

Intimate partner violence (IPV) types are common among Turkish women from high socioeconomic status and have differing effects on child abuse and contentment with life

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ABSTRACT

OBJECTIVE: Intimate partner violence (IPV) against women is an important public health problem. In this study, we aimed to investigate the exposure of IPV types, child abuse and decrease in life contentment of married women from high socioeconomic status in Turkey.

METHODS: Data were collected using an online/written questionnaire and Contentment with Life Scale. The questionnaire included definitions of physical, emotional, economic and sexual IPV and asked how many times they experienced these types of abuse.

RESULTS: We found that physical, emotional, economic and sexual IPV exposure were 19%, 45.2%, 12.5%, and 6%, respectively, which suggest that IPV types were common in this group, too. Physical child abuse was higher among physical and emotional IPV victims ($p=0.004$, $p=0.02$, respectively), while emotional child abuse was higher only among physical IPV victims ($p=0.01$). On the other hand, exposure to economic and sexual IPV was not related to any type of child abuse in this sample ($p>0.05$). Physical and economic IPV victims were statistically older ($p=0.004$, $p<0.001$, respectively), married for longer time ($p<0.001$ for both) and had relatively lower education level ($p<0.001$ for both), while sexual IPV victims had lower education level than non-victims ($p=0.03$). We demonstrated that physical-emotional and sexual intramarital IPV significantly reduce the women's contentment with life scores when compared with non-victims ($p=0.02$, $p<0.001$ and $p=0.03$, respectively).

CONCLUSION: IPV exposure is also severe among married women with high socioeconomic levels and is associated with child abuse in the family and a decrease in life contentment. Lengthened education period among women with similar socioeconomic levels may be an additional protective factor for IPV by delaying the age of marriage and increasing the individual income.

Keywords: Child abuse; contentment with life; economic abuse; emotional abuse; intimate partner violence; physical abuse; sexual abuse.

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Violence against women is an important public health problem in all societies. It is an important risk factor for women's both physical and mental health. One of the violence type and perhaps the most traumatic, is intimate partner violence (IPV), where women are exposed to vi-

olence by their romantic partners. This type of violence includes mainly physical and sexual violence, along with emotional and economic behaviors [1]. Studies demonstrated that women are exposed to more physical (24.3%) and sexual (9.4%) violence compared to men in their ro-

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mantic relationships [2]. However, the number of studies related to the rate and severity of emotional and economic violence are scarce. Exposure to IPV causes many negative results. Among these results, the most important results are as follows: psychiatric problems like depression, posttraumatic stress disorder, eating disorders, substance abuse, and reductions in quality of life [2–7] social problems like being left homeless-penniless [8], and violence towards accompanying children [9] low academic success [5] and sexually-transmitted diseases [2].

Studies in different cultures and geographies revealed that there are some common risk factors for IPV. Especially sociocultural norms which accept domestic violence towards women as 'normal', low socioeconomic and educational level of women, being exposed to abuse and neglect in childhood, poverty, heavy alcohol-drug use and psychiatric problems of the partner [10–14] are the most important ones in these risk factors. Studies from Turkey also demonstrated similar risk factors. In a recent review, the authors addressed the risk factors of IPV in three headings as follows: socio-demographic characteristics, personal problems of victim and problems related to marriage. Among sociodemographic risk factors, living in rural areas, low income and low educational level, unemployment, lack of health insurance and young age are determined. Risks related to personal characteristics include general health, gynecological, psychiatric problems, and exposure to violence in childhood and/or afterwards. Risks related to marriage include being in the first years of marriage, unwanted/forced marriage, large family, living with many people in the same house, early marriage age, multiple marriages, having many children and violence against their children [1]. To date, IPV studies are mainly completed on women with high risks, such as from low socioeconomic and sociocultural levels and from the samples who applied to hospitals due to legal processes or medical problems. Although studies offer important information and results about rates and risk factors, we cannot generalize the findings to all women in Turkey. In our country, as in many countries where violence against women is an acceptable norm, risk factors and rates may not be limited to those determined and even at high socioeconomic level, IPV exposure may affect women's violence toward their children and contentment with life.

In this study, we aimed to identify the different types of marriage-related IPV in a group that has not been previously studied in Turkey (with no known psychiatric and medical disease, high socioeconomic level, with no

relative risk factors) and to identify the effects of violence types on life satisfaction and the correlation with physical/emotional violence against children in a family.

Our hypotheses are as follows:

- H1. The IPV risk in Turkey is even high for women with a high socioeconomic level.
- H2. Women exposed to types of violence have lower contentment with life.
- H3. Women exposed to types of violence have higher rates of physical and emotional violence towards their children.

MATERIALS AND METHODS

Study Design

This cross-sectional study was conducted in the Psychiatry Department of Ufuk University Hospital, Ankara, Turkey. The Clinical Research Ethics Committee of our hospital approved the study procedures (IRB Number: 20180215/3). We prepared and applied the questionnaire (written or online), which included sociodemographic data form, violence exposure questionnaire and Contentment with Life Scale.

Participants

Participants were recruited from the health workers and/or the mothers of children who were referred to the outpatient services of pediatric health units at Ufuk University. Inclusion criteria were as follows: being at least a high school graduate, being still married, having at least one child and accept to participate in this study. Exclusion criteria were as follows: do not want to participate in this study and having a known psychiatric disease and/or symptom which require psychiatric treatment. Three

TABLE 1. Socio-demographical features

Variables	Mean±SD (n=336)
Age (year)	36.14±8.23
Socioeconomical parameters	
Monthly income (Turkish Liras)	5235±3852
Total education time (year)	16.0±2.2
Total marriage time (year)	10.36±8.8

SD: Standard deviation

For emotional abuse to their child: Do you apply emotional violence (such as shouting, humiliating) to your child when you are angry with your husband due to his behaviors?

Contentment with Life Scale

Contentment with Life Scale was developed by Lavallee et al. [15] (2007) and includes five items. It is a 7-point Likert scale (“1” Definitely disagree to “7” Definitely agree). The internal consistency of the scale was 0.87. Items 3 and 4 are coded inversely. The scale was adapted to Turkish by Akin and Yalniz [16] and validity and reliability studies performed by them. High points show a high level of life satisfaction.

Statistical Analysis

Statistical analysis was performed using the statistical package for social sciences (SPSS) software (version 22.0; SPSS Inc., Chicago, IL, USA). Demographic information was analyzed through descriptive statistics. Chi-square test was used for categorical variables.

Kolmogorov- Smirnov test was used to test for normality. The scale scores, education time, marriage time, monthly incomes were compared with Student’s T- test or Mann-Whitney U test. Correlation analysis was performed using Pearson or Spearman correlation tests. A p-value <0.05 was accepted as statistically significant.

RESULTS

The Results Of Physical IPV: We found that 19% of the sample reported physical IPV exposure at least once by their husbands. When we divided the sample into two subgroups as physical IPV victims and Non-victims, we found that victims were older, and had longer marriage times (p<0.001) while had lower education level, monthly income and life satisfaction scores (p<0.001, p=0.002 and p=0.02, respectively). Among physical IPV victims, the rate of physical child abuse was 53.1%, and the rate of emotional child abuse was 96.9%. The rate of physical and emotional violence against children was significantly higher among the physical IPV victims (Tables 2, 3).

The Results of Emotional IPV: We found that 45.2% of the sample reported emotional IPV exposure at least once by their husbands. When we divided the sample into two subgroups as emotional IPV vic-

TABLE 3. Comparison of the child maltreatment and contentment with life between IPV victims and non-victims

	Physical IPV		Emotional IPV		Economic IPV		Sexual IPV	
	Victims (n=64)	Non-victims (n=272)	Victims (n=152)	Non-victims (n=184)	Victims (n=42)	Non-victims (n=294)	Victims (n=20)	Non-victims (n=316)
Physical child abuse	34 (53.1%)	92 (33.8%)	66 (43.4%)	60 (32.6%)	20 (47.6%)	106 (36.1%)	10 (50%)	116 (92.1%)
	X ² = 8.23 p= 0.004	X ² = 8.23 p= 0.004	X ² = 4.15 p= 0.02	X ² = 4.15 p= 0.02	X ² = 4.15 p= 0.02	X ² = 2.09 p= 0.102	X ² = 2.09 p= 0.102	X ² = 1.41 p= 0.170
Emotional child abuse	62 (96.9%)	238 (87.5%)	136 (89.5%)	164 (89.1%)	40 (95.2%)	260 (88.4%)	18 (90%)	282 (89.2%)
	X ² = 8.23 p= 0.004	X ² = 8.23 p= 0.004	X ² = 0.01 p= 0.532	X ² = 0.01 p= 0.532	X ² = 0.01 p= 0.532	X ² = 1.77 p= 0.140	X ² = 1.77 p= 0.140	X ² = 0.01 p= 0.636
Contentment with life scale	21.87±5.1	23.68±6.1	21.57±5.7	24.79±5.8	21.66±4.7	23.57±6.1	20.60±7.3	23.51±5.8
	X ² = 4.76 p= 0.017	X ² = 4.76 p= 0.017	t= 5.07 p= <0.001	t= 5.07 p= <0.001	t= 5.07 p= <0.001	t= 1.94 p= 0.053	t= 1.94 p= 0.053	t= 2.12 p= 0.03

IPV: Intimate partner violence; all analysis were one-tailed, Cohen’s d and Cramer’s V values were added to the statistically significant results.

tims and Non-victims, we found that victims had significantly lower contentment with life scores ($p < 0.001$). Among emotional IPV victims, physical and emotional child abuse were 43.4% and 89.5%, respectively. Physical child abuse was significantly higher in the victim group than others ($p = 0.02$) (Tables 2, 3).

The Results of Economic IPV: We found that 12.5% of the sample reported economic IPV exposure at least once by their husbands. When we divided the sample into two subgroups as economic IPV victims and Non-victims, we found that victims were older, and had longer married times ($p < 0.001$) while had lower education level and monthly income ($p < 0.001$). Different from the other types of IPV, there was no significant difference in contentment with life scores, physical-emotional child abuse between subgroups (Tables 2, 3).

The Results of Sexual IPV: Finally, 6% of the women reported sexual IPV exposure at least once by their husbands. When we divided the sample into two subgroups as sexual IPV victims and Non-victims, the educational levels, monthly income and life satisfaction scores were significantly lower among victims than others. However, there was no difference between subgroups in terms of child abuse types (Tables 2, 3).

DISCUSSION

We demonstrated that IPV types were common among married women with high socioeconomic level, in Turkey. Additionally, our results demonstrated that physical and emotional IPV could be a risk factor for violence against the child by mother in families (physical IPV is related with physical and emotional child abuse and emotional IPV is related with physical child abuse). However, contrary to this, exposure to economic and sexual IPV was not related with any types of child abuse among this group. Additionally, physical, economic and sexual IPV victims were older, had longer marriage time and had relatively lower educational levels, while emotional IPV victims were younger but had slightly lower educational levels. It was shown that physical-emotional and sexual IPV significantly reduce the women's contentment with life in this low risk group, too.

According to the results of a large-sample study in Turkey (2015), generally, the rates of domestic violence against women were 35.5% for physical violence, 43.9% for emotional violence, 30% for economic violence and 12% for sexual violence [17]. Although the rates in our

study appear low compared to this one, when we address our sample's socio-demographical features (the violence in our study was related with husband, the group had no known medical-psychiatric problem, had high educational and economic level), we demonstrated that women in this low-risk group had also experienced high rates of husband IPV. Once again our results attracted attention to the importance of this topic. Studies about violence towards women have revealed that the low educational level of women [18–21], low economic level [20, 22–25] and marrying at a young age increased the IPV. Our results showed that for husband IPV, even with high socioeconomic levels, the lengthened education period reduced physical, economic and sexual violence. On the other hand, being older and married for a longer time could increase the risk of physical and economic violence despite all protective factors. These results are important and indicate some areas that were not previously studied. The first is that the lengthened education period among women with similar socioeconomic level may be an additional protective factor. Probably, it delays the age of marriage, increases individual income and is indirectly effective in reducing IPV. The second possibility is that as awareness of the topic increases in developing countries like in ours, IPV reduces. This situation may mean that views on husband IPV accepted as a cultural norm are changing over time. These hypotheses should be addressed with longitudinal studies in larger samples.

Another important result of our study is the contentment with the life-IPV relationship. In this low-risk group with no known psychiatric symptoms, we showed that exposure to physical, emotional and sexual IPV reduced contentment with life. Life satisfaction is defined as "results obtained when people compare their expectations with what they have" [16, 26]. This result in a group with capacity for satisfaction in many areas of life, like women with high socioeconomic level, once more displays the effects of marriage-related IPV on the mental health of women.

In our study, the rates of physical and emotional child abuse of IPV victims were investigated. We found that physical child abuse was higher among physical and emotional IPV victims, while emotional child abuse was higher only among physical IPV victims. Interestingly, there was not any difference between subgroups of other IPV types concerning child abuse. Studies investigating the effects of witnessing parent's IPV demonstrated that this problem has effects in the short and long term process. Among short-term results post-traumatic stress

disorder, cognitive delays and physical growth retardation while in the long term results in increased risk-taking behavior, antisocial personality trait, depression, alcohol-substance abuse and negatives related to physical health may be listed [27–35]. Recently, a study which addresses the relationship between personality traits in adulthood and witnessing IPV in childhood found that individuals who witnessed IPV described more problematic parent- child relationships.

These individuals also had high rates of psychopathologies and lower life satisfaction in adulthood [36]. Another study stated that IPV witnessed children are also exposed the child abuse and neglect [37]. Although it is not possible to evaluate causality in a cross-sectional study like the present one, it can be speculated that witnessing IPV could be a risk factor for mother-related child abuse in the family. Thus, according to our results, when children witness physical and emotional IPV of the father, there was an increase in violence against the child by the mother, while the same relationship was not observed with economic and sexual IPV, which have less chance of being witnessed in the family. Studies demonstrated that physical and emotional IPV, woman's economic dependence on her partner, refusing to give her money or property to him if she has own, alcohol-substance abuse or extramarital relationships of the partner are important risk factors for economic IPV [37–39]. We could not find evidence about the relationship between economic IPV exposure of mother and mother related child abuse. Due to our observations, we can suggest that the risk factors defined for economic IPV are also valid for our country. However, with the effects of culture and religion, the belief "Husband should meet all the needs of his wife in marriage" is quite frequent in our country. This situation brings to mind that in our sample, some types of economic violence could be interpreted and accepted by the wife more easily than the other types of IPV. For example, a woman who had been left without money could interpret it as economize or, while the husband took her income, she could accept it with the thought that the husband is the manager of the household. These beliefs and coping methods could be effective in the reduction of anger directed towards the child. Similar to the economic IPV, we could not find evidence about the increase of child abuse among sexual IPV victims. When dealing with this type of violence, intramarital and extramarital sexual IPV should be investigated as different situations. There are many studies and evidence about negative outcomes of witnessing

mothers' sexual IPV in extramarital relationships, but on the other hand, "how children are affected when they witness the intramarital sexual IPV?" is still a mystery [40]. Marriage seems to be a protective factor for a child to witnessing sexual IPV and its consequences. Presumably married women exposed to lower degrees of sexual violence and their children do not witness this type of IPV, so this may reduce anger towards children.

Our study has some limitations. The relatively small sample size, the use of self-reported questionnaire and scale for data collection, cross-sectional study design and could not determinate the effects of the process (e.g., processes related to early years of marriage or later years) are the important limitations of this study. On the other hand, we demonstrated that IPV exposure is also frequent among women from high socioeconomic level and is associated with the increase of mother related child abuse in family and decrease in life contentment.

We hope that increased awareness in this field make victim women express themselves more easily and be able to discover protection methods.

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