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Experiences and Perceptions of Abused Turkish Women Regarding Violence Against Women

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Abstract

This study qualitatively explored abused Turkish women's experiences and perceptions regarding violence against women. The research sample comprised 30 women who were seen by the police and referred to the Family Counseling Center between 2 October 2012 and 30 August 2013 due to domestic violence. Study data were collected using a Demographic Information Datasheet and a Semi-Structured Interview Form. Qualitative data were gathered using face-to-face interviews, which were transcribed verbatim then analyzed and interpreted to determine themes using the conceptual framework. Qualitative analysis yielded five themes: (1) being subjected to all types of violence; (2) everything is an excuse for violence; (3) forgetting what it is like to be a woman; (4) having to continue the marriage against her will; (5) being forced to do some things involuntarily in order to reduce the violence. In the light of these results, it seems that multidisciplinary approaches are required in order to support women both psychologically and socially. Women need to be supported in order to determine their mental health problems and to get the required medical assistance.

Keywords Violence against women · Abused women · Qualitative · Experience · Perception

Introduction

Violence against women is an important public health problem resulting in serious physical and mental health problems. The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (World Health Organization (WHO) 2017).

The prevalence of reported incidents of violence against women is: 69.5% in Pakistan, 61.8% in Iran, 59.7% in Poland, 80.0% in Uganda, 25.5% in Mexico, 56.9% in

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² Department of Nursing, Department of Psychiatric Nursing, Near East University, Nicosia, Cyprus Tunisia, 28.0% in Republic of Cyprus, 31.2% in Nigeria, 43.4% in Portuguese, 25.0% in US, 91.1% in Nepal, 80.5% in Sweden, 30.0% in Tanzania (Haqqi and Faizi 2010; Ardabily et al. 2011; Makara-Studzinska et al. 2013; Saile et al. 2013; Valdez-Santiago et al. 2013; Jellali et al. 2014; Mavrikiou et al. 2014; Aduloju et al. 2015; Coutinho et al. 2015; Walsh et al. 2015; Gurung and Acharya 2016; Finnbogadottir and Mellgren 2017; Rogathi et al. 2017).

Just as throughout the world, violence against women is a common problem in Turkey. In the study by İzmirli et al. (2014) 67.7% of women reported experiencing some type of domestic violence at least once in their lifetime. In another study, 33.6% of women had experienced violence because they were infertile (Yildizhan et al. 2009). The prevalence of violence against women was 58.7% in the study by Alper et al. (2005), 80.9% in the study by Tanrıverdi and Şıpkın (2008), 52.5% in the study by Kocacık and Çağlayandereli (2009), 93.0% in the study by Tokuç et al. (2010), and 58.8% in the study by Ağçay et al. (2015). One study found 537 reported instances of violence-related deaths among women, and out of all female deaths, 12.9% were due to violence against women (Unal et al. 2016).

According to the studies carried out with women exposed to violence, the risk factors were patriarchal and traditional values, lack of financial autonomy, low socioeconomic status, low educational status, being unemployed, living in a village (Tokuç et al. 2010; Ergin et al. 2011; İzmirli et al. 2014; Coutinho et al. 2015). The young age of the husband, the husband being an adolescent at the time of marriage, and the partner's use of alcohol and were seen as risk factors for domestic violence (İzmirli et al. 2014). WHO (2017) stated that risk factors for both giving and receiving violence are: abuse as a child, witnessing family violence, harmful use of alcohol, and attitudes that are tolerant of violence and gender inequality.

Violence against women was significantly associated with anxiety symptoms, mood and substance abuse, depressive symptoms, post-traumatic stress disorder, thoughts of suicide, somatization, sexually transmitted diseases, postpartum depression, interpersonal sensitivity, and hostility (Amar and Gennaro 2005; Houry et al. 2006; Pico-Alfonso et al. 2006; Bargai et al. 2007; Jellali et al. 2014; Walsh et al. 2015; Park et al. 2017; Rogathi et al. 2017; Vyas 2017). Violence against women can lead to mental disorders such as depression, PTSD, anxiety disorders, sleep difficulties, eating disorders, and suicide attempts, as well as physical illnesses such as headaches, back pain, abdominal pain, fibromyalgia and gastrointestinal disorders (WHO 2017).

Due to both physical and psychosocial problems, abused women do not know how to cope with the violence they experience, are incapable of changing their lives, are affected by the negative views of people, and have to struggle with the negative outcomes of violence throughout their life. In this context, there are great responsibilities for health professionals who are constantly communicating with the individual to protect and maintain health and prevent illness. Mental health and public health nurses, in particular, have an important role in identifying women exposed to violence and risk groups, in preventing of violence, and in giving psychological help to abused women (Baysam-Arabaci 2014). For these reasons, this study aimed to determine the experiences and perceptions of abused women regarding violence against women.

Methods

This investigation was planned as a qualitative study using the face-to-face interview and descriptive approach.

Participants

The study was conducted in the Family Counseling Center affiliated with the Provincial Directorate for Family and Social Policies in the central (Giresun) District of Giresun province. The Family Counseling Center provides psychological counseling and financial support to the women sent by the Police Department who are victims of violence and directs them to the Bar for legal proceedings. However, it is not possible to provide the aforementioned services to all women due to reasons such as not being able to reach the women at the address they provided, women moving to another city or women withdrawing their complaint in fear of their husbands.

The purposive sampling method was used in this study. Sample sizes in qualitative studies ar typically small. In this study, the criteria of sample size was data saturation (Glaser and Strauss 1967). Until data saturation was achieved, recruitment continued. The women's telephone numbers were accessed from their files and the women who were contacted via telephone were informed about the study and were invited to the Center. The research sample comprised 30 women who were seen by the police between 2 October 2012 and 30 August 2013 due to violence and referred to the Family Counseling Center, and who agreed to take part in the study and met the inclusion criteria.

Inclusion criteria were;

- Being between 18 and 65 years old,
- Being married,
- Being subjected to physical violence,
- Volunteering to take part in the study.

The exclusion criteria were being older than 65 years, having hearing or mental disorders that would prevent them from understanding what is being told, and not wanting to take part in the study.

Data Collection

The data for the study were collected using a Demographic Information Datasheet and a Semi-Structured Interview Form. Demographic Information Datasheet comprises questions aimed at identifying the age, educational level, employment status, perceived socioeconomic status, family structure, the state of being subjected to physical violence and for how long the violence has been going on (Tokuç et al. 2010; Ergin et al. 2011; İzmirli et al. 2014; Coutinho et al. 2015).

Questions found in the semi-structured interview form are as follows (

Balcı and Ayrancı 2005; Abeya et al. 2012; İzmirli et al. 2014; Türk et al. 2017; WHO 2017):

- "Explain the physically, psychologically, verbally, sexually and economically violent behaviors you were subjected to."
- "For what type of reasons does your husband use violence against you?"

- "Can you explain the adverse effects of the violence you are exposed to on you and on your life?"
- "Can you describe the reasons why you continue living under these circumstances even though your husband uses violence against you?"
- "What are the measures/preventions you apply to be less subjected to violence?"

The interviews were conducted in the Family Counseling Center. As the participants did not want to have their voices recorded each interview was conducted by the researcher using the semi-structured interview form and the obtained data were input into the computer in the evening that same day. The participants were called the day before the interview and were informed about the time and place of the interview. The interviews and data collection process continued until data saturation was attained. Each participant was interviewed individually. Each interview lasted approximately 45–60 min.

Ethical Considerations

Permission was obtained from the Provincial Directorate for Family and Social Policies for the study to be conducted at the Family Counseling Center. The study was approved by the ethics committee of Hacettepe University and conducted according to the ethics guidelines set out in the Declaration of Helsinki. Verbal and written consent was obtained from the participants. All participants were informed about the purpose and design of the study and were guaranteed anonymity and confidentiality. Participation in the study was voluntary.

Data Analysis

Descriptive and frequency analyses of demographic data were conducted using SPSS version 18. The qualitative data gathered in the face-to-face interviews and transcribed verbatim were analyzed and interpreted to determine themes using the conceptual framework developed by Graneheim and Lundman (2004). The answers were read through repeatedly by both authors and then analyzed using content analysis. Firstly, meaningful text units from the answers were identified. The meaningful units were then developed into categories describing the content and presented with quotations from the participants. Both authors met several times to reflect upon and discuss the analysis until they reached an agreement about the findings. Participants with various experiences were chosen in order to ascertain the credibility of the data, increasing the possibility of shedding light on the research questions from a variety of aspects (Graneheim and Lundman 2004). The units with the most suitable meaning were selected and illustrated in order to achieve credibility (Graneheim and Lundman 2004).

Results

The average age of the women who participated in the survey is 40.7 ± 11.0 , with 46.7% being elementary school graduates and 46.7% high school graduates. While the vast majority of the women have a job (83.3%), 56.7% perceive their socioeconomic status as middle level and 36.7% as low level. The family structure of 70.0% of the participants is nuclear and 70.0% of the women have been subjected to violence for more than 10 years.

Five themes were obtained as a result of the analysis.

Theme 1: Being Subjected to All Types of Violence

When the types of violence the participant women are subjected to were analyzed it was found that all the women are subjected to both physical and verbal/psychological violence, 86.7% are subjected to economic and 70.0% are subjected to sexual violence. The women are mostly subjected to forms of physical violence such as beating (29.1%) and injuring (18.6%) for example, having their head hit against the wall, having their flesh pinched and being bitten.

He used to grab a knife and attack me. He also used to attack with the gun. He used to hit my head against the wall. I've seen all types of violence. (A.D., 45 years old)

He used to pour boiling water on us. I mean, on me and the kids. He used to try to strangle me. He used to try and cut me with a knife. (S.D., 32 years old)

The types of sexual violence the women are mostly subjected to were non-consensual sexual intercourse (42.1%), followed by cheating (34.2%).

He cheats on me with other women. When I ask why he is doing this, he says they are temporary but I am permanent. I feel very offended. Then he comes and wants to have intercourse with me. (A.Ö., 27 years old)

Once, he did not have intercourse with me for a very long time. When I asked why he said I was always the one to blame. (§.T., 43 years old)

It was found that the women are mostly subjected to verbal/psychological violence such as humiliation/being insulted (18.5%), being sworn at (13.4%) and blaming/criticising/insulting (13.4%).

He used to threaten me a lot. He used to say he is going to kill me, hang me, cut me. (E.A.Ö., 37 years old)

When it suited him I was his beloved wife. When it didn't he used to say: 'Are you a woman,? If you were a woman I wouldn't do all these things.' (A.D., 45 years old)

It was found that the types of economic violence the women were subjected to were when the men do not meet the needs of their wives/children (28.6%), do not meet the needs of the house (25.4%), do not allow their wives to work (12.7%), and when the men take away their wives' money/ salary (12.7%).

He wouldn't let me work. He wasn't able to meet the needs of both the house and the children. He would not work. He would not pay the rent. The bills used to pile up. (A.Ö., 27 years old).

He leaves a small amount of money for the expenses of the house. I struggle to make ends meet with that. When I run out of money, he asks what I have done with all that money. He always calls me to account. (G.A., 47 years old)

Theme 2: Everything Is an Excuse for Violence

Theme 2 is obtained as a result of the findings on the causes of violence. As a result of the analyses, it was found that women are subjected to violence mostly because their spouses have a jealous, nervous and insecure personality (19.1%). Apart from this, alcohol abuse (13.5%), making a fuss over small things (12.4%), economic problems (11.2%) and provocation from the husband's family or others (10.0%) are the other causes of violence against women.

He used to turn to violence mostly because of jealousy. He didn't want me to see my family because my parents had not wanted me to marry him. (S.Ç., 35 years old)

We never shared the same ideas, never liked the same things. (E.A.Ö., 37 years old)

He would not do anything unless he consumed alcohol. (A.D., 45 years old)

Theme 3: Forgetting What It Is Like to Be a Woman

This theme was obtained as a result of the analysis performed to evaluate how the violence the women experience affects them. The immediate effect of violence is seen in the mental health of women. The women stated that they have mental problems such as sleep problems, depressive affect and suicidal behavior in addition to physical health problems such as nutrition problems and hearing loss.

From now on, I will not be any good. I am no different from a dog in the street. I don't feel fine at all! I feel heavy. I feel like my insides will explode. I started to have a very short temper. I'm sick all the time. (Ha, 39 years old)

I don't want to be his woman. Psychologically, I feel like I'm defeated. (A.D., 45 years old)

One of the most important effects of violence is on the self-worth of women. Violence damages the self-worth of women and causes them to feel worthless, to lose faith in themselves and to experience feelings such as guilt, fear, regret, bitterness, and exasperation. It also forges their despair and reduces their control over events.

I feel incompetent, lonely and useless, unimportant. In this world, I feel like a parasite, like a creature without a right to live. (FK, 38 years old) I feel disastrous and fallen down. I think perhaps I am really that worthless. (D.C., 37 years old)

One of the points mostly emphasized by the women who are subjected to violence is forgetting what it is like to be a woman. There are women who feel like men when the men's responsibilities are added to their responsibilities as women. There are also women who feel anxious about whether they can survive on their own without a man.

As a woman, I feel undignified, humiliated, small in the eyes of the society. I blame myself for him going to other women. (N.S., 57 years old) You have a lot of difficulty in life if you do not have your man in front of you. I feel like I'm trapped. I try to stand on my own feet but it does not work. (H.Ç., 54 years old)

Violence also negatively affects the social life of women. The violence they experience puts psychological pressure on women, which leads to problems and inadequacies in their social relations. Situations such as social isolation, loneliness, retiring from social activities and insecurity around people make up a large portion of these problems.

I have forgotten how to communicate with people. Believe me Mrs..., I even forgot how to walk in the street. (S.Ç., 35 years old)

Whenever I walk in the street I am always alert, I constantly feel like I'm being followed. Or I fear that someone will see something I've done wrong and tell it to him. I lost my vitality, my joy of life. (S.Ö., 21 years old)

Theme 4: Having to Continue the Marriage Against Her Will

This theme was obtained as a result of analyzes that investigated the reasons why women continue the marriage despite their violent partner. It was found that women continue to live with a violent partner mostly because they are thinking about their children (26.7%), the lack of economic means (18.6%), the lack of support from their families (15.1%) and the repressive attitude of society (12.8%).

I did not have economic freedom. My children were young. Actually, it was always on my mind to leave him, but I did not have the courage. (S.Ç., 40 years old) Because of my children. If I leave him, how will I cope with life, with the children? I don't have the power. I don't have a job, an income. There is also the society factor, what will they say if they hear about it. I have no support. (H.G., 46 years old)

I am very afraid of my community, that they will say I got married at a later age and could not make it work. I have no place to go. He says he'll kill me if I get a divorce, I'm scared. (H.Y. 46 years old)

Theme 5: Being Forced to Do Some Things Involuntarily in Order to Reduce the Violence

As a result of the analysis about the measures taken by women to experience less violence from their partners, it was found that women prefer to speak less (26.5%) and do what their partners want in order to avoid irritating them (26.5%). While the vast majority of women do take measures, 10.3% stated that they do not take any measures, but instead only answer back at their partners.

If he comes very drunk, I collect all the children and lock them in a room. I try not to say anything about the things he does to pick a fight. (N.S., 57 years old) I behave well, I smile at him even if I don't feel like it, I try to say good things like my dear husband. (H.Y. 46 years old)

I used to do everything I can. I served him in every way. I would even add sugar to his tea. I would not see my parents. (D.Ç., 37 years old)

Discussion

In this study, it was found that women are subjected to all kinds of violence, including physical, economic, sexual and verbal/psychological. In the study by Erdoğan et al. (2009) on women living in a shelter, the women stated that they had experienced all aspects of violence, including physical, emotional, sexual and economic violence. In studies performed on this subject, it was found that women are exposed to many types of violence (Güler et al. 2005; Tokuç et al. 2010; Akyuz et al. 2013). In another study, it was found that psychological, physical and sexual violence are related to each other (Becker et al. 2010). As seen in this study, it is certain that if a woman is subjected to one type of violence she will be subjected to other types of violence as well.

In this study it was found that women are subjected to violence due to the jealous, nervous and insecure personalities of their partners, as well as alcohol abuse, making a fuss over small problems, economic problems and provocation from their partner's family or other people. Similarly, it was found that economic and social problems, substance abuse, sexual problems, alcohol abuse, addiction to gambling, falling out of love with the partner, personality, and psychological problems are the factors affecting violence against women (Erdoğan et al. 2009; İzmirli et al. 2014; Türk et al. 2017). As can be seen, women-oriented initiatives alone may not be enough to resolve the issue of violence against women. According to women, the reason for the use of violence by men is mostly due to his personality, family relations, and substance abuse. So, it is thought that it may be useful to provide psychological help for violent men, and to implement programs to empower men and establish a healthy "male identity".

In this study, it was found that violence affects women in many ways. For example, the deterioration of mental health, negative influence on self-esteem, forgetting what it is like to be a woman, and the deterioration of social life. Studies have shown that women subjected to violence experience numerous mental health problems (Jellali et al. 2014; Walsh et al. 2015; Park et al. 2017; Rogathi et al. 2017; Vyas 2017) There are studies showing that women subjected to violence have lower self-esteem than women who are not (Bayram 2009; Tarig 2013). It is stated that having low self-esteem due to violence is the cause of the deterioration of women's social life (Matud 2005). This is why it is important for women subjected to violence to receive psychological support in order to increase their self-esteem and develop their social skills so that they can continue their lives in a healthy way.

Women have cited thinking about their children's future, a lack of economic means, a lack of support from their families, and the repressive attitude of the community as reasons for continuing to live with a violent partner. Studies have reported that women continue to live in a violent environment because they are thinking about their children's future, because they are being threatened by their partners, because they are thinking about the negative views of society towards divorce, because of the lack of support from their families, because they are hoping their partner will get better, and also because they are unemployed, have a low level of education, lack self-esteem and have lost their sense of self-worth (Alper et al. 2005; Balcı and Ayrancı 2005; Tarig 2013). When women are supported economically, when their concerns towards the future of their children are relieved, when their self-esteem is improved and their resources of available support are increased, they feel stronger and are able to find the power to change their lives in a positive direction.

It has been found that the most common behavior for women to reduce the amount of violence they are subjected to is to stay silent and do whatever their partner wants to avoid irritating them. It is seen that women who are subjected to violence tend to stay silent in the face of violent behavior, do nothing to solve the problem and try to do what their partner says (Balc1 and Ayranc1 2005; Abeya et al. 2012; Türk et al. 2017). Intervention studies with very good outcomes have been performed in order to make women who are subjected to violence more likely to ask for help, to help them be less subjected to violence, to improve their perceived social support levels, and to ensure that their psychological well-being is kept at the best possible level (Bahadır-Yılmaz and Öz 2018; Coker et al. 2012; Hansen et al. 2014; Howell et al. 2015). The planning of intervention studies to ensure that women can stand up to violence and not remain silent in the face of violence can make a significant contribution to the solution of this problem.

Conclusion

In conclusion, five main themes, "being subjected to all types of violence", "everything is an excuse for violence", "forgetting what it is like to be a woman", "having to continue the marriage against her will", "being forced to do some things involuntarily in order to reduce the violence", have been obtained. It has been found that women participating in the survey are subjected to many types of violence. Violent behavior is often caused by the violent partner's personality or alcohol abuse. Violence degrades a woman's mental and physical health, reduces her self-worth and disrupts her social communication. The woman continues to live in the violent environment due to the lack of support and thinking of her children's future, and she chooses to stay silent in the face of violence. In the light of these results, it would appear that multidisciplinary approaches to support women both psychologically and socially are required. Women need to be supported in order to identify their mental health problems and to get the required medical assistance.

In the light of the findings, it is recommended that intervention studies are planned and implemented that will ensure that the women subjected to violence will gain psychologic strength, that will facilitate their access to the resources of social support, that will increase their tendency to ask for help, and that will improve their psychological well-being. In the context of community mental health, women at risk for violence should be determined and appropriate actions for safeguarding them should be taken. Psychosocial care to reduce stress levels and improve life's comfort should be given as a routine practice of mental health services. Acknowledgements The study is based on the author's doctoral dissertation. The authors would like to thank all study participants for participating in the study. Also the authors thank M. Önder Temel, Yeliz Tiryaki Göksu for their contribution in preparing the environment where the sessions were held and the conduct of research.

Compliance with Ethical Standards

Conflict of interest The author knows of no conflict of interest and takes responsibility for this paper.

References

- Abeya, S. G., Afework, M. F., & Yalew, A. W. (2012). Intimate partner violence against women in West Ethiopia: A qualitative study on attitudes, woman's response, and suggested measures as perceived by community members. *Reproductive Health*, 9, 14.
- Aduloju, P. O., Olagbuji, N. B., Olofinbiyi, A. B., & Awoleke, J. O. (2015). Prevalence and predictors of intimate partner violence among women attending infertility clinic in south-western Nigeria. European Journal of Obstetrics & Gynecology and Reproductive Biology, 188, 66–69. https://doi.org/10.1016/j.ejogr b.2015.02.027.
- Ağçay, G., Yıldız-İnanıcı, S., Çolak, B., & İnanıcı, M. A. (2015). Risk factors for violence against women by intimate partners in Sakarya, Turkey. *Journal of Forensic and Legal Medicine*, 36, 37–42. https://doi.org/10.1016/j.jflm.2015.08.008.
- Akyuz, A., Seven, M., Şahiner, G., & Bakır, B. (2013). Studying the effect of infertility on marital violence in Turkish women. *International Journal of Fertility and Sterility*, 6(4), 286–293.
- Alper, Z., Ergin, N., Selimoglu, K., & Bilgel, N. (2005). Domestic violence: A study among a group of Turkish women. *European Journal of General Practice*, 11, 48–54.
- Amar, A. F., & Gennaro, S. (2005). Dating violence in college women: Associated physical injury, healthcare usage, and mental health symptoms. *Nursing Research*, 54(4), 235–242.
- Ardabily, H. E., Moghadam, Z. B., Salsali, M., Ramezanzadeh, F., & Nedjat, S. (2011). Prevalence and risk factors for domestic violence against infertile women in an Iranian setting. *International Journal of Gynecology and Obstetrics*, *112*(1), 15–17. https://doi. org/10.1016/j.ijgo.2010.07.030.
- Bahadır-Yılmaz, E., & Öz, F. (2018). The effectiveness of empowerment program on increasing self-esteem, learned resourcefulness, and coping ways in women exposed to domestic violence. *Issues in Mental Health Nursing*, 39(2), 135–141. https://doi. org/10.1080/01612840.2017.1368750.
- Balcı, Y. G., & Ayrancı, U. (2005). Physical violence against women: Evaluation of women assaulted by spouses. *Journal of Clinical Forensic Medicine*, 12(5), 258–263.
- Bargai, N., Ben-Shakhar, G., & Shalev, A. Y. (2007). Posttraumatic stress disorder and depression in battered women: The mediating role of learned helplessness. *Journal of Family Violence*, 22, 267–275.
- Bayram, G. O. (2009). Violence during pregnacy and self-esteem. Bakırköy Tıp Dergisi, 5, 67–71 (in Turkish).
- Baysam Arabacı, L. (2014). Ruh sağlığı için tehdit: şiddet (Threat for mental health: Violence). In O. Çam & E. Engin (Eds.), Ruh Sağlığı ve Hastalıkları Hemşireliği: Bakım Sanatı (Mental health and disease nursing: The art of care). İstanbul: İstanbul Tıp Kitabevi (in Turkish).
- Becker, K. D., Stuewing, J., & McCloskey, L. A. (2010). Traumatic stress symptoms of women exposed to different forms of childhood victimization and intimate partner violence. *Journal of Interpersonal*

Violence, 25(9), 1699–1715. https://doi.org/10.1177/0886260509 354578.

- Coker, A. L., Smith, P. H., Whitaker, D. J., Le, B., Crawford, T. N., & Flerx, V. C. (2012). Effect of an in-clinic IPV advocate intervention to increase help seeking, reduce violence, and improve wellbeing. *Violence Against Women.*, 18(1), 118–131. https://doi. org/10.1177/1077801212437908.
- Coutinho, E., Almeida, F., Duarte, J., Chaves, C., Nelas, P., & Amaral, O. (2015). Factors related to domestic violence in pregnant women. *Procedia-Social and Behavioral Sciences*, 171, 1280–1287. https:// doi.org/10.1016/j.sbspro.2015.01.242.
- Erdoğan, S., Aktaş, A., & Onat-Bayram, G. (2009). Violence experiences and coping attitudes in a sample of women who live in a shelter: A qualitative study. *International Journal of Human Sciences*, 6(1), 807–824.
- Ergin, N., Bayram, N., Alper, Z., Selimoglu, K., & Bilgel, N. (2011). Domestic violence: A tragedy behind the doors. *Women & Health*, 42(2), 35–51. https://doi.org/10.1300/J013v42n02_03.
- Finnbogadottir, H., & Mellgren, C. (2017). The degree of suffering among pregnant women with a history of violence, help-seeking, and police reporting. *Sexual & Reproductive Healthcare*, 13, 23–28. https://doi.org/10.1016/j.srhc.2017.05.003.
- Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112.
- Güler, N., Tel, H., & Özkan-Tuncay, F. (2005). The view of woman's to the violence experienced within the family. *Çukurova Üniversitesi Tıp Fakültesi Dergisi*, 27(2), 51–56.
- Gurung, S., & Acharya, J. (2016). Gender-based violence among pregnant women of Syangja District, Nepal. Osong Public Health and Research Perspectives, 7(2), 101–107.
- Hansen, N. B., Eriksen, S. B., & Elklit, A. (2014). Effects of an intervention program for female victims of intimate partner violence on psychological symptoms and perceived social support. *European Journal of Psychotraumatology*, 12, 5. https://doi.org/10.3402/ejpt. v5.24797.
- Haqqi, S., & Faizi, A. (2010). Prevalence of domestic violence and associated depression in married women at a tertiary care hospital in Karachi. *Procedia-Social and Behavioral Sciences*, 5, 1090–1097. https://doi.org/10.1016/j.sbspro.2010.07.241.
- Houry, D., Kemball, R., Rhodes, K. V., & Kaslow, N. J. (2006). Intimate partner violence and mental health symptoms in African American female ED patients. *American Journal of Emergency Medicine*, 24(4), 444–450.
- Howell, K. H., Miller, L. E., Lilly, M. M., Burlaka, V., Grogan-Kaylor, A. C., & Graham-Bermann, S. A. (2015). Strengthening positive parenting through intervention: Evaluating the Moms' Empowerment Program for women experiencing intimate partner violence. *Journal of Interpersonal Violence*, 30(2), 232–252. https://doi. org/10.1177/0886260514533155.
- İzmirli, G. O., Sönmez, Y., & Sezik, M. (2014). Prediction of domestic violence against married women in southwestern Turkey. *International Journal of Gynecology and Obstetrics*, 127(3), 288–292. https ://doi.org/10.1016/j.ijgo.2014.06.011.
- Jellali, I. A., Jellali, M. A., Gataa, R., & Mechri, A. (2014). Psychosexual impact of violence against Tunisian women in marriage: Crosssectional study about 197 consultant in family planning centre of Monastir. *Sexologies*, 23(3), 75–78. https://doi.org/10.1016/j.sexol .2014.05.009.
- Kocacık, F., & Çağlayandereli, M. (2009). Domestic violence towards women: Denizli case study. *International Journal of Human Sci*ences, 6(2), 24–43.
- Makara-Studzinska, M., Lewicka, M., Sulima, M., & Urbanska, A. (2013). Characteristics of women who have suffered from violence

during pregnancy. *Polish Annals of Medicine*, 20(2), 106–109. https://doi.org/10.1016/j.poamed.2013.09.002.

- Matud, M. P. (2005). The psychological impact of domestic violence on Spanish women. *Journal of Applied Social Psychology*, 35(11), 2310–2322.
- Mavrikiou, P. M., Apostolidou, M., & Parlalis, S. K. (2014). Risk factors for the prevalence of domestic violence against women in Cyprus. *The Social Science Journal*, 51(2), 295–301. https://doi. org/10.1016/j.soscij.2014.02.002.
- Park, G. R., Park, E. J., Jun, J., & Kim, N. S. (2017). Association between intimate partner violence and mental health among Korean married women. *Public Health*, 152, 86–94. https://doi.org/10.1016/j. puhe.2017.07.
- Pico-Alfonso, M. A., Garcia-Linarez, M. I., Celda-Navarro, N., Blasco-Ros, C., Echeburua, E., & Martinez, M. (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: Depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health*, 15(5), 599–611.
- Rogathi, J. J., Manongi, R., Mushi, D., Rasch, V., Sigalla, G. N., Gammeltoft, T., et al. (2017). Postpartum depression among women who have experienced intimate partner violence: A prospective cohort study at Moshi, Tanzania. *Journal of Affective Disorders*, 218, 238–245. https://doi.org/10.1016/j.jad.2017.04.063.
- Saile, R., Neuner, F., Ertl, V., & Catani, C. (2013). Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda. *Social Science & Medicine*, 86, 17–25. https://doi.org/10.1016/j.socscimed.2013.02.046.
- Tanrıverdi, G., & Şıpkın, S. (2008). Effect of educational level of women on the domestic violence at primary health care unities in Canakkale. *Furat Tip Dergisi*, 13(3), 183–187.
- Tarig, Q. (2013). Impact of intimate partner violence on self esteem of women in Pakistan. American Journal of Humanities and Social Sciences, 1(1), 25–30. https://doi.org/10.11634/232907811301271.
- Tokuç, B., Ekuklu, G., & Avcioğlu, S. (2010). Domestic violence against married women in Edirne. *Journal of Interpersonal Violence*, 25(5), 832–847. https://doi.org/10.1177/0886260509336960.
- Türk, R., Şenol-Çelik, S., Çetin, M., & Soydan, G. (2017). Experiences and views of married women about domestic violence. *International Journal of Nursing Practice*, 23(4), 1–8. https://doi.org/10.1111/ ijn.12543.
- Unal, E. O., Koc, S., Unal, V., Akcan, R., & Javan, G. T. (2016). Violence against women: A series of autopsy studies from Istanbul, Turkey. *Journal of Forensic and Legal Medicine*, 40, 42–46. https://doi. org/10.1016/j.jflm.2015.11.025.
- Valdez-Santiago, R., Hijar, M., Rojas Martinez, R., Avila Burgos, L., Arenas Monreal Mde, L. (2013). Prevalence and severity of intimate partner violence in women living in eight indigenous regions of Mexico. *Social Science & Medicine*, 82, 51–57. https://doi. org/10.1016/j.socscimed.2013.01.016.
- Vyas, S. (2017). Marital violence and sexually transmitted infections among women in post- revolution Egypt. Sexual & Reproductive Healthcare, 13, 68–74. https://doi.org/10.1016/j.srhc.2017.06.002.
- Walsh, K., Keyes, K. M., Koenen, K. C., & Hasin, D. (2015). Lifetime prevalence of gender-based violence in US women: Associations with mood/anxiety and substance use disorders. *Journal of Psychiatric Research*, 62, 7–13. https://doi.org/10.1016/j.jpsychires .2015.01.002.
- WHO. (2017). Violence against women: Intimate partner and sexual violence against women. Retrieved January 23, 2018, from http://www. who.int/mediacentre/factsheets/fs239/en/.
- Yildizhan, R., Adali, E., Kolusari, A., Kurdoglu, M., Yildizhan, M., & Sahin, G. (2009). Domestic violence against infertile women in a Turkish setting. *International Journal of Gynecolocy & Obstetrics*, 104(2), 110–112. https://doi.org/10.1016/j.ijgo.2008.10.007.