



RESEARCH ARTICLE

Investigation of Cases of Violence against Women: Examples of the Eastern Turkey

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Abstract

Introduction: In our country, women are mostly exposed to domestic violence. It is known that almost one in four women is exposed to physical violence. The low level of women's education in the east of Turkey, the lack of economic freedom, and the low income level are among the main reasons for violence against women.

Objective: It was aimed to raise awareness of the issue by drawing attention to the issue of violence against women, which frequently takes place in the national and international media and contribute to the literature on the subject.

Methods: In this analysis, married women over the age of 18 who were admitted to the emergency department of our hospital with the complaint of physical violence between 01.10.2018-01.10.2019 were included in the study. Statistical analyses were conducted using the SPSS program. Analytical tests and the Mann-Whitney U test were used for demographic data, and Pearson's chi-square test was used in the comparison of the patient groups.

Results: The average age of the participants was 31.5 ± 9.148 years. Of the women, 50.1% had primary education and below. Of the women, 65.6% were unemployed. Of their spouses, 53.1% were smoking, and 28.1% were drinking alcohol and smoking.

Conclusion: In addition to the support treatment and rehabilitation of victim women, healthcare professionals have important responsibilities in reducing violence in the community. We think that increasing the awareness of women of this issue and ensuring their legal security will be effective in reducing violence and establishing a healthy family base.

Limitations: Patients under 18 years of age, which is the legal marriage limit in Turkey, were not included in the study. Patients, whose data were not available from the hospital registry system, were excluded from the study.

Keywords

Violence, Gender, Female, Turkey, Diversity

Introduction

In addition to examining patients and performing a medical intervention, physicians in the emergency department are also responsible for questioning whether the incident has a forensic value, recording forensic incidents and reporting them to the relevant authorities. Forensic cases are traffic accidents, sharp object injuries, battery, firearm injuries, electric shock, torture and maltreatment, poisoning, and suicide [1-3]. It is thought that 2.5% of all deaths worldwide are due to violence. While violence is observed outside mostly among male individuals, it comes to the fore as domestic violence in female individuals [4,5]. When women exposed to violence are evaluated in the studies conducted in Turkey, it appears that approximately half of the cases are not recorded and women do not tell anyone about this violence [6]. Upon reviewing studies conducted outside Turkey, it was observed that approximately one-third of the women admitted to health centers could share the violence they were exposed to with healthcare professionals [7]. Upon examining studies conducted in Turkey on violence against women, the rate of women admitted to the emergency department due to violence was reported to be between 6-30%. Moreover, it was observed that 25% of women were exposed to physical violence during a certain period in their lives, and this

rate increased to 50% when verbal violence was added to this [8]. Again, in a comprehensive study which was carried out in Turkey in 2009 and included 24048 families, when the rate of experiencing violence in any part of women's lives was evaluated, the prevalence of violence was observed to be 39%, and women were determined to be exposed to emotional and sexual violence at the rates of 44% and 15%, respectively [9,10].

The objective of this study is to retrospectively examine female patients who applied to the emergency department due to battery violence and reveal their demographic data, raise awareness of the issue by drawing attention to violence against women, which has frequently taken place in the national and international media in recent times, and contribute to the relevant literature.

Subjects and Methods

In this study, female battery violence cases who applied to Kafkas University, Faculty of Medicine, Emergency Department between 01.10.2018 and 01.10.2019 were included. Patient files and the hospital information management system (HIMS) were used in the study. Patients under 18 years of age and without all data available were excluded from the study. Among the types of violence against women, other types of violence, other than physical violence, were not included in the study. The total number of patients planned to be included in the study was 42 patients, and these patients were patients who were brought by the police and legal security forces for the purpose of obtaining a forensic medical examination report since they were exposed to physical violence by their spouses. A questionnaire was prepared for these patients. The patients were contacted by phone, and those who agreed to participate in our study were invited to fill in the questionnaire face-to-face in our hospital. Since all the patients who applied at the specified date were included in the study, a power analysis was not performed. The SPSS 20 (Statistical Package for the Social Sciences) program was used in the study. The analytical (mean, standard deviation, median) test was used for the demographic data of the patients, and Pearson's chi-square test was used in the comparison of the patient groups.

Results

Forty-two patients were determined for our study. Thirty-two patients who agreed to meet were included in the study. In our study, the average age of women, who were victims of violence, was 31.5 ± 9.148 years, and the average number of individuals living in the family was 3.78 ± 1.699 .

When the average number of children of women who were exposed to violence was examined, the mean value was found to be 2.03 ± 1.75 . When the relationship between the history of repeated violence of wom-

en, who were battery victims, and the first three years of their marriage was compared, it was determined as $p = 0.028$. Upon examining the income levels of the families of women exposed to violence, the rate of families with the income level equal to minimum wage and below was 65.6%, the rate of families with the income level between minimum wage and 5000 Turkish Lira (TL) was 25%, and the rate of families with the income level above 5000 TL was 9.4%. When a history of repeated violence and the income level were evaluated, statistical significance was detected in families with the income level equal to minimum wage and below ($p = 0.020$). When the histories of repeated violence of women, who were victims of violence and whose spouses' educational level was bachelor's degree and associate degree, were compared ($p = 0.471$), although no statistical significance was detected, it was determined that individuals who were high school and secondary school graduates tended to perpetrate violence more to their spouses. The educational level of women was determined to be higher than that of their spouses, but no statistical difference was found ($p > 0.05$). When the history of drinking alcohol of the spouses of women exposed to violence by their husbands and exposure to repeated violence was evaluated, it was not found to be statistically significant ($p > 0.05$). Of the women who had previously experienced violence, 23% applied to the hospital to get medical help. The others did not receive help due to reservations, such as fear of their spouse, financial concerns, and divorce (Table 1).

When the psychiatric illness history of the spouses of women, who were victims of violence, was evaluated, the psychiatric illness history was found in 9% of them. While the rate of employed women was 34.4%, the rate of unemployed women was 65%. It was determined that 87.5% of their spouses were employed and 12.5% were unemployed.

While the repeated violence history was 45.5% in women, who were victims of battery and who worked in a workplace with a regular monthly income, the repeated violence history was found to be 57.1% in women, who were victims of battery, worked in a workplace, but did not have a regular income. When the histories of repeated violence of employed and unemployed women were compared, no statistically significant difference was found between them ($p = 0.398$).

When the histories of women's chronic diseases were examined ($n = 22$), 68.8% had a history of chronic disease.

When the spouses' histories of chronic diseases were examined ($n = 9$), 28.1% had a history of chronic disease. Upon examining the educational level of the women who were victims of violence, it was determined that 21.9% had an associate degree and a bachelor's degree, and 50.1% were primary school graduates and had a lower educational level. The rate of women who were

Table 1: Demographic characteristics of women exposed to violence and their spouses.

Characteristics	Number	Percentage (%)
Educational Level of Women		
Primary education and below	16	50.1
High school	9	28.1
Associate degree and above	7	21.8
Educational Level of the Spouse		
Primary education and below	12	40.6
High school	16	50
Associate degree and above	4	9.4
Employment Status of Women		
Employed	11	34.4
Unemployed	21	65.6
Employment Status of the Spouse		
Employed	28	87.5
Unemployed	4	12.5
Family's Income Level		
Minimum wage (330\$) and below	21	65.6
Between minimum wage and 5000 TL (735\$)	8	25
5000 TL (735\$) and above	3	9.4
Women's Chronic Disease		
There is	22	68.8
There is not	10	31.2
Spouse's Chronic Disease		
There is	9	28.1
There is not	23	71.9
Spouse's Psychological Disease		
There is	3	9.4
There is not	29	90.6
Spouse's Habit		
None	6	18.8
Smoking	17	53.1
Drinking alcohol and smoking	9	28.1
Women's Habit		
None	20	62.5
Smoking	9	28.1
Drinking alcohol and smoking	3	9.4

high school graduates was 28.1%. None of our patients who were victims of violence were pregnant. Of the spouses who perpetrated violence, 81.2% were smoking, and 28.1% were drinking alcohol. When the habits of the women, who were victims of violence, were analyzed, the rates of smoking and drinking alcohol were found to be 37.5% and 9.4%, respectively.

Discussion

The cases of violence against women, which are common in our country and in the world, which are frequently observed in the international and national media, and are both a social problem and a health problem, adversely affect not only the role of women in the family but also their perspective on the whole life. Therefore, women cannot fulfill their roles in the family and society.

The ratio of women who were included in the study but who did not participate in the survey to all women who were victims of violence is 23.8%. The cases of domestic violence are mostly not reported due to reasons such as security concerns, embarrassment, the fear of being exposed to violence again, and the lack of awareness [11]. It can be thought that some women exposed to violence did not want to participate in the survey due to these fears.

The average age of women exposed to physical violence is concentrated in the 3rd decade, and in our study, it was similarly observed in this age range [12]. As the reasons for this, it can be thought that violence usually starts as verbal, economic, or emotional violence in the first years of marriage and then turns into physical violence, and violence can be observed in every age group.

Upon examining the number of children and the number of individuals in the family of women exposed to violence in our study, they were observed to be similar to the numbers in the study conducted by others [12]. According to this result, it is observed that cases of violence also occur in nuclear families. Due to the traditional Turkish family structure in extended families, it can be considered that violence is observed less frequently due to reasons such as fear and respect for the family elders living in a house. The transition of the Turkish family structure from the extended family to the nuclear family structure in the last quarter century may have caused an increase in domestic violence. In violence against women, the results were inversely proportional to the duration of marriage, and the long duration of marriage was indicated as a protective factor. When the relationship between the history of repeated violence of women, who were victims of battery, and the first 3-year period of marriage was compared, violence was determined to occur more in the first 3 years of marriage [13]. The reason for this may be the fact that the first periods of couples' marriage is a process of getting to know each other and adapting to each other, and therefore, it is open to conflict.

The educational level of women exposed to violence is also an important factor. Upon examining the relationship between educational level and violence in our study, it was found that women with low educational level were victims of violence more frequently, but physical violence was observed at every level of educa-

tion. In other studies, a negative correlation was determined between educational level and violence [14,15]. The possible reasons for this situation may originate from the fact that women with low educational level do not have sufficient knowledge of public institutions related to violence, and even if they know them, they are afraid of being uncovered to the society or do not have economic freedom. When the histories of repeated violence of women exposed to violence and having spouses with a bachelor's and associate degree were compared, although no statistically significant difference was revealed, individuals, who were high school graduates and had a lower educational level, tended to perpetrate violence more, which is compatible with the results in the literature [13]. It was determined that the educational status of 21.8% of women exposed to violence was higher compared to their spouses, but it was not statistically significant. In national publications, these rates were found to be higher [16]. The reason for this can be an increase in the literacy rate with the support provided to the education of girls in recent years due to the state policy.

While the history of repeated violence was 45.5% in women who were victims of battery, who worked in a workplace and had a regular monthly income, the history of repeated violence was observed to be 57.1% in women who were victims of battery, worked in a workplace but did not have a regular income. Lower rates of exposure to violence were observed in women who had economic freedom and economic power [14,17].

When the history of repeated violence and income level were evaluated, it was statistically significant in families with the income level equal to minimum wage and below. It is reported that aggression towards women and physical violence can be observed at every socioeconomic level, but the prevalence of violence increases with the decreasing socioeconomic level [17-19].

When the history of psychiatric illness of the spouses of women exposed to violence was investigated, it was determined that 9% had a history of psychiatric illness. It is known that the prevalence of psychiatric illnesses increases in married women. Women are directly exposed to family conflicts and apply to psychiatry outpatient clinics more frequently to seek help in comparison with men [20]. The fact that violence may affect mental health adversely is due to its being a risk factor in preparing the ground for many psychological disorders. When the habits of the spouses perpetrating violence were analyzed, it was observed that the majority of them drank alcohol and/or smoked. When the habits of women exposed to violence were examined, it was observed that they drank alcohol and/or smoked less than their spouses, with smoking being more prevalent. In a study conducted by Fincancı, significant health problems, such as depression, anxiety, psychosomatic symptoms, the loss of self-esteem, suicide attempts,

eating disorders, various gynecological disorders, sexual disorders, smoking, drinking alcohol and substance use, unwanted pregnancy, abortion, and giving birth to low birth weight babies, are observed in women exposed to violence. In a study carried out by Kılıççioğlu, et al. [12], substance addictions, such as smoking, drinking alcohol, or drug use, were found to be above the normal population in partners perpetrating violence [12,21]. Substance use disorder can be thought to form the basis for many psychiatric illnesses and violence.

Conclusion

In the definition of the cases of violence against women, in addition to the treatment, support, and rehabilitation of women who are victims of violence, healthcare professionals have important responsibilities in the prevention of violence in the society and early intervention. Furthermore, it can be thought that increasing the awareness of women of this issue and ensuring their legal security will be more effective in establishing a healthy family base by reducing violence.

Conflict of Interest

None.

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