cyprus.

The findings of the study reveal that lifetime exposure, exposure in the past 12 months, and frequency of exposure to domestic violence is positively correlated to self-blame. The result is similar to the results found by Moor and Farchi (2011) which indicated that victims of IPV-related trauma reported higher rates of self-blame and post-traumatic symptoms in contrast to those who experienced different forms of trauma. Non-trauma persons may feel self-blame in reaction to diverse circumstances; nevertheless, the intensity and pervasive nature of self-blame are generally more prominent in those who have experienced trauma (Harris, 2016). Breitenbecher (2006) also discovered that self-blame was linked to a rise in the occurrence of previous victimization and the perception of having power over future instances of attack. The higher degree of self-blame reported in women in abusive relationships implies that the desire for attributions is heightened when one is subjected to an uncontrollable occurrence (O'Neill & Kerig, 2000). The abused women frequently utilize these attributions as coping mechanisms to understand and deal with the violence. However, these ideas may give the woman a false impression that she has control over the abusive situation, which may motivate her to stay in the relationship (Follingstad et al., 1988).

Furthermore, O'Neill and Kerig (2000) discovered that women who were presently in relationships with abusive partners displayed higher levels of personal blame for their own character and behavior. Additionally, these women also reported lower levels of perceived control compared to those who had already exited abusive relationships. The result is also in accordance with the findings of Donde (2016) which revealed that approximately fifty percent of female college students acknowledged partial responsibility when asked about their level of culpability in instances of sexual assault. Victims of violence might blame themselves for either causing or being a victim of the violence. For instance, an abused woman who claims that her partner's aggression was caused by "something about her" may see this attribute as the "cause" of her husband's violence or just the situation or occasion that

gave birth to it. In addition, the abused woman may also hold herself responsible for creating the violence, failing to moderate the violence, or being overly tolerant of the violence (Miller & Porter, 1983).

The results of this study also show statistically significant negative correlations between lifetime exposure, exposure in the past 12 months, and frequency of exposure to domestic violence and self-esteem. Aguilar and Nightingale's (1994) research aligns with the current findings, demonstrating that the group of women who experienced abuse had lower levels of self-esteem compared to the group of women who did not experience abuse. The result is also in accordance with a study conducted in Nigeria which found negative correlation between sexual abuse and self-esteem among adolescents (Okunlola et al., 2020). However, there are multiple factors that contribute to the adverse impacts of domestic violence on one's self-esteem. These could be attributed to the power dynamics and control within intimate partner violence, as it weakens the confidence and self-value of women. Consequently, this creates a cognitive sense of being worthless and a learned sense of helplessness among the female students who have experienced abuse (Guler et al., 2022; Aguilar & Nightingale, 1994).

Furthermore, naming calling can impact a person's self-esteem negatively. Individuals who internalize negative comments tend to believe and integrate these criticisms into their self-perception, resulting in a skewed self-image and low self-esteem. This internalization can lead to a lack of self-affirmation and self-respect, as individuals may come to believe that they are not good enough, leading to emotions of jealousy and inadequacy (Bigizadeh et al., 2021). This can also have an influence on self-efficacy because these individuals may begin to doubt their own abilities and value, resulting in a diminished feeling of self and well-being. In addition, it has been well established in previous literature that perpetrators often utilize damage to women's self-esteem as a means of victimization through IPV (Guler et al., 2022).

The results of this study also reveal that exposure and frequency of exposure to domestic violence is positively correlated to emotional states such as depression, anxiety and stress. This is consistent for lifetime exposure, exposure in last 12 months as well as frequency of exposure. The result is in accordance with studies which revealed that experience of domestic violence has positive correlations with depression, anxiety and stress (Pakhomova et al., 2021; Sadah et al., 2021; Concejero et al., 2022). Previous research also suggests that exposure to sexual, physical or

psychological IPV is significantly correlated with higher levels of depression and stress (Kennedy et al., 2021; Kamimura et al., 2016; Shen & Kusunoki, 2019). This is because Non-victimized women were less prone to internalize symptoms such as withdrawal, anxiety, and depression, compared to female survivors of severe male abuse, who were found to be four times more likely to do so (Straus & Smith, 1990; Lloyd, 2018).

Furthermore, the traumatic nature of domestic abuse can cause ongoing psychological discomfort. The chronic exposure to physical and psychological abuse may cause flashbacks, shame and sleep disorders (Mazza et al., 2021) among survivors, which results in the feelings of fear, helplessness, and worthlessness that ultimately lead to the onset of depression, anxiety and stress (Nathanson et al., 2012; Karakurt et al., 2014). Also, the persistent strain caused by domestic violence can disrupt the body's natural stress response mechanism, leading to an imbalance and thereby elevating the likelihood of stress-induced illnesses while also intensifying feelings of anxiety (Pakhomova et al., 2021).

The findings of this study also reveal statistically significant negative correlations between lifetime exposure, exposure in the past 12 months, and frequency of exposure to domestic violence and CGPA. The result is consistent with a study conducted among university students which found that the academic performance of students who suffered from both sexual, physical or verbal abuse dropped significantly based on their grade point average when compared with students who had not been abused (Mengo & Black, 2015; Omosuzi et al., 2021).

Furthermore, the result in this study also agrees with other studies which revealed that lower CGPA and more academic difficulties were more common among undergraduates who reported IPV (Brewer et al., 2018; Attalla & Rome, 2020). Another study conducted in USA among universities also found notable connections between the intensity of intimate partner violence and the severity of post-traumatic stress disorder (PTSD), depressive symptoms, lack of interest in academic activities, and the subsequent negative impact on academic performance (Wood, et al., 2020). The explanation for this may be because domestic violence affects learning habits due to the fact that it may interrupt learning processes (Evans et al., 2018), resulting in poor school engagement such as poor concentration, low class attendance and participation, completing assignments, poor learning capacities

and truancy (Klencakova et al., 2021; Attalla & Rome, 2020; Omosuzi et al., 2021; Mengo & Black, 2015).

The findings of this study also show that self-blame does not mediate the impact of lifetime exposure to domestic violence and psychological well-being. The study shows a difference in lifetime exposure to domestic violence when you control the impact of the mediating variable (self-blame) but this difference is not significant. That is, self-blame has a partial effect on the impact of lifetime exposure to domestic violence on the psychological well-being of students but that reduction is not significant. Although previous studies have proposed that the link between physical or sexual abuse and psychological distress was statistically significant when self-blame was controlled (Breitenbacher, 2006; O'Neill & Kerig, 2000), the findings of this research align with recent studies indicating that the combination of other IPV types and self-blame does not serve as a predictor for depressive symptoms and PTSD, except for physical violence (Levine, 2011; Reich et al 2014).

However, the reason why self-blame may not accurately predict psychological distress in victims of intimate partner violence, may be connected to the specific types of self-blame assessed and how they affect mental health outcomes differently (Janoff-Bulman, 1979). It appears that the self-blame measure used in the current study may not have fully considered or differentiated between the two types of self-blame, which may have impacted the interaction between self-blame and psychological distress (Levine, 2011).

The findings of this study also show that self-esteem does not mediate the impact of lifetime exposure to domestic violence and psychological well-being. The study shows a difference in lifetime exposure to domestic violence when you control the impact of the mediating variable (self-esteem) but this difference is not significant. That is, self-esteem has a partial effect on the impact of lifetime exposure to domestic violence on the psychological well-being of students but that reduction is not significant. The finding of this study is contrary to previous studies which indicated that self-esteem may serve as buffer against the development of psychological problems among victims of intimate partner violence (Bassuk et al., 2006; Costa & Gomes, 2018). The findings of this study suggest that there is a complex relationship between self-esteem, intimate partner violence (IPV), and mental health consequences, and further investigation is necessary to comprehend the extent of self-esteem's influence in this specific context.

The findings of this study also reveal significant differences between lifetime exposure, exposure in the past 12 months, and frequency of exposure to domestic violence and witnessing family IPV. The result aligns with another study that discovered an increased likelihood of encountering physical abuse later in life if an individual has observed domestic violence in their own family during childhood (Stith et al., 2000; Chernyak et al., 2020). The result is also in accordance with a previous study that found an elevated risk of committing and experiencing intimate partner violence for women who observed incidents of physical abuse or threats of violence among their parents (Heyman & Slep, 2002; McKinney et al., 2009; Roberts et al., 2011).

In addition, a similar study also discovered that women had a higher probability of experiencing intimate partner violence in adulthood, multiplied by three, if they had previously undergone adverse experiences during childhood, like physical or sexual abuse (Whitfield et al., 2003; Thompson et al., 2006). One potential reason for the outcome may be attributed to the passing down of violence from one generation to another and the lasting influence of being exposed to violence during childhood (Stith et al., 2000; Woollett & Thomson, 2016). Overly harsh punishment can act as a model for coercive dispute resolution, which is transferred from the parent-child interaction to the relationship between romantic partners. In addition, children who see violence between parents may learn that using violence to settle disputes with partners is appropriate or acceptable (Ehrensaft et al., 2003).

The results in this study also revealed strong significant differences in lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence according to relationship status, with participants cohabiting reporting more incidences of domestic violence followed by those who are dating and then those who are currently single. The result aligns with research findings that suggest higher rates of intimate partner violence among individuals living with a partner compared to dating or married young adults (Manning et al., 2016; Krieg, 2023). According to Manning et al. (2016), three out of 10 cohabiting couples had some kind of intimate partner violence. In addition, it was also found in another study that the rate of assault in cohabiting couples is greater than in dating or married couples, and the severity of violence is also higher (Stets & Straus, 1989). A possible explanation for the increased rates of violence among cohabiting partners in this study may be due to lack of commitment within the romantic relationship, the

absence of institutionalized standards, and selection factors (Krieg, 2023). In general, cohabiting couples are characterized by having fewer restrictions on ending the relationship and a weaker level of dedication (Manning et al., 2016).

Furthermore, another possible explanation could be due to the absence of established social regulations for living together and the lack of legal recognition for cohabitation as a formal union. Consequently, individuals are required to independently determine, establish, and manage their roles within the relationship without the guidance of customary norms and established expectations associated with the traditional roles of spouses (Manning et al., 2018). Lastly, cohabiting partners are also more likely to have a history of violence and socioeconomic disadvantage when compared to dating or married couples. The presence of these selection factors could be significant since IPV is often linked to both a history of violence within the family and socio-economic disadvantages (Manning et al., 2016).

The findings of this study also revealed significant differences between lifetime exposure, exposure in the past 12 months, and frequency of exposure to domestic violence and perceived economic levels of the respondents with students who reported being in the high level of perceived economic status associated with lower incidences of domestic violence. The result is consistent with previous studies which found that there is a strong association between socioeconomic status and domestic violence towards women, with women from lower or middle socioeconomic background being more prone to abuse than women in the higher socioeconomic background (Kiss et al., 2012; Chatha et al., 2014; Dabaghi et al., 2023).

Furthermore, the result of this study also agrees with studies suggesting that women's higher income is correlated with reduced physical and sexual IPV within the last year (Abrahamsky et al., 2019; Greulich & Dasre, 2022), and those who perceived themselves as financially stable had a lower likelihood of becoming victims compared to those who did not possess that sense of security (Cho, 2011). According to Henson (2020), there is a direct relationship between economic pressure and domestic violence, and partners who have previously held their aggressive behavior in check break under pressure, and abusive behaviors emerge. The author also noted that economic hardship increases the frequency and intensity of violence for those who are already victims of it (Henson, 2020).

The findings of this study also reveal significant differences between lifetime exposure to domestic violence and source of income, with women who reported partner support having experienced more exposure to domestic violence, followed by those who reported family support and lastly, those who reported to be working. This result is consistent with studies which reported that marital economic dependency is positively linked to an increased risk of all types of IPV (Kalmuss & Straus, 1982; Dhungel et al., 2017). These results can be explained according to the findings which indicated that greater economic autonomy can reduce women's financial dependency on males, therefore lowering the chance of IPV (McDougal et al., 2019). In addition, the reason could be due to the fact that majority of the women are unemployed and either in the low or middle economic level, and lack access to resources which makes them somewhat dependent on their partners resulting in increased exposure and acceptance of domestic violence (Dabaghi et al., 2023).

Furthermore, financial autonomy for women enhances their decision-making authority inside the home and their ability to threaten divorce, which can minimize their vulnerability to domestic abuse. Once again, since women who dare not employed tend to spend more time in the home than working women, they may be more exposed to their partners during the day (Greulich & Dasre, 2022). In addition, women who contribute at least the same amount to family income as their partner have a considerably reduced probability of experiencing physical and/or sexual domestic abuse than those who contribute less or nothing (Abramsky et al., 2019; Greulich & Dasre, 2022).

The results in the study also revealed significant differences between exposure in the past 12 months and frequency of exposure to domestic violence based educational level with undergraduate students reporting more frequency and exposure to domestic violence than masters students. The result is in accordance with a study conducted in Nigeria which found that undergraduate and single students have a higher likelihood of experiencing domestic violence than postgraduate and married students within the last 12 months (Umana et al., 2014). The increased rates of domestic violence among undergraduate students in this study may be caused by a number of factors, including societal pressures, isolation from family, being in a relationship for the first time, and drug and alcohol use (Allen & Moore, 2010; Tsui & Santamaria, 2015; Welsh et al., 2019). For instance, many undergraduate students enter into their first romantic relationships during college, and it's possible that they

haven't acquired the necessary communication skills to work out conflicts in these kinds of partnerships (Musa et al., 2021).

Finally, the results in this study also show significant racial differences according to lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence with white students having higher scores than black students. This is contrary to the findings of White (2017) who reported that black women have a higher likelihood of encountering physical IPV. However, no disparity was found in the rate of sexual assault between black and white women. The findings of this study further underscore the pervasive and widespread occurrence of intimate partner violence among women in the Middle-East region (Moshtagh et al., 2021; Elghossain et al., 2019; El-Nimr et al., 2021). The discrepancy may also be attributed to economic factors. For instance, international students who have the financial ability to study abroad may come from more wealthy families, which may reduce their chance of experiencing domestic abuse (Christaki et al., 2023). Another possible explanation could be that international students experience barriers to reporting domestic abuse, such as fear of deportation, cultural stigmatization, or a lack of awareness of available support resources. This underreporting might give the impression of a lower prevalence (Postel, 2017).

CHAPTER VI

Conclusions and Recommendations

This study investigated the impact of domestic violence on self-blame, psychological well-being and self-esteem. The results of this study show positive relationship between lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence and self-blame. The study also reveals that self-esteem is negatively correlated to lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence. The study also shows that higher incidences lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence has positive correlations with depression, anxiety and stress. The findings of this study also show that self-blame and self-esteem does not mediate the relationship between domestic violence and psychological well-being.

Additionally, this study indicates that witnessing IPV in the family is strongly associated with lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence. However, no significant correlation was found between witnessing IPV in the society and lifetime exposure, exposure in the past 12 months, and frequency of exposure to domestic violence. This result further underscores the notion that family IPV and adverse childhood experiences increases an individual's susceptibility to domestic abuse in adult intimate relationships. The findings also showed significant disparities in lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence according to relationship status. The study revealed that students cohabiting have higher incidences of lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence than students who are dating or currently single.

Furthermore, the findings of this study also show significant differences in lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence based on economic level. The findings of this study also show significant differences in lifetime exposure, exposure in the past 12 months and frequency of exposure to domestic violence based on source of income. The findings of this study also show significant differences in lifetime exposure to domestic violence according source of income. The findings of this study also show significant differences in exposure in the past 12 months and frequency of exposure to domestic violence according to educational level. Lastly, the findings of this study also show significant differences in lifetime exposure, exposure in the past 12 months and

frequency of exposure to domestic violence based on race.

Recommendations for future research

- To provide a comprehensive reflection of the impacts of domestic violence on self-blame, psychological well-being, and self-esteem among the young adult population, it is suggested that future studies encompass a wider range of institutions in North Cyprus. This will ensure a better understanding of the intricate interplay of the research variables and ascertain whether or not the findings are consistent.
- Based on the findings of this study which showed significant differences in frequency and exposure to domestic violence according to economic level and source of income, it is important to consider the broader scope of domestic violence such as economic violence and controlling behaviors in future studies. This is because these forms of violence have recently been highlighted in discussions by researchers and appears to be prevalent in this study's population. This may consequently offer a more comprehensive knowledge of the multifaceted impact of domestic violence on female students.

Recommendation for Practice

- Educational institutions must provide avenues for students to report cases of gender-based violence, as well as engage in advocacy efforts promoting gender equality, and challenging stereotypes and harmful cultural practices.
- Universities must also render assistance to students who have been victims of sexual and physical/verbal violence, and also give priority to interventions that promote the physical and mental health of students. As a result, this will help in mitigating the negative impact of domestic violence. These interventions could include providing specialized counseling and mental health services, establishing support groups and creating available help-lines in the case of emergency.
- Higher educational institutions should play active roles in creating awareness and executing programs, including delivering instructional sessions addressing violence in interpersonal relationships. In addition, prevention programs should not be restricted to first-year orientations.

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APPENDICES

Appendix A

Dear Participant,

You are asked to take part in a study being conducted to better understand the psychological and academic effects of domestic violence on university students. The information gathered using this scale will be utilized to analyze the impact of domestic violence on self-blame, psychological well-being and self-esteem of university students here in North Cyprus. No more than 15 minutes should be needed to complete the quiz.

The research is completely voluntary, and if you choose not to participate, it won't affect your term grades. No personally identifying information will be obtained or utilized in the report; the data collected will only be used for academic purposes. By getting in touch with the researcher, you can withdraw your consent at any moment. Your information will thereafter be deleted from the research database. Please get in touch with us using the details shown below if you have any questions or concerns about the study.

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By signing below, you agree to take part in the study.

Signature.....

Date.....

Appendix B

Dear Participant,

This scale is a component of a study we are undertaking in order to examine the impact of domestic violence on self-blame, psychological well-being and self-esteem among university students in North Cyprus. The researcher will concentrate on psychological problems such as depression, anxiety, and psychological distress. Using the data acquired from this scale, it will be possible to examine how domestic violence affects university students psychologically and academically. By completing the following scale, you give your agreement to taking part in this study. Your participation in this research is voluntary. Your exam grades won't change if you agree to participate in the research or not. No outside parties will be made aware of the participants' identities.

The questionnaire does not include any inquiries about personal data like names or student Numbers. The data will be saved in password-protected files that will be deleted a year after the study is finished, and it will only be used for academic purposes. Anytime you decide to stop participating in the study, your information will be deleted from the research files. If our study harms you or upsets you, please let the researchers know so they can provide you with emotional help. If you have any additional questions, kindly get in touch with us using the details provided below.

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Appendix C

Demographic Questions

Instruction: Please circle the best answer that applies to you.

1. What is your age? (Please specify)
2. Country of origin. (Please specify)
3. What is your race?
 - (a) Asian (Pakistan, Philippines, India, Malaysia, Vietnam)
 - (b) Black
 - (c) White (Europe, Middle East, North Africa)
4. What is your marital status?
 - (a) Currently married
 - (b) Living with a partner
 - (c) Dating
 - (d) Single
5. Have you witnessed intimate partner violence between your parents or other family members?
 - (a) Yes
 - (b) No
6. Have you witnessed intimate partner violence within your society?
 - (a) Yes
 - (b) No
7. How do you feel about your economic level?
 - (a) Low level
 - (b) Middle level
 - (c) High level
8. What is your source of income?
 - (a) Family support
 - (b) Job
 - (c) Partner support
9. What is your educational level?
 - (a) Undergraduate
 - (b) Masters
 - (c) PhD
10. Educational Institution?
 - (a) NEU
 - (b) EMU
11. What your CGPA range?
 - (a) 0.0-0.9
 - (b) 1.0-1.9
 - (c) 2.0-2.9
 - (d) 3.0-4.0

Appendix D

WHO Violence Against Women Instrument (WHO-VAWI)

The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.

I want you to tell me if your **current** husband/partner, or **any** other **partner**, has ever done any of the following things to you.

The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you. I want you to tell me if your current husband/partner, or any other partner , has ever done any of the following things to you.	A) (If YES continue with B. If NO skip to the next question)		B) Has this happened <u>in the past 12 months?</u> (If YES , answer C)		C) <u>In the past 12 months</u> , would you say this has happened once, a few times or many times?		
	YES	NO	YES	NO	One	Few	Many
1 Insulted you or made you feel bad about yourself?	1	0	1	0	1	2	3
2 Belittled or humiliated you in front of other people?	1	0	1	0	1	2	3
3 Did things to scare or humiliate you on purpose? (e.g. by the way he looked at you, by yelling and smashing things)?	1	0	1	0	1	2	3

Appendix E

The Self-blame Scale (SBS)

Instruction: Please read each statement and circle a number 5, 4, 3, 2 or 1 which indicates how much the statement applied to you. There are no right or wrong answers. Do not spend too much time on any statement.

		Strongly agree	Agree	Sometime agree/disagree	Disagree	Strongly disagree
1	I have blamed myself for doing something wrong	5	4	3	2	1
2	I have thought about the bad things that I have done	5	4	3	2	1
3	I have felt guilty for my actions	5	4	3	2	1

Appendix F

Rosenberg Self-Esteem Scale (RSE)

Instruction: Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.
(a) Strongly Agree (b) Agree (c) Disagree (d) Strongly Disagree
2. At times I think I am no good at all.
(a) Strongly Agree (b) Agree (c) Disagree (d) Strongly Disagree
3. I feel that I have a number of good qualities.
(a) Strongly Agree (b) Agree (c) Disagree (d) Strongly Disagree

Appendix G

Depression, Anxiety and Stress Scale (DASS-21)

Instruction: Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

		Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree or a	Applied to me very much or most of the time
1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3

Appendix H

Permission to use the WHO Violence Against women Instrument (WHO-VAWI)

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Licensed Content Title Psychometric properties of the WHO Violence Against Women instrument in a female population-based sample in Sweden: a cross-sectional survey

Licensed Content Author Lotta Nyberg, Charles Taft, Gunilla Krantz

Licensed Content Date Jan 1, 2013

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Type of Use Dissertation/Thesis

Requestor type Individual

Format Print

Portion Figure/table/extract

Number of figure/table/extracts 5

Description of figure/table/extracts table 2, table 3

Will you be translating? No

Circulation/distribution 385

Title of new work The impact of domestic violence on the psychological well-being, self-esteem and academic performance among university students in North Cyprus

Institution name Near East University

Expected presentation date Feb 2024

Portions table 2, table 3

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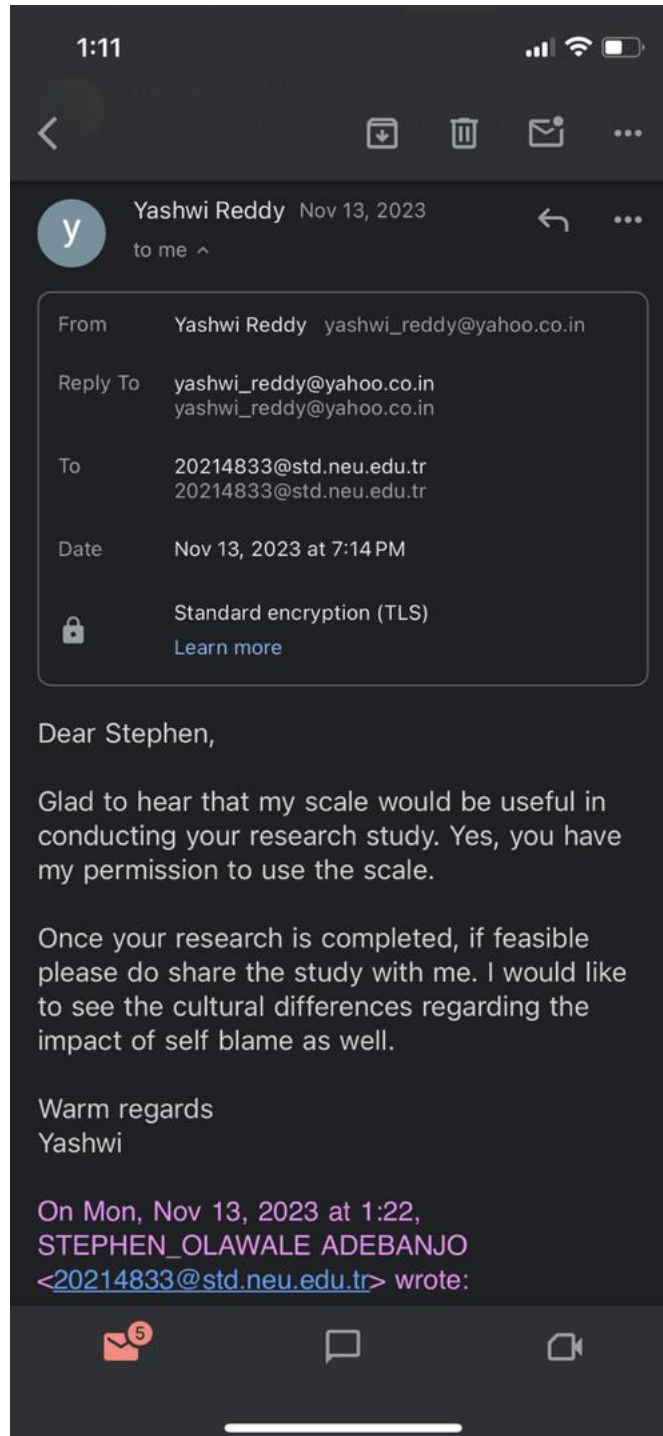
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Appendix I

Permission to use the Self-blame Scale (SBS)



Appendix J

Permission to use the Rosenberg Self-esteem Scale (RSE)

"" May I have permission to use the Rosenberg Self-Esteem Scale in my research?

Dr. Florence Rosenberg, Manny's wife, has given permission to use the Self-Esteem Scale for educational and professional research. There is no charge associated with the use of this scale in your professional research. However, please be sure to give credit to Dr. Rosenberg when you use the scale by citing his work in publications, papers and reports. We would also appreciate receiving copies of any published works resulting from your research at the University of Maryland address listed below.

Appendix K

Permission to use the Depression, Anxiety and Stress Scale (DASS-21)

Not Secure — www2.psy.unsw.edu.au

2. Who can administer and interpret the DASS?

The DASS is a self-report instrument, and no special skills are required to administer it. However, interpretation of the DASS should be carried out by individuals with appropriate training in psychological science, including emotion, psychopathology and assessment.

When the DASS is administered to individuals who have sought professional help, or who are displaying high levels of distress, interpretation should be carried out by an appropriately qualified health professional such as a clinical psychologist.

3. How do I get permission to use the DASS?

The DASS questionnaire is public domain, and so **permission is not needed to use it**. The DASS questionnaires and scoring key may be downloaded from the DASS website and copied without restriction (go to [Download](#) page).

Appendix L

Ethical Approval



NEAR EAST UNIVERSITY

SCIENTIFIC RESEARCH ETHICS COMMITTEE

01.12.2023

Dear Stephen Olawale Adebajo

Your application titled “**The relationship between domestic violence, self-blame, self-esteem and psychological well-being among female students.**” with the application number NEU/SS/2023/1701 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.

A handwritten signature in blue ink, appearing to read 'Aşkın KİRAZ'.

Prof. Dr. Aşkın KİRAZ

The Coordinator of the Scientific Research Ethics Committee

Appendix M

Turnitin Originality Report

Turnitin Originality Report

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 ID: 2275871446
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<https://www.science.gov/topicpages/g/gender+based+violence>

Appendix N

Bibliography

Stephen Olawale Adebajo is a Nigerian national born on the 4th of February, 1990, in Lagos state, Nigeria. He is single and currently lives at Magri apartment, off Salamis road, Famagusta, North Cyprus. He attended Beautiful Gate Secondary School where he obtained the West African Examination Certificate (WAEC) in the year 2005. Furthermore, he proceeded into Olabisi Onabanjo University in Ogun state, Nigeria, where he obtained a Bachelors degree in Pharmacology in the year 2013. In addition, he also studied at Near East University in North Cyprus, where he bagged a Masters of Arts degree in General Psychology in the year 2024. He worked at Page Financials, Seagreen Pharmaceuticals, Tridot Pharma Ltd and Mopheth Pharmacy.