



Gender and exposure to childhood violence are important determinants of domestic violence among academics

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ABSTRACT

Domestic violence is a common and significant social problem that threatens public health, violates human rights, and poses significant obstacles to national development. This study aimed to evaluate both male and female academics' knowledge and views on domestic violence, and determine its incidence and risk factors among academics. Participants comprised 304 academics working at universities, who were selected by cluster sampling from seven regions of Turkey. Data were analyzed using thematic coding, descriptive statistics, and multivariate logistic regression. Of the 304 participants, 56.9 % were female academics. The incidence of domestic violence among the academics was 21.4 %, with 25.4 % of female and 16.0 % of male academics reporting having experienced it. Academics who were victims of domestic violence were mostly exposed to it from their spouses. Academics also reported experiencing emotional violence. Female academics were 2.3 times more likely to experience domestic violence than men. Academics who were exposed to violence in childhood experienced 14.1 times more domestic violence than those who were not. Although it seems that a high status in society as an academic reduces the rates of exposure to domestic violence, gender, and witnessing or experiencing violence in early childhood are the most important risk factors for this population. The lack of a solution for domestic violence can be attributed to non-deterrent punishments.

1. Introduction

Domestic violence (DV) is defined as “all kinds of physical, sexual, psychological, and economic violence that occur with people who are considered to be family members or in bilateral relations, even if the victim of violence does not share a household with the perpetrator of violence” [1]. DV occurs in all races, ages, and genders, and has no cultural, socioeconomic, educational, religious, or geographic limitations [2]. DV includes many types of violence, ranging from child and elder abuse to intimate partner and gender-based violence [3]. However, women are often victims of DV because of their gender roles. Women experience gender-based DV much more often than men [4]. Male children who learn that women are not respected equally as men are in their society, are more likely to abuse women in adulthood [5]. Early maltreatment, exposure to violence, and attachment problems interacting with genetic risk factors may lead to primary developmental susceptibility to lifelong risk of DV at a later stage [6]. Children who are victims of violence are likely to be perpetrators or victims of DV in future because of learned helplessness in this vicious circle [4,5,7,8].

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Therefore, the intergenerational transfer of DV is a long-standing theoretical concept, and its effect on DV in adulthood has been frequently indicated [9]. On the other hand, according to several scientific studies, the agreed-upon risk factors for DV are young age, having a child, being pregnant, separation from a partner, low socioeconomic status, low educational level, unemployment, substance abuse, and social and economic inequalities [3,10–13]. Furthermore, victims of DV are exposed to violence based on moral and gender norms. The tendency of men to punish their wives if they do not comply with moral norms and the tendency of women to accept this is an example [14].

More than 1.3 million people die of violence annually, and violence ranks 4th among the causes of death in individuals aged 15–44 years [15]. Among women aged between 15 and 49, 27 % are exposed to physical and sexual violence at least once by their current/ex-husband or male partner throughout their lives. Violence is reported most frequently in the African and South Asian regions (33 %), and least reported in the European Region (21 %). Among the countries in the European region of the World Health Organisation, Turkey has the highest rate (32 %) [16]. The prevalence of DV may vary between countries and regions within a country, depending on the intensity of risk factors. When the data collected by the World Health Organisation in different countries and regions in the Multinational Research on Women's Health and Domestic Violence Against Women were examined in terms of the rates of women who have been subjected to physical violence by their partners, Japan had the lowest among all types of severity; Bangladesh, Ethiopia, Peru, and the United Republic of Tanzania had the highest rates [17]. A study conducted to determine the incidence of DV in ten countries found the prevalence among women to be between 15 and 71 %, whereas another meta-analysis of the prevalence of physical DV among men revealed it to be between 3.4 and 20.3 % [17,18]. On the other hand, the prevalence of DV committed against women by their spouses or male partners reaches 98 % in North African and Middle Eastern countries [19]. The Research on Domestic Violence Against Women in Turkey reports that 36.0 % of women are exposed to physical violence, whereas 12.0 % and 44.0 % are exposed to sexual and emotional violence, respectively. Violence against women is seen least in the west of Turkey, and most in the east [20].

DV leads to the deterioration of individuals' psychological and physical health, and decreases quality of life and productivity [13]. Damaging childhood experiences, especially those resulting from DV, can have undesirable effects that extend into adulthood. There is evidence for numerous adverse outcomes in all areas of development in children exposed to DV, manifesting both in childhood and adulthood [21], including long-term mental and physical disorders, substance abuse, interpersonal violence, and self-harm [22,23]. Research has shown that children's psychosocial development is more problematic if they have witnessed or been exposed to DV in early childhood [24]. Moreover, the effects of DV experienced during childhood can be permanent [25]. In women, these effects include post-traumatic stress disorder, depression, alcohol and substance abuse, suicide attempts, and aggressive attitudes towards their children. Many leading causes of death, such as heart disease, stroke, cancer, and HIV or AIDS, are frequently reported in victims of abuse, as are behaviors such as smoking, alcohol consumption, and drug use [15,26]. Although DV rarely causes severe physical injury in men, anxiety, depression, post-traumatic stress disorder, and increased suicidal thoughts are common [27]. Therefore, DV is a significant threat to public health, a violation of human rights, and a significant obstacle to national development. Identifying and eliminating the causes and risk factors of violence at the individual, family, and community level should be among the primary strategies for preventing DV. Vulnerable families and individuals should be identified in the context of DV risk factors by developing appropriate screening methods, and programs involving multidisciplinary teams, including the health, law, education, and social fields, should be implemented [13,28,29].

Undoubtedly, male and female academics, who we hope will become leaders, especially in terms of their advocacy roles in society, contribute significantly to evidence-based intervention programs targeting DV and raise awareness in society [30]. The thoughts, experiences, and perspectives of academics regarding DV are important because of their duty to educate, advocate, and provide information, and more importantly, act as "role models" for society; in other words, these characteristics and details are critical to the development of an efficient strategy in the fight against DV. No research has been conducted on the frequency of DV among academics in Turkey. Disadvantaged groups such as women, pregnant women, children, women in poor areas, and the general population usually constitute the focus of the literature on DV [31–34]. The selection of academics will provide us with data on individuals with different demographic characteristics, and for the social emergence and perception of the subject, the parts that need to be clarified.

Hence, this study aimed to evaluate both male and female academics' knowledge and views on DV and determine the incidence and risk factors of DV among academics. This study also aimed to obtain information useful for awareness creation and action plan development with regard to DV by increasing the interaction between victims and the public. This study may assist practitioners by providing information regarding the characteristics of DV and prevention mechanisms.

The research questions are as follows:

- What are academics' knowledge and views on DV? Do differences exist between male and female academics?
- What are the characteristics of academics' exposure to DV in childhood and adulthood? Do differences exist between male and female academics?
- What are the rates of academics facing DV in their professional lives, and what are the features of reporting to competent authorities? Do differences exist between male and female academics?
- Does academics' exposure to DV in adulthood differ significantly according to socio-demographic and other variables?
- What are academics' risk factors for exposure to DV in adulthood?

2. Materials and methods

2.1. Participants and setting

This cross-sectional study was conducted in Turkey between October 2021 and March 2022. According to data from the Council of Higher Education for 2021, the total number of instructors was 178,999, comprising 97,879 male and 81,120 female instructors, and the number of active universities was 204 [35]. Cluster sampling, a probability sampling method, was used to select universities, wherein universities from the seven regions of Turkey were first listed in alphabetical order. The starting number was determined to be 5 by drawing lots. Starting with the 5th-ranked university in each region, one out of every three universities was included. Finally, 48,895 instructors from 59 universities, including 23 universities from the Marmara Region, 5 universities from the Aegean Region, 5 universities from the Mediterranean Region, 14 universities from the Central Anatolia Region (one university was rejected due to missing documents), 4 universities from the Eastern Anatolia Region, 6 universities from the Black Sea Region, and 3 universities from the Southeastern Anatolia Region were included in the study.

An online questionnaire was sent from the Electronic Document Management System (EDMS) to the official e-mail addresses of all instructors across the 59 universities through their Departments of Information Technologies. In case of low response (45 days after the online questionnaire form was sent), the Women's Issues Research and Application Centers at the universities were contacted by phone and the online questionnaire was sent via mobile applications to some participants. Furthermore, reminder messages were sent to the instructors from the participating universities, on their official e-mail addresses. However, although we aimed to include all instructors from all the participating universities because the subject was specific, the final sample comprised 304 academics. In our study, we defined an academic as a person who has received advanced training in a specific field. Academics teach in higher education institutions, conduct research, contribute to their chosen field through original research, and solve social issues [36]. They may have different professional titles (Research Assistant, Lecturer, Instructor, Doctor, Assistant Professor Doctor, Associate Professor Doctor, and Professor Doctor). Academic in this study were chosen from three basic science fields: social sciences, sciences, and health sciences. Table S1 summarizes the socio-demographic characteristics of the participating academics.

Table 1
Opinions of academics on the concept of DV, its causes, types, and victims.

Opinions	Academics' Gender		Total n (%) ^b	χ^2 /p-value
	Female n (%) ^a	Male n (%) ^a		
Scope of DV^c				
It is violence between people living in the same household.	143 (82.7)	104 (79.4)	247 (81.2)	0.523/0.470
It is violence in the family.	121 (69.9)	93 (71.0)	214 (70.4)	0.039/0.843
It is violence in relationships.	47 (27.2)	29 (22.1)	76 (25.0)	1.006/0.316
It is violence between strangers.	3 (1.7)	3 (2.3)	6 (2.0)	Fisher's Exact/1.000
Causes of DV^c				
Lack of family education	134 (77.5)	109 (83.2)	243 (79.9)	1.536/0.215
Corruption in spiritual values	129 (74.6)	81 (61.8)	210 (69.1)	5.660/0.017
Gender discrimination	110 (63.6)	95 (72.5)	205 (67.4)	2.710/0.100
Unsafe environment	120 (69.4)	83 (63.4)	203 (66.8)	1.212/0.271
Non-deterrent penalties	97 (56.1)	73 (55.7)	170 (55.9)	0.004/0.952
Lack of school education	76 (43.9)	75 (57.3)	151 (49.7)	5.292/0.021
Migration	29 (16.8)	24 (18.3)	53 (17.4)	0.126/0.723
Other reasons ^d	8 (4.6)	12 (9.2)	20 (6.0)	2.496/0.114
Most severe form of violence				
Sexual violence	79 (45.7)	53 (40.5)	132 (43.4)	6.433/0.266
Physical violence	35 (20.2)	42 (32.1)	77 (25.3)	
Economic violence	44 (25.4)	29 (22.1)	73 (24.0)	
Emotional violence	6 (3.5)	3 (2.3)	9 (3.0)	
Verbal violence	1 (0.6)	1 (0.8)	2 (0.7)	
Other	8 (4.6)	3 (2.3)	11 (3.6)	
Individuals most exposed to violence				
Women	157 (90.8)	111 (84.7)	268 (88.2)	2.587/0.108
Children	143 (82.7)	110 (84.0)	253 (83.2)	0.092/0.762
Seniors	60 (34.7)	26 (19.8)	86 (28.3)	8.087/0.004
Youth	31 (17.9)	15 (11.5)	46 (15.1)	2.429/0.119
Men	6 (3.5)	18 (13.7)	24 (7.9)	10.818/0.001

^a Percentage of respondents over the total number of female or male academics.

^b Percentage of respondents over the total number of participants.

^c Since the participants could mark more than one option, percentage was calculated from the answers given.

^d Other causes of DV reported by academics (Inadequate communication skills, psychological problems, alcohol and substance abuse, high and unrealistic expectations, untreated psychological-psychiatric problems, traumas in childhood, familial emotional gaps, culture of violence, inherited from parents, education and what you see in them, cultural differences, misused terms by the media, ignorance in general, materialism, failure to implement protective mechanisms in the law, etc.).

2.2. Data collection

A convergent mixed methods design was employed, wherein the researcher combines quantitative and qualitative data to comprehensively analyze the research problem. Both quantitative and qualitative data were collected simultaneously and integrated; contradictory and inconsistent results were identified and explained [37]. An online questionnaire (<https://forms.gle/urx5BLLxUMS4ZJRN8>) was developed based on existing literature and used as the data collection tool [1–7,9,11,18,20,33]. The researchers meticulously created questions that the academics could answer accurately and sincerely. Face validity was considered when creating survey questions [38]. A preliminary application was conducted to determine whether each survey question was in line with the research purpose and adequately covered the scope of the research. The pre-application was conducted with academics who had characteristics similar to those of the target sample by taking expert opinions (three experts). Consequently, it was concluded that the survey questions reflected the purpose of the research and covered its scope adequately; no changes were made to the survey questions. The questionnaire consisted of 33 closed- and open-ended questions regarding the academics' socio-demographic information, and DV knowledge, views, and exposure. Questions 1–11 enquired about participant characteristics, such as their age, gender, marital status, children, economic status, academic title, scientific area, and highest academic qualification. Questions 12–15 were open- and closed-ended questions regarding their knowledge and views on the scope, causes, and types of DV, and its victims. Questions 16–22 explored exposure to DV in childhood and adulthood, perpetrators of the DV, and types of violence experienced. Questions 23–27 recorded academics' views on receiving training on DV before and after graduation, and their competence in recognizing DV. Questions 28–32 were open- and closed-ended questions regarding their views on facing DV in professional life, its features, the obligation to report, and the reasons for not reporting. The last question was an open-ended question about participants' knowledge of the law preventing DV in Turkey, wherein they were asked to indicate the name of the law. The academics' answers to the open-ended questions constituted the qualitative aspect of the study. Among the academics, 12 reported the reasons some countermeasures were effective, in addition to the reason for not reporting or being undecided when faced with DV. These answers were treated as qualitative data.

The dependent variable was the academics' exposure to DV in adulthood, whereas all other variables were considered as independent variables. In the comparisons in Tables 1–4, gender constituted the independent variable, whereas the other variables represented the dependent variables.

2.3. Ethical considerations

Ethics committee approval (decision number 20-05) was obtained at the 20th session of the Tokat Gaziosmanpaşa University Social and Human Sciences Research Ethics Committee on 01.10.2021. The information provided by the participants was kept confidential. The data were only used for scientific purposes in reporting the study. This information was available at the beginning of the online questionnaire. Therefore, those who agreed to participate in the study voluntarily filled out the online questionnaire. Furthermore, on account of confidentiality, the university name was not asked in the survey questions. Instead, data on the geographical regions of the

Table 2
Academics' knowledge of DV and their views on mechanisms to prevent DV.

Opinions	Academics' Gender		Total n (%)**	χ^2 /p-value
	Female n (%)*	Male n (%)*		
Received education on DV before graduation				
Yes	35 (63.6)	20 (55.4)	55 (18.1)	
No	138 (36.4)	111 (44.6)	249 (81.9)	1.240/0.266
Obtained information on DV throughout professional life after graduation				
Yes	49 (28.3)	29 (22.1)	78 (25.7)	
No	124 (71.7)	102 (77.9)	226 (74.3)	1.496/0.221
More information is needed on DV				
Yes	63 (36.4)	41 (31.3)	104 (34.2)	
No	88 (50.9)	67 (51.1)	155 (51.0)	
Indecisive	22 (12.7)	23 (17.6)	45 (14.8)	1.752/0.416
I have sufficient knowledge and skills to recognize DV				
Yes	127 (73.4)	104 (79.4)	231 (76.0)	
No	46 (26.6)	27 (20.6)	73 (24.0)	1.460/0.227
Adequate measures are taken at the public level on DV issues				
Yes	4 (2.3) ^{a,b}	8 (6.1) ^{a,b}	12 (3.9)	
No	155 (89.6) ^a	103 (78.6) ^a	258 (84.9)	
Indecisive	14 (8.1) ^b	20 (15.3) ^b	34 (11.2)	7.208/0.027
Is there a law to prevent DV in Turkey?				
Yes	65 (37.6)	57 (43.5)	122 (40.1)	
No	41 (23.7)	17 (13.0)	58 (19.1)	
No idea	67 (38.7)	57 (43.5)	124 (40.8)	5.566/0.062

*Percentage of respondents over the total number of female or male academics.

**Percentage of respondents over the total number of participants.

^a and ^b indicate the difference between the groups. There is no difference in the groups with the same letters.

Table 3
Academics' exposure to DV in childhood and adulthood.

Variables	Academics' Gender		Total n (%) ^b	χ^2 /p-value
	Female n (%) ^a	Male n (%) ^a		
Witnessing violence between parents during childhood				
Yes	69 (39.9)	46 (35.1)	115 (37.8)	0.721/0.396
No	104 (60.1)	85 (64.9)	189 (62.2)	
Exposure to violence during childhood				
Yes	63 (36.4)	50 (38.2)	113 (37.2)	0.098/0.754
No	110 (63.6)	81 (61.8)	191 (62.8)	
Who was the violent person in your childhood? (n = 113)^c				
Father	47 (74.6)	39 (78.0)	86 (76.1)	0.177/0.674
Mother	40 (63.5)	23 (46.0)	63 (55.8)	3.457/0.063
Sibling	22 (34.9)	10 (20.0)	32 (28.3)	3.057/0.080
Other kids	10 (15.9)	19 (38.0)	29 (25.7)	7.154/0.007
Relatives	8 (12.7)	7 (14.0)	15 (13.3)	0.041/0.839
Strangers	4 (6.3)	10 (20.0)	14 (12.4)	4.786/0.029
Exposure to DV in adult life				
Yes	44 (25.4)	21 (16.0)	65 (21.4)	3.921/0.049
No	129 (74.6)	110 (84.0)	239 (78.6)	
Who is the violent person in your adulthood? (n = 65)^c				
Spouse (wife/husband)	31 (70.5)	11 (52.4)	42 (64.6)	2.031/0.154
Father	12 (27.3)	8 (38.1)	20 (30.8)	0.782/0.377
Mother	9 (20.5)	4 (19.0)	13 (20.0)	Fisher's Exact/1.000
Boyfriend	7 (15.9)	2 (9.5)	9 (13.8)	0.782/0.377
Sibling	3 (6.8)	3 (14.3)	6 (9.2)	Fisher's Exact/0.379
Strangers	2 (4.5)	3 (14.3)	5 (7.7)	Fisher's Exact/0.318
Relative	0 (0.0)	4 (6.2)	4 (6.2)	Fisher's Exact/0.009
Girlfriend	1 (2.3)	2 (9.5)	3 (4.6)	Fisher's Exact/0.242
Type of violence experienced in adulthood (n = 65)^c				
Emotional violence	39 (88.6)	20 (95.2)	59 (90.8)	Fisher's Exact/0.655
Physical violence	23 (52.3)	10 (47.6)	33 (50.8)	0.123/0.726
Economic violence	14 (31.8)	4 (19.0)	18 (27.7)	1.158/0.282
Sexual violence	1 (2.3)	1 (4.8)	2 (3.0)	Fisher's Exact/0.545

^a Percentage of respondents over the total number of female or male academics.

^b Percentage of respondents over the total number of participants.

^c Since the participants could mark more than one option, percentage was calculated from the answers given.

universities were collected. Since some questions had the potential to trigger past traumatic events (violence and DV), communication channels (e-mail and phone numbers) that the academics could use in such situations were included in the questionnaire.

2.4. Statistical analysis

2.4.1. Quantitative data analysis

Regarding descriptive statistics, since the data were normally distributed, quantitative data were presented as means and standard deviations, and qualitative data were presented as numbers and percentages. In the statistical evaluation, Pearson's chi-square test or Fisher's exact test was used for 2×2 crosstabs, whereas Pearson's chi-square test was used for $r \times c$ crosstabs in the comparison of qualitative data. In comparisons in Tables 1–4, a chi-square analysis was performed by separating the answers to some questions from the dataset using the select case method. In the $r \times c$ crosstabs that were found to be statistically significant, post hoc chi-square tests were conducted to determine which variables caused the difference. Statistical significance was set at $p < 0.05$. "Multivariate logistic regression analysis was conducted to determine the risk factors for DV. Independent variables (risk factors versus each dependent variable) were tested individually using binary logistic regression analysis. Potential risk factors with $p = 0.25$ or less in the univariate analysis were included in the multivariate analysis, and a model was established [39]. The model fit was evaluated using the Hosmer-Lemeshow model fitness test, performed with Enter Model. When establishing the model, since the participants reported that marital statuses of widowed, divorced, and separated were often a result of DV, the data of these participants were removed from the dataset using the select case method. Furthermore, extreme observations (P39, P40, P46, P75, P83, P128, P136, P145, P151, P215, P226, P230, P257, and P303) that adversely affected the model, as indicated by a standardized error term greater than two, were also removed from the data set, following which the analysis was repeated and the model was finalized (Hosmer-Lemeshow goodness-of-fit: $p = 0.431$, Sensitivity: 34.1 %, Specificity: 93.7 %, Error rate: 15.1 %). The research data were analyzed using IBM SPSS Statistics, Version 20.

2.4.2. Qualitative data analysis

Thematic analysis was applied to the answers given to the open-ended question, "What are your other reasons for not reporting DV?" [40]. A six-stage process was used to analyze the data. First, the researchers created initial notes by reading the data. Second, emerging themes in the data were systematically coded (reporting, law, victim, perpetrator, and punishment) and the data related to

Table 4
Academics facing the phenomenon of domestic violence (DV) in their professional life and their attitudes.

Variables	Academics' Gender		Total n (%)**	χ^2 /p-value
	Female n (%)*	Male n (%)*		
Have you faced the phenomenon of DV in your professional life?				
Yes	66 (38.2)	53 (40.5)	119 (39.1)	0.167/
No	107 (61.8)	78 (59.5)	185 (60.9)	0.683
How many DV cases have you encountered? (n = 119)***				
Several (1–9)	45 (68.7)	36 (67.9)	81 (68.0)	1.631/
Too many (10–49)	8 (11.9)	10 (18.9)	18 (15.0)	0.443
Countless (50 and above)	13 (19.4)	7 (13.2)	20 (17.0)	
Thoughts on reporting when facing or suspecting DV				
I would report it	129 (74.6) ^b	87 (66.4) ^b	216 (78.3)	6.967/
I would not report it	5 (2.9) ^a	13 (9.9) ^a	18 (5.3)	0.031
I am undecided	39 (22.5) ^{a,b}	31 (27.3) ^{a,b}	70 (16.4)	
Reason for not reporting/being undecided (n = 88)***				
Fearing that they would put the victim in a worse situation than their current one	26 (15.5)	26 (19.8)	52 (59.1)	1.221/
Thinking that social services could not deal with the issue	19 (11.0)	19 (14.5)	38 (43.2)	0.269/
Because there is insufficient evidence on the subject	14 (8.1)	15 (11.5)	29 (33.0)	0.845/
Because I have no knowledge of legal processes	13 (7.5)	9 (3.0)	22 (25.0)	0.358/
Because I thought I had better solve the problem myself	11 (6.4)	8 (6.1)	19 (21.6)	0.974/
Because I don't know who to report to	4 (2.3)	10 (7.6)	14 (15.9)	0.324/
Because I thought that if my suspicions were true, the victim would be separated from his family.	7 (4.0)	6 (4.6)	13 (14.8)	0.046/
Because I don't want to deal with the issue	7 (4.0)	4 (3.1)	11 (12.5)	0.830/
Other reasons****	8 (4.6)	4 (3.1)	12 (13.2)	0.008/
				0.929/
				4.805/
				0.028
				0.052/
				0.820/
				0.211/
				0.646/
				0.485/
				0.486

*Percentage of respondents over the total number of female or male academics.

**Percentage of respondents over the total number of participants.

***Since the participants could mark more than one option, percentage was calculated from the answers given.

****Other reasons stated by academics for not reporting/ being undecided.

^a and ^b indicate the difference between the groups. There is no difference in the groups with the same letters.

these codes were combined. Sub-themes and themes related to the codes were created in the third stage. In the fourth stage, the compatibility of the themes with the data was evaluated. During this process, the compatibility of the emerging themes with both the data content and dataset were considered. Fifth, the themes were defined and named. In the final stage, a report was prepared using quotes reflecting the opinions of the participants. As a result of the analysis, although the obstacles in reporting DV constituted the central theme, the legal aspect and victims of DV constituted the sub-themes.

In this study, the structures proposed by Lincoln and Guba were emphasized to ensure validity and reliability [41]. Thus, researchers focused only on the data, excluding the influence of their own biases. By sharing the information expressed by the participants as direct quotations, the structures of objectivity and transferability were satisfied.

3. Results

3.1. Academics' knowledge and views on the scope, causes, types, and victims of DV

In this study, 304 academics from seven regions in Turkey shared their views on the concept of DV, causes of DV, types of violence, and victims of violence, which are presented in Table 1. The views of female and male academics on the scope of DV and the most severe types of violence were similar. However, female academics (74.6 %) reported corruption in spiritual values as one of the causes of DV at a significantly higher rate than male academics (61.8 %, $p = 0.017$). On the other hand, male academics (57.3 %) reported the lack of school education as one of the causes of DV at a significantly higher rate than female academics (43.9 %, $p = 0.021$). Both male and female academics indicated that women and children were the most exposed to violence. However, female academics (34.7 %) reported that older adults were exposed to violence at a significantly higher rate than the male participants ($p = 0.004$). Male academics (13.7 %) reported that men were exposed to violence at a significantly high rate than female academics did (3.5 %, $p = 0.001$; Table 1).

3.2. Academics' views on receiving training on DV before and after graduation, and their competence in recognizing DV

Instances of academics receiving training on DV before graduation was very low (18.1 %), and the rate of obtaining information on DV during their professional lives after graduation was 25.7 %. Among academics, 34.2 % reported needing more information on DV. The rates of both male and female academics were similar with regard to this topic (Table 2).

The percentage of those who thought that adequate measures were taken at the public level regarding DV-related issues was 3.9 %, wherein only 2.3 % of female, as opposed to 6.1 % of male, academics believe that adequate measures are taken at the public level to prevent DV. To the question, "Is there a law to prevent DV in Turkey?", only 40.1 % answered yes; female academics (23.7 %) answered "no" to this question at a higher rate than male academics (13.0 %; Table 2).

3.3. Academics' exposure to DV in childhood and adulthood: perpetrators and types of the violence experienced

The rates of witnessing violence between parents (37.8 %) and of exposure to violence (37.2 %) in childhood were similar among the participants. The responses of male and female academics to these situations were observed to be similar. Wherein academics were mostly exposed to violence by their fathers (76.1 %) in childhood, male and female academics were exposed to violence at similar rates (74.6 % and 78.0 %, respectively). Although not statistically significant, female academics (63.5 %) were more often exposed to violence from their mothers than male academics (46.0 %; $p = 0.063$). In contrast, male academics were exposed to violence by other children and strangers (38.0 % and 20.0 %, respectively) at significantly higher rates than female academics (15.9 % and 6.3 %, respectively) at a statistically significant level ($p = 0.007$ and $p = 0.029$, respectively; Table 3).

Among the academics, 21.4 % were exposed to DV in adulthood. Female academics were exposed to DV in adulthood (25.4 %) at a higher rate than male academics (16.0 %) ($p = 0.049$). Those who were victims of DV were mostly exposed by their spouses. Moreover, several academics reported experiencing emotional violence, with 88.6 % of female and 95.2 % male academics reporting such experiences. There was no statistically significant difference between the types of violence to which male and female academics were exposed in adulthood ($p > 0.05$; Table 3).

3.4. Academics' views on facing DV in their professional life, its features, their obligation to report, and the reasons for not reporting

The proportion of academics who reported experiencing DV in their professional lives was 39.1 %. Of them, 78.3 % intended to report when they faced or suspected DV. The two most important reasons stated by academicians who did not think of reporting or were undecided were "fearing that they would put the victim in a worse situation than their current one" and "thinking that social services could not deal with the issue." The responses of both male and female academics to these questions were similar. However, a significantly larger proportion of male academics do not report or are undecided because they do not know how to report (7.6 %; $p = 0.028$).

Among the academics, 12 participants reported that the reasons given under the two sub-themes (legal aspect of DV and victim of DV) were representative of the reasons for not reporting or being undecided when facing DV (Table 5). Participants provided qualitative data regarding difficulties in the legal aspects of DV and fear of leaving the victim in a worse situation (Table 5), in line with the results obtained from when they were asked about encountering DV in professional life (Table 4).

3.5. Academics' exposure to DV in adulthood and its risk factors

Female academics were significantly more exposed to DV than male academics ($p < 0.05$). Academics who were widowed, divorced, or separated, had children, witnessed violence between their parents in childhood, and were exposed to violence, were

Table 5
Qualitative results regarding academics' reasons for not reporting or indecisiveness when faced with domestic violence.

Theme: Barriers to reporting domestic violence
Subtheme I: Legal aspect of domestic violence
P17 "Because dealing with legal processes is my last choice."
P74 "There is no need to be very realistic and try to solve the events in a situation where a woman who has been exposed to all kinds of violence later decides that she should reconcile with her husband at the police station and thus is oppressed."
P87 "Since I am afraid of being down because penalties are not deterrents, I do not find the laws sufficient, and processes such as being down are made for show."
P100 "I do not trust that my identity can be kept confidential."
P111 "Because I think the legal process is insufficient and will make the situation worse."
P148 "Actually, it sounds like I will report it, but I am not really sure since I have never faced such a situation ... However, I guess I will learn the procedure concretely the first time and continued to report ..."
P171 "Since legal sanctions do not work in practice."
Subtheme II: Victim of domestic violence
P168 "Because I think about whether they can resolve the problem by themselves."
P226 "How can you report the psychological cause? Violence is a result, an expression, an explosion of psychological accumulations."
P281 "I make an evaluation according to the circumstances. However, if I witness someone else's violence, I apply to these authorities for the protection of the victim."
P263 "I would be undecided with the thought that the victim may withdraw from the complaint."
P289 "I would not apply without being sure of the psychological state of the victim of violence. This psychological state is a reflection of their later life."

significantly more likely to experience DV. Furthermore, academics exposed to DV had higher rates of not reporting and indecisiveness when facing DV (Table S2).

The explanatory power of the multivariate logistic regression model, the Nagelkerke R Square value, was 0.398, and 39 % of the variance in the risk of DV exposure was explained by the independent variables in this model. Female academics were 2.347 times more likely to experience DV than male academics (OR: 2.347; 95 % CI: 1.036–5.315). It was revealed that academics with children experienced 7.182 times more DV compared to those without (OR: 7.182; 95 % CI: 1.158–44.562). Academics who had witnessed interparental violence in childhood were 2.861 times more exposed to DV than those who did not (OR: 2.861; 95 % CI: 1.105–7.404). Academics who were exposed to violence in childhood were 14.198 times more exposed to DV than those who were not (OR: 14.198; 95 % CI: 4.406–45.750; Table 6).

4. Discussion

DV is a major public health problem and violation of human rights that has been investigated by many researchers from different disciplines [15,42–44]. In studies on Turkey and the world, the incidence of DV in different groups, and its causes and consequences have been explained in detail. The aspects of DV that need further investigation are the feelings, thoughts, views, and experiences of academics. Therefore, this comprehensive study examined the incidence of DV among academics in Turkey in terms of the risk factors for DV among academics, and the knowledge, views, and experiences of both female and male academics regarding DV.

The incidence of DV among academics was 21.4 %, and 25.4 % and 16 % among female and male academics, respectively. In a meta-analysis of healthcare professionals' exposure to DV conducted by Dheensa et al. [43], DV was found to be 41.8 % in women and 14.8 % in men. This value increased to 77 % in a study by Akar et al. (2010) investigating DV against women in Turkey. In these studies, wherein the prevalence of DV against women varied between 15 and 71 %, the prevalence against men was 3.4–25 % [10,17, 18]. Notably, the incidence of DV among academics in our study was in line with the literature but lower, which can be explained by the higher level of education among academics, one of the risk factors for DV. In the present study, emotional (90.8 %) and physical violence (50.8 %) were the types of DV that academics were most exposed to. Further, academics were most exposed to DV by their spouses. Similarly, the Research on Domestic Violence Against Women in Turkey reported that women were mostly exposed to emotional violence, followed by physical violence [20]. Emotional violence ranked first in another study conducted with married physicians in Turkey [45]. Moreover, in a study of women working in a teaching hospital in Iran, emotional violence (58 %) was the most reported type [46].

Being female and having children are demographic factors that affect DV among academics. Studies conducted on different groups have reported that the female gender, young age, low socioeconomic status, and low education are factors that affect DV [10,20,33,34, 43]. It was observed that academics prevent DV by controlling some of these factors that are listed here due to their social status. However, as Kalaca and Dündar stated, gender roles attributed to women, even academics, constitute the most important factor in exposure to DV in Turkey [47]. Most women are traditionally more likely to be exposed to violence by men at some point in their life cycle because of their gender roles [48]. It is seen that several of the academics in the current study were exposed to violence by their parents in childhood. Similarly, according to a systematic analysis of literature featuring data from 171 countries, more than 50 % of children were exposed to violence by household members [49]. Furthermore, the fact that female academics were exposed to violence by their mothers in childhood at higher rates than male academics indicates that even women, unfortunately, engage in gender discrimination as parents. On the other hand, in the context of gender in Turkey, the outcomes of practices such as restricting women and girls from going out and meeting with strangers are also reflected in our results. Accordingly, our study found that male academics were exposed to childhood violence by other children and strangers at higher rates than female academics. These results can be attributed to gender reflections on social life [50].

Two other important factors affecting DV among academics are witnessing DV between parents in childhood, and exposure to

Table 6
Multiple logistic regression model on factors affecting academics' exposure to DV.

Variables	β	OR	95 % CI	p-Value
Gender				
Female	0.853	2.347	1.036–5.315	0.041
Male	Ref			
Marital status				
Married	1.289	3.630	0.546–24.141	0.182
Single	Ref			
Status of having children				
Yes	1.972	7.182	1.158–44.562	0.034
No	Ref			
Witnessing interparental violence in childhood				
Yes	1.051	2.861	1.105–7.404	0.030
No	Ref			
Exposure to violence as a child				
Yes	2.653	14.198	4.406–45.750	<0.001
No	Ref			
Nagelkerke R Square: 0.398				

childhood violence. Our study determined that academics who were exposed to violence in childhood were 14.1 times more likely to be exposed to DV in adulthood. Carnevale et al. examined the views of health and social professionals about children witnessing DV, finding that DV led to the suspension of parental roles such as protection and care, and caused everything to be very rigid, fragile, and always at risk of disaster [51]. Some studies show that boys exposed to DV in childhood are more likely to become perpetrators or victims of DV when they grow up; however, girls exposed to DV in childhood are more likely to become victims of DV when they grow up [10,18,33,52,53]. Therefore, witnessing DV between parents in childhood and exposure to violence in early childhood are important risk factors for DV among academics and disadvantaged individuals in society. Unfortunately, violence has many negative consequences, not only immediately but also long-term in the lives of individuals, which are transferred from generation to generation [9]. In our study, both female and male academics reported that women and children were the most exposed to violence. However, it is important to note that male academics state that men are also exposed to violence at higher rates than female academics. This reveals the necessity of emphasizing that men can also be exposed, and the fight against violence must be conducted with the involvement of male academics, giving them the message that they are understood and recognized. Dim et al.'s research in Canada reported that childhood victimization and exposure to DV are determinants of psychological violence perpetrated by women against men [54].

In our study, 39.1 % of the academics reported that they faced DV in their professional lives. However, in their study of healthcare professionals, Kurt and Gün found this rate to be 44.2 % [55]. The fact that this rate was higher among healthcare professionals can be attributed to the fact that they recognized and encountered more DV owing to their occupation. Among the academics, 78.3 % indicated that they would report when faced with DV. Although the rate of reporting possible DV by academics was high, there is mention in the Turkish Penal Code of a Crime of Not Reporting the Crime by a Public Official in Article 279. Accordingly, academics who face DV in their professional lives must report it [56]. However, this result is promising considering the results of a prior study that revealed the low reporting of violence in 24 developing countries (only 7 % of the victims reported it) [57]. The high rate of reporting DV in our study can be attributed to the fact that academics who would report DV may have voluntarily participated in the research, and academics who did not want to report DV may not have participated. As the reason for not reporting and being undecided in the face of DV, academics mostly stated the fear of putting the victim in a worse situation and the indifference of social services to the issue. Moreover, in our study, academics exposed to DV had higher rates of not reporting and indecisiveness when facing DV. In particular, when other reasons stated by academics for not reporting were examined, the non-deterrent nature of legal sanctions was frequently mentioned. "Good time credit with a tie," which is frequently heard in the media, especially with regard to femicides in Turkey, reduces the faith of DV victims in the justice system. Such legal gaps and the perception that perpetrators of DV can escape justice simply by wearing a tie are the most significant barriers to the fight against DV [58]. Thus, victims and professionals who we hope will play an active role in the fight against DV do not report it, although reporting DV is mandatory in the legal system. Similarly, the American College of Emergency Physicians (ACEP) opposes the mandatory reporting of DV to the criminal justice system, instead encouraging the delivery of local social services in partnership with the criminal justice system or other appropriate resource institutions to provide confidential counseling and assistance at the patient's request [59]. On the other hand, improving the manner in which victims can access help from the police and other services against DV may provide better alternatives [60].

4.1. Limitations of the study

Although the intended sample was selected in the planning of the study by targeting a population representative of Turkey, the perception of DV as a specialized field and the lack of solutions to the issue caused academics to refrain from participating. Hence, the data in this study cannot be generalized to all academics. Furthermore, most of the research questions required "yes" or "no" answers, which did not evaluate the magnitude of trauma triggered by DV.

5. Conclusions

In this study, approximately one out of every five female academics and one out of every six male academics were exposed to DV. Being a woman and having children were the factors identified as affecting DV in academics. Furthermore, we found that witnessing DV between parents in childhood and being exposed to childhood violence also play a determining role in academics' exposure to DV. Although it seems that higher social status reduces the rate of exposure to DV, gender inequality, and violence witnessed and experienced during childhood still increase the risk of DV. The rate of academics receiving DV training before graduation was very low. Whereas the percentage of academics with no idea about the existence of legal arrangements to prevent DV in Turkey was 40.8 %, 19.1 % believed that there were no legal arrangements in place. In other words, if we add these two groups, 59.9 % of academics do not know about the legal arrangements in Turkey. This rate cannot be ignored in the context of the struggle of academics, who are an educated group, to prevent DV. Furthermore, the fact that academics think that there are no mechanisms to prevent DV in the Turkish legal system, or their lack of knowledge of it, and their fear of putting the victim in a more difficult situation significantly affect the decision not to report or be undecided about reporting cases of DV. However, in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), of which Turkey is also a signatory, and in Law No. 6284 of the Protection of Family and Prevention of Violence Against Women, there are significant sanctions aimed at preventing DV. Therefore, it should be urgently ensured that every individual in society knows and comprehends the existing contracts and provisions in the Turkish legal system; that implementers reflect these laws and provisions in practice; and that social, legal, and security services do not leave the victim in a difficult situation, and are carried out effectively and reliably. Moreover, it is recommended that existing legal bases be preserved and implemented, as in the Istanbul Convention, from which Turkey withdrew, strengthening its prevention and protection.

Our findings also suggest that an individual who has experienced DV repeats this experience, either as a perpetrator or victim, in

later life. Therefore, ensuring that DV never occurs and preventing the exposure of children to this situation constitute key points in terms of establishing permanent measures. Awareness-building activities on gender equality should be carried out, with individuals adopting a “zero tolerance for violence” strategy starting from childhood in order to change social and cultural patterns; separate training for each age group should be planned and repeated at regular intervals; deterrent measures against the normalization of violence in the media should be taken, and the awareness and sensitivity of the society at large should be increased.

Violence is the violation of multiple human rights for every individual in the world. However, women and children are more exposed to DV for many reasons, such as the roles attributed to them by society, making them powerless and vulnerable. It is necessary to raise awareness at the society and family levels starting from childhood in order to prevent DV experienced just because of being a woman, and it should be mandatory that each individual leads a life knowing the first article of the Universal Declaration of Human Rights (1948), “all human beings are born free and equal in dignity and rights.”

For future studies, a main question is, “What can be done to improve confidence in the protective and judicial systems, and professional capacities that deal with DV cases?”

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Institutional review board statement

The study was conducted in accordance with the Declaration of Helsinki and approved by the Tokat Gaziosmanpaşa University Social and Human Sciences Research Ethics Committee (decision number 20-05, 1 October 2021).

Informed consent statement

Informed consent was obtained from all participants involved in the study.

Data availability statement

The datasets used and analyzed in the current study are available from the corresponding author upon reasonable request.

CRedit authorship contribution statement

Gonca Kurt: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. **Ayşe Akin:** Conceptualization, Methodology, Supervision, Validation, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

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