

DOMESTIC VIOLENCE AGAINST WOMEN IN RELATIONS TO
MARITAL ADJUSTMENT AND PSYCHOLOGICAL WELL-BEING,
WITH THE EFFECTS OF ATTACHMENT,
MARITAL COPING, AND SOCIAL SUPPORT

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ABSTRACT

**DOMESTIC VIOLENCE AGAINST WOMEN IN RELATIONS TO
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This study was designed to examine the relationships of multiple types of domestic victimization (i.e., physical, psychological, sexual, and economic violence) to women's marital adjustment and psychological well-being, together with their socio-demographic characteristics and attachment, marital coping, and social support aspects. Altogether 524 married women provided data on domestic violence (Revised Conflict Tactics Scale), economic violence (Economic Violence Index), attachment (couples version of Experiences in Close Relationships-Revised), marital coping (Marital Coping Inventory), social support (Social Support Index), dyadic adjustment (Dyadic Adjustment Scale), psychological well-being (Brief Symptom Inventory), as well as demographic information. Results appeared to indicate a general tendency

that women who have arranged marriages, more children, low education, low educated husbands, no or low income, and/or women who have more income compared to their husbands report higher levels of multiple types of domestic violence. Furthermore, the findings indicated that multiple types of domestic violence account for significant variances in marital adjustment and psychological well-being of married women, even after controlling for their attachment dimensions, marital coping strategies, and social support from different support groups. The findings were discussed in accordance with the relevant literature, and their implications for clinical practices and future studies were suggested.

Keywords: Domestic Violence, Marital Adjustment, Psychological Well-being, Attachment, Coping and Social Support

ÖZ

KADINA YÖNELİK AİLE İÇİNDE ŞİDDETİN BAĞLANMA, EVLİLİKTE BAŞA ÇIKMA VE SOSYAL DESTEĞİN ETKİLERİ İLE BİRLİKTE EVLİLİK UYUMU VE PSİKOLOJİK DURUMLAR İLE İLİŞKİLERİ

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Bu alıřma kadınların aile içinde maruz kaldıkları řiddetin farklı türlerinin (fiziksel, psikolojik, cinsel ve ekonomik řiddet) evlilik uyumları ve psikolojik durumları ile ilişkilerini incelemek üzere tasarlanmıřtır. alıřma bu ilişkileri kadınların sosyo-demografik bilgileri ve bağlanma, evlilikte başa çıkma ve sosyal destek özellikleri ile birlikte ele almıřtır. Toplam 524 evli kadından aile içi řiddet (atıřmaların özümüne Yaklařım Öleđi), ekonomik řiddet (Ekonomik řiddet Endeksi), bağlanma (Yakın İliřkilerde Yařantılar Envanteri-2'nin eşler versiyonu), evlilikte kullanılan başa çıkma yolları (Evlilikte Başa çıkma Yolları Öleđi), sosyal destek (Sosyal Destek Endeksi), evlilik uyumu (ift Uyum Öleđi), psikolojik durum (Kısa Semptom Envanteri) ile demografik bilgi verileri elde edilmiřtir. Sonuçlar görücü

usulü evlenen, çok çocuklu, eğitim seviyesi düşük, eşinin eğitim seviyesi düşük, geliri olmayan veya az geliri olan ve/ya geliri eşininkine kıyasla daha yüksek olan kadınların çeşitli şiddet türlerinde daha yüksek seviyelerde şiddet bildirdiklerine dair genel bir eğilim göstermiştir. Ayrıca sonuçlar aile içinde maruz kalınan şiddet türlerinin, bağlanma, evlilikte başa çıkma ve sosyal destek özellikleri kontrol edildikten sonra dahi, kadınların evlilik uyumlarındaki ve psikolojik durumlarındaki varyansların anlamlı kısımlarını açıkladığını ortaya koymuştur. Araştırma bulguları ilgili literatür doğrultusunda tartışılmış ve klinik uygulamalar ile ileride yapılabilecek çalışmalar bağlamında önerilerde bulunulmuştur.

Anahtar kelimeler: Aile İçi Şiddet, Evlilik Uyumu, Psikolojik Durum, Bağlanma, Başa Çıkma ve Sosyal Destek

Dedicated to my dearest mom and dad,
& my lovely husband...

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CHAPTER 1

INTRODUCTION

Domestic violence against women is a violation of women's human rights beyond geographical, cultural, religious, social, and economic conditions. It is a common problem experienced by women all around the world to varying degrees and types. As an important public health concern, it has strong social, cultural, and psychological basis, and has devastating physical, emotional, social, and financial effects. Despite direct effects on women, it also affects women's children, families, and the society as a whole. Accordingly, domestic violence against women needs multidisciplinary approach to have a better understanding of its types, correlates, causes, and consequences.

From psychology perspective, domestic violence not only affects marital quality, but also gives great harm on psychological well-being of women. This study was conducted to enrich domestic violence literature from this point of view. The study reviewed domestic violence literature in terms of marital and individual psychological outcomes, and provided further empirical information and suggestions for clinical practice. Altogether, the primary aim was to make a contribution to the efforts to combat domestic violence against women.

1.1 Background Information

Even the most satisfied couples experience problems in their marital relationships. Couples may respond to these relationship problems using a number of

behaviors, ranging from calm discussion to severe physical aggression (Frye, 2006). It would be ideal if all couples use calm discussion, nevertheless nationally and internationally representative surveys, and relevant empirical studies demonstrated high prevalence rates for domestic violence.

Domestic violence against women has received increased attention from academic, clinical, and research communities. Studies in the field revealed high incidence of spousal assault, and reported domestic violent acts among the most frequently committed crimes (Avis, 1992). As one of the most pressing societal problems today (APA, 2002), domestic violence against women represents a serious violation of women's human rights. It is an important cause of injury, and a risk factor for many physical and psychological health problems among women (Watts & Zimmerman, 2002).

Researches in the field generally labeled domestic violence against women as male violence against women, family violence, intimate partner violence, intimate partner abuse, domestic abuse, spousal abuse, wife abuse, and the like. In many other studies, the term included violence against women and girls by intimate partners, including cohabiting partners, and by other family members (e.g., UNICEF, 2000). Nevertheless, at the international and national levels, the most commonly cited term was "domestic violence against women" from reputable organizations and numerous academicians (e.g., UNICEF, 2000; WHO, 2005; Turkish Republic, Prime Ministry, Directorate General on the Status of Women, 2009).

Various labeling and corresponding definitions raise the necessity to select and define the term for the purpose of the study. For the current study, the term "domestic violence against women" was used to refer violence against women by

their husbands. Nonetheless, throughout the current study, violence, aggression, abuse, battering, and many similar terms were reviewed in order to cover all the harmful physical, psychological, sexual, and economic behavior patterns from husbands to wives. While appreciating the fact that other forms of violence and different perpetration-victimization types are also worthy of attention, this study primarily focused domestic violence in the home, the place where women should be safest (UNICEF, 2000).

Domestic violence is a kind of violence against women (UNICEF, 2000; APA, 2002; Altmay & Arat, 2007). United Nations Declaration on the Elimination of Violence against Women adopted by the United Nations General Assembly (UN, 1993) defined violence against women as a gender-based violence that results in, or is likely to result in physical, sexual or physiological harm or suffering to women, occurring in public or in private life. As for the Declaration, violence against women includes the threats of such acts, as well as coercion or arbitrary deprivation of liberty. Moreover, United Nations stated the mistreatment of women and girls as one of the top three global problems hindering development (UN, 1993).

In specific, domestic violence was defined as the abusive behaviors that include a wide range of physical, sexual, and psychological maltreatment used by one partner in an intimate relationship against the other. These behaviors are acted in order to gain power unfairly or maintain that person's misuse of power, control, and authority (Walker, 1999). From a similar viewpoint, as for American Psychological Association (APA, 2002) domestic violence includes physical, sexual, psychological abuse, and stalking committed by one partner against the other in a relationship. Considerable number of studies suggested that all the forms of domestic violence are

related to each other and they generally co-occur in women who reported violence (Walker, 1999; UNICEF, 2000; APA, 2002; Basile et al., 2004; WHO, 2005; Sevenson, Postmus, & Berry, 2009).

As defined by American Psychological Association (APA, 2002) physical acts range from slaps to killing of women. These acts include pushing, shoving, hitting, punching, kicking, choking, assaulting with a weapon, tying down or restraining, leaving the person in a dangerous place, and refusing to help when the person is sick or injured. Besides, sexual acts reflect a continuum from forcible rape to nonphysical forms of pressure that compel individuals to engage in sex against their will. They contain sexual degradation, intentionally hurting someone during sex, assaults upon the genitals, including use of objects intravaginally, orally, or anally, pursuing sex when someone is not fully conscious or afraid to say no, and coercing an individual to have sex without protection against pregnancy or sexually transmitted diseases. In addition, psychological acts include degradation, humiliation, intimidation and threats of harm; intense criticizing, insulting, ridiculing, and name calling that have the effect of making a person believe they are not worthwhile, and keep them under the control of the abuser; verbal threats of abuse, and harm; physical and social isolation that separates someone from social support networks; extreme jealousy and possessiveness, accusations of infidelity, repeated threats of abandonment, divorce, or initiating an affair if the individual fails to comply with the abuser's wishes; and monitoring movements (American Medical Association, 1992; cited in APA, 2002). Finally, economic acts refer to economic restrictions, such as preventing a woman from working or confiscating her earnings (Watts & Zimmerman, 2002). These acts contain denial of funds, refusal to

contribute financially, denial of food and basic needs, and controlling access to health care, employment, and so forth (UNICEF, 2000).

For all the types, the single most important risk marker of domestic victimization is simply being a woman (Walker, 2000). Despite the fact that both men and women report domestic victimization, the problem is more prevalent and frequent among women than men, and the differences between women's and men's rates of victimization become greater as the severity of assault increases (Stets & Straus, 1990). In a study (Cho & Wilke, 2010) examining gender differences in victimization, by comparing the nature of male victimization to female victimization, results showed that men are victimized less frequently than women, and receive fewer injuries. Based on their findings, the researchers suggested that intimate partner violence is predominantly male violence. In a similar manner, Holtzworth-Munroe and colleagues (1998) found that husband-to-wife violence has more negative outcomes, including physical injury and psychological consequences like depression, than wife-to-husband violence. Women victims of domestic violence are significantly more likely to sustain injury, receive medical care, be hospitalized, receive counseling, and lose time from work than men (Tjaden & Thoennes, 2000). Correspondingly, UNICEF (2000) declared domestic violence as the most prevalent, but relatively hidden and ignored form of violence against women and girls. According to UNICEF, domestic violence is generally perpetrated by men who are, or who had been, in the positions of trust, intimacy and power for the women.

International, national, and regional studies revealed that domestic violence is a global women's human rights problem that is prevalent in all the societies across regional, ethnic, racial, and class groups. According to WHO's

(2005) comprehensive report on domestic violence, in different regions of the world, the range of lifetime prevalence of physical or sexual violence, or both, by an intimate partner was 15% to 71%, with estimates in most sites ranging from 30% to 60%. As for emotional abuse and controlling acts, across all countries, between 20% and 75% of women experienced one or more of these acts, most within the past twelve months.

Furthermore, according to the results of the most comprehensive national research on domestic violence against women released by Turkish Republic, Prime Ministry, Directorate General on the Status of Women (2009), domestic violence against women is a widespread problem in Turkey, as well. While the prevalence of physical and/or sexual violence experienced by married women was 42% nationwide, it varied between 26% and 57% across the regions. Moreover, emotional violence reported by women was 44%. The percentage was 69% when the acts of behaviors that control women's daily activities were considered as emotional abuse. Finally, reported economic violence acts like preventing women from working or causing women to quit the job were 23%. The research also revealed that domestic violence has direct and indirect negative effects on physical and/or mental health of women in Turkey. Regardless of residence and background characteristics, women who had violence history reported negative physical and/or mental health problems two or three times more than women who had no violence history.

In addition to these, in a recent regional study (Akar et al., 2010) conducted in Ankara, the capital city of Turkey, 77.9% of women reported that they were exposed to at least one of the types of domestic violence during their lifetime. The most reported type of violence was economic violence (i.e., 60.4%). The

prevalence of controlling behaviors, emotional violence, physical, and sexual violence were reported as 59.6%, 39.7%, 29.9%, and 31.3%, respectively.

Domestic violence against women is a complex problem. There is no single definite factor to account for it (Harway & O'Neil, 1999; UNICEF, 2000; APA, 2002). Thus, to study the subject with its multiple factors by multivariate approaches is highly suggested (Koss et al., 1994; APA, 1996, cited in APA, 2002). Several researchers referred the causes of domestic violence to social, cultural, relational, biological, and psychological factors, and their interrelations (Dutton, 1985; Harway & O'Neil, 1999; Walker, 1999; APA, 2002; Watts & Zimmerman, 2002). According to UNICEF (2000), numerous complex and connected social and cultural factors lead women to be the victims. Such factors include socio-economic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, and legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status. These factors are the manifestations of historically unequal power relations between men and women.

When the causes and risk factors of domestic violence against women are considered for Turkey, a similar frame is obtained. As discussed above, domestic violence against women is a kind of gender-based violence, and it mainly occurs in a specific context of patriarchy where controls of women are tolerated (Dobash & Dobash, 1979; Stacey, 1993; Anderson, 1997; Walker, 1999). The social context of families in Turkey is generally gender stereotyped and male dominated (Hortaçsu, 2007). Based on gender stereotypes and patriarchal values, husbands are expected to act in accordance with their powerful positions, and even behave violently to

maintain that (Hortaçsu, Kalaycıoğlu, & Rittersberger-Tılıç, 2003). Cultural values in Turkey place the primary responsibility on women for keeping the family together. Hence, women are expected to endure, sacrifice, and suffer silently in order to keep their families together. From a similar standpoint, according to World Organization against Torture's Report on Violence against Women in Turkey, the unequal gender power relations created by discrimination in education, employment, and in political life render women vulnerable to violence, both in domestic and the community spheres in Turkey (OMCT, 2003).

Several studies identified a number of risk factors associated with women's domestic victimization. What is more, these studies introduced numerous demographic characteristics of the victims and/or their perpetrators that increase the likelihood of negative outcomes for the victims (Few & Rosen, 2005). These socio-demographic associates included being less educated (Kocacık & Doğan, 2006; Altınay & Arat, 2007; Özçakır et al., 2008; Akar et al., 2010), having less educated husband (Kyriacou et al., 1999; Torres & Han, 2003; Akar et al., 2010), having low income (Altınay & Arat, 2007; Oyunbileg et al., 2009; Akar et al., 2010), being unemployed/being economically dependent (DeMaris et al., 2003; Bornstein, 2006; Kocacık & Doğan, 2006; Altınay & Arat, 2007; Bostock, Plumpton, & Pratt, 2009; Oyunbileg et al., 2009), having unemployed husband (Kyriacou et al., 1999), having low income husband (Torres & Han, 2003), being younger (Lawrence & Bradbury, 2001; Kocacık & Doğan, 2006; Bostock, Plumpton, & Pratt, 2009), having less years of marriage (DeMaris et al., 2003), having (more) children (DeMaris et al., 2003; Özçakır et al., 2008; Bostock, Plumpton, & Pratt, 2009), living with more people in the house (Akar et al., 2010), being in the first marriage (DeMaris et al.,

2003), living in a rented or shared house (Oyunbileg et al., 2009), and living in an economically disadvantaged neighborhood (DeMaris et al., 2003).

Efforts to identify causes, correlates, and risk factors of domestic violence have been studied from different perspectives. For instance, social learning perspective pointed family of origin as a natural place to look for precursors to adult aggression. According to this view, individuals who experience violence in the family of origin are more likely to experience violence in their couple relationships both as victims and as perpetrators. Such an experience leads them to learn and normalize violence, thereby make them more likely to be the perpetrators and/or victims of domestic violence in adulthood (Busby, Holman, & Walker, 2008). From a different viewpoint, feminist perspective claimed that domestic violence is ultimately rooted in gender and power (Dobash & Dobash, 1979; Anderson, 1997; Walker, 1999). Thus, domestic violence is suggested as a representation of men's active attempts to maintain dominance and control over women. According to another approach, resource theory, external resources such as income, education, and status impact upon power (Anderson, 1997). This theory posited that individuals who lack other means of power, such as income and education status, are more likely to rely on violence for compensation. Taken together, these theoretical disputes were indicated to stem from different methodological approaches to the study of domestic violence (Johnson, 1995; cited in Anderson, 1997).

Domestic violence against women results in lifelong physical and psychological health consequences for the victims, and it affects their interpersonal, social, and economic functioning (APA, 2002). Accordingly, a large body of research empirically evaluated the impact of domestic violence on women's marital

and individual psychological outcomes (Testa & Leonard, 2001). They concluded that experiences of domestic violence have negative consequences for both women's marital functioning and psychological well-being.

Low levels of marital adjustment was suggested as one of the most frequently examined associate of violence in intimate relationships (Stith et al. 2008). In their meta-analysis, Stith and colleagues reviewed numerous relevant work, and clearly displayed the significant negative relationship between domestic violence and marital adjustment. The researchers called the attention to an important issue in this link. That is, it is not possible to know whether low marital satisfaction leads to domestic violence, or whether low satisfaction results from experiencing or perpetrating violence. Nevertheless, decreased marital satisfaction and increased marital conflict are positively associated with domestic violence.

Domestic violence is related to many psychological outcomes in women's lives (Golding, 1999). In a meta-analysis study on women victims of domestic violence, Golding (1999) reported the rates of mental health problems that generally exceeded the rates found in general populations. Across studies, the weighted mean prevalence was 63.8% for post-traumatic stress disorder (PTSD), 47.6% for depression, 17.9% for suicidality, 18.5% for alcohol abuse or dependence, and 8.9% for drug abuse or dependence. Across some other studies, men perpetrated domestic violence was associated with significant psychological health consequences for women victims, both among help-seeking samples and among community samples (Basile et al., 2004; Pico-Alfonso et al., 2006; Dorathy, Lewis, & Wolfe, 2007).

Similarly, according to World Health Organization's (WHO, 2005) multi-country study on women's health and domestic violence against women, in all the countries across the world, women who had ever experienced domestic violence were significantly more likely to report poor physical and mental health than women who had never experienced domestic violence. In addition to that, victimized women were more likely to report higher levels of emotional distress, and were more likely to have thoughts of suicide and have attempted suicide than women who had never experienced domestic violence. As clearly described by WHO, cross-sectional surveys cannot distinguish whether psychological disorders or violence happened first, and cannot reach conclusions concerning causality. Even so, there exist strong associations between domestic violence and psychological symptoms. Depression, fear, anxiety, low self-esteem, sexual dysfunction, panic attacks, sleeping disturbances, eating problems, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD) are among the most reported mental health outcomes (UNICEF, 2000; WHO, 2005).

Despite the high risk, not all women who are victims of domestic violence develop marital and individual psychological problems, or suffer from domestic violence equally the same way with each other. According to Bowman (1997), individual differences in response to traumatic events may be more important than the severity of the event itself in predicting trauma symptoms. Thus, several factors associated with women may influence the relationship of domestic violence against them to their individual and marital functioning. These factors may include their attachment, marital coping, and social support aspects, as well as socio-demographic characteristics.

The ways in which adults think, feel, and interact in the context of their romantic relationships vary with their attachment (Meyers & Landsberger, 2002). Derived from attachment theory developed by Bowlby (1973; 1979), attachment was defined as the strong, affectional tie that people feel for special others in their lives (Berk, 2000). Attachment theory was originally referred to the relationships between infants and their primary caregivers, and how these relationships affect infants' self-concept and view of the social world (Bowlby 1979; Collins & Read, 1990). Adult romantic relationships were viewed as the affective bonds comparable to that seen between infants and their caregivers (Hazan & Shaver, 1987).

Attachment theory claimed that infants develop internal models, beliefs, and expectations about whether or not the caregiver is someone who is caring and responsive, and whether or not the self is worthy of care and attention. In response to separations and reunions with their caregivers, infants may be (1) secure, (2) anxious/avoidant, or (3) anxious/resistant (Bowlby, 1988). Hazan and Shaver (1987) applied the theory to adults, and defined attachment in adult romantic relationships as (1) secure, (2) avoidant, and (3) anxious/ambivalent. Accordingly, the theoreticians suggested that secure individuals' relationships are mostly positive and trusting. They are likely to feel worthy of love, and believe that they can have caring relationships. Their relationships are generally longer and more stable. Avoidant individuals are characterized by fear of intimacy, where anxious/ambivalent individuals are obsessed with desire for reciprocation and union. Avoidant and anxious/ambivalent groups are insecure, and they are likely to have more negative experiences and emotions associated with their romantic relationships than the secure group (Hazan & Shaver, 1987; Brennan & Shaver 1995).

Later on, Bartholomew and Horowitz (1991) extended the attachment theory to adult romantic relationships. They developed a four-category model composed of (1) secure, (2) dismissive (i.e., avoidant), (3) preoccupied (i.e., anxious), and (4) fearful (i.e., mixture of anxious and avoidant) attachment. The theoreticians' model is based on two main attachment dimensions, namely (1) anxiety and (2) avoidance (Brennan, Clark, & Shaver, 1998). That is, individuals who are low both on avoidance and anxiety dimensions are classified as secure, high both on avoidance and anxiety dimensions as fearful, high on avoidance dimension but low on anxiety dimension as dismissing, and high on anxiety dimension but low on avoidance dimension as preoccupied. The anxiety toward separation and abandonment dimension represents the level of fear of relational rejection and abandonment, combined with lack of a sense of self-worth. The avoidance of close relationships dimension represents the degree of emotional suppression, self-reliance, and discomfort with closeness and interdependence a person experiences, based on expectations that the partner will be unavailable and unsupportive.

After these early works, attachment within the context of adult romantic relationships caught the attention of many researchers. Numerous studies examined the links between attachment and marital adjustment/satisfaction, and came up with significant relationships (Kobak & Hazan, 1991; Senchak & Leonard, 1992; Brennan & Shaver, 1995; Volling, Notaro, & Larsen, 1998). In common, all these studies demonstrated positive correlations between secure attachment and marital adjustment, and inverse associations between insecure attachment and marital adjustment for both wives and husbands.

Moreover, a considerable number of researches yielded significant associations between attachment and psychological well-being (Collins & Read, 1990; Bartholomew & Horowitz, 1991; Volling, Notaro, & Larsen, 1998). Accordingly, secure attachment was suggested to be an inner resource associated with effective coping and greater psychological well-being. On the other hand, insecure attachments were claimed to place adults at higher risk for maladaptive coping and psychological distress (Mikulincer & Florian, 1998). Accordingly, in numerous studies, anxiety, avoidance, and/or insecurity were found to be related to depression and/or anxiety (Carnelley, Pietromonaco, & Jaffe, 1994; Scott & Cordova, 2002; Besser & Priel, 2005; Lemmens et al., 2007).

In the relevant literature, studies yielded significant associations between attachment security and domestic violence, as well (Babcock et al., 2000; Higginbotham et al., 2007). Other researches revealed similar relationships between two dimensions of attachment (i.e., anxiety and avoidance) and domestic violence (Godbout et al., 2009). In these studies, as a general tendency, insecure women were more likely to report domestic violence than secure women (Babcock et al., 2000; Higginbotham et al., 2007). Likewise, women partners of violent men were more likely to have insecure attachment (Kesner & McKenry, 1998), and these insecure women reported more difficulty in leaving their violent relationships (Shurman & Rodriguez, 2006; Loubat, Ponce, & Salas, 2007).

As reviewed above, both theory and research revealed attachment as an important variable related to both psychological problems and marital distress (Hazan & Shaver, 1987; Carnelley, Pietromonaco, & Jaffe, 1994; Heene, Buysse, & Van Oost, 2005). Aside from attachment, another factor that is linked with domestic

violence and its related marital and individual psychological outcomes may appear as marital coping.

Coping was defined as individuals' cognitive and behavioral efforts to control, reduce, or learn to tolerate negative or stressful events (Feldman, 1997). Likewise, coping strategies were indicated as the factors that mediate the relationships between stress and adjustment, health, and well-being (Lazarus, 1993; Lazarus & Folkman, 1984). As suggested by Folkman and Lazarus (1980), coping strategies include a broad diversity of cognitive and behavioral efforts used to manage the demands of taxing situations which exceed the resources of the individuals.

In the literature, studies widely focused on general coping strategies people use when they encounter with stressful life events (e.g., Folkman & Lazarus, 1984; 1988). Considering the gap, Bowman (1990) proposed specific marital coping strategies that are used by spouses in dealing with recurring marital problems. These marital coping strategies were suggested to include conflict, introspective self-blame, self-interest, avoidance, and positive approach dimensions. Empirical evidence yielded that among these strategies, only positive approach was associated with happy marriages, and reflected the efforts to improve the emotional quality of the marriages. The rest of the strategies were associated with unhappy marriages.

The severity and persistence of consequences of victimization depend both the degree of harm done by the perpetrator, and the coping resources of the victim (Löbmann et al., 2003). Empirical research showed that maladaptive coping patterns were associated with higher levels of depression and anxiety symptoms, and greater levels of parenting stress among women who suffered from domestic

violence (Mitchell et al., 2006). Likewise, avoidance coping was proved to have associations with depression and PTSD symptoms among victimized women (Mitchell & Hodson, 1983; Valentiner et al., 1996; Clements & Sawhney, 2000; Krause et al., 2008). Yet, many researchers (Waldrop & Resick, 2004; Calvete, Corral, & Estevez, 2008) argued that coping responses are influenced by violence itself, and underline the dysfunctional nature of coping among the victims.

Like attachment and coping strategies, social support may be a factor that is related to marital and individual psychological outcomes following domestic violence. Social support was defined as the belief that one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations (Cobb, 1976). It was indicated as a critical resource to inhibit the negative psychological effects of stressful life events (Gottlieb, 1994; Cohen & Wills, 1985). Inevitably, with its deleterious outcomes, domestic violence against women may account for such a stressful negative life event.

Social support contributes to individuals' general well-being and life satisfaction (Gottlieb, 1994). Thus, individuals who believe they receive social support have lower risk for physical and/or psychological problems than individuals who believe they do not receive enough support. Barrera (1986) argued that how an individual evaluates support network is as important as the actual support received by the others. Accordingly, social support consists of one's cognitions about the availability of support, as well as the satisfaction with the supportive relationships.

As for House (1981) social support either directly promotes psychological well-being, or buffers the adverse effects of the stressors. Family members, particularly the spouse, serve as the most important sources of social

support, and account for most of the association between social support and adaptation (House, 1981). On account of that, numerous studies documented positive associations between levels of spousal support and marital adjustment (Acitelli & Antonucci, 1994), and negative associations between spousal support and marital distress (McGonagle, Kessler, & Schilling, 1992; Pina & Bengston, 1993).

Nevertheless, when spousal support is perceived as deficient, extramarital support from extended family members and friends also play an important role in one's life (Meyers & Landsberger, 2002). From this point of view, Julien and Markman (1991) suggested that levels of marital distress were inversely related to the extent to which individuals relied on friends and family members for companionship and support.

Furthermore, social support was examined in terms of its role on severe stressors. Domestic violence against women, which leads women to suffer from marital and psychological problems, was covered with this aspect. The studies in the field generally examined the role of social support in explaining or buffering negative psychological consequences of domestic violence (Thompson et al., 2000; Carlson, McNutt, Choi, & Rose, 2002; Beeble et al., 2009). Among these studies, Beeble and colleagues' (2009) work yielded that women survivors of partner violence with higher social support has higher quality of life and lower depression, and greater improvement in depression over time. In another study (Thompson et al., 2000), social support mediated the relationship between abuse and distress, indicating that women who experienced higher levels of partner violence has lower levels of social support, and this in turn lead to higher levels of negative psychological effects.

On the whole, the prevalence and severity of domestic violence against women increased the attempts to identify and understand the problem from several aspects. The above review and discussion demonstrated the links among domestic violence and women's psychological well-being, as well as marital adjustment. The contradicting empirical studies raised the necessity to further investigate and control the factors that influence these associations. Accordingly, examining the unique roles of attachment, marital coping, social support together with some socio-demographic characteristics of the victims and/or the perpetrators would contribute a great deal in determining the nature of the associations. Altogether, understanding the roles of these factors would be essential to assess, prevent, and intervene in relationships characterized by domestic violence.

1.2 Aims of the Study

In the light of the literature presented above, the purpose of the study was to examine the relationships among domestic violence dimensions (i.e., psychological violence, physical violence, injury, sexual violence, and economic violence), attachment dimensions (i.e., anxiety and avoidance), marital coping strategies (i.e., conflict, introspective self-blame, positive approach, self-interest, and avoidance), social support from different support groups (i.e., from husband, family-relatives, husband's family-relatives, and friends-neighbors), related socio-demographic characteristics, and marital and individual psychological outcomes of married women. With such a comprehensive study, it was expected to cover a significant variation in marital adjustment and psychological well-being as a function of different types of domestic victimization, even after controlling for attachment,

marital coping, and social support aspects, as well as some socio-demographic characteristics.

Basically, the study aimed to investigate the associates of marital adjustment and psychological well-being of married women. In order to address that, the study tested whether domestic violence dimensions were associated with marital adjustment of women, while hierarchically controlling for the effects of their related demographic information, their attachment dimensions, their use of different marital coping strategies, and their social support from different support groups. Likewise, the study aimed to determine the associates of psychological well-being. In order to analyse psychological well-being of women, their total scores of psychological symptoms were considered. Accordingly, whether domestic violence dimensions were associated with psychological symptoms of women, while controlling for the effects of the same variables mentioned for marital adjustment, were investigated. Furthermore, the study proposed to examine the relationship between marital adjustment and psychological well-being. The relationships among multiple types of domestic victimization were also investigated.

In addition to these, the study aimed to cover the differences of demographic variables for the main measures of the study. Initially, possible differences of demographic characteristics (i.e., age, husband's age, length of marriage, number of child(ren), number of marriage, husband's number of marriage, marriage style, others living in the house, education level, husband's education level, employment status, husband's employment status, income, husband's income, and income compatibility) on domestic violence dimensions of women were analysed. Next, differences of demographic characteristics related with marriage (i.e., age,

husband's age, length of marriage, number of child(ren), number of marriage, husband's number of marriage, marriage style, and others living in the house) on women's marital adjustment were examined. Lastly, differences of demographic characteristics directly related with women (i.e., age, length of marriage, number of child(ren), marriage style, others living in the house, education level, employment status, and income) on their psychological symptoms, accordingly on their psychological well-being were investigated.

Finally, possible differences of attachment security dimensions (i.e., secure and insecure) on the main measures of the study were addressed. In particular, the study examined how attachment security dimensions of women differentiated on their domestic violence dimensions. Likewise, the study analysed how attachment security dimensions of women differentiated on their marital adjustment and psychological well-being.

Taken together, the specific aims of the study were as follows:

(1) To investigate whether domestic violence dimensions predict (a) marital adjustment and (b) psychological well-being of women, above and beyond the effects of related demographic variables, attachment dimensions, marital coping strategies, and social support from different support groups.

(2) To address the relationship between marital adjustment and psychological well-being.

(3) To examine the relationships among multiple types of domestic violence.

(4) To determine how related demographic characteristics of women and their husbands differentiate on (a) domestic violence dimensions, (b) marital adjustment, and (c) psychological well-being.

(5) To analyse whether attachment security dimensions of women differentiate on (a) domestic violence dimensions, (b) marital adjustment, and (c) psychological well-being.

1.3 Significance of the Study

Domestic violence against women is an important women's human rights concern that has overwhelming impacts on victims, families, and the society. Hence, it is vital to improve the awareness of the problem. Understanding the problem, so that developing assessments, preventions, and interventions are means to combat domestic violence.

While most of the literature agreed that marital adjustment and psychological well-being have significant associations with different types of domestic violence against women, it remained unclear what contributed to the variability across the studies. With respect to that discrepancy, the current study aimed to clarify how these constructs relate to each other, together with several important variables (i.e., attachment dimensions, marital coping strategies, social support from different support groups, and related socio-demographic characteristics of women and their husbands) with the potential to influence these associations.

Furthermore, the study examined the critical socio-demographic variables to determine the characteristics of victims and/or their perpetrators who are at risk to be victimized by domestic violence. Information on the correlates and

predictors of domestic violence is essential for both assessment and planning of interventions to reduce risk of future occurrences of domestic violence (LaTaillade, Epstein, & Werlinich, 2006).

It is important to note that the extensive literature on domestic violence did not provide a single clear indicator, or even a set of indicators that would identify individuals who are perpetrators or victims (Riggs, Caulfield, & Street, 2000). Thus, although the current research aimed to cover a significant variation with the hypothesized predictors, it was acknowledged that domestic violence can only be determined by social, cultural, relational, biological, and psychological factors, and their interrelations.

Much of the understanding about domestic violence were based on samples of women such as those residing in battered women's shelters, and those contacting outpatient physical and/or mental health clinics for services. On the other hand, the conclusions from these studies are limited in generalizability. They are likely to report, and make aware of only the most extreme cases (Helgeson, 2005). What is more, clinical and shelter samples are different from those women who did not seek help. These samples are typically not living with the perpetrator at the time of assessment, further limiting the generalizability of the findings to women living with the perpetrators (Riggs, Caulfield, & Street, 2000). There is little doubt about the severe impacts observed among clinical and shelter samples. Nevertheless, due to its prevalence in nationally and internationally representative surveys cited above, the significance of domestic violence among women in community samples need equal attention. Population based studies, like the current study, enable all women's experiences of violence in the home visible.

Examining domestic violence against women sensitively, from various aspects with such a relatively diverse sample, this study would hopefully clarify the inconsistencies across the studies and fill the research gaps. Above all, as its primary aim, the study would hopefully contribute to combat domestic violence against women in its unique way.

CHAPTER 2

LITERATURE REVIEW

This chapter introduces a detailed review of the literature about the interest area of the study. The first section reviews domestic violence against women from a wide range of aspects. The second section focuses on marital adjustment and marital outcomes, and the third section addresses psychological well-being and psychological outcomes of domestic violence. Then, the next section examines attachment from several points, particularly within domestic violence literature. Following two sections review marital coping and social support with their relations to marital and individual psychological outcomes, and their roles on domestic violence against women. Finally, the last section presents the connection between the reviewed literature and aims of the study.

2.1 Domestic Violence against Women

Domestic violence is one of the most pervasive of human rights violations, denying women and girls' equality, security, dignity, self-worth, and right to enjoy fundamental freedoms (UNICEF, 2000). As declared by United Nations Children's Fund (UNICEF) it is a health, legal, economic, educational, developmental, and above all, a human rights issue. It is presented in every country, beyond the boundaries of class, ethnicity, education, income, and age. Accordingly, different disciplines (e.g., health, justice, and education), from varying stakeholders

(e.g., the government, international organizations, nongovernmental organizations, private sector, media, and academia) handled the issue from their own perspectives.

From psychology perspective, it would be essential to examine domestic violence along with its multiple forms. Defining the term and its types, as well as presenting their prevalence and severity may display the problem more clearly. A better understanding of the phenomena may be provided by focusing domestic violence in terms of gender differences together with different psychological approaches, causes, psychological consequences, and socio-demographic risk factors at the international, national, and regional levels.

2.1.1 Definition and Types of Domestic Violence

There is no universally accepted definition and labeling of domestic violence against women. In the relevant literature, there exist many labeling and corresponding definitions of the term. Most commonly used ones are intimate partner violence, family violence, wife abuse, intimate partner aggression, spouse abuse, violence in close relationships, women in violent relationships, wife assault, women battering, and the like. This inconsistency raises the need to develop specific operational definitions, so that research and monitoring can become more specific, and have greater cross-cultural applicability (UNICEF, 2000). For this reason, international organizations, as well as academicians in the field specifically defined domestic violence and stated the scope of the term together with its multiple types.

Before proceeding with domestic violence, violence against women as an all-encompassing term needs to be covered. The United Nations Declaration on the

Elimination of Violence against Women adopted by the United Nations General Assembly in 1993, defined violence against women as

“any act of gender-based violence that results in, or is likely to result in physical, sexual or physiological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

In the same manner, American Psychological Association Task Force on Male Violence against Women defined violence as (Koss et al., 1994; cited in APA, 2002)

“physical, visual, verbal, or sexual acts that are experienced by a woman or a girl as threat, invasion, or assault and have the effect of hurting her or degrading her and/or taking away her ability to control contact (intimate or otherwise) with another individual.”

Besides defining the problem, United Nations identified the mistreatment of women and girls as one of the top three global problems hindering development, and stated that (UN, 1993)

“Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women...”

Taken together, the statements cited above define violence as acts that cause or have the potential to cause harm, and points that these acts are rooted in gender inequality. As for Watts and Zimmerman (2002), the focus on women does not deny the fact that men experience violence, as well. Violence directed against

men occurs in different domains, and has different causes and consequences. World Health Organization (WHO) defined specific major causes for male morbidity and mortality, as war, gang and street violence and so forth (cited in Watts & Zimmerman, 2002). As violence against men differs in etiology and response strategies, it warrants separate consideration.

Violence perpetrated against women involves an array of abuses targeted at women and girls. The most common and most severe forms include domestic violence, rape, sexual coercion, forced sexual initiation, sexual abuse of girls, trafficking, forced prostitution, exploitation of labor, and debt bondage, violence against prostitutes, rape in war, sex-selective abortion, female infanticide, and deliberate neglect of girls. In such diverse forms, many potential perpetrators play direct or indirect roles in order to serve the gender inequality and unequal balance of power. These perpetrators include spouses and partners, parents, other family members, neighbors, teachers, employers, policemen, soldiers, and other state employees (Watts & Zimmerman, 2002).

Domestic violence, a specific form of violence against women, was defined by Walker (1999) as

“a pattern of abusive behaviors including a wide range of physical, sexual, and, psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person’s misuse of power, control, and authority.”

Similarly, according to UNICEF’s Innocenti Digest on Domestic Violence against Women and Girls (2000), domestic violence is manifested through physical, sexual, psychological, and economical abuse. UNICEF clarified different

forms of domestic violence by proving examples of relevant acts and behaviors, which are listed below:

“(1) Physical abuse such as slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder. It also includes traditional practices harmful to women such as female genital mutilation and wife inheritance (the practice of passing a widow, and her property, to her dead husband’s brother).

(2) Sexual abuse such as coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others.

(3) Psychological abuse which includes behavior that is intended to intimidate and persecute, and takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation.

(4) Economic abuse includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc.”

All the forms of domestic violence against women are related to each other (Walker, 1999; UNICEF, 2000; APA, 2002; Basile et al., 2004; WHO, 2005; Severson, Postmus, & Berry, 2009). As discussed by Walker (1999), studies showed that when one form of violence was found in the family, other forms were more likely to occur. Violence in the family was proved to have direct relationships to other forms of violence against women, as well.

2.1.2 Prevalence of Domestic Violence

The prevalence rates and the numbers of affected people clearly reflect the severity of domestic violence, and rank it among the most pressing societal

problems today (APA, 2002). Considerable number of research documented that abuse can occur across regional, ethnic, racial, and class groups.

To highlight this global problem, World Health Organization (WHO, 2005) conducted a multi-country study on women's health and domestic violence against women. The data were collected from over 24,000 women around the world representing diverse cultural, geographical and urban/rural settings. WHO reported that women who had ever suffered physical violence by a male intimate partner ranged from 13% to 61% across the countries, with most sites falling between 23% and 49%. From country to country, the prevalence of severe physical violence ranged between 4% and 49%. The majority of physically abused women were reported to experience acts of violence more than once. Besides, the lifetime prevalence of sexual violence by an intimate partner ranged from 6% to 59%, with most sites falling between 10% and 50%; and the prevalence of physical or sexual violence, or both ranged from 15% to 71%, with most ranging from 30% to 60%. According to WHO, being insulted or made to feel bad about oneself, being humiliated in front of others, being intimidated or scared on purpose, or being threatened directly or through a threat to someone the respondent cares about are among the emotionally abusive acts. Across all countries, the prevalence of emotionally abusive acts by an intimate partner was 20% to 75%, with most acts experienced within the past twelve months. In WHO's study, the data were also collected about partners' controlling behaviors. Accordingly, the number of controlling behaviors was significantly associated with the risk of physical or sexual violence, or both. Taken together, the results revealed that domestic violence by a male intimate partner is a widespread problem all over the world.

According to the National Violence against Women Survey that was conducted in United States of America (USA), yearly more than 500,000 women are injured as a result of partner violence, and require medical treatment (Tjaden & Thoennes, 2000). Analyses of the results yielded that women are more likely to be victims of violence than men. 22.1% of women, compared with 7.4% of men reported physical assault by their current or former spouse, cohabiting partner, boyfriend or date, in their lifetime. Moreover, according to findings, nearly two thirds of women, who reported rape, physical assault, or stalking, were victimized by their intimate partners. Dramatically, among women who were physically assaulted or raped by their partner, one third of the cases resulted in injury.

Besides international and national diverse studies, relatively narrow national researches were also conducted in USA. In such a research, the reported rates of victimization and the co-occurrence of victimization were high across all types of victimization and across all samples (Severson, Postmus, & Berry, 2009). From a similar interest, a study (Coker, Smith, McKeown, & King, 2000) conducted among 1,400 women seeking primary health care indicated that 55.1% experienced some type of intimate partner violence in a current, most recent, or past intimate relationship, and 20.2% were currently experiencing intimate partner violence. Among those who experienced partner violence in any relationship, 77.3% experienced physical or sexual violence, and 22.7% psychologically battered or emotionally abused.

As presented above, prevalence rates varied across the surveys. According to APA (2002), rates vary depending on a wide range of design and methodological features of the studies. These features were defined as follows: how

violence is defined, the group sampled, the method of data collection, whether questions are behaviorally-specific or vague, the context in which the questions are presented, availability of languages other than English, rapport between interviewer and respondent, cultural issues regarding disclosure, how repeated incidents of victimization by the same perpetrator are included or excluded, measurement issues, and methodological changes in ongoing data collection efforts that influence trend data. For these reasons, it would be unsafe to make direct comparisons between cultures and/or countries, and to arrive at conclusions about in which society domestic violence is worst (Watts & Zimmerman, 2002).

There are some critical aspects of domestic violence against women that need special attention while identifying and screening it. First, as clearly indicated by UNICEF (2000), domestic violence is a crime that is under-recorded and under-reported. Shame, fear of reprisal, lack of information about legal rights, lack of confidence in, or fear of the legal system, and the legal costs involved may make women reluctant to report incidents of violence. Second, domestic violence is a violation that is not commonly recognized due to societal norms. While suffering from fear, shame, and guilt, the victims may not volunteer information about their victimization. Nonetheless, the individuals close to the victim like neighbors, friends and family members may turn a blind eye to the violence in the home (APA, 2002). Hence, while screening and assessing the rates and relevant outcomes, these features need to be considered sensitively.

2.1.3 Domestic Violence in Turkey

In Turkey, nationally representative surveys, in addition with some regional studies yielded high prevalence rates for domestic violence that victimizes women. Apart from prevalence data, several socio-demographic factor correlates of domestic violence were clarified with the studies. These factors included demographic characteristics of the spouses such as education level, income, number of child(ren), others living in the house, and the like.

As discussed by Altınay and Arat (2007), very few studies were conducted on domestic violence in Turkey. The researchers developed a field study among 1,800 women to highlight the severity, as well as the reasons and implications of domestic violence from a national perspective. Their survey was one of the first studies providing detailed information and data in Turkey. In the national sample, 35% of women reported that they were exposed to physical violence at least once in their lifetime, and among physically violated women 49% had never talked about this to anybody. The lifetime prevalence rates of physical violence in relation to marriage style and family support were 28% for women who had couple initiated marriages with the approval of their families, 37% who had arranged marriages, and 49% who had couple initiated marriages without the approval of their families. In addition, physical violence reports significantly differed among education level groups. That is, women with higher education (i.e., 12%) and/or women with husbands who had higher education (i.e., 18%) reported less prevalence rates for physical violence. Physical violence rates were also different for income groups. The rates were higher for women with lower income (i.e., 43%), but were remarkable for high income group (i.e., 23%), as well. Arat and Altınay proposed an important perspective while

interpreting the findings of education level and income. Highly educated women and/or women with higher income may feel ashamed, and consequently may behave more secretly on sharing their violence history. Furthermore, with their study Arat and Altınay pointed out the inconsistencies in the income level of the spouses as a risk factor in domestic violence. The risk is the highest when the income of wife is higher than the husband, and the lowest when the couples have equal amounts of income. Besides, as for sexual violence findings, 14% of women reported that they were forced to have sex at least once in their lifetime, and together with sexual violence 67% were exposed to physical violence. As for control behavior results, 60% of women in the nationally representative sample got permission from their husbands before meeting their neighbors and friends, and 70% before visiting their families or going to shopping. Lastly, in Arat and Altınay's study, 89.4% of women said that domestic violence is unacceptable, and can not be justified in any case.

Following that, in 2009, Turkish Republic, Prime Ministry, Directorate General on the Status of Women released the results of a national research on domestic violence against women conducted by Hacettepe University, Institute of Population Studies. Up to date, this research has been the first and most comprehensive survey carried out on the subject of domestic violence against women representing the whole country. 24,048 households in 51 provinces of Turkey were surveyed. Nationwide, the prevalence of experiencing physical violence and/or sexual violence was 42%, whereas the prevalence of physical violence was 39%, and sexual violence was 15% at any time in women's lives. This finding showed that sexual violence rarely occurs alone. In many cases it is experienced together with physical violence. Moreover, the findings yielded that lifetime experience of physical

and/or sexual violence increases with age. Because of the cumulative experience this was an expected result. When the last twelve months prevalence rates were considered, the youngest age group got the highest rates. This indicated that violence starts early in marriage. Besides, as education level and wealth level increased, the proportion of women reporting partner violence decreased. Although the increase in education level appeared effective in protecting women against violence, strikingly 27.2% women having high school or higher education were also exposed to violence. In a similar manner, the lifetime prevalence for partner violence was 28.7% for the highest socio-economic level group. Thus, when living standards improve, the partner violence decreases. Nevertheless, having high standards does not protect women from violence, completely. As for other domestic violence types, 44% of women reported any acts of emotional abuse at least once in any period of their lives. As a controlling behavior, 69% of women reported that their husbands want to know their whereabouts all the time. Finally, 23% of women reported economic violence acts like preventing them from working or causing them to quit the job. The research also revealed that domestic violence has direct and indirect negative impacts on the health of women from various aspects. Regardless of residence and background characteristics, women who had violence history reported physical and/or mental health problems two or three times more than women who had no violence history.

Although very few in number, there are some regional studies conducted in Turkey. For instance, a recent research investigated the prevalence of domestic violence against women in Ankara, the capital city of Turkey (Akar et al., 2010). According to its findings, 77.9% of women stated that they were exposed to at least one of the types of domestic violence during their lifetime. In fact, Akar and

colleagues' data yielded multiple types of victimization at the same time. Among the types, the most reported was economic violence (i.e., 60.4%). The others types, namely controlling behaviors (i.e., 59.6%), emotional violence (i.e., 39.7%), physical violence (i.e., 29.9%), and sexual violence (i.e., 31.3%) were shown prevalent, as well. The researchers also highlighted the risk factors in terms of victimization in Ankara region. These factors appeared as follows: more people living in the house, lower level of income, the age of the woman, lower level of education, husband's having a lower level of education, husband's having a habit of gambling and/or drinking alcohol, husband's watching films/series which show violence, woman's being subjected to physical violence by her own family, the existence of physical violence between her parents, and between her husband's parents.

In another regional study conducted in Sivas, a semi-rural city in central Anatolia, the prevalence of domestic violence against women were examined, and associated risk factors were defined (Kocacık & Doğan, 2006). The study showed that 52% of women were exposed to at least one type of violence in Sivas. Verbal violence was the most frequently occurring type (i.e., 53.8%), followed by physical violence (i.e., 38.3%). Economic problems were considered as the primary reason for domestic violence (i.e., 31.4%). Cultural and psychological factors were reported as other important causes. Among violated women, 45% of them were in 30-34 age group, 41.6% were primary school graduates, 73.6% were housewives, 91.7% were married, 71.0% were exposed to violence during their childhood, and 45.2% were exposed to violence several times in a month. Moreover, in Sivas sample, families with low income showed higher rates of domestic violence. As a conclusion, the

researchers indicated that their study obtained higher prevalence rates of domestic violence beyond their expectation.

A very similar study was conducted in Denizli, a rapidly growing industrial city in Aegean region (Kocacık & Çağlayandereli, 2009). As for the findings of the study, 52.5% of women reported that they were exposed to at least one type of domestic violence. The most frequently occurring types were reported as verbal and physical violence, and the frequency of violence was more than once a week (i.e., 43%). Similar to Sivas sample, the primary reason appeared as economic problems in Denizli region.

In addition to these studies, in Bursa, a large city in Marmara region, a study was conducted with men, to explore men's attitudes toward wife beating (Özçakır et al., 2008). It also aimed to explore the possible predictors of domestic violence. With the study, the lifetime prevalence of wife beating was found as 29%. About 18% of men thought that they have the right to beat their wives. Among victimization types, verbal abuse of wives was seen more frequently than the other types. 58.5% of men reported that they had yelled, shouted, or used abusive language to their wives at least once during their marriages. Nevertheless, 42.7% of men were themselves victims of physical violence during their childhood. Furthermore, the study obtained significant predictors of domestic violence as follows: women's low education, having more number of children, more childhood beatings history, and more alcohol intake.

Altogether, national and regional studies reviewed above showed that domestic violence against women is a widespread problem in Turkey. Such an objective data provided basis to question women's physical and psychological

well-being at their homes, where they should feel the most safety. Fortunately, these data enabled women's experiences of violence behind the doors visible.

2.1.4 Gender Differences in Domestic Violence

Violence in the domestic sphere is the most prevalent, but relatively hidden and ignored form of violence against women and girls (UNICEF, 2000). As declared by UNICEF, domestic violence is usually perpetrated by men who are, or who had been, in the positions of trust, intimacy and power for the women. In most cases, the perpetrators are husbands, boyfriends, fathers, father-in-laws, stepfathers, brothers, uncles, sons, or other relatives of women and girls who are the victims. In fact, women can also be the perpetrators. Finding support from several empirical data, women's actions account for only a small percentage of domestic violence.

According to the findings of National Violence against Women Survey, one out of every five women reported assaults by an intimate partner at some time in their lifetime, versus one out of every fourteen men (Tjaden & Thoennes, 2000). In addition, women are seven to fourteen times more likely to experience serious acts of partner violence, and tend to sustain more injuries than men.

Furthermore, Cho and Wilke (2010) monitored the data from National Crime Victimization Survey from 1987 to 2003, in order to examine male victimization by comparing the nature of violence to female victimization. As for the data, women were identified as intimate partner violence victims eight times more than the number of male victims. Findings revealed that men are victimized less frequently than women, and receive fewer injuries regardless of the injury type. However, men are more likely to experience more severe violence. Cho and Wilke

interpreted these contradicting results. According to them, women may use more severe forms of violence to compensate for physical strength differences between them and their male partners.

In the same manner, as reviewed by Swan and colleagues (2008), men perpetrate sexual abuse, coercive control, and stalking more frequently than women. Besides, women are much more frequently injured during domestic violence incidents than men. Likewise, with their study, Capaldi and colleagues (2009) demonstrated that men are more likely to initiate physical contact, use physical force, and inflict injuries than women. On account of these, women victims seek mental health services and utilize medical care (e.g., emergency medical services, hospital, or physician visits) at disproportionately greater rates than male victims (Arias & Corso, 2005).

On the opposite direction, some other researchers argued that gender disparity in injuries from domestic violence is over-reported. For instance, according to Dutton and Nicholls (2005), men report their own victimization less than women do, and not view women's violence against them as a crime. As a result, men differentially under-report being victimized by partners on crime victim surveys. Moreover, as claimed by Davis (2005) social stigma associated with men victimization, and men's reluctance to admit themselves as victims may lead men less likely to acknowledge domestic violence against them.

Nevertheless, the context in which violence occurred, who initiated violence, and what were the outcomes, needs to be considered (Helgeson, 2005). Some theorists claimed that most women who are the perpetrators of violence are in fact victims of domestic violence themselves (Dobash & Dobash 1998; Walker,

2000; Swan et al., 2008). Swan and colleagues (2008) reviewed the relevant studies, and called attention to some major points in women's violence against their intimate partners. As for the authors, women's violence usually occurs in the context of violence against them by their male partners. In particular, women's physical violence is more likely than men's violence to be motivated by self-defense and fear. On the other hand, men's physical violence is more likely than women's to be driven by control motives.

2.1.5 Causes of Domestic Violence

In domestic violence literature, an important issue is to identify the causes of this particular type of violence which generally targets women. Several considerable studies presented and discussed numerous causes, as well as risk and protective factors. However, there existed no single definite factor to account for domestic violence (Harway & O'Neil, 1999; UNICEF, 2000; Walker, 2000; APA, 2002). Rather, studying the problem with its multiple factors by multivariate approaches was highly suggested. The APA Task Force on Violence against Women (Koss et al., 1994; cited in APA, 2002), and Violence and the Family Task Force (APA, 1996a; cited in APA, 2002) recommended the integration of biopsychological models with sociocultural and psychological determinants.

Dutton (1985) is one of the first theoreticians who provided a comprehensive approach in assessing related factors for male-to-female violence. Dutton proposed an ecological framework composed of four levels, and named these levels as macrosystem, exosystem, microsystem, and ontogenetic system. In specific, the macrosystem level focuses on the important attributes of the society and

community in which couples live. It includes general cultural beliefs and values that relate to couple relationships, violence, and aggression. The exosystem level reflects the immediate context in which couples' relationships exist. This level defines the variables such as couples' employment status, income, and education levels. The microsystem level refers to couples relationship and history. The variables such as relationship satisfaction and violence in the families of origin are involved in this level. Finally, the ontogenetic system level addresses the attributes of individual partners. This level covers the factors such as drug or alcohol use/abuse, attitudes toward violence, and psychopathology.

In the same manner, Harway and O'Neil (1999) emphasized the need to create multivariate, causal models explaining men's violence against women. Due to this necessity, they defined a multivariate model consisted of macrosocietal, biological/neuropsychological, socialization and gender role, psychological, individual characteristics, attitudes and perceptions, and relational factors. In specific, macrosocietal factors include all the conditions and values in the larger society that directly or indirectly predispose people to violence, including all the institutional structures developed during the history. Biological/neuropsychological factors present the hormonal, neuroanatomical, genetic, and evolutionary dimensions of violence. Socialization and gender role factors define overall conditioning over the lifespan, and point out the role of restrictive gender roles that produce sexist attitudes, emotions, and behaviors. Psychological factors contain all conscious and unconscious processes that imply deficits in cognitive and emotional functioning, interpersonal communication, problem solving, and behavior management. Individual characteristics, attitudes, and perceptions factors clarify all other

personality and personal qualities and values that are unique to a person. Finally, relationship factors include ongoing interpersonal and verbal interactions between partners including communication patterns and family of origin experiences. As for Harway and O'Neil, it is important to consider all these factors together, in order to develop a full understanding of relationship violence.

From another comprehensive point of view, Walker (1999) stated that women's vulnerability is determined by the interaction among gender, political structure, religious beliefs, attitudes toward violence in general, and violence toward women. State-sponsored violence, such as civil conflicts and wars, and the migration within and between countries also contribute to women's vulnerability that make them victims inside and outside of their homes. Correspondingly, Watts and Zimmerman (2002) concluded that women's unequal status helps to create their vulnerability to violence, which in turn fuels the violence perpetrated against them.

With an all-encompassing approach, UNICEF (2000) defined socio-economic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, and legislation and cultural sanctions that traditionally deny women and children an independent legal and social status, as the manifestations of historically unequal power relations between men and women. According to UNICEF, these complex and connected social and cultural factors keep women, victims of violence.

Besides multivariate perspectives, various psychological and sociological approaches identified specific factors related with victimization. For instance, social learning theory pointed family of origin as a natural place to look for precursors to adult aggression. According to this theory, both modeling and

reinforcement of aggressive behavior in the family influence aggression (Helgeson, 2005). As investigated by Busby, Holman, and Walker (2008) those who experienced violence in the family of origin are more likely to experience violence in their couple relationships both as victims and perpetrators. Helgeson (2005) suggested that if violence occurs in the family, such types of behaviors not only teach how to perform the behavior, but also suggest the behavior is appropriate.

Furthermore, feminist theory posited that domestic violence is rooted in gender and power, and represents men's active attempts to maintain dominance and control over women (Dobash & Dobash, 1979; Stacey, 1993; Anderson, 1997; Walker, 1999). As for feminist perspective, women and girls are the primary targets of male abuse, and violence can only be eradicated by monitoring gender socialization issues (Walker, 1999). Dobash and Dobash (1979) theorized that domestic violence results from men's need to be in control, and to determine women's behaviors. These are based on internalized patriarchal beliefs about men's superiority. Men who assault their wives live up to cultural prescriptions that cherish aggressiveness, male dominance, and female subordination. As a matter of fact, men use physical force as a means to enforce their dominance.

From an alternative approach, resource theory focused on how external resources such as income, education, and status impact upon power (Anderson, 1997). The resource theory proposed by Goode (1971; cited in Anderson, 1997) suggested that violence is an ultimate resource used to derive power within relationships. According to Goode, individuals who lack other means of power (e.g., income and education status) are more likely to rely on violence for compensation. From resource theory perspective, it is the power differences between partners rather

than individual socio-demographic position that accounts for the perpetrator-victim relationship (Anderson, 1997).

Domestic violence against women is a complex problem. As reviewed from many sources above, the causes of domestic violence include the effects of social, cultural, biological, psychological, and relational factors. Accordingly, simplistic conceptions and singular approaches may not be adequate to understand the phenomena. Multidimensional interactive factors are needed to identify why and how domestic violence against women occurs.

2.1.6 Consequences of Domestic Violence

Domestic violence against women results in lifelong physical and mental health consequences for the victims, and affects their interpersonal, social, and economic functioning (APA, 2002; WHO, 2005). As declared by World Health Organization (WHO, 2005), cross-sectional surveys can not establish whether violence causes particular health problems, with an obvious exception of injuries. Nevertheless, in WHO's multi-country study, there were clear associations between domestic violence and symptoms of physical and mental ill-health. In other words, in all the countries across the world, women who had ever experienced domestic violence were significantly more likely to report poor physical and mental health than women who had never experienced domestic violence.

Highly reported physical health outcomes include injury, pain, gynecological problems, miscarriage, unwanted pregnancy, pelvic inflammatory disease, chronic pelvic pain, sexually transmitted diseases, headaches, memory loss, and dizziness. In the worst cases, domestic violence results in the death of women.

That is to say, women may be murdered by their current or ex-partners (UNICEF, 2000; WHO, 2005).

Mental health associates like depression, low self-esteem, anxiety, fear, sexual dysfunctions, eating problems, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD) are among the most reported outcomes. Above all, domestic violence victims are more likely to have thoughts of suicide, and in fact have attempted suicide, than women who had never experienced domestic violence. Detailed reviews of marital and individual psychological outcomes of domestic violence were presented in the upcoming relevant sections below (see Section 2.2.1 Marital Outcomes of Domestic Violence against Women and Section 2.3.2 Psychological Outcomes of Domestic Violence against Women).

Domestic violence also has health and behavior problems among children who had witnessed domestic violence and/or who had themselves been abused (UNICEF, 2000). The occurrence of both situations within the same family causes even more serious and complex problems. Studies showed that children exposed to domestic violence show a variety of mental health problems, including increased levels of anxiety, depression, and externalizing problems (Jouriles, Norwood, McDonald, & Peters, 2001), as well as school loneliness, maternal report child peer difficulties, and conflict with a best friend (McCloskey & Stuewig, 2001).

“Then, why does she stay?” is probably the most often asked question about victims of domestic violence. According to Helgeson (2005), the answer of this question depends more on the features of the situation rather than characteristics of the victim. From a similar perspective, LaViolette and Barnett (2000) listed some factors related to why women don’t necessarily leave, or leave and return. These

factors include power differentials, public exposure with consequences, fear of disclosure of sexual orientation, learned helplessness, learned hopefulness, fear of being hurt seriously or killed, fear of losing children, psychological dependency, and economic constraints (cited in APA, 2002). Dobash and Dobash (1998) furthered the understanding, and defined some specific social factors which limit women's options to leave, such as loss of social status, disapproval of family and friends, and feelings of failure or guilt for abandoning the relationship. Taken together, these factors indicate that women's decision is shaped by social, cultural, psychological factors, as well as economical necessities.

2.1.7 Socio-demographic Risk Factors in Domestic Violence

A more comprehensive knowledge of domestic violence against women can be achieved not only by reviewing its causes and consequences, but also addressing risk of the problem. Researchers identified a number of risk factors associated with women's victimization. Risk factors are not the direct causes of the negative outcomes. Rather, when risk factors interact, they increase the likelihood of adverse or negative outcomes for the victim (Few & Rosen, 2005). Moreover, they increase the probability of being involved in violent relationships (Walker, 2000).

Research findings, particularly those gathered in studies with large and/or representative samples, make it clear that domestic violence against women is significantly associated with multiple socio-demographic characteristics of victims and/or their perpetrators which serve as the risk factors. For instance, in a study (Oyunbileg et al., 2009) major risk factors for physical, emotional, and economic violence included having low income, being unemployed, and having an alcohol

abusing partner. Being less educated, elderly, a divorced woman, and living in a rented or shared house were associated with an increased risk of emotional violence, as well. In another study (Bostock, Plumpton, & Pratt, 2009), the risk factors were indicated to be high for women who are younger, economically dependent, unemployed, and with children. Couples at higher risk for domestic violence were suggested as those who were younger at union inception, have been together for less time, are both in their first union, have only one partner who is employed, have a nontraditional woman paired with a traditional man, have at least one partner who abuse substances, have more children, or live in an economically disadvantaged neighborhood (DeMaris et al., 2003).

Considerable research investigated particular socio-demographic associates of domestic violence against women. Age was examined as such an associate. Studies demonstrated higher rates of physical and sexual violence for younger women (Lawrence & Bradbury, 2001). According to O'Leary (1999), during the teenage years through the mid twenties, physical aggression against a partner increases, and reaches at its peak prevalence at around age 25. Then after a sharp decline at about age 35, it decreases in a fairly steady fashion until at least age 70. Despite this overall downward trend, domestic violence occurs throughout a woman's life course (Sormanti & Shibusawa, 2008). From this point of view, Sormanti and Shibusawa (2008) examined the experiences of victimization among midlife and older women (i.e., ages between 50 and 64). In their study, significant number of women reported some form of abuse by their partners within the past two years. Findings also showed that women in these age cohort are the victims of a range of abusive behaviors, including physical and sexual violence, together with the

threats of such violence. Altogether, these findings yielded domestic violence as a significant problem for women of all ages.

Assessments of violence based on lifetime incidence or twelve month prevalence data fail to capture the variability in domestic violence across time, especially for long-term relationships (Vickerman & Margolin, 2008). With regard to this, Kim and colleagues (2008) conducted a panel study to examine the longitudinal course of husbands' aggression toward wives across ten years. Their findings revealed that prevalence rates of men's physical and psychological aggression toward the partner significantly decreases across a ten year period from ages 21 to 30 years. As pointed out by Lawrence and Bradbury (2007), although existing longitudinal studies suggested that violence tends to decline in the early years of marriage, it continues over time for a significant proportion of couples.

Furthermore, empirical evidence displayed significant associations between the indicators of socio-economic status (SES), (i.e., education, employment status, and income) and the risk of domestic violence against women. Women of low SES were found to report higher rates of domestic violence than high SES counterparts (DeMaris et al., 2003; Ceballo et al., 2004; Altınay & Arat, 2007; Bostock, Plumpton, & Pratt, 2009). Despite the knowledge that violence is most prevalent in economically disadvantaged groups, the occurrence of domestic violence cuts across all the levels of income (Altınay & Arat, 2007). Even among the highest income group in Turkey, one out of every four women reported that they were exposed to physical violence at least once in their lifetime.

As mentioned above, violence against women occurs in a specific context of patriarchy where controls of women are tolerated (Dobash & Dobash, 1979; 1998;

Anderson, 1997; Walker, 1999). Patriarchy plays an important role in the etiology of domestic violence. However, it is not a comprehensive explanatory factor (Torres & Han, 2003). That is, not all men raised in such a cultural context are violent towards their partners. With regard to this issue, significant correlates of domestic violence specific to the perpetrators were investigated by several studies. In the relevant literature, a number of socio-demographic characteristics of the perpetrators were associated with an increased risk for violence. For instance, Kyriacou and colleagues (1999) claimed that women at greatest risk for domestic violence include those with male partners who abuse alcohol or use drugs, are unemployed or intermittently employed, have less than a high school education, and are former husbands, estranged husbands, or former boyfriends of the women. Similarly, Torres and Han (2003) suggested that demographic characteristics of male partners including age, income, and educational level are significantly associated with the level of violence. Women who have partners with younger age, lower income, and lower education are at a greater risk for violence.

Apart from the findings cited above, some researchers (Hornung, McCullough, & Sugimoto, 1981; Kaukinen, 2004) examined the relationships between educational and occupational compatibilities of the spouses as risk factors in violent relationships. Hornung and colleagues' (1981) study revealed that both status inconsistency and status incompatibility are associated with an increased risk of physical and psychological abuse. Besides, certain types of status inconsistency like underachievement in occupation by the husband, and certain types of status incompatibility such that women is high in occupation compared to her husband, involved very high risk of spouse abuse. However, some types of inconsistency like

overachievement in occupation by the husband served to protect from abusive acts. Similarly, Kaukinen (2004) examined the connection between men's and women's relative economic contributions in families, and the risk of husbands' physical violence and emotional abuse against their wives. Results revealed that income and education attainment that favor men reduce women's risk of physical violence and emotional abuse by their husbands. Results also yielded that women's employment and higher levels of education and income relative to their husbands are associated with emotional abuse.

Different theoretical approaches evaluate SES incompatibilities from their own perspectives. For instance, the resource theory proposed by Goode (1971; cited in Anderson, 1997) argued that violence is an ultimate resource used to derive power within relationships. According to Goode, individuals who can not derive power from their education, employment or income, will be more likely to rely on violence to assert their dominance in their relationships.

As for feminist approach, domestic violence represents men's active attempts to maintain dominance and control over women (Dobash & Dobash, 1979; 1998; Anderson, 1997; Walker, 1999). This perspective claimed that men's larger economic contribution to the household is tied to the construction of their masculinity (Villarreal, 2007). Thus, men will likely to perceive their women partners' employment as a threat to which they might respond violently (Dobash & Dobash, 1979; 1998).

From another point of view, Bornstein (2006) linked high levels of emotional dependency in men and high levels of economic dependency in women with increased likelihood of domestic violence. Thus, high levels of economic

dependency may cause some women to tolerate abuse. Women tend to remain in such relationships, because they believe that the risks of terminating the relationship exceed its benefits. Moreover, Bornstein suggested that the causal relationship between economic dependency and abuse are bidirectional. In other words, high levels of economic dependency may cause some women to tolerate abuse, but repeated incidents of abuse may also lead to increased economic dependency.

As reviewed, domestic violence against women is significantly associated with multiple socio-demographic characteristics of victims and/or their perpetrators which serve as the risk factors. As depicted by numerous empirical studies cited above, the probability of multiple forms of domestic violence depends on the interplay between these risk factors.

2.2 Marital Adjustment

Marital predictors of well-being, which reflect spouses' evaluations of their marriage, were variously labeled as marital adjustment, marital quality, marital success, marital happiness, marital satisfaction, and marital well-being (Fincham & Bradbury, 1987). Considerable amount of research defined these terms, and identified the factors that predict marital outcomes. Despite the critics on marked confusion in its terminology, and the idiosyncratic definitions and operationalisations, marital adjustment has been a key variable in the family literature for many years (Fıfılođlu & Demir, 2000).

Several researchers defined the characteristics of a well-adjusted marriage. According to Bell (1971), the ultimate measurement of a successful marriage is the degree of adjustment achieved by the individuals in their marriage

roles, and in the interaction with one another. Bell suggested that whether or not a marriage is well-adjusted is determined by the interaction between the two partners over the time span of their marriage. Accordingly, a marriage is not simply the sum of the two individuals that make it up, but rather it is the unity of two interacting personalities. As for Spanier (1976), marital adjustment is a matter of degree in a continuing and ever-changing process. Spanier considered marital and dyadic adjustment as a process of movement along a continuum, which can be evaluated in terms of proximity to good or poor adjustment. Apart from these views, Halford, Kelly, and Markman (1997) defined a well-adjusted marriage as a developing set of interactions between partners which promotes the individual well-being of each partner and their offspring, which assists each partner to adopt to life stresses, which engenders a conjoint sense of emotional and sexual intimacy between the partners, and which promotes the long-term sustainment of the relationship within the cultural context in which the partners live.

As stated above, for many years, there has been a remarkable effort to highlight the factors that are associated with marital adjustment and the relevant terms. In a very early study, Hicks and Platt (1970) reviewed the earliest research on marital stability and happiness, and concluded that social, personality, and demographic variables are critical for marital happiness or stability. The researchers reported that income, higher occupational status, educational level for husbands, affectional rewards such as sexual enjoyment, esteem for spouse, companionship, age at marriage, religion, age, and socio-economic status similarities of husbands and wives are all correlated with marital happiness and stability.

Many other researchers studied the factors that predict long-term marital adjustment of married couples. Empirical evidence suggested that marital satisfaction tends to peak around the time of wedding, and then shows a slow but steady decline from that point on (Vaillant & Vaillant, 1993). Evidence also highlighted one of the most critical periods in the family life cycle for marital relationships (Steinberg & Silverberg, 1987). Midlife, when most people have young teenage children is associated with the lowest point in marital satisfaction during the whole relationship. A number of researchers further investigated that when children leave home, couples experience an increase in their marital satisfaction (Gorchoff, John, & Helson, 2008).

Researches also highlighted some other factors that predict marital outcomes in terms of both marital quality and stability. One such factor appeared as having child(ren). As parenthood is demanding and stressful, it was suggested as a factor that can threaten psychological well-being of individual partners, as well as couples' relationships (Sanders, Nicholsan, & Floyd, 1997). Relevant research showed that childless couples have greater marital satisfaction than couples with children. This negative effect of children is stronger for wives than for husbands, and for lower income mothers who are employed full-time (Sanders, Nicholsan, & Floyd, 1997).

Society and culture influence how marriages are formed and continued. Furthermore, they impact the perceptions toward, and the adjustment to marriage. Thus, it is important to cover marriage by considering the cultural context in which couples live. In Turkey, İmamoğlu and Yasak (1997) provided a multidimensional description of marital relationships, as perceived by wives and husbands. Their findings yielded that husbands' marital satisfaction and wives' desire for sexual

possessiveness, extent of socio-economic development, and relations with the extended family are significant predictors of wives' marital satisfaction, where husbands' marital satisfaction is predicted by wives' satisfaction and husbands' relations with the extended family. That is to say, each spouse's relation with the extended families is associated with their marital satisfaction. As for the authors, although the majority of families are nuclear in Turkey, close family ties extending into kinship relations serve an important function. These interpersonal bonds provide material and psychological support when needed, and are very important for the general psychological well-being of individuals (İmamoğlu & İmamoğlu, 1992). Moreover, the researchers suggested that compared to their husbands, wives are more likely to perceive less unison with their spouses. In other words, women in marital relationships feel that that they are more supportive of their husbands, they communicate and share their experiences more with their husbands, but their husbands do not reciprocate as much as they desire. Additionally, women feel that husbands understand them less, respect them less, and are more likely to resort to domestic violence (İmamoğlu & Yasak, 1997; İmamoğlu, 2000).

2.2.1 Marital Outcomes of Domestic Violence against Women

Considerable number of research covered the relationship between marital adjustment and domestic violence. A meta-analysis (Stith et al., 2008) examining the relationship between marital satisfaction and intimate partner violence among several relevant studies demonstrated significant and negative relationship between marital satisfaction and intimate partner violence. As argued by Stith and colleagues (2008), it is not possible to know whether low marital satisfaction leads to

intimate partner violence, or whether low satisfaction results from experiencing or perpetrating violence. Nevertheless, there exists a link between these two constructs.

Further studies, like Lawrence and Bradbury's (2001) research, highlighted the associations among physical aggression and other predictors of marital adjustment. Their results revealed that marital dysfunction is more common among aggressive than nonaggressive couples, and among severely aggressive than moderately aggressive couples. Altogether, they pointed out aggression as a reliable predictor of marital outcomes.

Besides, Testa and Leonard (2001) examined the impact of physical aggression on wives' marital and psychological well-being changes. Accordingly, wives who experienced physical aggression from their husbands during the first year of marriage reported lower levels of marital satisfaction, and higher levels of stress at their first anniversary. In consequence, they were more likely to report separation from their husbands due to marital problems. Taken together, Testa and Leonard's empirical evidence yielded experiences of domestic violence to have negative consequences for both women's marital functioning and psychological well-being.

2.3 Psychological Well-being

World Health Organization (WHO, 2011) defined health as "a state of complete physical, mental and social well-being, and not merely the absence of disease". Furthermore, WHO specified mental health as "a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health". Accordingly, mental health is related to promotion of

well-being, prevention of mental disorders, and treatment and rehabilitation of people affected by mental disorders (WHO, 2011).

In terms of psychological well-being, the symptoms of disorders defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association, 1994), and the factors associated with these symptoms and disorders have emerged as widely studied interests for researchers and clinicians. Many studies in the field focused on either one component of psychological well-being, or many components together with their relations to each other.

2.3.1 Psychological Well-being and Marriage

In the relevant literature, the associations of psychological well-being with marital adjustment and/or marital distress were widely documented in married individuals who experience psychological problems. For instance, in their comprehensive study, Halford and Bouma (1997) reviewed that marital dissatisfaction covaries with several psychological disorders, including depression, alcohol abuse, and anxiety disorders. Similarly, Whisman (1999) interpreted the results from the National Comorbidity Survey, and covered the associations between marital dissatisfaction and twelve month prevalence rates of common Axis I psychiatric disorders in married individuals. Findings revealed that spouses with any mood disorder, anxiety disorder, and/or substance-use disorder reported significantly greater marital dissatisfaction than spouses without the corresponding disorders. In relation to particular disorders, for women, results yielded greater associations between marital dissatisfaction and specific disorders, such as major depression and post-traumatic stress disorder (PTSD).

The literature examining the link between marital adjustment and psychological distress provided explanations to this association. According to stress generation model (Davila et al., 1997), individuals who experience depressive symptoms cause their own stressful interactions with their spouses, which in turn lead to further depressive symptoms. This process provides an ongoing cycle that perpetuates both depressive symptoms and marital dissatisfaction. Moreover, marital/family discord model of depression developed by Beach, Sandeen, and O'Leary (1990) suggested that marital discord leads to marital stressors and losses in intimacy and spousal support, which in turn contribute to depression. Then, depression is manifested in further maladaptive types of interpersonal behaviors, leading to marital discord. In common, these two approaches argue that marital adjustment and psychological distress relationship can be reciprocal. That is, marital dissatisfaction can precipitate or maintain psychological distress, and that distress can contribute to marital dissatisfaction.

2.3.2 Psychological Outcomes of Domestic Violence against Women

The research on domestic violence against women extensively focused on the negative psychological outcomes for the victims. In several empirical studies, domestic violence was reported to have serious and long-term impacts on women's psychological well-being (Dutton-Douglas & Dionne, 1991; Golding, 1999; Dorathy, Lewis, & Wolfe, 2007; Hazen et al., 2008). What is more, it is associated with significant psychological health consequences for women victims, both among community and help-seeking samples (Basile et al., 2004; Pico-Alfonso et al., 2006; Dorathy, Lewis, & Wolfe, 2007).

Stress from exposure to domestic violence is different from other traumatic events, because it occurs on a continual or frequent basis, rather than as a distinct event (Mourad et al., 2008). In the early 1980s, Walker (2000) established the term “the battered woman syndrome”, and defined this specific syndrome as a group of psychological symptoms that are frequently observed in a particular recognizable pattern in women who report physical, sexual, and/or serious psychological abuse by their male domestic partners. Walker suggested some unique characteristics to denote a set of distinct psychological and behavioral symptoms that result from prolonged exposure to situations of domestic violence. According to Walker, battered women believe that domestic violence is their fault. These women have an inability to place responsibility for the violence elsewhere, and have an irrational belief that their abuser is omnipresent and omniscient. In addition to these, they fear for their own and/or their children’s lives.

Furthermore, the relevant literature presented battered women’s specific emotional, cognitive, and behavioral responses that are characteristic products of battering (Dutton-Douglas & Dionne, 1991). Such responses were assumed to include anger, fear and anxiety, depression, low self-esteem, suicide or a high risk of it, confusion, feelings of being overwhelmed, memory loss, poor concentration, physical problems, suspiciousness and paranoia, recurring experiencing of the trauma of abuse, and an avoidance of the motions associated with it.

A wide range of evidence indicated that women who are victims of domestic violence experience more stress and psychological distress than non-battered women. Both physically and psychologically abused women display higher rates of PTSD, depression, anxiety, guilt, and dissociation symptoms, as well

as thoughts of suicide when compared to non-abused women (Basile et al., 2004; Pico-Alfonso et al., 2006; Dorathy, Lewis, & Wolfe, 2007). In a meta-analysis study of female victims of intimate partner violence, Golding (1999) reported the rates of psychological problems that exceeded those found in general population. Across the studies, the prevalence appeared as follows: 63.8% for PTSD in 11 studies, 47.6% for depression in 18 studies, 18.5% for alcohol abuse in 10 studies, 17.9% for suicidality in 13 studies, and 8.9% for drug abuse in 4 studies.

Some studies investigating the associations among domestic violence and psychological well-being revealed that associations with psychological symptoms vary for different forms of domestic violence. In their study Hazen and colleagues (2008) showed that both physical violence and psychological abuse, manifested through controlling and isolating behaviors, are associated with depression, hostility, and anger. Besides, psychological maltreatment, in the form of emotional and verbal abuse, is related to somatization symptoms. On the other hand, some other studies (Basile et al., 2004) supported the co-occurrence of different forms of domestic violence, and pointed out their similar relations to psychological symptoms.

Negative psychological consequences were shown to be far greater for women than men who reported that their current or former spouse had ever expressed physical, sexual, or psychological violence. For instance, in a population-based study (Coker et al., 2005) the frequency and severity of PTSD symptoms were investigated among men and women who were victimized by their current cohabiting partners or former spouses. As expected, PTSD scores were much higher for women than men. The study also came up with some protective factors that appear to increase

resiliency of the survivors. These factors appeared as higher education and income, being currently married, and reporting that violence had stopped.

While the risk of PTSD and depression is high among women who are victims of domestic violence, not all women develop these symptoms. Bowman (1997) suggested that individual differences in response to traumatic events may be more important than the severity of the event itself in predicting trauma symptoms. Hence, empirical evidence yielded several factors that are associated with women who are resilient to developing such symptoms when they experience domestic violence. These factors included attachment (Kesner & McKenry, 1998; Babcock et al., 2000; Higginbotham et al., 2007), certain coping strategies (Valentiner et al., 1996; Clements & Sawhney, 2000; Löbmann et al., 2003; Mitchell et al., 2006), social support (Tan, Basta, Sullivan, & Davidson II, 1995; Carlson et al., 2002; Löbmann et al., 2003), as well as some socio-demographic characteristics of the victims and/or their perpetrators which were mentioned above (see Section 2.1.7 Socio-demographic Risk Factors in Domestic Violence).

The following sections were devoted to highlight the risk and protective factors associated with women who are likely to develop these problems when they experience domestic violence. Accordingly, attachment dimensions, marital coping strategies, and social support from different support groups were covered with respect to their particular roles in domestic violence against women.

2.4 Attachment

Attachment was defined as the strong, affectional tie that people feel for special others in their lives. This tie was suggested to lead people experience

pleasure and joy when they interact with special others, and to be confronted by nearness of them during the times of stress (Berk, 2000). Attachment theorists argued that individuals bring emotional bonds established in infancy form the basis of attitudes and behavior patterns, to their adult relationships (Hazan & Shaver, 1987). Originally focused on the development of infant-mother relations, recent attachment studies mainly concentrated on adult love relationships (Kobak & Hazan, 1991; Volling, Notaro, & Larsen, 1998; Meyers & Landsberger, 2002; Kachadourian, Fincham, & Davila, 2004; Heene, Buysse, & Van Oost, 2005).

2.4.1 Theories of Attachment

Initially developed by Bowlby (1973; 1979; 1988), the theory of attachment centers on the widely accepted view of the infants' emotional tie to their primary caregivers, who are generally their mothers. The theory views babies as biologically prepared to contribute actively to the ties established with their caregivers. According to this evolutionary approach, the caregivers are the primary attachment figures during the long standing infancy period, in which the infants always need care and protection of the others in order to survive.

The attachment behaviors that are directed towards caregiver give rise to the formation of attachment bond. This bond serves as an affectional bond by which individuals seek to maintain closeness to others. The goal of the relationships, in both infants and adults, is the maintenance of emotional as well as physical proximity, and a sense of felt security (Ainsworth, 1989).

Experiences with caregivers in infancy lead the formation of internal working models of both the caregiver and of the self. Internal working models were

defined as conscious and unconscious beliefs and expectations, feelings and memories about the sensitivity and responsiveness of the caregiver (i.e., model of other), and the worthiness of the self to receive such caring and attention (i.e., model of self), (Collins & Read, 1990). These models organize the information about one's search for security (Ainsworth, 1989). What is more, they are important in the attachment system, because they guide not only the appraisals of experiences but also the behaviors (Bowlby, 1973). According to Bartholomew and Horowitz (1991), people who have positive model of self view themselves as worthy of love and support. They experience little or no anxiety about being abandoned, since they feel they are worthy of love and support. Compared to them, those who have positive model of others (e.g., their romantic partners) desire intimacy and closeness with others, and tend to view their partners as available and trustworthy. Accordingly, they actively seek out intimacy, support, and closeness in their relationships.

In his further studies, Bowlby theorized three-category model, composed of three attachment categories as (1) secure, (2) anxious/resistant, and (3) anxious/avoidant (Bowlby, 1988). Secure attachment was described as the confidence about the caregiver's availability and responsiveness in frightening situations. Anxious/resistant was defined as the feelings of uncertainty about the caregiver's availability, responsiveness and helpfulness in times of need. Lastly, anxious/avoidant was explained as having no confidence about the availability of the caregiver when needed. Bowlby (1979) suggested that attachment relationships are important for humans across the life cycle, and that attachment behaviors characterize human interactions "from the cradle to the grave".

With the light of Bowlby's studies, Hazan and Shaver (1987) theorized that adult romantic love is an affective bond comparable to the bond seen between infants and their primary caregivers. These theoreticians developed adult attachment into (1) secure, (2) avoidant, and (3) anxious/ambivalent groups, and documented differences between the groups' love relationships, their beliefs about self and others in these relationships, and recollections of their family relationships in childhood. Love experiences of secure individuals were characterized by trust, support, positive emotions, and friendship. On the contrary, experiences of lovers with avoidant attachment style were represented by fear of intimacy, whereas anxious/ambivalent individuals' by obsessions, preoccupation with the partner with a desire for reciprocation. It was also reported that among two insecure groups, avoidant individuals try to hide their feelings of insecurity by detachment from others, whereas anxious/ambivalent individuals do not repress their feelings of insecurity. Rather they display unfulfilled attachment needs by preoccupation with the partner. Moreover, according to Hazan and Shaver the three groups are distinct in terms of internal working models. That is, secure individuals give credit to trustworthiness of others, and find themselves likeable. Avoidant individuals report doubt in terms of existence of a real love, and reject the necessity of romantic love to be happy. They also believe that it is hard to find a person whom they can love. Finally, anxious/ambivalent individuals report experiencing difficulty in finding true love. Nevertheless, they fall in love frequently.

Based on Bowlby's (1973) argument that attachment patterns reflect internal working models of the self and the attachment figures, four-group model of attachment style was presented by Bartholomew and Horowitz (1991). The

theoreticians suggested that self can be categorized as either positive (i.e., the self is seen as worthy of love and attention) or negative (i.e., the self is seen as unworthy). Similarly, attachment figure was proposed to be either positive (i.e., the other is seen as caring and available) or negative (i.e., the other is seen as distant, rejecting, and uncaring). By using the intersections of these underlying dimensions, they defined four attachment categories as (1) secure, (2) preoccupied, (3) dismissing, and (4) fearful. In specific, positive beliefs about the self and positive beliefs about the others were labeled as secure attachment. The definition of secure attachment was consistent with the description in the three-category model. Next, negative beliefs about the self and positive beliefs about the others were proposed as preoccupied attachment. Preoccupied individuals were described as having a sense of unworthiness to receive love, and a belief that others are so good that they will not love them. Besides, positive beliefs about the self and negative beliefs about the others were theorized to represent dismissing attachment. Dismissing individuals were suggested to feel worthy of love, but believe that others will reject them. Finally, negative beliefs both about the self and the others were labeled as fearful attachment. This attachment style was proposed to have similar characteristics to the avoidant attachment style described by the three-category model. Accordingly, their behaviors were claimed to be marked by avoidance of social settings because of the anxiety associated with connecting to others.

Brennan, Clark, and Shaver (1998) furthered attachment studies, and assessed underlying dimensions of adult attachment by using various attachment scales. Their findings revealed two basic dimensions experienced in close relationships. The researchers labeled these dimensions as (1) avoidance and

(2) anxiety. Specifically, anxiety dimension was introduced as the attachment anxiety concerning rejection and abandonment in close relationships, whereas avoidance dimension was proposed to include the discomfort with respect to being close to and dependent on others. These dimensions were reported to be parallel to the internal working models of the self and the others. Individuals who are (1) low both on avoidance and anxiety are classified as secure, (2) high both on avoidance and anxiety as fearful, (3) high on avoidance but low on anxiety as dismissing, and (4) high on anxiety but low on avoidance as preoccupied. As a valuable outcome of their studies, the researchers developed Experiences in Close Relationships Inventory (Brennan, Clark, & Shaver, 1998; Fraley, Waller, & Brennan, 2000), which assesses avoidance and anxiety dimensions of adult attachment.

Early studies on adult attachment mainly focused on individual typology. In other words, studies generally assigned individuals to either secure, avoidant, or anxious attachment groups. Fraley and Waller (1998; Fraley, Waller, & Brennan, 2000) suggested researchers to focus on attachment styles through continuous measures. Thus, more recent research turned toward assessing the potential for each individual to fall within a range of anxious and avoidant attachment (i.e., low to high), and how these dimensions relate to relationship factors.

2.4.2 Attachment and Marriage

Hazan and Shaver (1987) introduced attachment within the context of adult romantic relationships. Since then, investigators have explored attachment together with various aspects of close relationships. In a number of studies, significant correlations between attachment styles and marital adjustment/satisfaction

were reported (Kobak & Hazan, 1991; Senchak & Leonard, 1992; Brennan & Shaver, 1995; Volling, Notaro, & Larsen, 1998). All these studies documented positive relations between secure attachment and marital adjustment, and inverse associations between insecure attachment and marital adjustment for both married women and men.

In their study, Kobak and Hazan (1991) revealed significant associations between attachment security, and both wives' and husbands' marital satisfaction. The researchers also showed that secure wives and husbands tend to engage in more constructive problem solving than insecure spouses. In addition, Senchak and Leonard (1992) found that couples in marriages with two secure spouses have more marital intimacy than couples in mixed marriages (i.e., one secure and one insecure spouse), and less withdrawal and verbal aggression than couples in marriages with two insecure spouses. Furthermore, Volling, Notaro, and Larsen (1998) examined the pairing of adult attachment styles among married couples raising children. They obtained similar results with the earlier studies. That is to say, dual secure spouses reported more love for their partners, less ambivalence about their relationships, and felt more competent as parents than couples in dual insecure marriages.

Some other investigators examined the factors that mediate the relationship between attachment styles and marital adjustment. For instance, Feeney (1994) reported communication variables as the mediators in the association between attachment styles and wives' marital satisfaction. Moreover, Meyers and Landsberger (2002) pointed individuals' levels of psychological distress and their perceptions of support received from others as the important mediators of the relationship between attachment styles and marital satisfaction. In specific, the

researchers documented social support as the mediator in the relation between avoidant attachment and marital satisfaction. This indicated that social isolation attendant to avoidant attachment was associated with marital dissatisfaction, rather than with attributes of attachment style per se. Moreover, their study revealed that psychological distress mediated the link between secure attachment and marital satisfaction. In other words, secure attachment was associated with a lower likelihood of experiencing psychological symptoms.

Besides the relations between attachment and marriage mentioned above, empirical studies investigated their indirect roles on each other, as well. For instance, Heene, Buysse, and Van Oost (2005) examined the roles of attachment styles in the pathway between marital distress and depressive symptoms. In their study, depressive symptoms were negatively correlated with secure attachment and positively correlated with anxious/ambivalent and avoidant attachment styles. Furthermore, in their female sample, secure, ambivalent, and avoidant attachment styles mediated the relation between marital adjustment and depressive symptoms.

2.4.3 Attachment and Psychological Well-being

Since the original findings of Hazan and Shaver (1987), numerous studies have continued to examine the link between attachment and psychological health. In these studies, empirical support for differences in psychological well-being as a function of different attachment styles in adulthood were obtained (Collins & Read, 1990; Bartholomew & Horowitz, 1991; Volling, Notaro, & Larsen, 1998). Moreover, studies yielded support for the relations among attachment styles, and

psychological and marital distress (Carnelley, Pietromonaco, & Jaffe, 1994; Heene, Buysse, & Van Oost, 2005).

To date, various studies have considered attachment styles and psychological symptoms together with marital variables. Both theory and research supported the notion that attachment insecurity is related to psychological problems and marital distress (Hazan & Shaver, 1987; Carnelley, Pietromonaco, & Jaffe, 1994; Heene, Buysse, & Van Oost, 2005). It was mainly emphasized that secure individuals maintain their positive evaluation of themselves and others during the periods of relationship distress, thereby protect themselves from depressive symptoms and relationship problems (Feeney, 1999). Thus, secure attachment was suggested to be an inner resource associated with effective coping and greater psychological well-being. On the other hand, avoidant and anxious/ambivalent attachments were claimed to place adults at higher risk for maladaptive coping and psychological distress (Mikulincer & Florian, 1998).

In a relevant study (Carnelley, Pietromonaco, & Jaffe, 1994) internal working models, attachment styles, and depression status as predictors of women's conflict resolution behaviors and relationship satisfaction were examined. Women's romantic attachment styles were found to predict their conflict resolution behaviors and relationship satisfaction. Particularly, it was suggested that women who have insecure attachment styles are less likely than women with secure attachment styles to use constructive conflict resolution approach, and are more likely to report less relationship satisfaction.

A similar study (Scott & Cordova, 2002) investigated the role of attachment styles in the relationship between marital adjustment and depressive

symptoms. Its results revealed a significant relationship between insecurity and a predisposition to depressive symptoms in marital relationships. In specific, anxious/ambivalent attachment moderated the relationship between marital adjustment and depressive symptoms for both husbands and wives, whereas secure attachment moderated the relationship between marital adjustment and depressive symptoms for views only.

All these studies mentioned above clearly displayed the link between attachment and psychological, as well as marital variables. The empirical data provided valuable information on the role of adult attachment orientations in psychological well-being and marital adjustment. Aside from these, but also quite related with them, another important factor that is linked with attachment appeared as domestic violence against women.

2.4.4 Role of Attachment in Domestic Violence against Women

A wide range of empirical research demonstrated significant relations between attachment and domestic violence. In these studies, mainly, insecure attachment patterns were associated with intimate partner violence (Babcock et al., 2000), and difficulty in battered women leaving their abusive relationships (Shurman & Rodriguez, 2006; Loubat, Ponce, & Salas, 2007). Some other studies also examined attachment as a factor that links domestic violence against women to marital and individual psychological outcomes.

In a research (Loubat, Ponce, & Salas, 2007) which highlighted the influence of attachment styles in the continuity of abuse among victims of domestic violence, women who have insecure preoccupied attachment styles were found to be

the victims of domestic violence. The researchers interpreted their findings, and suggested that this characteristic may affect both abuse confrontation and maintenance. From similar standpoint, in a study (Higginbotham et al., 2007) the associations between attachment styles and religiosity with violence were covered. Significant relationships between adult attachment styles and religiosity on the reports of victimization from intimate partners were investigated. Specifically, females with low religiosity and insecure attachment styles were found to report more violence than females with high religiosity and secure attachment styles.

Other researches further investigated attachment as an important factor playing role in the association of domestic violence with marital and individual psychological outcomes. For instance, Scott and Babcock (2009) tested the moderator role of attachment styles in the relation between intimate partner violence and PTSD symptoms, in a community sample of women. Their results confirmed the moderator roles of attachment anxiety and dependency in the violence-trauma link. In other words, insecure attachment patterns were suggested as risk factors for the development of PTSD among abused women. Besides, in conditions of low attachment dependency and anxiety, the relation between violence and PTSD symptoms was weakened. This provided evidence for women who are domestically abused may be buffered from developing PTSD symptoms, when they have low anxiety or low dependency attachment styles.

As mentioned above, attachment styles are strengthened through repeated interactions with attachment figures. Accordingly, they tend to remain unchanged throughout the individual's life (Bowlby, 1973; 1979). On the other hand, as for some other researchers (Weston, 2008) negative life events may play unique roles in

their change. Domestic violence against women with its continuous severe nature may be such an event, and may adversely have negative effects on attachment styles. Accordingly, Weston (2008) stated that abuse may alter women's attachment styles, which in turn may affect their relationship outcomes. That is, violence and emotional abuse may have the potential to affect attachment styles by increasing insecure attachment. Alternatively, perceptions and interpretations of partners' abuse and violence may vary with women's attachment styles, affecting the way they perceive and interpret their partner's violence. To clarify their specific roles on each other, Weston tested the mediator roles of women's attachment styles in the relationship between partners' emotional and physical abuse, and their relationship quality. Weston's results showed that there may be some differences by attachment in women's responses to, and interpretations of events. In other words, attachment may provide women with a means for interpreting, and responding to the actions of their partners.

2.5 Marital Coping

Coping with individual and marital problems has been one of the important concerns in the relevant literature. Research on coping generally examined the associations between individuals' reactions to stressors and their adjustment, health, and well-being (Lazarus, 1993). Most of the early studies were based on the cognitive model of stress and coping developed by Lazarus and Folkman (1984). They defined coping as the person's cognitive and behavioral efforts to manage (i.e., to reduce, minimize, master, or tolerate) specific external and/or internal demands of person-environment transaction that is appraised as taxing or exceeding

the person's resources (Folkman & Lazarus, 1980). In their model, Lazarus and Folkman handled coping as the central construct, and they considered it as a critical mediator of stressful person-environment relationships, and their immediate and long-term outcomes.

Besides coping, the term coping efforts was also defined. As for Bowman (1990), coping efforts form "the specific actions taken in specific situations which are intended to reduce a given problem or stress". Accordingly, this definition distinguishes coping efforts from coping resources that are generalized attitudes and personal skills. Moreover, Bowman claimed that coping efforts are different from coping styles that are preferred habitual ways of dealing with problems.

Researchers had different approaches in classifying coping strategies. For instance, initially, Lazarus and Folkman (1984) categorized coping strategies into two groups as (1) problem-focused and (2) emotion-focused coping strategies, each of which serves a different function. As for Lazarus and Folkman, problem-focused coping strategies are the attempts to deal with the external sources of stressors, whereas emotion-focused coping strategies serve to manage emotional reactions associated with stressors.

Additionally, Roth and Cohen (1986) classified coping strategies into (1) approach vs. (2) avoidance coping strategies. In a different work, these strategies were defined as (1) active vs. (2) avoidant coping (Holahan & Moos, 1987). They were suggested as metaphors for cognitive and emotional activity that is oriented either toward or away from the threat. Avoidance coping involves efforts to avoid the stressful situation or thinking about the stressful event, thereby reducing the likelihood of bringing about change in the problem situation and related stress

reactions (Lazarus & Folkman, 1984). As impeding problem-solving, avoidant coping was argued to be less adaptive than approach coping. Refusing to believe that it happened and keeping one's feelings to her/his self may serve as some examples of avoidance coping. In contrast, examples of approach/active coping may include talking with a friend about the problem, and making a plan of action and following it (Holahan & Moos, 1987).

Furthermore, Löbmann and colleagues (2003) argued that coping reactions may be divided into two fundamental modes as (1) active efforts to make a crisis pass off more favorably, and (2) acceptance of and adaptation to unfavorable events that are felt to be inevitable. Accordingly, active coping involves cognitive and behavioral efforts to address the aspects of stressful events in order to eliminate the experienced aversion. For instance, in the case of domestic violence, active efforts may include talking to the abusive partner after the violent incident, with the hope to prevent such an experience in the future. On the contrary, coping may contain acceptance of and adaptation to the negative events. This acceptance may allow the individuals to recover feelings of well-being or contentment. In the same case, adaptation may contain self-blaming. In other words, woman victim may believe that violence is caused by her own failings and shortcomings.

As pointed out by Bowman (1990), in the intimate relationships, primarily in marriage, recurring strains require individuals to cope in a different way than the way they respond to other negative events. Therefore, she suggested that while focusing on the long-term intimate relationships, it is important to understand the particular coping strategies married people use when dealing with their recurring marital problems.

2.5.1 Effects of Marital Coping on Marital and Individual Psychological Outcomes

Many studies (e.g., Folkman & Lazarus, 1984; 1988) and their measurement devices (e.g., Ways of Coping Questionnaire; Folkman & Lazarus, 1988) mainly focused on general coping strategies people use when they encounter with stressful life events. Bowman (1990) developed a measurement device with a specific aim to identify the major kinds of coping efforts used by spouses in dealing with recurring marital problems. Bowman's Marital Coping Inventory (MCI) involves five marital coping strategies as (1) conflict which reflects conflict, criticism, sarcasm, and revenge, (2) introspective self-blame which measures troubled feelings, self-blame, worry, and disturbances of sleeping and health, (3) positive approach which assesses gestures of physical affection, fun, and initiating shared activities and good memories, (4) self-interest which consists deliberate increased activity outside marriage, and lastly (5) avoidance which includes denial, repression, and suppression of feelings. Among these strategies, only positive approach is positively associated with marital happiness, and reflects the strategies to improve the emotional quality of the marriages. Other than this, all the scales involve the features of unhappy marriages. In addition to these, empirical findings depicted significant gender differences on marital coping strategies (Bowman, 1990). It was clearly depicted that women report more worry, conflict, and seek out of distracting activities as response to marital problems. These findings confirmed that women are more likely to show strong emotional involvement in their marriages compared to their husbands.

The adaptation study of MCI to Turkey was conducted by Acicbe (2002). In her study, Acicbe also assessed the predictive roles of some demographic variables on the use of different marital coping strategies. Her findings revealed that women are more likely to engage in introspective self-blame. Lower education level and having more children contributed to high usage of self-blame. Similarly, gender was found to be a significant predictor of high usage of conflict strategy. Compared to men, women reported higher usage of conflict strategy.

In further studies, the associations among marital coping efforts used to manage marriage difficulties and marital satisfaction were covered by Cohan and Bradbury (1994). Their findings yielded significant positive relations between marital satisfaction and positive approach. On the other hand, self-interest and conflict coping strategies were associated with poorer marital satisfaction. Taken together, these strategies were suggested to have predictive roles on the changes in marital satisfaction.

In another study, the associations among perfectionism, marital coping, and marital functioning were examined (Haring, Hewitt, & Flett, 2003). Socially prescribed perfectionism, which involves the belief that others hold unrealistic expectations for the self, was associated with maladaptive marital coping and poorer marital adjustment. For women, the perception that their husbands have unrealistic expectations for them was associated with their own increased use of conflict, avoidance, self-interest, and introspective self-blame strategies, and decreased use of positive approach strategy. Additionally, in the study, negative coping strategies (i.e., conflict, introspective self-blame, self-interest, and avoidance) used by women mediated the relationships between their own socially prescribed perfectionism, and

their own and their husband's marital functioning. That is, for women, believing that their husbands require perfection of them is associated with increased use of negative marital coping strategies, which in turn is associated with their own and their husbands' poorer marital adjustment.

Besides their effects on marital and individual well-being, marital coping strategies are related to domestic violence against women, which is also linked to marital and individual psychological distress. The coping strategies that women develop to help them better survive exposure to domestic violence are critically important, because coping may influence their psychological outcomes. Thus, a number of researchers laid special emphasis on the mechanisms that women use to cope with violence experiences.

2.5.2 Role of Marital Coping in Domestic Violence against Women

Several kinds of reactions and mechanisms were indicated to buffer negative impacts of victimization, or support to overcome the after-effects. The severity and persistence of consequences of victimization depends not only on the degree of harm done by the perpetrator, but also on the coping resources of the victim (Löbmann et al., 2003).

Based on this view, Calvate and colleagues (2008) investigated the role of coping both as mediator and moderator in the association between intimate partner violence and women's mental health. Their results revealed that disengagement coping mediated the impact of psychological abuse on distress. On the other hand, coping responses did not moderate the impact of intimate partner violence on symptoms of anxiety and depression. According to researchers, findings showed that

coping responses are influenced by violence itself, and underline the dysfunctional nature of disengagement coping among victims.

As for Clements and Sawhney (2000), domestic violence is often viewed as uncontrollable by its victims. Accordingly, they assessed coping and control attributions among physically abused women in order to gain an understanding of psychological reactions to abuse. Their findings revealed that high levels of dysphoria are associated with higher levels of self-blame and avoidance coping, and lower levels of problem-focused coping. That is to say, those who tend to cope by blaming themselves for their abusive situation, or who tend to use avoidance coping strategies are more likely to report dysphoria.

Avoidance coping is the tendency to distract from stressors related to negative psychological outcomes (Carver, Scheier, & Weintraub, 1989). Hence, the use of avoidance as a coping strategy to deal with stressful life events, such as domestic violence, has received particular concern. Several relevant studies showed that avoidance coping is related to depression and PTSD symptoms among victimized women (Valentiner et al., 1996; Clements & Sawhney, 2000; Krause et al., 2008). Besides, some other studies demonstrated that this type of coping may serve a protective function in the short-term (Roth & Cohen, 1986). Nevertheless, it may have negative effects on the psychological well-being in the long-term.

Waldrop and Resick (2004) argued that battering relationships create special set of circumstances under which victimized women decide how to react. These circumstances need to be addressed in order to gain an understanding in their ways of coping with violence. Accordingly, Waldrop and Resick reviewed contextual factors that are related to women's choices in coping with violence,

including the factors related to relationship and women's resources. Their reviews revealed that the frequency of the violence has a great influence in the choice of coping strategies, because it clarifies the need to leave the abusive situation. Both the severity of violence and the changes in the severity are associated with various forms of coping behavior. That is, an increase in severity is associated with more active forms of behavioral coping, but only those that seem most likely to end the abuse. On the other hand, active coping efforts were viewed as less likely to be helpful in increasingly dangerous abusive situations. Increasing violence was suggested to discourage women from coping approaches that lead them to stay and deal with violence, rather than removing themselves or their abusive partners from the situation. In addition to these, length of the abusive relationships was pointed out to be influential in the change of women's coping responses over time. Accordingly, the more time spent in a relationship, the more a woman may feel dedicated to making it work (Rusbult & Martz, 1995).

Taken together, the empirical data indicated that the strategies women utilize to cope with domestic violence may be related to violence exposure in at least two ways. First, these strategies may serve an important function in the impact of violence on psychological well-being (Roth & Cohen, 1986; Clements & Sawhney, 2000). Second, they may be influenced by the nature of domestic violence themselves (Waldrop & Resick, 2004; Calvete, Corral, & Estevez, 2008).

2.6 Social Support

In the early literature, social support was defined as “the individual belief that one is cared for and loved, esteemed and valued, and belongs to a network of

communication and mutual obligations” (Cobb, 1976). Social support is a critical resource to prevent stressful and negative life events (Gottlieb, 1994). Besides, it contributes to individuals’ general well-being and life satisfaction. In other words, individuals who receive, or in fact who believe they receive social support, have lower risk for physical and/or psychological problems than individuals who believe they do not receive enough support.

While defining social support, a distinction can be made between perceived and received supports. Perceived social support was defined as the support that an individual believes as available, while received social support is the support that an individual has actually received (Barrera, 1986). How an individual evaluates support network was suggested as important as the actual support received by the others. Sherbourne (1988) claimed that the mere perception that adequate support is available can even serve to buffer situational stress as much as actual support itself.

Social support literature documented that social support sources are differentially related to outcomes. Therefore, they were suggested to be evaluated independently (Lyons, Perrotta, & Hancher-Kvam, 1988). Social support may be provided by many sources, including husband, family, relatives, friends, co-workers, and so forth. The type of support that these sources give may vary. House (1981) categorized support into four types of supportive behaviors as emotional, appraisal, informational, and instrumental. According to House, emotional support comes from family and close friends, and contains feelings like concern, caring, love, respect, and trust. Appraisal support includes transmission of information in the form of affirmation, and is generally given by family, friends, and co-workers. Informational support contains advice and suggestions, and enables individuals to

respond to personal or situational demands. Lastly, instrumental support includes financial assistance, material goods and services, thus forms the most direct form of social support.

The stress-buffering hypothesis of social support (Cohen & Wills, 1985) highlighted the protection social support provides against the effects of stressful events and situations. This protective aspect of social support was indicated to operate by contributing to the resources available to individuals to cope with the stressors, as well as by reducing the stress response to the stressors. That is to say, when people encounter stressful life events, social support may inhibit the negative psychological effects of these events.

2.6.1 Effects of Social Support on Marital and Individual Psychological Outcomes

Social support is an important aspect of well-adjusted marriages. In other words, spouse's perceptions of social support appear to be related to their marital adjustment. Considerable number of past research documented positive associations between levels of spousal support and marital adjustment. The empirical evidence also revealed that perceptions of social support in marriages are more strongly related to marital satisfaction and general well-being of wives than husbands (Julien & Markman, 1991; Acitelli & Antonucci, 1994).

In the relevant literature, some studies (Pina & Bengston, 1993) reported that wives who are satisfied with the support received from their husbands also endorse relatively higher levels of positive interaction, closeness, and affirmation in their marriages; and lower levels of negative sentiment and conflict than wives who

are dissatisfied with their husbands' supportiveness. Similarly, some other studies (McGonagle, Kessler, & Schilling, 1992) yielded that wives' perceptions of social support from their spouses predict fewer marital disagreements.

When spousal support is perceived as deficient, extramarital support from family and friends were suggested to be salient for married individuals (Meyers & Landsberger, 2002). Julien and Markman (1991) examined the associations among spouses' problems, the support partners seek within and outside of marriage, and the levels of individual and marital adjustment. Accordingly, husbands' support appeared as a relevant component of wives' marital satisfaction and marital distress. Husbands' support was associated with less mobilization of spouses' support, as well. Thus, mobilization of support from network members, like family and friends, are related to greater marital distress.

While the effects of social support on psychological outcomes were investigated, social support was handled as an important buffer against the negative effects of stressors on psychological well-being (Cohen, Gottlieb, & Underwood, 2000). It was mainly suggested that supportive relationships are likely to provide emotional support, self-affirmation, information or advice, or tangible assistance. Accordingly, social support has an important role in buffering the individuals against the adverse effects of stressors (Cohen et al., 2000).

As a severe stressor, domestic violence leads women to suffer from numerous marital and individual psychological outcomes, as already mentioned from several aspects above. This knowledge, together with the relevant literature about social support, raise the necessity to further investigate domestic violence against women in terms of its relation to social support.

2.6.2 Role of Social Support in Domestic Violence against Women

Victimized women generally turn to their informal social support networks before or instead formal support provided through agencies or systems. These personal networks often, although not always, significantly contribute to their long-term physical safety, emotional health, and overall well-being. The availability of instrumental and emotional assistance through family, neighbors, or friends is vital to battered women's physical and psychological well-being (Goodman & Smyth, 2011).

The research generally covered the role of social support in explaining or buffering negative psychological consequences of domestic violence against women. For instance, a research (Carlson, McNutt, Choi, & Rose, 2002) examined social support as a protective factor in the links between depression, anxiety, and three types of lifetime abuse, namely recent intimate partner violence, past intimate partner violence, and child abuse. Findings revealed that compared to nonabused women, abused women are more likely to receive less support from their partners, but relatively more levels of support from significant others. Accordingly, social support appeared as a buffer for abused women from developing anxiety and depression.

According to the findings of another research (Beeble et al., 2009), social support has strong and consistent effects on women's life quality and depression. That is, women with higher social support have higher life quality, lower depression at baseline, and greater improvement in depression over time. These findings displayed the need for women to have access to their social networks in order to receive emotional and tangible assistance both during times of crisis and thereafter.

By addressing the findings of such studies, Thompson and colleagues (2000) clarified the role of social support in the link between partner violence and psychological distress. They found that partner violence is related to lower perceived social support and greater psychological distress, and lower social support is related to more distress. These findings indicated that women who experienced higher levels of partner violence have lower levels of social support, which in turn lead to higher levels of negative psychological effects.

Similarly, Carlson and colleagues (2002) showed the important role of social support in the relationship between domestic violence and poor mental health outcomes. As for the researchers, social support helps to mitigate the influence of domestic violence on women's mental health. Tan and colleagues (1995) also demonstrated the strong relationship between social support and psychological well-being of battered women. Taken together, to increase battered women's social support and to make their existing supports more responsive to their needs were suggested to be crucially important.

Both the perpetrators and the victims of domestic violence are embedded in relationships with family, friends, and neighbors, which contribute to maintenance or alleviation of the problem (Mancini, Nelson, Bowen, & Martin, 2006; Goodman & Smyth, 2011). In other words, the social network is an important modifying factor for the victims of domestic violence (Löbmann et al., 2003). Family and friends have important roles in women's decision to leave the violent husband, or to stay in the relationship. Löbmann and colleagues (2003) argued that women experiencing relatively mild forms of violence often approach to their friends.

Among the victims, few of them seek the help of social agencies, and report their perpetrators to the police.

The support networks of women in abusive relationships are often restricted (Carlson, McNutt, Choi, & Rose, 2002; Wallace, 2002). Domestic violence is generally accompanied by the attempts to socially isolate the victim from family and friends, so that the others cannot provide feedback about the violence (Wallace, 2002; Helgeson, 2005). Despite the common view that victimized women have insufficient social support, many researches handled its reasons from a wide range of possibilities. To begin with, Dobash and Dobash (1998) suggested that it may be due to control and isolation imposed by the perpetrators. Abused women's purposely isolated behaviors are likely to limit their access to economic and social resources. Next, Campbell and Soeken (1999) pointed out abused women as socially isolated and withdrawn from their family members and friends, with a fear that their abusers may also unleash their aggression on them. In addition to these, Constantino and Bricker (1997) indicated that abused women may distance themselves from their family and/or friends as well, due to shame and guilt they feel. Accordingly, members of the support network may be unaware of the needs of the abused women, and may likely to provide insufficient support. As for American Psychological Association (APA, 2002), responses that blame the victim or minimize the offense, so that it is disqualified as an assault, may keep the victim silent and discourage the use of social support sources. When families and/or friends are aware of the abuse, they may minimize its severity and/or encourage the victim of the violence to try harder to placate the partner. Since the violent incident may be defined by family members and friends as part of a "wife's duties", women may remain silent.

In the relevant literature, some other studies integrated both the variables of social support and coping strategies in relation to domestic violence and psychological distress on women victims. In such a study (Canady & Babcock, 2009), social support affected the relationship between psychological abuse and emotion-focused engagement coping. This showed that the more support women perceive, the more they use methods of addressing emotions produced by abusive interactions. In a similar study (Lee, Pomeroy, & Bohman, 2007), mediating effects of social support and coping strategies on the relationship between intimate partner violence and psychological outcomes were investigated. As a result, an indirect effect of the level of violence on psychological outcomes via the mediating variables of perceived social support and passive coping strategies were obtained.

Furthermore, in the literature, some studies considered social support as a coping variable. For instance, Mitchell and colleagues (2006) investigated whether coping variables (i.e., ways of coping, spiritual well-being, social support, and service utilization) mediate the relation between intimate partner violence and mental health outcomes. According to findings, intimate partner violence and depressive symptom link was mediated by multiple ways of coping, spiritual well-being, and social support, where intimate partner violence and anxiety symptoms link was mediated by multiple ways of coping, social support, and ability to access resources. Taken together, economically disadvantaged, abused women who reported less adaptive ways of coping, lower levels of spiritual well-being and social support, and more efforts to access formal resources were proved to exhibit more symptoms of depression and anxiety.

The cited studies above showed that social support is an important source to deal with stressful life events. As mentioned, women who reported higher levels of domestic violence experiences also reported lower levels of social support, apart from lower levels of marital adjustment and psychological well-being. In other words, with the reviewed work, it may be suggested that women with unsupportive violent husbands and/or insufficient support from close others outside of their house (i.e., from family and friends) are more likely to suffer from deleterious effects of domestic violence.

2.7 Connection between Literature Review and Aims of the Study

A detailed review of the literature displayed significant relations among the variables that the study built upon. From a wide range of aspects, domestic violence against women demonstrated strong associations with marital adjustment and psychological well-being. The literature up to date also highlighted attachment, marital coping, and social support with their relations to marital and psychological outcomes, and their roles on domestic violence. Nevertheless, there were some discrepancies in the findings of the research studies. It remained unclear what contributed, in which way to the variability in findings across the studies. Further investigation appeared essential to explain how multiple factors influence others, above and beyond their effects on each other.

CHAPTER 3

METHOD

This chapter describes methodological procedures of the study. The first section presents selection procedures of the participants and socio-demographic characteristics of the sample. The second section addresses data collection instruments used in the study. The third section clarifies data collection procedures. Finally, the fourth section introduces statistical techniques for the analyses of the data.

3.1 Participants

The participants of the study were 524 married women, who were living in Ankara, Istanbul, or Bursa, which are three large cities of Turkey. Participation to the study was voluntary and the participants were selected through snowball sampling procedure (Kumar, 1996).

The age of participants ranged between 19 and 70 ($M = 36.9$, $SD = 9.11$), and the age of their husbands ranged between 22 and 74 ($M = 40.7$, $SD = 9.80$). Moreover, the length of their marriages ranged between less than a year and 55 years. The mean of their marriage length was 13.5 years ($SD = 10.31$). With respect to their number of children, 18.5% of them ($n = 97$) had no children, where 30.2% ($n = 158$) had one, 35.9% ($n = 188$) had two, and 15.4% ($n = 81$) had three or more children. Most of the participants ($n = 507$) and their husbands ($n = 499$) were in their first marriage.

When their marriage style were considered, 15.1% of the participants ($n = 79$) had arranged marriages, where 64.2% ($n = 336$) had couple initiated, and 20.7% ($n = 109$) had arranged and couple initiated marriages. Additionally, majority of the participants ($n = 492$) were living with their nuclear family as wife/mother, husband/father, and children, if any.

With respect to participants' education level, 4.2% of them ($n = 22$) were illiterate-literate, where 24.4% of them ($n = 127$) were primary-secondary school, 27.9% of them ($n = 146$) were high school, 34.6% of them ($n = 182$) were university, and 8.9% of them ($n = 47$) were higher-post graduates. Furthermore, 55.5% of the participants ($n = 291$) were employed, where 12.1% of them ($n = 63$) were retired, and 32.4 % of them ($n = 170$) were unemployed without any income.

All the detailed information regarding socio-demographic characteristics of the sample were presented in Table 3.1.

Table 3.1 Socio-demographic Characteristics of the Sample

Variable	N	Mean	SD	Range	%
Age	524	36.9	9.11	19-70	
Husband's Age	524	40.7	9.80	22-74	
Length of Marriage (in years)	524	13.5	10.31	0-55	
Number of Child(ren)	524				100
0	97				18.5
1	158				30.2
2	188				35.9
3 or more	81				15.4
Number of Marriage	524				100
1	507				96.8
2 or more	17				3.2
Husband's Number of Marriage	524				100
1	499				95.4
2 or more	25				4.6
Marriage Style	524				100
arranged	79				15.1
couple initiated	336				64.2
arranged and couple initiated	109				20.7
Others Living in the House	524				100
no: living as nuclear family	492				93.9
yes: living with relatives	32				6.1
Education Level	524				100
illiterate-literate	22				4.2
primary-secondary school	127				24.4
high school	146				27.9
university	182				34.6
higher/post	47				8.9
Husband's Education Level	524				100
illiterate-literate	13				2.5
primary-secondary school	95				18.3
high school	112				21.4
university	236				44.8
higher/post	68				13.0

Table 3.1 (cont.'d) Socio-demographic Characteristics of the Sample

Variable	N	Mean	SD	Range	%
Employment Status	524				100
employed	291				55.5
retired	63				12.1
unemployed	170				32.4
Husband's Employment Status	524				100
employed	421				80.4
retired	77				14.7
unemployed	26				4.9
Income	524			0-9000	100
no	170			0	32.4
low	118			0-900	22.5
middle	118			900-1700	22.5
high	118			1700-9000	22.5
Knowledge about Husband's Income	524				100
yes	431				82.2
no	93				17.8
Husband's Income	431			0-10000	100
no	26			0	6.0
low	135			0-1000	31.3
middle	135			1000-2200	31.3
high	135			2200-10000	31.3

3.2 Measures

Participants completed ten pages instrument package, which was composed of eight different measurement devices, including Demographic Information Form. After the Informed Consent (see Appendix A), and Demographic Information Form (see Appendix B), all seven instruments were organized in a random order. The measurement devices of the study were Revised Conflict Tactics Scale (see Appendix C), Dyadic Adjustment Scale (see Appendix D), Brief Symptom Inventory (see Appendix E), Experiences in Close Relationships-Revised,

(see Appendix F), Marital Coping Inventory (see Appendix G), Economic Violence Index (see Appendix H), and Social Support Index (see Appendix I).

3.2.1 Revised Conflict Tactics Scale

Conflict Tactics Scale (CTS; Straus 1979) is the most commonly used self-report measure for domestic violence (Vega & O’Leary, 2007). It has been used in a variety of settings, both as an assessment tool and as a treatment outcome measure. CTS measures the extent to which partners in a dating, cohabiting, or marital relationship engage in psychological and physical attacks on each other, as well as their use of reasoning or negotiation to deal with conflicts. Revised Conflict Tactics Scale or Conflict Tactics Scale-II (CTS2) is the modified form of CTS, which is revised by Straus and colleagues (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), (see Appendix C). CTS2 has five subscales as psychological aggression (i.e., psychological violence), physical assault (i.e., physical violence), negotiation, sexual coercion (i.e., sexual violence), and injury.

As suggested by Straus and colleagues (1996), it is important to separately measure physical assaults and injuries. On account of that, in the scale, injury was constructed as a separate dimension, not a part of physical assault. Physical assault subscale consists of items such as “Kicked, bit, or punched the partner”. However, injury subscale addresses the injuries arising from physical violence particularly, like “The partner was cut or bleeding”. Negotiation, the only non-violent subscale involved the actions taken to settle a disagreement through discussion, and communicating positive affect by expressing feelings of care and respect for the partner, such as “Respected the partner’s feelings”. Sexual coercion

included behaviors that are intended to compel the partner to engage in unwanted sexual activity like “Used force to make the partner have sex”. Finally, psychological aggression dimension contained both verbal aggression like “Insulted or swore at the partner”, and nonverbal aggressive acts, such as "Stomped out of the room”.

CTS2 consists of 78 (i.e., 39 items for perpetration and 39 items for victimization) randomly ordered items, asking the respondents to report how many times in a given time period the respondent or her/his partner has engaged in a list of behaviors that sometimes occur during relationship conflicts. Likert type CTS2 utilizes 7-point response format ranging from 0 to 7 (i.e., 0 = never, 1 = once, 2 = twice, 3 = 3-5 times, 4 = 6-10 times, 5 = 11-20 times, 6 = more than 20 times, 7 = before last year). CTS2 items are asked in the form of pairs of questions. What the participants did construct the perpetration items, and what the partner did construct the victimization items. Despite the desirability of couple data, the data from one partner were also reported to be valid (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Based on the interest and hypothesis of the study, just the victimization items (i.e., 39 victimization items) were administered to the participants. All the five subscales were included to the study separately. This provided specific data regarding different forms of domestic violence.

For scoring CTS2, Straus and colleagues’ suggestions were accurately considered. As they suggested, although CTS2 is a simple list of behaviors asking how often each occurred, it can be scored in a number of ways. Still, the prevalence scores were considered as a default scoring method. The prevalence scores indicate whether one or more of the acts in the scale were used during the referent period. The default referent period for CTS2 was constructed as the previous year. As suggested

by the researchers, annual prevalence of the dimensions are obtained by creating recoded versions of the items. Response 7 was recoded to be 0 ($7 = 0$), and responses 3 to 6 were recoded as follows: $3 = 4$, $4 = 8$, $5 = 15$, $6 = 25$. Responses 1 and 2 were kept in their original codes. After coding, all the items of that dimension were summed up. This provided five different violence scores for each participant.

In Turkey, CTS2's adaptation study was conducted by Aba (2008) in a flirting university sample. Turkish CTS2 was also proved to be a reliable and valid measure for assessing different forms of domestic violence with Cronbach's alpha coefficients .89 for physical assault, .88 for negotiation, .85 for psychological aggression, .79 for sexual coercion, and .76 for injury subscales, and .92 for the total scale. In the original scale, the relation between the pairs to each other is defined with the statement "partner". In Aba's Turkish adaptation study, she translated "partner" as "girl/boy friend". As already mentioned, the current research directly targeted domestic violence engaged by husbands to wives. Hence, the data were collected from married women. Correspondingly, by getting Aba's permission, "girl/boy friend" statements were all changed with "my spouse".

3.2.2 Dyadic Adjustment Scale

Dyadic Adjustment Scale (DAS) was developed by Spanier (1976) in order to assess adjustment and quality of marital relationships as perceived by couples (see Appendix D). As indicated by Spanier, DAS can be utilized in assessing various types of committed couple relationships, including unmarried cohabitation. The scale includes the subscales of dyadic satisfaction, dyadic consensus, dyadic cohesion, and affectional expression. Despite Spanier's suggestions about the use of

subscale scores as well, DAS is generally used with its total score. Similarly, in the current study, total scores obtained from DAS were computed.

DAS is a likert style, 32-item questionnaire. The scale primarily utilizes 2-, 5-, 6- and 7-point response formats. The majority of items use 6-point format, with options scored from 0 to 5. The items are rated on dimensions where extreme ends represent different responses as always agree to always disagree, all the time to never, every day to never, never to more than once a day, yes and no, or extremely unhappy to perfectly happy, depending on the question structure. The total score obtained from DAS ranges from 0 to 151, higher scores corresponding to higher perception of the quality of relationship (Spanier, 1976). In Spanier's study, mean scale score for married sample was 114.8. In addition, Cronbach's alphas were reported as .96 for the overall DAS, and ranged from .73 to .94 for the four subscales. As for its criterion validity, the correlation between DAS and a similar instrument, Locke-Wallace Marital Adjustment Scale, was found as .86.

DAS's translation into Turkish, and reliability and validity study were conducted by Fişiloğlu and Demir (2000). In their study, the mean of the sample was reported as 104.5. Specifically, the mean for male sample was 103.7 and female sample was 105.2. For the evaluation of reliability, Cronbach's alphas were computed. The internal consistency reliability was found as .92 and the split-half reliability as .86. Besides, for the evaluation of criterion validity, translated Locke-Wallace Marital Adjustment Scale was used. The correlation between DAS and Locke-Wallace Marital Adjustment Scale was .82. Thus, findings supported that as original DAS, Turkish DAS has sufficiently high reliability and validity to justify its use as a measurement of marital adjustment.

3.2.3 Brief Symptom Inventory

Brief Symptom Inventory (BSI) was developed by Derogatis (1992) in order to assess different psychological symptoms in adolescents and adults (see Appendix E). BSI is the short version of SCL-90-R (Symptom Checklist-90-Revised), which is originally composed of 90 items. BSI is 53-item symptom checklist, which assesses nine specific symptom dimensions (i.e., somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism), and three global indices of functioning (i.e., global severity index, positive symptom total, and positive symptom distress index).

Each item in BSI is evaluated by the participants on a 5-point likert type scale ranging from 0 (i.e., not at all) to 5 (i.e., extremely). The participants are asked to indicate the degree to which they suffered from each 53 specific individual symptoms in the last week. The high scores in BSI reflect high frequency of psychopathological symptoms.

BSI's translation into Turkish, and reliability and validity study were conducted by Şahin and Durak (1994). In their study, the factor analyses of the scale revealed five factors, as anxiety, depression, negative self, somatization, and hostility. In three different reliability studies, the Cronbach's alpha coefficients were found to be between .96 and .95. Additionally, alpha coefficients for the subscales ranged from .55 to .86. In validity studies, the correlations with similar scales varied from -.14 to -.34 for Social Comparison Scale, from .16 to .42 for Submissiveness Scale, from .24 to .36 for Stress Audit, from .13 to .36 for UCLA Loneliness Scale, from -.34 to -.57 for Offer Loneliness Scale, and from .34 to .70 for

Beck Depression Inventory. Taken together, the findings of adaptation study indicated that BSI is a reliable and valid measure to use in Turkey.

In the current study, the total score of BSI was used to assess general psychological well-being of the participants. For that purpose, lower levels of psychological symptoms were considered to indicate higher levels of psychological well-being, and higher levels of psychological symptoms to reflect lower levels of psychological well-being.

3.2.4 Experiences in Close Relationships-Revised

Experiences in Close Relationships was developed by Brennan, Clark, and Shaver (1998) to assess basic dimensions of adult attachment. Experiences in Close Relationships-Revised (ECR-R), (Fraley, Waller, & Brennan, 2000) is the revised form of the initial scale, (see Appendix F). In their revision study, the researchers collected the most frequently used attachment scales together, and they applied factor analysis to 323 items obtained from these scales. As a result, they concluded that adult attachment behavior can be defined by two dimensions as, anxiety and avoidance. Rather than specifying attachment types, ECR-R places individuals' attachment orientations on the continuum of these two dimensions. Anxiety dimension assesses fear of abandonment and rejection, desire to be too close, and preoccupation in close relationships, where avoidance dimension measures discomfort with intimacy and dependency in relationships, and excessive self-reliance.

ECR-R has 36 items, 18 items for each dimension. The scale is 5-point likert type, ranging from 1 (i.e., strongly disagree) to 5 (i.e., strongly agree). For the

scoring, it was suggested to sum up the items measuring the relevant dimension and to calculate their mean, separately.

In Turkey, ECR-R was translated and adapted by Selçuk, Günaydın, Sümer, and Uysal (2005). In their study, high internal consistency was found for both subscales. Cronbach's alpha coefficients were reported as .90 for avoidance and .86 for anxiety subscales. Selçuk and colleagues also reported that attachment dimensions (i.e., anxiety and avoidance) have stronger predictive power than attachment styles (i.e., secure, avoidant, preoccupied, and dismissed). They further developed a couple's version for Turkish ECR-R, in which the term "partner" was replaced with "my spouse". Considering the main interest of the study, Turkish ECR-R's couple version was administered to the sample, and two attachment dimensions were calculated for each participant.

3.2.5 Marital Coping Inventory

Marital Coping Inventory (MCI) was developed by Bowman (1990) in order to assess coping efforts in marriage (see Appendix G). MCI addresses respondents' frequency of the use of coping strategies when dealing with the most serious recurring problems in their marriage. MCI has five scales, reflecting the respondents' use of conflict, introspective self-blame, positive approach, self-interest, and avoidance.

MCI has 66 items. At the beginning of the scale, there is an open-ended question asking the most serious recurring problem that the participants have with their partner. This question is followed by a 5-point response format question ranging from 1 (i.e., not serious) to 5 (i.e., extremely serious) to evaluate the mentioned

problem's severity. The rest 64 questions utilize 5-point response format. Participants rate their use of specific conflict on a range from 1 (i.e., never) to 5 (i.e., always). In the scale, higher scores indicate higher usage of the coping style reflected by the subscale. MCI was reported to have satisfactory reliability with Cronbach's alpha coefficients .88 for conflict, .88 introspective self-blame, .82 for positive approach, .82 for self-interest, and .77 for avoidance subscales.

MCI's translation and reliability analyses in Turkey were conducted by Acicbe (2002). In her study, subscales' alpha coefficients were reported as .87 for introspective self-blame, .84 for conflict, .68 for self-interest, .54 for positive approach, and .49 for avoidance subscales. As in Acicbe's study (2002), 64 likert type items were included to the current study. All the subscales were handled separately in order to identify participants' specific coping efforts they use in dealing with their marital problems.

3.2.6 Economic Violence Index

As mentioned above, Revised Conflict Tactics Scale is an important source for measuring different types of domestic violence. On the other hand, the scale does not include items regarding economic violence within the couples. To address that specific type, basic economic violence measures were constructed by the researcher (see Appendix H), with the light of relevant literature. In particular, the questions were developed with the guidance of Watts and Zimmerman's (2002) definitions of economic violence and examples of economic restrictions, such as preventing women from working or confiscating their earnings. Altogether seven

questions were constructed, each asking the participants whether they have such an experience or not.

Moreover, in order to have knowledge about women's and their husbands' economic status and their related outcomes, basic demographic information were collected by Demographic Information Form (see Appendix B). These questions separately addressed participants' own and husbands' employment status (i.e., employed, retired or unemployed), and income. Whether they have knowledge about their husbands' income and whether they think they have economic freedom or not were also assessed via Demographic Information Form. Their knowledge about husbands' income and response about their perceived economic freedom measures were also included to the index. Taken together, nine questions provided a total score for economic violence measure.

3.2.7 Social Support Index

Social support measures were developed by the researcher to assess perceived social support of the participants particularly from different support groups (see Appendix I). In the literature, widely used Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988; Eker & Arkar, 1995) contains three support groups as family, friends, and significant others. Based on the interest of the current study, support groups were decided to be specified in married women's lives. In order to collect particular data from these and some other groups, Social Support Index was developed. Participants were asked to respond to the measures for each support group, namely (1) husband, (2) her own family (i.e., her mother, father, and siblings if any), (3) her husband's family (i.e., her husband's

mother, father, and siblings if any), (4) her relatives, (5) her husband's relatives, and (6) her friends and neighbors.

With the light of relevant literature, three social support measuring items were developed in order to provide assessment for six sources of social support. Especially, Multidimensional Scale of Perceived Social Support was referenced while developing the items. The items were (1) _____ is/are around when I am in need, (2) I can count on _____ when things go wrong, and (3) I can share my joys and sorrows with _____. Items were measured on a 5-point likert scale, ranging from 1 (i.e., strongly disagree) to 5 (i.e., strongly agree). Altogether, the index provided six scores, one for each support group.

3.2.8 Demographic Information Form

Demographic Information Form was prepared by the researcher to get information about socio-demographic characteristics of the participants and/or their husbands (see Appendix B). The form was constructed with questions in both open-ended (e.g., What is your age?) and close-ended (e.g., What is your education level?) formats.

In the form, socio-demographic measures age, length of marriage, number of child(ren), whether being first-married or remarried, if remarried the reason to end the previous marriage(s), marriage style, whether living with others in the house, if living with others their relation to each other, education level, employment status, and income were questioned both for the participants and their husbands. Moreover, as noticed above, the form questioned whether the participants

have knowledge about their husbands' income and whether they think they have economic freedom or not.

3.3 Procedures

Initially, the study was approved by Middle East Technical University, Research Center for Applied Ethics Committee. After the necessary permission taken from the committee, the data collection process started. Although 650 questionnaires were distributed, 536 of them returned (return rate = 82.5%). The cases who were not appropriate for the statistical analyses ($n = 12$) were excluded. Altogether, 524 cases were decided as appropriate for the purpose and analyses of the study.

Following verbal instructions, the instruments were given either directly by the researcher, or by the personal acquaintances of the researcher and the participants. The instruments were handled and returned in envelopes. Participants were asked to close the envelopes after they completed responding. With their permission, participants who were illiterate or who had difficulty in reading or responding the measures were accompanied by the researcher or by the colleagues of the researcher.

At the beginning of the instrument package, an Informed Consent was attached which provided necessary information regarding the purpose of the study, important points in filling the scales, participants' confidentiality, and contact information of the researcher (see Appendix A). In the instrument package, all the measures included their own instructions, as well. Taken together, the total administration time was about an hour.

3.4 Data Analyses

For the evaluation of the research questions, several statistical techniques were used (Tabachnick & Fidell, 2001). All the analyses were performed by using a computer program for the multivariate statistics, Statistics Package for the Social Sciences (SPSS), version 16.

Initially, in order to examine the differences of demographic variables on domestic violence dimensions, marital adjustment, and psychological well-being measures of the study, separate multivariate analyses of variance (MANOVA) and univariate analyses of variance (ANOVA) were conducted. Likewise, the differences of attachment security dimensions were investigated for domestic violence dimensions, marital adjustment, and psychological well-being, via separate MANOVA and ANOVA. Furthermore, a zero-order correlation was employed in order to identify the correlations among all the proposed variables. Following that, separate hierarchical multiple regression analyses were performed to investigate the significant associates of marital adjustment and psychological well-being.

CHAPTER 4

RESULTS

This chapter presents the results of the study in six sections. Initially, the first section explains screening procedures of the data prior to the analyses. The second section introduces the descriptive information for the measures of the study. Next, the third section clarifies the differences of demographic variables on the main measures. Specifically, this section addresses the differences of demographic variables and attachment security on domestic violence dimensions, marital adjustment, and psychological well-being. The fourth section presents correlation coefficients among the variables of the study. Then, the fifth section examines the significant associates of marital adjustment and psychological well-being. Finally, the last section summarizes the results of the study through summary tables.

4.1 Screening the Data Prior to the Analyses

Prior to the analyses, all the variables were examined through SPSS DESCRIPTIVES and SPSS FREQUENCIES for the accuracy of data entry, missing values, and the fit between their distributions and the assumptions of multivariate analysis (Tabachnick & Fidell, 2001). Altogether 536 variables were examined. The cases with many missing responses were decided as inappropriate for the statistical analyses, and therefore were excluded from the study ($n = 12$). For the remaining cases, evaluation of assumptions of linearity, normality, multicollinearity or

singularity, and homogeneity of variance within their own sets revealed no threat to multivariate analyses, $N = 524$.

4.2 Descriptive Information for the Measures of the Study

The characteristics of the measures that were used in the study were examined by means of their standard deviations, means, and minimum-maximum ranges. In specific, the measures of the study were Revised Conflict Tactics Scale with subscales psychological aggression, physical assault, injury, sexual coercion, and negotiation; Dyadic Adjustment Scale; Brief Symptom Inventory; Experiences in Close Relationships-Revised with subscales anxiety and avoidance; Marital Coping Inventory with subscales conflict, introspective self-blame, positive approach, self-interest, and avoidance; Economic Violence Index; and Social Support Index with subscales social support from different support groups as husband, family, husband's family, relatives, husband's relatives, and friends and neighbors. The mean scores were calculated by dividing the total scores of the measures by the total number of items for that particular measure (see Table 4.1).

Table 4.1 Descriptive Information for the Measures

Measures	N	Mean	SD	Range
CTS2				
Psychological	520	21.48	11.15	0-150
Physical	519	12.78	18.17	0-150
Injury	520	4.07	11.29	0-90
Sexual	518	9.68	8.79	0-150
Negotiation	522	49.50	19.18	0-150
DAS	524	108.39	15.79	31-146
BSI	524	39.87	19.76	0-168
ECR-R				
Anxiety	518	2.29	0.65	1-4.67
Avoidance	518	2.03	0.80	1-4.14
MCI				
Conflict	515	31.08	7.96	15-70
Self-Blame	515	37.78	9.34	15-69
Positive Approach	515	42.29	9.49	15-68
Self-Interest	515	22.80	4.75	11-42
Avoidance	515	32.92	3.82	18-46
EVI	524	11.02	1.52	9-15
SSI				
Husband	524	12.79	2.61	3-15
Family	524	12.34	2.90	3-15
Husband's Family	524	9.69	3.82	3-15
Relatives	524	10.24	3.34	3-15
Husband's Relatives	524	8.69	3.67	3-15
Friends-Neighbors	524	11.84	2.98	3-15

Note: **CTS2** = Revised Conflict Tactics Scale; **DAS** = Dyadic Adjustment Scale; **BSI** = Brief Symptom Inventory; **ECR-R** = Experiences in Close Relationships-Revised; **MCI** = Marital Coping Inventory; **EVI** = Economic Violence Index; **SSI** = Social Support Index.

4.3 Differences of Demographic Variables on the Measures of the Study

Differences of Demographic Variables were investigated for the main measures of the study. In order to examine how Demographic Variables differentiate on Domestic Violence Dimensions, separate multivariate analyses of variance

(MANOVA) were conducted, by using SPSS GENERAL LINEAR MODEL. Moreover, separate univariate analyses of variance (ANOVA) were conducted for the total scores of Dyadic Adjustment and Psychological Well-being measures in order to investigate Demographic Variables' differences on each, by using SPSS COMPARE MEANS. To conduct these analyses, continuous Demographic Variables (i.e., Age, Husband's Age, Length of Marriage, Income, and Husband's Income) were categorized into different groups. Information related to these categorizations and number of cases in each category with their percentages were presented in Table 4.2. Additionally, categorical Demographic Variables (i.e., Number of Children, Education Level, Husband's Education Level, Employment Status, Husband's Employment Status, Marriage Style, and Others Living in the House) were analysed in their existing categories. Information related to these demographic categorizations were already given in Table 4.1. Specifically for Husband's Income variable, %82.2 of the participants ($N = 431$) who reported that they had knowledge about their husband's income were grouped into Husband's Income categories. Other than that variable, all the participants ($N = 524$) were grouped into their categories, or they were analysed within their own groups, depending on the type of variable.

Table 4.2 Categorization of the Continuous Demographic Variables

Variable	N	%
Age	524	100
19 to 32 (young)	176	33.6
33 to 40 (middle)	178	34.0
41 to 70 (old)	170	32.4
Husband's Age	524	100
22 to 35 (young)	172	32.8
36 to 45 (middle)	175	33.4
46 to 74 (old)	177	33.8
Length of Marriage (in years)	524	100
0 to 8 (short)	177	33.8
9 to 20 (middle)	177	33.8
21 to 55 (long)	170	32.4
Income	524	100
no	170	32.4
0-900 (low)	118	22.5
900-1700 (middle)	118	22.5
1700-9000 (high)	118	22.5
Husband's Income	431	100
no	26	6.0
0-1000 (low)	135	31.3
1000-2200 (middle)	135	31.3
2200-10000 (high)	135	31.3

4.3.1 Differences of Demographic Variables on Domestic Violence Dimensions

Possible differences of the categorized Demographic Variables (i.e., Age, Husband's Age, Length of Marriage, Number of Child(ren), Number of Marriage, Husband's Number of Marriage, Marriage Style, Others Living in the House, Education Level, Husband's Education Level, Employment Status, Husband's Employment Status, Income, Husband's Income, and Income Compatibility) on Domestic Violence Dimensions (i.e., Psychological Violence, Physical Violence,

Injury, Sexual Violence, and Economic Violence, as well as Negotiation) were separately analysed via multivariate analysis of variance (MANOVA).

4.3.1.1 Differences of Age on Domestic Violence Dimensions

To see the influence of Age (Young, Middle, and Old Aged Women) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

As shown in Table 4.3, results yielded significant Age main effect [Multivariate $F(12, 1032) = 3.36, p < .001$; Wilks' $\lambda = .92$; partial $\eta^2 = .04$]. After the multivariate analyses, univariate analyses were performed for the significant main effect with the application of Bonferroni adjustment. For these analyses and the following analyses with 6 Dimensions of Domestic Violence, the alpha values that were lower than .008 (i.e., $.05/6$) were considered to be significant with Bonferroni correction. Univariate analyses with this correction revealed a significant main effect of Age on Economic Violence [$F(2, 521) = 12.56, p < .008$; $\eta^2 = .06$].

Table 4.3 Age Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Age	.92	12,1032	3.36*	.04	-	-	-
Psychological	-	-	-	-	2,521	2.23	.01
Physical	-	-	-	-	2,521	3.88	.03
Injury	-	-	-	-	2,521	0.81	.01
Sexual	-	-	-	-	2,521	3.04	.02
Economic	-	-	-	-	2,521	12.56**	.06
Negotiation	-	-	-	-	2,521	1.20	.01

Note: * $p < .001$, ** $p < .008$

According to mean scores, younger ($M = 10.60$) participants had lower scores on economic violence than middle-aged ($M = 11.10$) and older ($M = 11.02$) participants. Middle-aged participants and older participants did not differ on their economic violence scores (see Table 4.4).

Table 4.4 Mean Scores of Age on Economic Violence

	Young	Middle	Old
Economic Vio.	10.60 _a	11.10 _b	11.02 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.2 Differences of Husband's Age on Domestic Violence Dimensions

In order to determine possible differences of Husband's Age (Young, Middle, and Old Aged Husbands) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

As presented in Table 4.5, results revealed significant Husband's Age main effect [Multivariate $F(12, 1032) = 3.60, p < .001$; Wilks' $\lambda = .90$; partial $\eta^2 = .05$]. Univariate analyses following Bonferroni correction for the main effect of Husband's Age showed a significant effect for Economic Violence [$F(2, 521) = 13.42, p < .008$; $\eta^2 = .08$].

Table 4.5 Husband's Age Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Husb's Age	.90	12,1032	3.60*	.05	-	-	-
Psychological	-	-	-	-	2,521	3.61	.03
Physical	-	-	-	-	2,521	2.67	.02
Injury	-	-	-	-	2,521	0.70	.01
Sexual	-	-	-	-	2,521	2.85	.03
Economic	-	-	-	-	2,521	13.42**	.08
Negotiation	-	-	-	-	2,521	2.26	.02

Note: * $p < .001$, ** $p < .008$

Considering the mean scores, participants with older husbands ($M = 11.62$) had higher economic violence scores than participants with middle-aged ($M = 10.98$), and younger ($M = 10.28$) husbands. Participants with younger husbands' economic violence scores were significantly lower than participants with middle-aged, and older husbands (see Table 4.6).

Table 4.6 Mean Scores of Husband's Age on Economic Violence

	Young	Middle	Old
Economic Vio.	10.28 _a	10.98 _b	11.62 _c

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.3 Differences of Length of Marriage on Domestic Violence Dimensions

In order to see the differences of Length of Marriage (Short, Middle, and Long Years of Marriage) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence dimensions as the dependent variables.

As presented in Table 4.7, results showed significant Length of Marriage main effect [Multivariate $F(12, 1032) = 5.63, p < .001$; Wilks' $\lambda = .87$; partial $\eta^2 = .06$]. After the multivariate analyses, univariate analyses were performed for the significant effect with the application of Bonferroni adjustment as explained above. In these analyses, significant Length of Marriage main effect was found on Psychological Violence [$F(2, 521) = 8.21, p < .008$; $\eta^2 = .06$] and Economic Violence [$F(2, 521) = 9.02, p < .008$; $\eta^2 = .08$] domains.

Table 4.7 Length of Marriage Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Length of Marriage	.87	12,1032	5.63*	.06	-	-	-
Psychological	-	-	-	-	2,521	8.21**	.06
Physical	-	-	-	-	2,521	5.09	.04
Injury	-	-	-	-	2,521	2.87	.01
Sexual	-	-	-	-	2,521	5.30	.05
Economic	-	-	-	-	2,521	9.02**	.08
Negotiation	-	-	-	-	2,521	3.01	.01

Note: * $p < .001$, ** $p < .008$

In respect to univariate analyses results, participants who had short years of marriage ($M = 7.65$) reported less psychological violence compared to participants with middle ($M = 14.98$) and long ($M = 15.62$) years of marriage. Participants who had middle and long years of marriage did not differ on their psychological violence scores. Results also showed that participants who had short years of marriage ($M = 10.42$) had less economic violence scores compared to participants with middle ($M = 11.04$) and long ($M = 11.60$) years of marriage. Participants with long years of marriage significantly had the highest economic violence scores (see Table 4.8).

Table 4.8 Mean Scores of Length of Marriage on Psychological Violence and Economic Violence

	Short	Middle	Long
Psychological Vio.	7.65 _a	14.98 _b	15.62 _b
Economic Vio.	10.42 _a	11.04 _b	11.60 _c

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.4 Differences of Number of Child(ren) on Domestic Violence Dimensions

To be able to examine possible differences of Number of Child(ren) (None, One, Two, and Three or More Children) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

Results revealed significant Number of Child(ren) main effect [Multivariate $F(18, 1457) = 7.37, p < .001$; Wilks' $\lambda = .84$; partial $\eta^2 = .08$], (see Table 4.9). Following multivariate analyses, univariate analyses were performed for the significant effects with the application of Bonferroni adjustment. Univariate analyses showed significant Number of Child(ren) main effect on Psychological Violence [$F(3, 520) = 9.78, p < .008; \eta^2 = .07$], Physical Violence [$F(3, 520) = 5.22, p < .008; \eta^2 = .06$], Sexual Violence [$F(3, 520) = 4.91, p < .008; \eta^2 = .05$], and Economic Violence [$F(3, 520) = 11.27, p < .008; \eta^2 = .09$] domains.

Table 4.9 Number of Child(ren) Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Number of Child(ren)	.84	18,1457	7.37*	.08	-	-	-
Psychological	-	-	-	-	3,520	9.78**	.07
Physical	-	-	-	-	3,520	5.22**	.06
Injury	-	-	-	-	3,520	1.58	.02
Sexual	-	-	-	-	3,520	4.91**	.05
Economic	-	-	-	-	3,520	11.27**	.09
Negotiation	-	-	-	-	3,520	1.08	.01

Note: * $p < .001$, ** $p < .008$

Accordingly, participants who had three or more ($M = 25.57$) children reported more psychological violence compared to participants with no children ($M = 8.89$) and one child ($M = 11.70$). Their scores did not differ from participants who had two children ($M = 15.96$). Participants who had no children significantly had less scores on psychological violence compared to participants with two and three or more children. Participants with no children and one child did not differ on their psychological violence scores. Additionally, when physical violence scores were compared, participants with no children ($M = 4.48$) and one child ($M = 9.59$) had less scores compared to participants with two ($M = 16.43$) and three or more children ($M = 24.73$). Participants with three or more children significantly had higher physical violence scores compared to other groups. When sexual violence scores were considered, participants who had three or more children ($M = 6.29$) reported more sexual violence scores compared to participants who had none ($M = 2.46$), one ($M = 2.32$), and two children ($M = 3.73$). Participants with no children, one child, and two children did not differ in their sexual violence scores. Furthermore, participants with no children ($M = 10.18$) and one child ($M = 10.69$)

had less economic violence scores compared to participants with two ($M = 11.31$) and three or more children ($M = 11.41$). Participants with no children and one child did not differ in their economic violence scores. Similarly, economic violence scores of the participants with two and three or more children did not differ (see Table 4.10).

Table 4.10 Mean Scores of Number of Child(ren) on Psychological Violence, Physical Violence, Sexual Violence, and Economic Violence

	None	One	Two	Three-more
Psychological Vio.	8.89 _a	11.70 _{ab}	15.96 _{bc}	25.57 _c
Physical Vio.	4.48 _a	9.59 _a	16.43 _b	24.73 _c
Sexual Vio.	2.46 _a	2.32 _a	3.73 _a	6.29 _b
Economic Vio.	10.18 _a	10.69 _a	11.31 _b	11.41 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.5 Differences of Number of Marriage on Domestic Violence Dimensions

In order to examine possible differences of participant's Number of Marriage (One and Two or More) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

As presented in Table 4.11, results did not reveal significant main effect on Domestic Violence Dimensions [Multivariate $F(6,517) = 1.93, p > .05$; Wilks' $\lambda = .98$; partial $\eta^2 = .01$].

Table 4.11 Number of Marriage Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Number of Marriage	.98	6,517	1.93	.01	-	-	-
Psychological	-	-	-	-	1,522	1.08	.00
Physical	-	-	-	-	1,522	0.74	.00
Injury	-	-	-	-	1,522	1.03	.00
Sexual	-	-	-	-	1,522	0.98	.00
Economic	-	-	-	-	1,522	2.03	.01
Negotiation	-	-	-	-	1,522	0.65	.00

4.3.1.6 Differences of Husband's Number of Marriage on Domestic Violence Dimensions

To be able to determine possible differences of Husband's Number of Marriage (One and Two or More) on 6 Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted.

Results did not reveal significant main effect on Domestic Violence Dimensions [Multivariate $F(6,517) = 3.03, p > .05$; Wilks' $\lambda = .97$; partial $\eta^2 = .02$], (see Table 4.12).

Table 4.12 Husband's Number of Marriage Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Hsb's Num. of Marriage	.97	6,517	3.03	.02	-	-	-
Psychological	-	-	-	-	1,522	0.60	.00
Physical	-	-	-	-	1,522	2.83	.02
Injury	-	-	-	-	1,522	1.21	.01
Sexual	-	-	-	-	1,522	1.11	.01
Economic	-	-	-	-	1,522	1.40	.01
Negotiation	-	-	-	-	1,522	2.07	.02

4.3.1.7 Differences of Marriage Style on Domestic Violence Dimensions

In order to see the influence of Marriage Style (Arranged, Couple Initiated, and Arranged-Couple Initiated Marriage) on 6 Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted.

As presented in Table 4.13, results revealed significant Marriage Style main effect on Domestic Violence Dimensions [Multivariate $F(12, 1032) = 3.23$, $p < .001$; Wilks' $\lambda = .88$; partial $\eta^2 = .06$]. Univariate analyses with Bonferroni correction for the main effect of Marriage Style yielded significant effects for Physical Violence [$F(2, 521) = 6.82$, $p < .008$; $\eta^2 = .06$], Sexual Violence [$F(2, 521) = 5.90$, $p < .008$; $\eta^2 = .05$], and Economic Violence [$F(2, 521) = 10.11$, $p < .008$; $\eta^2 = .09$] domains.

Table 4.13 Marriage Style Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Marriage Style	.88	12,1032	3.23*	.06	-	-	-
Psychological	-	-	-	-	2,521	3.74	.02
Physical	-	-	-	-	2,521	6.82**	.06
Injury	-	-	-	-	2,521	3.51	.02
Sexual	-	-	-	-	2,521	5.90**	.05
Economic	-	-	-	-	2,521	10.11**	.09
Negotiation	-	-	-	-	2,521	2.14	.01

Note: * $p < .001$, ** $p < .008$

According to post-hoc comparisons conducted with Bonferroni analyses, participants who had arranged marriage ($M = 17.15$) had more physical violence scores than participants who had couple initiated ($M = 5.48$) and arranged-couple initiated ($M = 8.07$) marriages. Additionally, participants who had arranged marriage

($M = 13.34$) had more sexual violence scores than the participants who had couple initiated ($M = 4.90$) and arranged-couple initiated ($M = 3.90$) marriages. Likewise, participants who had arranged marriage ($M = 11.65$) had more economic violence scores than participants who had couple initiated ($M = 10.58$), and arranged-couple initiated ($M = 10.98$) marriages. On the other hand, participants who had couple initiated and arranged-couple initiated marriages did not differ in their physical violence, sexual violence, and economic violence scores (see Table 4.14).

Table 4.14 Mean Scores of Marriage Style on Physical Violence, Sexual Violence, and Economic Violence

	Arranged	Couple Initiated	Arranged-Couple Initiated
Physical Vio.	17.15 _a	5.48 _b	8.07 _b
Sexual Vio.	13.34 _a	4.90 _b	3.90 _b
Economic Vio.	11.65 _a	10.58 _b	10.98 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.8 Differences of Others Living in the House on Domestic Violence Dimensions

To be able to examine possible differences of Others Living in the House Demographic Variable (no: living as nuclear family, and yes: living with relatives) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

Results did not yield significant main effect on Domestic Violence Dimensions [Multivariate $F(6, 517) = 1.71, p > .05$; Wilks' $\lambda = .97$; partial $\eta^2 = .01$], (see Table 4.15).

Table 4.15 Others Living in the House Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Others Living in the House	.97	6,517	1.71	.01	-	-	-
Psychological	-	-	-	-	1,522	1.46	.01
Physical	-	-	-	-	1,522	1.58	.01
Injury	-	-	-	-	1,522	0.83	.00
Sexual	-	-	-	-	1,522	1.18	.01
Economic	-	-	-	-	1,522	0.25	.00
Negotiation	-	-	-	-	1,522	0.05	.00

4.3.1.9 Differences of Education Level on Domestic Violence Dimensions

To be able to examine possible differences of Education Level (Illiterate-Literate, Primary-Secondary School, High School, University, and Higher/Post Graduate Women) on 6 Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted.

According to results, as shown in Table 4.16, there was significant main effect of Education Level [Multivariate $F(24, 1794) = 7.79, p < .001$; Wilks' $\lambda = .79$; partial $\eta^2 = .08$]. Univariate analyses following Bonferroni correction for the main effect of Education Level yielded significant effects for all the dimensions of Domestic Violence, namely Psychological Violence [$F(4, 519) = 10.89, p < .008$; $\eta^2 = .08$], Physical Violence [$F(4, 519) = 15.68, p < .008$; $\eta^2 = .10$], Injury [$F(4, 519) = 6.51, p < .008$; $\eta^2 = .05$], Sexual Violence [$F(4, 519) = 14.95, p < .008$;

$\eta^2 = .10$], Economic Violence [$F(4,519) = 16.29, p < .008; \eta^2 = .11$], as well as Negotiation [$F(4, 519) = 2.19, p < .008; \eta^2 = .03$].

Table 4.16 Education Level Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Education Level	.79	24,1794	7.79*	.08	-	-	-
Psychological	-	-	-	-	4,519	10.89**	.08
Physical	-	-	-	-	4,519	15.68**	.10
Injury	-	-	-	-	4,519	6.51**	.05
Sexual	-	-	-	-	4,519	14.95**	.10
Economic	-	-	-	-	4,519	16.29**	.11
Negotiation	-	-	-	-	4,519	2.19**	.03

Note: * $p < .001$, ** $p < .008$

As presented in Table 4.17, according to mean scores, participants who were illiterate-literate ($M = 36.81$) and participants who were primary-secondary school graduates ($M = 33.99$) had higher scores on psychological violence than participants who were high school ($M = 12.61$), university ($M = 12.89$), and post graduates ($M = 7.79$). Post graduate participants had lower psychological violence scores than all the education level groups. Additionally, illiterate-literate participants ($M = 36.19$) and primary-secondary school graduate participants ($M = 21.94$) had higher scores on physical violence than high school ($M = 10.88$), university ($M = 5.60$), and post graduate ($M = 3.11$) participants. Physical violence scores of high school, university, and post graduate participants did not differ. Besides, post graduates ($M = 1.08$) had lower scores on injury than all the education level groups. University graduates ($M = 2.23$) had lower injury scores than illiterate-literate ($M = 5.64$), primary-secondary school ($M = 6.88$), and high school ($M = 6.14$)

graduates, as well. Illiterate-literate, primary-secondary school, and high school graduates' mean scores were not different in terms of their injury scores. Furthermore, according to mean scores, participants who were illiterate-literate ($M = 15.21$) and participants who were primary-secondary school graduates ($M = 19.59$) had higher sexual violence scores than high school ($M = 4.81$), university ($M = 2.74$), and post ($M = 2.95$) graduates. Sexual violence scores of illiterate-literate and primary-secondary school graduate groups did not differ. Sexual violence scores of high school, university, and post graduate participants did not differ, as well. Economic violence mean scores revealed similar results with sexual violence mean scores. Illiterate-literate ($M = 12.27$) and primary-secondary school graduates ($M = 11.91$) had higher Economic Violence scores than high school ($M = 11.05$), university ($M = 10.49$), and post graduates ($M = 10.68$). Economic violence scores did not differ for illiterate-literate and primary-secondary school graduate groups, as high school, university, and post graduate groups. Finally for negotiation dimension, post graduates ($M = 66.72$) had higher scores than illiterate-literate ($M = 47.69$), primary-secondary school ($M = 47.12$), and high school ($M = 48.30$) graduates. On the other hand, post graduates' negotiation scores did not differ from university graduates ($M = 60.33$). Negotiation scores of illiterate-literate, primary-secondary school, high school, and university graduate participants did not differ, as well.

Table 4.17 Mean Scores of Education Level on Psychological Violence, Physical Violence, Injury, Sexual Violence, Economic Violence, and Negotiation

	Illiterate-Literate	Primary-Secondary	High School	University	Higher
Psychological Vio.	36.81 _a	33.99 _a	12.61 _b	12.89 _b	7.79 _c
Physical Vio.	36.19 _a	21.94 _a	10.88 _b	5.60 _b	3.11 _b
Injury	5.64 _a	6.88 _a	6.14 _a	2.23 _b	1.08 _c
Sexual Vio.	15.21 _a	19.59 _a	4.81 _b	2.74 _b	2.95 _b
Economic Vio.	12.27 _a	11.91 _a	11.05 _b	10.49 _b	10.68 _b
Negotiation	47.69 _a	47.12 _a	48.30 _a	60.33 _{ab}	66.72 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.10 Differences of Husband’s Education Level on Domestic Violence Dimensions

In order to examine the influence of Husband’s Education Level (Illiterate-Literate, Primary-Secondary School, High School, University, and Higher/Post Graduate Husbands) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

As presented in Table 4.18, results revealed significant main effect of Husband’s Education Level [Multivariate $F(24, 1794) = 9.74, p < .001$; Wilks’ $\lambda = .72$; partial $\eta^2 = .10$]. Univariate analyses following Bonferroni correction for the main effect of Husband’s Education Level yielded significant effects for all the dimensions of Domestic Violence, namely Psychological Violence [$F(4, 519) = 13.22, p < .008$; $\eta^2 = .11$], Physical Violence [$F(4, 519) = 17.01,$

$p < .008$; $\eta^2 = .14$], Injury [$F(4, 519) = 7.05$, $p < .008$; $\eta^2 = .07$], Sexual Violence [$F(4, 519) = 18.65$, $p < .008$; $\eta^2 = .14$], Economic Violence [$F(4, 519) = 12.58$, $p < .008$; $\eta^2 = .10$], as well as Negotiation [$F(4, 519) = 5.96$, $p < .008$; $\eta^2 = .05$].

Table 4.18. Husband’s Education Level Differences on Domestic Violence

Variables	Wilks’ λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Husb’s Edu. Level	.72	24,1794	9.74*	.10	-	-	-
Psychological	-	-	-	-	4,519	13.22**	.11
Physical	-	-	-	-	4,519	17.01**	.14
Injury	-	-	-	-	4,519	7.05**	.07
Sexual	-	-	-	-	4,519	18.65**	.14
Economic	-	-	-	-	4,519	12.58**	.10
Negotiation	-	-	-	-	4,519	5.96**	.05

Note: * $p < .001$, ** $p < .008$

According to mean scores, as shown in Table 4.19, participants who had illiterate-literate ($M = 39.14$) and primary-secondary school graduate ($M = 33.78$) husbands had higher psychological violence scores than participants who had high school ($M = 20.27$), university ($M = 13.53$), and post ($M = 7.05$) graduate husbands. Psychological violence scores did not differ for illiterate-literate and primary-secondary school graduate husbands groups. Participants with post graduate husbands had lower scores than participants who had illiterate-literate, primary-secondary school, and high school graduate husbands. Participants with post graduate husbands’ psychological violence scores did not differ from participants who had university graduate husbands. In addition, according to mean scores, participants who had illiterate-literate ($M = 32.42$) and primary-secondary school graduate ($M = 27.68$) husbands had higher physical violence scores than participants

with high school ($M = 16.14$), university ($M = 5.91$), and post ($M = 6.43$) graduate husbands. Physical violence scores of participants who had university and post graduate husbands did not differ. Their scores were less than participants who had illiterate-literate, primary-secondary school, and high school graduate husbands. For injury dimension, participants with university ($M = 2.61$) and post ($M = 1.68$) graduate husbands had lower scores than participants who had illiterate-literate ($M = 4.14$), primary-secondary school ($M = 4.30$), and high school ($M = 4.71$) graduate husbands. Participants who had post graduate husbands and who had university graduate husbands did not differ in their injury scores. Injury scores of participants with illiterate-literate, primary-secondary school, and high school graduate husbands did not differ, as well. In addition, participants with illiterate-literate ($M = 16.28$) and primary-secondary school graduate ($M = 18.13$) husbands had higher scores on sexual violence than participants with high school ($M = 7.61$), university ($M = 2.90$), and post graduate ($M = 3.03$) husbands. Besides, participants who had high school graduate husbands had higher scores than participants with university and post graduate husbands. Sexual violence scores did not differ for participants with university and post graduate husbands. For economic violence scores, participants who had illiterate-literate ($M = 12.23$), primary-secondary school ($M = 11.52$), and high school ($M = 11.66$) graduate husbands had higher scores than participants who had university ($M = 10.67$) and post ($M = 10.56$) graduate husbands. Participants with illiterate-literate, primary-secondary school, high school graduate husbands, and participants with university and post graduate husbands groups did not differ in terms of economic violence scores. Lastly, for negotiation scores participants who had university ($M = 65.43$) and post ($M = 68.34$) graduate husbands

had higher negotiation scores than participants who had illiterate-literate ($M = 48.94$), primary-secondary school ($M = 45.71$), and high school ($M = 45.40$) graduate husbands. Participants who had illiterate-literate, primary-secondary school, high school graduate husbands, and participants who had university and post graduate husbands groups did not differ in their negotiation scores.

Table 4.19 Mean Scores of Husband’s Education Level on Psychological Violence, Physical Violence, Injury, Sexual Violence, Economic Violence, and Negotiation

	Illiterate-Literate	Primary-Secondary	High School	University	Higher
Psychological Vio.	39.14 _a	33.78 _a	20.27 _b	13.53 _{bc}	7.05 _c
Physical Vio.	32.42 _a	27.68 _a	16.14 _b	5.91 _c	6.43 _c
Injury	4.14 _a	4.30 _a	4.71 _a	2.61 _b	1.68 _b
Sexual Vio.	16.28 _a	18.13 _a	7.61 _b	2.90 _c	3.03 _c
Economic Vio.	12.23 _a	11.52 _a	11.66 _a	10.67 _b	10.56 _b
Negotiation	48.94 _a	45.71 _a	45.40 _a	65.43 _b	68.34 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.11 Differences of Employment Status on Domestic Violence Dimensions

To see the influence of Employment Status (Employed, Retired, and Unemployed Women) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

Results yielded significant Employment Status main effect [Multivariate $F(12, 1032) = 8.42, p < .001$; Wilks’ $\lambda = .85$; partial $\eta^2 = .11$], (see

Table 4.20). Following multivariate analyses, univariate analyses were performed to investigate the significant effects with the application of Bonferroni adjustment. Univariate analyses showed significant Employment Status main effects on Psychological Violence [$F(2, 521) = 7.81, p < .008; \eta^2 = .06$], Physical Violence [$F(2, 521) = 6.35, p < .008; \eta^2 = .05$], Sexual Violence [$F(2, 521) = 9.92, p < .008; \eta^2 = .08$], and Economic Violence [$F(2, 521) = 8.49, p < .008; \eta^2 = .07$].

Table 4.20 Employment Status Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Employment Status	.85	12,1032	8.42*	.11	-	-	-
Psychological	-	-	-	-	2,521	7.81**	.06
Physical	-	-	-	-	2,521	6.35**	.05
Injury	-	-	-	-	2,521	0.96	.01
Sexual	-	-	-	-	2,521	9.92**	.08
Economic	-	-	-	-	2,521	8.49**	.07
Negotiation	-	-	-	-	2,521	0.56	.00

Note: * $p < .001$, ** $p < .008$

As shown in Table 4.21, unemployed ($M = 50.70$) and retired ($M = 40.48$) participants had higher psychological violence scores than employed participants ($M = 17.36$). Likewise, unemployed ($M = 37.50$) and retired ($M = 26.33$) participants had higher physical violence scores than employed participants ($M = 11.13$). Unemployed and retired participants' psychological and physical violence scores did not differ. Moreover, unemployed participants ($M = 24.60$) had higher sexual violence scores than retired ($M = 17.61$) and employed ($M = 6.25$) participants. Retired participants' sexual violence scores were significantly higher than employed participants' as well. Finally, for economic violence scores, employed

participants ($M = 10.89$) had lower scores than retired ($M = 11.30$) and unemployed ($M = 12.51$) participants. Similarly, retired participants' scores were lower than unemployed participants' economic violence scores.

Table 4.21 Mean Scores of Employment Status on Psychological Violence, Physical Violence, Sexual Violence, and Economic Violence

	Employed	Retired	Unemployed
Psychological Vio.	17.36 _a	40.48 _b	50.70 _b
Physical Vio.	11.13 _a	26.33 _b	37.50 _b
Sexual Vio.	6.25 _a	17.61 _b	24.60 _c
Economic Vio.	10.89 _a	11.30 _b	12.51 _c

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.12 Differences of Husband's Employment Status on Domestic Violence Dimensions

To be able to examine possible differences of Husband's Employment Status (Employed, Retired, and Unemployed Husbands) on 6 Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted.

Results revealed significant Husband's Employment Status main effect [Multivariate $F(12, 1032) = 2.51, p < .05$; Wilks' $\lambda = .94$; partial $\eta^2 = .03$]. On the other hand, univariate analyses following Bonferroni correction for the main effect of Husband's Employment Status yielded no significant effects for Domestic Violence Dimensions (see Table 4.22).

Table 4.22 Husband's Employment Status Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Husb's Emp. Status	.94	12,1032	2.51*	.03	-	-	-
Psychological	-	-	-	-	2,521	0.72	.00
Physical	-	-	-	-	2,521	0.35	.00
Injury	-	-	-	-	2,521	3.12	.02
Sexual	-	-	-	-	2,521	3.91	.02
Economic	-	-	-	-	2,521	2.94	.01
Negotiation	-	-	-	-	2,521	0.50	.00

Note: * $p < .05$

4.3.1.13 Differences of Income on Domestic Violence Dimensions

In order to see the influence of Income (Women with No, Low, Middle, and High Income) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Dimensions of Domestic Violence as the dependent variables.

As shown in Table 4.23, results revealed significant Income main effect on Domestic Violence Dimensions [Multivariate $F(18, 1342) = 5.09, p < .001$; Wilks' $\lambda = .82$; partial $\eta^2 = .07$]. Univariate analyses with Bonferroni correction for the main effect of Income yielded significant effects for all the dimensions of Domestic Violence, namely Psychological Violence [$F(3, 518) = 2.40, p < .008$; $\eta^2 = .02$], Physical Violence [$F(3, 518) = 5.39, p < .008$; $\eta^2 = .04$], Injury [$F(3, 518) = 8.17, p < .008$; $\eta^2 = .05$], Sexual Violence [$F(3, 518) = 6.55, p < .008$; $\eta^2 = .04$], Economic Violence [$F(3, 518) = 10.47, p < .008$; $\eta^2 = .07$], as well as Negotiation [$F(3, 518) = 4.96, p < .008$; $\eta^2 = .03$].

Table 4.23 Income Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Income	.82	18,1342	5.09*	.07	-	-	-
Psychological	-	-	-	-	3,518	2.40**	.02
Physical	-	-	-	-	3,518	5.39**	.04
Injury	-	-	-	-	3,518	8.17**	.05
Sexual	-	-	-	-	3,518	6.55**	.04
Economic	-	-	-	-	3,518	10.47**	.07
Negotiation	-	-	-	-	3,518	4.96**	.03

Note: * $p < .001$, ** $p < .008$

Considering the mean scores presented in Table 4.24, participants with no income ($M = 19.36$), and participants with low income ($M = 21.26$) had higher psychological violence scores compared to participants with middle ($M = 18.86$) and high ($M = 18.75$) income. Participants with no income and low income, as well as participants with middle and high income did not differ in their psychological violence scores. In addition, participants with middle ($M = 7.31$) and high ($M = 7.05$) income had lower physical violence scores than participants with no income ($M = 17.72$) and low income ($M = 13.15$). Participants with low income also had lower physical violence scores than no income group. In the same manner with physical violence scores, participants who had middle ($M = 1.06$) and high ($M = 1.02$) income had lower injury scores than participants with no income ($M = 6.02$) and low income ($M = 4.76$). Participants with low income had lower injury scores than no income group, as well. Furthermore, no ($M = 7.16$), middle ($M = 6.26$), and high ($M = 6.79$) income groups had lower sexual violence scores than participants with low income ($M = 8.69$). Participants with no, middle, and high income did not differ in terms of their sexual violence scores. As for economic violence scores, participants with high income ($M = 10.42$) had lower scores than

middle ($M = 10.85$), low ($M = 11.31$), and no ($M = 11.98$) income groups. Participants with middle income had lower scores than participants with low and no income, and participants with low income had lower scores than participants with no income. Finally, when negotiation scores were considered, participants with high income ($M = 62.02$) had higher scores than participants with no ($M = 50.77$), low ($M = 52.05$), and middle ($M = 51.00$) income. Negotiation scores did not differ for no, low, and middle income groups.

Table 4.24 Mean Scores of Income on Psychological Violence, Physical Violence, Injury, Sexual Violence, Economic Violence, and Negotiation

	No	Low	Middle	High
Psychological Vio.	19.36 _a	21.26 _a	18.86 _b	18.75 _b
Physical Vio.	17.72 _a	13.15 _b	7.31 _c	7.05 _c
Injury	6.02 _a	4.76 _b	1.06 _c	1.02 _c
Sexual Vio.	7.16 _a	8.69 _b	6.26 _a	6.79 _a
Economic Vio.	11.98 _a	11.31 _b	10.85 _c	10.42 _d
Negotiation	50.77 _a	52.05 _a	51.00 _a	62.02 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.1.14 Differences of Husband's Income on Domestic Violence Dimensions

To be able to examine possible differences of Husband's Income (Husbands with No, Low, Middle, and High Income) on Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted with 6 Dimensions of Domestic Violence as the dependent variables.

As shown in Table 4.25, results yielded significant Husband's Income main effect [Multivariate $F(18, 1194) = 3.90, p < .001$; Wilks' $\lambda = .85$; partial $\eta^2 = .05$]. Despite that, univariate analyses following Bonferroni correction for the main effect of Husband's Income yielded no significant effects for Domestic Violence Dimensions.

Table 4.25 Husband's Income Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Husb's Income	.85	18,1194	3.90*	.05	-	-	-
Psychological	-	-	-	-	3,427	2.63	.02
Physical	-	-	-	-	3,427	0.91	.00
Injury	-	-	-	-	3,427	2.52	.02
Sexual	-	-	-	-	3,427	0.71	.00
Economic	-	-	-	-	3,427	3.57	.03
Negotiation	-	-	-	-	3,427	1.87	.01

Note: * $p < .001$

4.3.1.15 Differences of Income Compatibility on Domestic Violence Dimensions

In order to see the influence of Income Compatibility (Women with Higher Income and Women with Lower Income Compared to their Husbands) on 6 Domestic Violence Dimensions, a one-way between subjects MANOVA was conducted. Compared to their husbands, women with lower income group also covered women with no income who naturally have less income than their husbands.

Findings revealed significant Income Compatibility main effect on Domestic Violence Dimensions [Multivariate $F(6, 483) = 6.65, p < .001$; Wilks' $\lambda = .87$; partial $\eta^2 = .07$]. Univariate analyses with Bonferroni correction

for the main effect of Income Compatibility yielded significant effects for Physical Violence [$F(1, 488) = 10.56, p < .008; \eta^2 = .04$], Economic Violence [$F(1, 488) = 15.62, p < .008; \eta^2 = .05$], as well as Negotiation [$F(1, 488) = 11.33, p < .008; \eta^2 = .04$] domains (see Table 4.26).

Table 4.26 Income Compatibility Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Income Comp.	.87	6,483	6.65*	.07	-	-	-
Psychological	-	-	-	-	1,488	3.10	.01
Physical	-	-	-	-	1,488	10.56**	.04
Injury	-	-	-	-	1,488	3.12	.01
Sexual	-	-	-	-	1,488	4.06	.02
Economic	-	-	-	-	1,488	15.62**	.05
Negotiation	-	-	-	-	1,488	11.33**	.04

Note: * $p < .001$, ** $p < .008$

As depicted in Table 4.27, according to post-hoc comparisons conducted with Bonferroni analyses, participants who had higher income compared to their husbands ($M = 21.44$) reported more physical violence than participants who had lower income ($M = 10.87$). Additionally, participants with higher income ($M = 11.55$) had more economic violence scores than participants with lower income ($M = 10.91$) compared to their husbands. Lastly, according to negotiation scores, participants with higher income than their husbands ($M = 43.63$) had lower scores compared to participants with lower income than their husbands ($M = 58.95$).

Table 4.27 Mean Scores of Income Compatibility on Physical Violence, Economic Violence, and Negotiation

	Higher Income	Lower Income
Physical Vio.	21.44 _a	10.87 _b
Economic Vio.	11.55 _a	10.91 _b
Negotiation	43.63 _a	58.95 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.2 Differences of Demographic Variables on Marital Adjustment

Possible influence of Demographic Variables on Marital Adjustment were separately analysed via univariate analyses of variance (ANOVA). Analyses were conducted for the main Demographic Variables specifically related with marriage (i.e., Age, Husband's Age, Length of Marriage, Number of Child(ren), Number of Marriage, Husband's Number of Marriage, Marriage Style, and Others Living in the House).

4.3.2.1 Differences of Age on Marital Adjustment

To be able to examine possible differences of Age (Young, Middle, and Old Aged Women) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

As presented in Table 4.28, results revealed significant Age main effect [$F(2, 521) = 12.06, p < .001$]. According to mean scores, younger participants ($M = 110.32$) reported higher marital adjustment than middle-aged ($M = 107.48$) and

older ($M = 106.97$) participants. Additionally, middle-aged and older participants did not differ in their marital adjustment scores (see Table 4.29).

Table 4.28 Age Differences on Marital Adjustment

Source	df	SS	MS	F
Between	2	13100.50	6550.25	12.06*
Error	521	282976.50	543.14	

Note: * $p < .001$

Table 4.29 Mean Scores of Age on Marital Adjustment

	Young	Middle	Old
Marital Adjustment	110.32 _a	107.48 _b	106.97 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.2.2 Differences of Husband's Age on Marital Adjustment

In order to see the influence of Husband's Age (Young, Middle, and Old Aged Husbands) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

According to results, there was significant main effect of Husband's Age [$F(2, 521) = 14.56, p < .001$], (see Table 4.30). Considering mean scores presented in Table 4.31, participants with younger husbands ($M = 115.20$) reported higher marital adjustment than participants with middle-aged ($M = 108.80$) and older ($M = 103.73$) husbands. Moreover, participants who had middle-aged husbands reported higher marital adjustment scores than participants who had older husbands.

Table 4.30 Husband's Age Differences on Marital Adjustment

Source	df	SS	MS	F
Between	2	15675.51	7837.57	14.56*
Error	521	280401.90	538.20	

Note: * $p < .001$

Table 4.31 Mean Scores of Husband's Age on Marital Adjustment

	Young	Middle	Old
Marital Adjustment	115.20 _a	108.80 _b	103.73 _c

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.2.3 Differences of Length of Marriage on Marital Adjustment

In order to determine possible differences of Length of Marriage (Short, Middle, and Long Years of Marriage) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

As shown in Table 4.32, results revealed significant Length of Marriage main effect [$F(2, 521) = 20.56, p < .001$]. Accordingly, participants with short years of marriage ($M = 117.58$) reported higher marital adjustment compared to participants with middle ($M = 104.17$) and long ($M = 105.26$) years of marriage. Participants with middle and long years of marriage did not differ in terms of their marital adjustment scores (see Table 4.33).

Table 4.32 Length of Marriage Differences on Marital Adjustment

Source	df	SS	MS	F
Between	2	21580.60	10790.29	20.56*
Error	521	273433.30	524.82	

Note: * $p < .001$

Table 4.33 Mean Scores of Length of Marriage on Marital Adjustment

	Short	Middle	Long
Marital Adjustment	117.58 _a	104.17 _b	105.26 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.2.4 Differences of Number of Child(ren) on Marital Adjustment

To be able to examine possible differences of Number of Child(ren) (None, One, Two, and Three or More Children) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

Results revealed significant Number of Child(ren) differences on Marital Adjustment [$F(3, 520) = 9.59, p < .001$], (see Table 4.34). As for mean scores presented in Table 4.35, participants with three or more children ($M = 103.56$) reported lower marital adjustment than participants with no children ($M = 119.01$), with one child ($M = 110.42$), and with two children ($M = 109.41$). In addition, participants with no children had higher scores on marital adjustment than the other three groups. Marital adjustment scores of participants who had one or two children did not differ.

Table 4.34 Number of Child(ren) Differences on Marital Adjustment

Source	df	SS	MS	F
Between	3	15525.80	5175.26	9.59*
Error	520	280551.20	539.52	

Note: * $p < .001$

Table 4.35 Mean Scores of Number of Child(ren) on Marital Adjustment

	None	One	Two	Three-more
Marital Adj.	119.01 _a	110.42 _b	109.41 _b	103.56 _c

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.2.5 Differences of Number of Marriage on Marital Adjustment

In order to see the differences of participant's Number of Marriage (One and Two or More) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

Results indicated no significant main effect for Number of Marriage on Marital Adjustment [$F(1, 522) = 1.07, p > .05$], (see Table 4.36).

Table 4.36 Number of Marriage Differences on Marital Adjustment

Source	df	SS	MS	F
Between	1	605.51	605.51	1.07
Error	522	295471.50	566.04	

4.3.2.6 Differences of Husband's Number of Marriage on Marital Adjustment

To examine possible differences of Husband's Number of Marriage (One and Two or More) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

Results indicated that Husband's Number of Marriage main effect was not significant [$F(1, 522) = 1.01, p > .05$], (see Table 4.37).

Table 4.37 Husband's Number of Marriage Differences on Marital Adjustment

Source	df	SS	MS	F
Between	1	361.51	561.51	1.01
Error	522	296040.00	567.13	

4.3.2.7 Differences of Marriage Style on Marital Adjustment

In order to see the influence of Marriage Style (Arranged, Couple Initiated, and Arranged-Couple Initiated Marriage) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

As shown in Table 4.38, results revealed significant Marriage Style main effect on Marital Adjustment [$F(2, 521) = 11.79, p < .001$]. According to mean scores, participants who had arranged marriage ($M = 98.03$) reported lower scores on marital adjustment than participants who had couple initiated ($M = 111.98$) and arranged-couple initiated ($M = 109.77$) marriages. In addition to that, participants

who had couple initiated and arranged-couple initiated marriages did not differ in terms of their marital adjustment scores (see Table 4.39).

Table 4.38 Marriage Style Differences on Marital Adjustment

Source	df	SS	MS	F
Between	2	12829.12	6414.56	11.79*
Error	521	283247.90	543.66	

Note: * $p < .001$

Table 4.39 Mean Scores of Marriage Style on Marital Adjustment

	Arranged	Couple Initiated	Arranged-Couple Initiated
Marital Adjustment	98.03 _a	111.98 _b	109.77 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.2.8 Differences of Others Living in the House on Marital Adjustment

To be able to investigate possible differences of Others Living in the House Demographic Variable (no: living as nuclear family, and yes: living with relatives) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

As presented in Table 4.40, results did not reveal Others Living in the House main effect on Marital Adjustment [$F(1, 522) = 1.91, p > .05$].

Table 4.40 Others Living in the House Differences on Marital Adjustment

Source	df	SS	MS	F
Between	1	1080.01	1080.01	1.91
Error	522	294997.00	565.13	

4.3.3 Differences of Demographic Variables on Psychological Well-being

Possible differences of Demographic Variables on Psychological Well-being were separately analysed via univariate analyses of variance (ANOVA). Analyses were conducted for the main Demographic Variables directly related with the participants (i.e., Age, Length of Marriage, Number of Child(ren), Marriage Style, Others Living in the House, Education Level, Employment Status, and Income). In these analyses, Psychological Symptoms reported by the participants were computed as the dependent variable. Lower levels of Psychological Symptoms were considered to indicate higher levels of Psychological Well-being, and vice versa.

4.3.3.1 Differences of Age on Psychological Well-being

In order to see the differences of Age (Young, Middle, and Old Aged Women) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

As shown in Table 4.41, results revealed significant main effect of Age on Psychological Symptoms [$F(2, 514) = 3.60, p < .05$]. As for mean scores presented in Table 4.42, middle-aged participants ($M = 44.59$) reported higher levels

of psychological symptoms than younger ($M = 38.42$) and older ($M = 39.57$) participants. Participants at young and old ages did not differ in terms of their psychological symptoms.

Table 4.41 Age Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	2	8304.05	4152.03	3.60*
Error	514	593597.70	1154.86	

Note: * $p < .05$

Table 4.42 Mean Scores of Age on Psychological Symptoms

	Young	Middle	Old
Psych. Symptoms	38.42 _a	44.59 _b	39.57 _a

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.3.2 Differences of Length of Marriage on Psychological Well-being

To be able to examine possible differences of Length of Marriage (Short, Middle, and Long Years of Marriage) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

Results indicated significant Length of Marriage main effect on Psychological Symptoms [$F(2, 514) = 5.40, p < .01$], (see Table 4.43). According to mean scores, participants with short years of marriage ($M = 35.13$) had lower scores on psychological symptoms than participants with middle ($M = 43.51$) and long

($M = 42.04$) years of marriage. Participants who had middle and long years of marriage did not differ in terms of their psychological symptoms (see Table 4.44).

Table 4.43 Length of Marriage Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	2	12555.63	6277.81	5.40*
Error	514	598170.30	1163.76	

Note: * $p < .01$

Table 4.44 Mean Scores of Length of Marriage on Psychological Symptoms

	Short	Middle	Long
Psych. Symptoms	35.13 _a	43.51 _b	42.04 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.3.3 Differences of Number of Child(ren) on Psychological Well-being

In order to determine possible differences of Number of Child(ren) (None, One, Two, and Three or More Children) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

As shown in Table 4.45, results indicated no significant main effect for Number of Child(ren) on Psychological Symptoms [$F(3, 513) = 1.36, p > .05$].

Table 4.45 Number of Child(ren) Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	3	4806.61	1602.20	1.36
Error	513	605919.30	1181.13	

4.3.3.4 Differences of Marriage Style on Psychological Well-being

In order to investigate the influence of Marriage Style (Arranged, Couple Initiated, and Arranged-Couple Initiated Marriage) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

Results revealed significant Marriage Style differences on Psychological Symptoms [$F(2, 514) = 7.31, p < .001$], (see Table 4.46). As for mean scores presented in Table 4.47, participants who had couple initiated marriage ($M = 38.79$) had lower scores on psychological symptoms than participants who had arranged marriage ($M = 54.87$). Participants who had couple initiated and arranged-couple initiated ($M = 43.40$) marriages did not differ in terms of psychological symptoms. Similarly, participants who had arranged and arranged-couple initiated marriages did not differ in their psychological symptoms.

Table 4.46 Marriage Style Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	2	16895.68	8447.84	7.31*
Error	514	593830.20	1155.31	

Note: * $p < .001$

Table 4.47 Mean Scores of Marriage Style on Psychological Symptoms

	Arranged	Couple Initiated	Arranged-Couple Initiated
Psych. Symptoms	54.87 _a	38.79 _b	43.40 _{ab}

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.3.5 Differences of Others Living in the House on Psychological Well-being

To examine possible differences Others Living in the House Demographic Variable (no: living as nuclear family, and yes: living with relatives) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

As presented in Table 4.48, results indicated no significant main effect for Others Living in the House on Psychological Symptoms [$F(1, 515) = 1.03$, $p > .05$].

Table 4.48 Others Living in the House Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	1	1183.58	1183.58	1.03
Error	515	591791.65	1149.11	

4.3.3.6 Differences of Education Level on Psychological Well-being

In order to see the differences of Education Level (Illiterate-Literate, Primary-Secondary School, High School, University, and Higher/Post Graduate

Women) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

Results revealed significant Education Level differences on Psychological Symptoms [$F(4, 512) = 10.46, p < .001$], (see Table 4.49). According to mean scores given in Table 4.50, illiterate-literate ($M = 55.27$), primary-school graduate ($M = 52.25$), and high school graduate ($M = 50.20$) participants had higher psychological symptoms than university graduates ($M = 43.34$) and post graduates ($M = 42.46$). Illiterate-literates, primary-school graduates, and high school graduates did not differ in terms of their psychological symptoms. Likewise, university and post graduates' psychological symptom scores were not different.

Table 4.49 Education Level Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	4	50212.45	12553.11	10.46*
Error	512	560513.40	1094.75	

Note: * $p < .001$

Table 4.50 Mean Scores of Education Level on Psychological Symptoms

	Illiterate-Literate	Primary-Secondary	High School	University	Higher
Psych. Symptoms	55.27 _a	52.25 _a	50.20 _a	43.34 _b	42.46 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.3.7 Differences of Employment Status on Psychological Well-being

To be able to examine possible differences of Employment Status (Employed, Retired, and Unemployed Women) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

According to results, there was significant main effect of Employment Status on Psychological Symptoms [$F(2, 514) = 3.92, p < .05$], (see Table 4.51). According to means presented in Table 4.52, employed participants ($M = 38.28$) had lower psychological symptom scores than retired ($M = 41.59$) and unemployed ($M = 45.21$) participants. Retired participants' scores were lower than unemployed participants' scores, as well.

Table 4.51 Employment Status Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	2	9163.37	4581.68	3.92*
Error	514	601562.50	1170.35	

Note: * $p < .05$

Table 4.52 Mean Scores of Employment Status on Psychological Symptoms

	Employed	Retired	Unemployed
Psych. Symptoms	38.28 _a	41.59 _b	45.21 _c

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.3.3.8 Differences of Income on Psychological Well-being

In order to see the influence of Income (Women with No, Low, Middle, and High Income) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

As presented in Table 4.53, results yielded significant main effect of Income on Psychological Symptoms [$F(3, 513) = 3.73, p < .05$]. As for mean scores, participants with no income ($M = 47.67$) and low income ($M = 49.38$) had higher psychological symptom scores than participants with middle ($M = 37.03$) and high ($M = 30.60$) income. Participants with no income and low income did not differ in terms of their psychological symptoms. Moreover, high income participants had lower psychological symptom scores than the other three groups (see Table 4.54).

Table 4.53 Income Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	3	13416.71	4472.24	3.73*
Error	513	621050.92	1198.94	

Note: * $p < .05$

Table 4.54 Mean Scores of Income on Psychological Symptoms

	None	Low	Middle	High
Psych. Symptoms	47.67 _a	49.38 _a	37.03 _b	30.60 _c

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.4 Differences of Attachment Security on the Measures of the Study

Differences of Attachment Security Dimensions were investigated for the main measures of the study. In order to conduct these analyses, continuous Attachment Dimensions (i.e., Anxiety and Avoidance) were categorized into two different groups as Secure and Insecure, via median split. Specifically, combinations of lower levels in Anxiety and lower levels in Avoidance dimensions were considered as Secure dimension. In the same manner, combinations of lower levels in Anxiety and lower levels in Avoidance, lower levels in Anxiety and higher levels in Avoidance, and higher levels in Anxiety and lower levels in Avoidance were considered to account for Insecure dimension. To examine how Attachment Security Dimensions (i.e., Secure and Insecure) differentiate on Domestic Violence Dimensions (i.e., Psychological Violence, Physical Violence, Injury, Sexual Violence, Economic Violence, and Negotiation), multivariate analysis of variance (MANOVA) was conducted, by using SPSS GENERAL LINEAR MODEL. Furthermore, in order to determine how Attachment Security Dimensions differentiate on Marital Adjustment and Psychological Well-being, separate univariate analyses of variance (ANOVA) were conducted for the total scores of Dyadic Adjustment and Psychological Symptoms via using SPSS COMPARE MEANS.

4.4.1 Differences of Attachment Security on Domestic Violence Dimensions

In order to determine possible differences of Attachment Security (Secure and Insecure) on Domestic Violence Dimensions, a one-way between

subjects MANOVA was conducted with 6 Domestic Violence Dimensions as the dependent variables.

As presented in Table 4.55, results revealed significant main effect of Attachment Security [Multivariate $F(6, 505) = 12.60, p < .001$; Wilks' $\lambda = .80$; partial $\eta^2 = .16$]. After the multivariate analyses, univariate analyses were performed for the significant main effect with the application of Bonferroni adjustment. Thus, for 2 dimensions of Attachment Security, the alpha values that were lower than .025 (i.e., $.05/2$) were considered to be significant. Univariate analyses with Bonferroni correction revealed significant main effects of Attachment Security on all the dimensions of Domestic Violence, namely Psychological Violence [$F(1, 510) = 17.47, p < .025; \eta^2 = .11$], Physical Violence [$F(1, 510) = 11.05, p < .025; \eta^2 = .09$], Injury [$F(1, 510) = 5.82, p < .025; \eta^2 = .03$], Sexual Violence [$F(1, 510) = 7.64, p < .025; \eta^2 = .05$], Economic Violence [$F(1, 510) = 20.71, p < .025; \eta^2 = .13$], as well as Negotiation [$F(1, 510) = 11.98, p < .025; \eta^2 = .09$].

Table 4.55 Attachment Security Differences on Domestic Violence

Variables	Wilks' λ	Multivar. df	Multivar. F	Multivar. η^2	Univar. df	Univar. F	Univar. η^2
Attachment Security	.80	6,505	12.60*	.16	-	-	-
Psychological	-	-	-	-	1,510	17.47**	.11
Physical	-	-	-	-	1,510	11.05**	.09
Injury	-	-	-	-	1,510	5.82**	.03
Sexual	-	-	-	-	1,510	7.64**	.05
Economic	-	-	-	-	1,510	20.71**	.13
Negotiation	-	-	-	-	1,510	11.98**	.09

Note: * $p < .001$, ** $p < .025$

According to mean scores, insecurely attached participants ($M = 10.20$) had higher scores on psychological violence than securely attached participants ($M = 23.10$). Similarly, participants who were insecurely attached ($M = 5.62$) scored more than participants who were securely attached ($M = 18.07$) on physical violence. Insecurely attached participants ($M = 4.98$) scored higher than securely attached participants ($M = .90$) on injury dimension, as well. Moreover, insecurely attached participants ($M = 10.54$) had higher scores on sexual violence compared to securely attached participants ($M = 3.73$). Additionally, insecurely attached participants ($M = 11.40$) had higher scores on economic violence than securely attached participants ($M = 10.39$). On the contrary, securely attached participants ($M = 65.80$) had higher scores on negotiation than insecurely attached participants ($M = 42.01$), (see Table 4.56).

Table 4.56 Mean Scores of Attachment Security on Psychological Violence, Physical Violence, Injury, Sexual Violence, Economic Violence, and Negotiation.

	Secure	Insecure
Psychological Violence	10.20 _a	23.10 _b
Physical Violence	5.62 _a	18.07 _b
Injury	.90 _a	4.98 _b
Sexual Violence	3.73 _a	10.54 _b
Economic Violence	10.39 _a	11.40 _b
Negotiation	65.80 _a	42.01 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.4.2 Differences of Attachment Security on Marital Adjustment

In order to see the influence of Attachment Security (Secure and Insecure) on Marital Adjustment, a one-way between subjects ANOVA was conducted with Marital Adjustment as the dependent variable.

As shown in Table 4.57, results revealed significant Attachment Security main effect on Marital Adjustment [$F(1, 510) = 34.33, p < .001$]. According to mean scores, securely attached participants ($M = 119.44$) reported higher levels of marital adjustment than insecurely attached participants ($M = 103.37$), (see Table 4.58).

Table 4.57 Attachment Security Differences on Marital Adjustment

Source	df	SS	MS	F
Between	1	18022.78	18022.78	34.33**
Error	510	267334.6	524.97	

Note: * $p < .001$

Table 4.58 Mean Scores of Attachment Security on Marital Adjustment

	Secure	Insecure
Marital Adjustment	119.44 _a	103.37 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.4.3 Differences of Attachment Security on Psychological Well-being

To be able to examine possible differences Attachment Security (Secure and Insecure) on Psychological Well-being, a one-way between subjects ANOVA was conducted with Psychological Symptoms as the dependent variable.

Results revealed significant Attachment Security differences on Psychological Symptoms [$F(1, 505) = 58.97, p < .001$], (see Table 4.59). As for mean scores presented in Table 4.60, securely attached participants ($M = 26.32$) had lower psychological symptom scores than insecurely attached participants ($M = 41.84$).

Table 4.59 Attachment Security Differences on Psychological Symptoms

Source	df	SS	MS	F
Between	1	47119.96	47119.96	58.97**
Error	505	403475.32	798.961	

Note: * $p < .001$

Table 4.60 Mean Scores of Attachment Security on Psychological Symptoms

	Secure	Insecure
Psychological Well-being	26.32 _a	41.84 _b

Note: The mean scores that do not share the same subscript on the same row were significantly different from each other.

4.5 Correlation Coefficients among the Variables of the Study

In order to investigate the relationships between the variables of the study, Pearson correlation coefficients were computed (see Table 4.61). Correlation analyses were conducted for Marital Adjustment, Psychological Symptoms, Domestic Violence Dimensions, Attachment Dimensions, Marital Coping Strategies, Social Support Groups, and the main Demographic Variables.

In respect to the results of correlation analyses, Marital Adjustment significantly and negatively correlated with Psychological Symptoms ($r = -.45$, $p < .001$). That is, participants who reported low scores in marital adjustment reported high scores in psychological symptoms, and participants who reported high in their marital adjustment reported low in their psychological symptom scores. Moreover, Marital Adjustment negatively correlated with Psychological Violence ($r = -.59$, $p < .001$), Physical Violence ($r = -.56$, $p < .001$), Injury ($r = -.37$, $p < .001$), Sexual Violence ($r = -.45$, $p < .001$), and Economic Violence ($r = -.65$, $p < .001$); and positively correlated with Negotiation ($r = .40$, $p < .001$). Accordingly, participants who had higher scores in any dimension of domestic violence and/or lower scores in negotiation reported lower scores in their marital adjustment.

Furthermore, according to correlation analyses, Psychological Symptoms had significant positive correlations with Psychological Violence ($r = .46$, $p < .001$), Physical Violence ($r = .58$, $p < .001$), Injury ($r = .52$, $p < .001$), Sexual Violence ($r = .44$, $p < .001$), and Economic Violence ($r = .45$, $p < .001$). This finding indicated that when participants had high scores in any dimension of domestic violence, they also had high scores in psychological symptoms.

As for domestic violence dimensions, all the dimensions positively correlated with each other. More specifically, Psychological Violence and Physical Violence ($r = .55$, $p < .001$), Psychological Violence and Injury ($r = .40$, $p < .001$), Psychological Violence and Sexual Violence ($r = .58$, $p < .001$), Psychological Violence and Economic Violence ($r = .45$, $p < .001$), Physical Violence and Injury ($r = .67$, $p < .001$), Physical Violence and Sexual Violence ($r = .53$, $p < .001$), Physical Violence and Economic Violence ($r = .57$, $p < .001$), Injury and Sexual

Violence ($r = .42, p < .001$), Injury and Economic Violence ($r = .43, p < .001$), Sexual Violence and Economic Violence ($r = .49, p < .001$) were all significantly and positively correlated with each other. That is to say, when participants reported high in any dimension of domestic violence, they also reported high scores in the other dimensions.

In respect to attachment results of correlation analyses, Anxiety and Avoidance showed significant positive relations with each other ($r = .53, p < .001$). In other words, in the sample, as anxiety scores increased avoidance scores also increased. What is more, Anxiety had significant positive correlations with Psychological Symptoms ($r = .44, p < .001$), Psychological Violence ($r = .40, p < .001$), Physical Violence ($r = .33, p < .001$), Sexual Violence ($r = .31, p < .001$), and Economic Violence ($r = .34, p < .001$); and significant negative correlations with Marital Adjustment ($r = -.45, p < .001$) and Negotiation ($r = -.30, p < .001$). In the same manner, Avoidance had positive correlations with Psychological Symptoms ($r = .42, p < .001$), Psychological Violence ($r = .48, p < .001$), Physical Violence ($r = .44, p < .001$), Sexual Violence ($r = .37, p < .001$), and Economic Violence ($r = .50, p < .001$); and negative correlations with Marital Adjustment ($r = -.52, p < .001$) and Negotiation ($r = -.32, p < .001$). That is, when participants reported high in psychological symptoms and/or in any dimension of domestic violence, they also reported high in anxiety and/or avoidance. In the opposite way, when participants reported high in marital adjustment and/or in negotiation, they reported low in anxiety and/or avoidance, as well.

When marital coping results of correlation analyses were considered, Conflict strategy showed significant positive correlations with Self-blame ($r = .38,$

$p < .001$), Self-interest ($r = .34, p < .001$), and Avoidance ($r = .30, p < .001$) strategies. Besides, Self-blame were found to correlate positively with Self-interest ($r = .31, p < .001$) marital coping strategy. Moreover, Conflict strategy positively correlated with Psychological Symptoms ($r = .46, p < .001$), Psychological Violence ($r = .39, p < .001$), Physical Violence ($r = .35, p < .001$); and negatively correlated with Marital Adjustment ($r = -.49, p < .001$). Likewise, Self-blame strategy positively correlated with Psychological Symptoms ($r = .49, p < .001$), Psychological Violence ($r = .42, p < .001$), Physical Violence ($r = .32, p < .001$), and Sexual Violence ($r = .31, p < .001$); and negatively correlated with Marital Adjustment ($r = -.36, p < .001$). Similarly, as for Self-interest strategy, results showed positive correlations with Psychological Violence ($r = .31, p < .001$), and negative correlations with Marital Adjustment ($r = -.31, p < .001$). Contrary to these, Positive Approach strategy positively correlated with Marital Adjustment ($r = .48, p < .001$).

Furthermore, as for the social support results of correlation analyses, all the dimensions showed significant positive correlations with each other. In detail, Social Support from Husband and Family ($r = .51, p < .001$), Husband and Husband's Family ($r = .48, p < .001$), Husband and Relatives ($r = .39, p < .001$), Husband and Husband's Relatives ($r = .44, p < .001$), Husband and Friends-Neighbors ($r = .41, p < .001$), Family and Husband's Family ($r = .35, p < .001$), Family and Relatives ($r = .48, p < .001$), Family and Husband's Relatives ($r = .35, p < .001$), Family and Friends-Neighbors ($r = .39, p < .001$), Husband's Family and Relatives ($r = .41, p < .001$), Husband's Family and Husband's Relatives ($r = .64, p < .001$), Relatives and Husband's Relatives ($r = .43, p < .001$), Relatives and Friends-Neighbors ($r = .37, p < .001$), and Husband's Relatives and Friends-

Neighbors ($r = .37, p < .001$) were all significantly and positively correlated with each other. In other words, as social support from one's husband increased, social support from own family, husband's family, own relatives, husband's relatives, and/or friends and neighbors also increased. In addition, social support had significant correlations with marital adjustment, psychological symptoms, and domestic violence dimensions. Social Support from Husband ($r = .77, p < .001$), Family ($r = .52, p < .001$), Husband's Family ($r = .48, p < .001$), Relatives ($r = .44, p < .001$), Husband's Relatives ($r = .42, p < .001$), Friends-Neighbors ($r = .41, p < .001$) had significant positive correlations with Marital Adjustment. In the opposite direction, Social Support from Husband ($r = -.36, p < .001$), Family ($r = -.34, p < .001$), Husband's Family ($r = -.38, p < .001$), Relatives ($r = -.30, p < .001$), and Husband's Relatives ($r = -.31, p < .001$) had significant negative correlations with Psychological Symptoms. As for domestic violence dimensions, Social Support from Husband ($r = -.50, p < .001$), Family ($r = -.29, p < .001$), Husband's Family ($r = -.39, p < .001$), Relatives ($r = -.27, p < .001$), and Husband's Relatives ($r = -.32, p < .001$) negatively correlated with Psychological Violence. Similarly, Social Support from Husband ($r = -.43, p < .001$), Family ($r = -.36, p < .001$), Husband's Family ($r = -.39, p < .001$), Husband's Relatives ($r = -.34, p < .001$), and Friends-Neighbors ($r = -.30, p < .001$) negatively correlated with Physical Violence. Likewise, Social Support from Husband and Injury ($r = -.40, p < .001$), from Family and Injury ($r = -.36, p < .001$), as well as Social Support from Husband and Sexual Violence ($r = -.35, p < .001$) significantly and negatively correlated with each other. Moreover, Social Support from Husband ($r = -.56, p < .001$), Family ($r = -.43, p < .001$), and Friends-Neighbors ($r = -.34, p < .001$) had

negative correlations with Economic Violence. Altogether, as a general tendency, participants who reported high scores on social support dimensions also reported high scores on marital adjustment, whereas reported low scores on psychological symptoms and domestic violence dimensions.

Finally, in respect to demographic variables' results of correlation analyses, Age of the participants showed significant positive relations with Husband's Age ($r = .93, p < .001$), Length of Marriage ($r = .91, p < .001$), and Number of Child(ren), ($r = .53, p < .001$). Similar to Age variable, Husband's Age showed significant positive relations with Length of Marriage ($r = .91, p < .001$) and Number of Child(ren), ($r = .54, p < .001$). In the same manner, Length of Marriage of the participants significantly and positively correlated with their Number of Child(ren), ($r = .63, p < .001$). These results indicated that as the age of participants increased, their husband's age, their length of marriage, and/or their number of child(ren) also increased. Moreover, as for the correlation analyses, Length of Marriage and Education Level ($r = -.41, p < .001$), Length of Marriage and Husband's Education Level ($r = -.29, p < .001$), Number of Child(ren) and Education Level ($r = -.50, p < .001$), Number of Child(ren) and Husband's Education Level ($r = -.38, p < .001$) had significant negative correlations; and Education Level and Husband's Education Level ($r = .73, p < .001$) had significant positive correlations with each other. Accordingly, as participants' education level increased, their husbands' education level also increased, whereas their length of marriage and/or their number of children decreased.

Table 4.61 Correlation Matrix for the Variables of the Study

	MAD	PSY	PSV	PHV	INJ	SEV	ECV	NEG	ANX	AVO	CCO	CSB	CPA	CSI	CAV
MAD	1														
PSY	-.45**	1													
PSV	-.59**	.46**	1												
PHV	-.56**	.58**	.55**	1											
INJ	-.37**	.52**	.40**	.67**	1										
SEV	-.45**	.44**	.58**	.53**	.42**	1									
ECV	-.65**	.45**	.45**	.57**	.43**	.49**	1								
NEG	.40**	-.27**	-.21**	-.22**	-.13*	-.20**	-.31**	1							
ANX	-.45**	.44**	.40**	.33**	.28**	.31**	.34**	-.30**	1						
AVO	-.52**	.42**	.48**	.44**	.23**	.37**	.50**	-.32**	.53**	1					
CCO	-.49**	.46**	.39**	.35**	.24**	.25**	.28**	-.29**	.47**	.49**	1				
CSB	-.36**	.49**	.42**	.32**	.15**	.31**	.22**	-.04	.44**	.41**	.38**	1			
CPA	.48**	-.11*	-.20**	-.15*	-.02	-.08	-.20**	.28**	-.12*	-.23**	-.27**	-.18**	1		
CSI	-.19**	.14**	.11*	.04	.06	.02	.02	.09	.22**	.27**	.34**	.31**	-.12**	1	
CAV	-.31**	.18**	.31**	.26**	.21**	.25**	.25**	-.12*	.30**	.34**	.30**	.23**	-.12**	.26**	1

Note 1: ** $p < .001$, * $p < .05$

Note 2: MAD = Marital Adjustment; PSY = Psychological Symptoms; PSV = Psychological Violence; PHV = Physical Violence; INJ = Injury; SEV = Sexual Violence; ECV = Economic Violence; NEG = Negotiation; ANX = Anxiety; AVO = Avoidance Attachment; CCO = Conflict; CSB = Self-Blame; CPA = Positive Approach; CSI = Self-Interest; CAV = Avoidance Coping; SHS = Social Support from Husband; SFM = Social Support from Family; SHF = Social Support from Husband's Family; SRL = Social Support from Relatives; SHR = Social Support from Husband's Relatives; SFR = Social Support from Friends-Neighbors; AGE = Age; HAG = Husband's Age; LNG = Length of Marriage; CHL = Number of Child(ren); EDU = Education Level; HED = Husband's Education Level; INC = Income; HIN = Husband's Income.

Table 4.61 (cont.'d) Correlation Matrix for the Variables of the Study

	MAD	PSY	PSV	PHV	INJ	SEV	ECV	NEG	ANX	AVO	CCO	CSB	CPA	CSI	CAV
SHS	.77**	-.36**	-.50**	-.43**	-.40**	-.35**	-.56**	.25**	-.33**	-.46**	-.26**	-.32**	.43**	-.19**	-.34**
SFM	.52**	-.34**	-.29**	-.36**	-.36**	-.26**	-.43**	.21**	-.22**	-.34**	-.33**	-.26**	.32**	-.07	-.23**
SHF	.48**	-.38**	-.39**	-.39**	-.23**	-.26**	-.28**	.22**	-.24**	-.29**	-.25**	-.33**	.34**	-.04	-.27**
SRL	.44**	-.30**	-.27**	-.21**	-.14*	-.08	-.23**	.16**	-.10*	-.25**	-.32**	-.25**	.32**	-.03	-.12*
SHR	.42**	-.31**	-.32**	-.34**	-.24**	.18**	-.24**	.21**	-.15**	-.16**	-.20**	-.32**	.39**	-.05	-.18**
SFR	.41**	-.24**	-.12*	-.30**	-.28**	-.13*	-.34**	-.18**	-.10*	-.22**	-.27**	-.20**	.30**	.12*	-.15**
AGE	-.17**	-.02	.13**	.08*	-.02	.16**	.24**	-.03	.11*	.15**	-.02	.12*	.03	.13**	.22**
HAG	-.19**	.03	.18**	.09*	-.04	.10**	.29**	-.02	.15**	.18**	.01	.13*	.02	.14**	.25**
LNG	-.23**	.11*	.23**	.19**	-.07	.16**	.32**	-.02	.16**	.20**	.04	.17**	.03	.12*	.31**
CHL	-.18**	.09*	.23**	.28**	.09*	.32**	.35**	.10*	.16**	.20**	.01	.12*	-.01	-.06	.20**
EDU	.14**	-.28**	-.27**	-.37**	-.21**	-.33**	-.37**	.18**	-.30**	-.28**	-.10*	-.14**	.15**	.12*	-.16**
HED	.15**	-.27**	-.24**	-.34**	-.20**	-.34**	-.28**	.13**	-.21**	-.23**	-.03	-.06	-.07	.05	-.08
INC	.11*	.10*	-.15**	-.13**	-.16**	-.10*	-.16**	.17**	.15	.28**	-.11*	-.10	.17**	.10*	-.10*
HIN	.07	.08	-.05	.03	-.10*	-.09*	-.13**	-.03	.09	.08	-.08	.02	.13**	.07	-.12*

Note 1: ** $p < .001$, * $p < .05$

Note 2: MAD = Marital Adjustment; PSY = Psychological Symptoms; PSV = Psychological Violence; PHV = Physical Violence; INJ = Injury; SEV = Sexual Violence; ECV = Economic Violence; NEG = Negotiation; ANX = Anxiety; AVO = Avoidance Attachment; CCO = Conflict; CSB = Self-Blame; CPA = Positive Approach; CSI = Self-Interest; CAV = Avoidance Coping; SHS = Social Support from Husband; SFM = Social Support from Family; SHF = Social Support from Husband's Family; SRL = Social Support from Relatives; SHR = Social Support from Husband's Relatives; SFR = Social Support from Friends-Neighbors; AGE = Age; HAG = Husband's Age; LNG = Length of Marriage; CHL = Number of Child(ren); EDU = Education Level; HED = Husband's Education Level; INC = Income; HIN = Husband's Income.

Table 4.61 (cont.'d) Correlation Matrix for the Variables of the Study

	SHS	SFM	SHF	SRL	SHR	SFR	AGE	HAGE	LNG	CHL	EDU	HED	INC	HIN
SHS	1													
SFM	.51**	1												
SHF	.48**	.35**	1											
SRL	.39**	.48**	.41**	1										
SHR	.44**	.35**	.64**	.43**	1									
SFR	.41**	.39**	.27**	.37**	.37**	1								
AGE	-.19**	-.16**	-.04	.05	.03	-.19**	1							
HAG	-.21**	-.18**	-.05	.03	-.08	-.21**	.93**	1						
LNG	-.21**	-.24**	-.08	-.04	-.05	-.28**	.91**	.91**	1					
CHL	-.17**	-.17**	-.04	.04	.07	-.17**	.53**	.54**	.63**	1				
EDU	.12*	.15**	.10*	.03	.07	.12*	-.24**	-.29**	-.41**	-.50**	1			
HED	.17**	.17**	.19**	.07	.15**	.17**	-.15**	-.17**	-.29**	-.38**	.73**	1		
INC	.24**	.25**	.13**	.17**	.16**	.24**	.08	.08	.09	.09	.24**	.18**	1	
HIN	.11*	.07	.10*	.08	.07	.11*	.06	.11*	.13*	.19*	.09	.21**	.30**	1

Note 1: ** $p < .001$, * $p < .05$

Note 2: **MAD** = Marital Adjustment; **PSY** = Psychological Symptoms; **PSV** = Psychological Violence; **PHV** = Physical Violence; **INJ** = Injury; **SEV** = Sexual Violence; **ECV** = Economic Violence; **NEG** = Negotiation; **ANX** = Anxiety; **AVO** = Avoidance Attachment; **CCO** = Conflict; **CSB** = Self-Blame; **CPA** = Positive Approach; **CSI** = Self-Interest; **CAV** = Avoidance Coping; **SHS** = Social Support from Husband; **SFM** = Social Support from Family; **SHF** = Social Support from Husband's Family; **SRL** = Social Support from Relatives; **SHR** = Social Support from Husband's Relatives; **SFR** = Social Support from Friends-Neighbors; **AGE** = Age; **HAG** = Husband's Age; **LNG** = Length of Marriage; **CHL** = Number of Child(ren); **EDU** = Education Level; **HED** = Husband's Education Level; **INC** = Income; **HIN** = Husband's Income.

4.6 Regression Analyses

Hierarchical multiple regression analyses were performed in order to determine the significant associates of Marital Adjustment and Psychological Well-being, separately. Two sets of regression analyses were performed by using SPSS REGRESSION. In these analyses, to control possible effects on each other, the hypothesized predictor variables (i.e., Demographic Variables, Attachment Dimensions, Marital Coping Strategies, Social Support Groups, and Domestic Violence Dimensions) were entered into the equation in five steps via stepwise method. The sequences of the variables entered in these analyses were presented in Table 4.62.

In the analyses, social support from one's own family (i.e., mother, father, and siblings if any) and relatives were constructed as a single variable by calculating their means. The new variable was defined as "social support from family and relatives". In the same manner, social support from husband's family (i.e., husband's mother, father, and siblings if any) and husband's relatives variables were computed as "social support from husband's family and relatives". Other than these, all the variables were entered into the regression analyses in their original forms.

Table 4.62 Sequence of the Variables Entered in the Regression Analyses

Predictor Variables	Outcome Variables
Step 1: Demographic Variables Age Length of Marriage Number of Child(ren) Education Level Income	1. Marital Adjustment 2. Psychological Well-being
Step 2: Attachment Dimensions Anxiety Avoidance	
Step 3: Marital Coping Strategies Conflict Self-Blame Positive Approach Self-Interest Avoidance	
Step 4: Social Support Groups Husband Family-Relatives Husband's Family-Relatives Friends-Neighbors	
Step 5: Domestic Violence Dimensions Psychological Violence Physical Violence Injury Sexual Violence Economic Violence	

4.6.1 Predictors Associated with Marital Adjustment

A hierarchical multiple regression analysis was conducted to reveal the significant associates of Marital Adjustment. As presented above, the hypothesized predictor variables were entered into the equation in five steps, in order to investigate the significant predictors above and beyond their effects on each other (see Table 4.62).

To begin with, hierarchical regression analysis run for Marital Adjustment yielded that among Demographic Variables, Length of Marriage ($\beta = -.22, t [524] = -5.36, p < .001$), Income ($\beta = .14, t [523] = 3.23, p < .05$), and Age ($\beta = -.39, t [522] = -3.81, p < .001$) were significantly associated with Marital Adjustment (see Table 4.63). Initially, Length of Marriage explained 5% of the variance ($F [1, 524] = 28.79, p < .001$). With the entrance of Income to the equation, explained variance increased up to 7% ($F_{\text{change}} [1, 523] = 10.45, p < .05$) and with Age increased up to 10% ($F_{\text{change}} [1, 522] = 14.52, p < .001$).

In the second step, after controlling for Demographic Variables, among Attachment Dimensions, both Avoidance ($\beta = -.66, t [521] = -19.63, p < .001$) and Anxiety ($\beta = -.14, t [520] = -4.11, p < .001$) had significant associations with Marital Adjustment. Avoidance increased explained variance up to 48% ($F_{\text{change}} [1, 521] = 385.58, p < .001$) and Anxiety up to 49% ($F_{\text{change}} [1, 520] = 16.92, p < .001$).

Then, in the third step, after controlling for Demographic Variables and Attachment Dimensions, among Marital Coping Strategies, Positive Approach ($\beta = .31, t [519] = 9.90, p < .001$) and Conflict ($\beta = -.13, t [518] = -4.00, p < .001$) strategies were significantly associated with Marital Adjustment. Positive Approach increased explained variance up to 57% ($F_{\text{change}} [1, 519] = 98.11, p < .001$) and Conflict increased explained variance up to 59% ($F_{\text{change}} [1, 518] = 16.02, p < .001$).

After controlling for Demographic Variables, Attachment Dimensions, and Marital Coping Strategies, in the fourth step, among Social Support Groups, Social Support from Husband ($\beta = .53, t [517] = 13.27, p < .001$), from Family and Relatives ($\beta = .11, t [516] = 3.77, p < .001$), and from Friends and Neighbors

($\beta = .08$, $t [515] = 3.04$, $p < .05$) had significant associations with Marital Adjustment. Social Support from Husband increased explained variance up to 68% ($F_{\text{change}} [1, 517] = 176.21$, $p < .001$), Social Support from Family and Relatives up to 70% ($F_{\text{change}} [1, 516] = 14.23$, $p < .001$), and Social Support from Friends and Neighbors up to 71% ($F_{\text{change}} [1, 515] = 9.27$, $p < .05$).

In the fifth and last step, after controlling for all the hypothesized predictors mentioned above, among Domestic Violence Dimensions, Economic Violence ($\beta = -.32$, $t [514] = -11.18$, $p < .001$), Psychological Violence ($\beta = -.18$, $t [513] = -6.98$, $p < .001$), Physical Violence ($\beta = -.10$, $t [512] = -3.92$, $p < .001$), and Sexual Violence ($\beta = -.08$, $t [511] = -3.64$, $p < .001$) were significantly associated with Marital Adjustment. Economic Violence increased explained variance up to 75% ($F_{\text{change}} [1, 514] = 124.96$, $p < .001$). Following that, the entrance of Psychological Violence to the equation increased explained variance up to 76% ($F_{\text{change}} [1, 513] = 48.78$, $p < .001$), Physical Violence up to 77% ($F_{\text{change}} [1, 512] = 14.62$, $p < .001$), and Sexual Violence up to 78% ($F_{\text{change}} [1, 511] = 9.73$, $p < .001$), respectively.

In the overall model, this result proved that Length of Marriage, Income, Age, Avoidance Attachment Style, Anxiety Attachment Style, Positive Approach Marital Coping Strategy, Conflict Marital Coping Strategy, Social Support from Husband, Social Support from Family and Relatives, Social Support from Friends and Neighbors, Economic Violence, Psychological Violence, Physical Violence, and Sexual Violence together accounted for a significant proportion, approximately 78% of the variance in Marital Adjustment of married women.

Altogether these findings indicated that women with longer years of marriage, women with lower income, and older women; those having higher levels of avoidance and anxiety attachments; those using positive approach coping strategy less and conflict coping strategy more; those receiving less social support from their husbands, their own families, and friends; those being exposed to economic, psychological, physical, and sexual violence more were more likely to report less marital adjustment in their marriages.

Table 4.63 Predictors Associated with Marital Adjustment

Variables	F _{change}	df	β	t (withinsset)	R ²
Step 1: Demographic Variables					
Length of Marriage	28.79**	1,524	-.22	-5.36**	.05
Income	10.45*	1,523	.14	3.23*	.07
Age	14.52**	1,522	-.39	-3.81**	.10
Step 2: Attachment					
Avoidance	385.58**	1,521	-.66	-19.63**	.48
Anxiety	16.92**	1,520	-.14	-4.11**	.49
Step 3: Marital Coping					
Positive Approach	98.11**	1,519	.31	9.90**	.57
Conflict	16.02**	1,518	-.13	-4.00**	.59
Step 4: Social Support					
Husband	176.21**	1,517	.53	13.27**	.68
Family-Relatives	14.23**	1,516	.11	3.77**	.70
Friends-Neighbors	9.27*	1,515	.08	3.04*	.71
Step 5: Domestic Violence					
Economic Violence	124.96**	1,514	-.32	-11.18**	.75
Psychological Violence	48.78**	1,513	-.18	-6.98**	.76
Physical Violence	14.62**	1,512	-.10	-3.92**	.77
Sexual Violence	9.73**	1,511	-.08	-3.64**	.78

Note: ** $p < .001$, * $p < .05$

4.6.2 Predictors Associated with Psychological Well-being

A hierarchical multiple regression analysis was performed to reveal the significant associates of Psychological Well-being. For that purpose, the hypothesized predictor variables were entered into the regression equation in five steps. The sequences of the predictors entered in the analysis were presented above, in Table 4.62.

As explained for previous analyses, to investigate Psychological Well-being of the participants, their total scores of Psychological Symptoms were considered. Accordingly, high scores in Psychological Symptoms were assumed to represent lower Psychological Well-being and low scores in Psychological Symptoms to represent higher Psychological Well-being.

Hierarchical regression analysis run for Psychological Symptoms showed that among Demographic Variables, Education Level ($\beta = -.28$, $t [524] = -6.74$, $p < .001$) and Income ($\beta = -.10$, $t [523] = -2.09$, $p < .05$) were significantly associated with Psychological Symptoms (see Table 4.64). Before all else, Education Level explained 8% of the variance ($F [1, 524] = 45.42$, $p < .001$). After controlling that, with the entrance of Income to the equation, explained variance increased up to 9% ($F_{\text{change}} [1, 523] = 4.34$, $p < .05$).

In the second step, after controlling for Demographic Variables, among Attachment Dimensions, both Anxiety ($\beta = .35$, $t [522] = 8.83$, $p < .001$) and Avoidance ($\beta = .23$, $t [521] = 5.00$, $p < .001$) had significant associations with Psychological Symptoms. With the entrance of Anxiety to the equation, explained variance increased up to 23% ($F_{\text{change}} [1, 522] = 78.20$, $p < .001$) and with Avoidance up to 27% ($F_{\text{change}} [1, 521] = 24.98$, $p < .001$).

Following that, in the third step, after controlling for Demographic Variables and Attachment Dimensions, among Marital Coping Strategies, Self-blame ($\beta = .29, t [520] = 7.39, p < .001$) and Conflict ($\beta = .20, t [519] = 4.29, p < .001$) strategies were significantly associated with Psychological Symptoms. The entrance of Self-blame into the equation increased explained variance up to 34% ($F_{\text{change}} [1, 520] = 54.61, p < .001$). Then, the entrance of Conflict increased explained variance up to 36% ($F_{\text{change}} [1, 519] = 18.44, p < .001$).

In the fourth step, after controlling for Demographic Variables, Attachment Dimensions, and Marital Coping Strategies, among Social Support Groups, Social Support from Family and Relatives ($\beta = -.20, t [518] = -5.11, p < .001$) and Social Support from Husband's Family and Relatives ($\beta = -.19, t [517] = -4.98, p < .05$) had significant associations with Psychological Symptoms. With the entrance of Social Support from Family and Relatives to the equation, explained variance increased up to 39% ($F_{\text{change}} [1, 518] = 26.20, p < .001$) and with Social Support from Husband's Family and Relatives up to 40% ($F_{\text{change}} [1, 517] = 4.62, p < .05$).

Finally, in the last step, after controlling for all the previous predictors mentioned above, among Domestic Violence Dimensions, Injury ($\beta = .35, t [516] = 10.40, p < .001$), Physical Violence ($\beta = .25, t [515] = 5.87, p < .001$), and Sexual Violence ($\beta = .22, t [514] = 4.51, p < .001$) had significant associations with Psychological Symptoms. With the entrance of Injury to the equation, explained variance increased up to 52% ($F_{\text{change}} [1, 516] = 108.23, p < .001$), with Physical Violence up to 54% ($F_{\text{change}} [1, 515] = 34.54, p < .001$), and with Sexual Violence up to 56% ($F_{\text{change}} [1, 514] = 20.28, p < .001$), respectively.

In the overall model, this result revealed that Education Level, Income, Anxiety and Avoidance Attachments, Self-blame and Conflict Marital Coping Strategies, Social Support from Family-Relatives and from Husband's Family-Relatives, Injury, Physical Violence, and Sexual Violence together accounted for a significant proportion, approximately 56% of the variance in Psychological Well-being of married women.

Taken together these findings yielded that women with less education and with low income; those having higher levels of anxiety and avoidance attachments; those using self-blame and conflict marital coping strategies more; those receiving less social support from their own family as well as their husband's family; those being exposed to injury, physical violence, and sexual violence more were more likely to have more psychological symptoms, accordingly less psychological well-being.

Table 4.64 Predictors Associated with Psychological Symptoms

Variables	F _{change}	df	β	t (withinset)	R ²
Step 1: Demographic Variables					
Education	45.42**	1,524	-.28	-6.74**	.08
Income	4.34*	1,523	-.10	-2.09*	.09
Step 2: Attachment					
Anxiety	78.20**	1,522	.35	8.83**	.23
Avoidance	24.98**	1,521	.23	5.00**	.27
Step 3: Marital Coping					
Self-blame	54.61**	1,520	.29	7.39**	.34
Conflict	18.44**	1,519	.20	4.29**	.36
Step 4: Social Support					
Family-Relatives	26.20**	1,518	-.20	-5.11**	.39
Husband's Family-Relatives	4.62*	1,517	-.19	-4.98*	.40
Step 5: Domestic Violence					
Injury	108.23**	1,516	.35	10.40**	.52
Physical Violence	34.54**	1,515	.25	5.87**	.54
Sexual Violence	20.28**	1,514	.22	4.51**	.56

Note: ** $p < .001$, * $p < .05$

4.7 Summary of the Results

This section presents the summaries of the findings reported in the previous sections through summary tables (see Table 4.65 for the summary of demographic variable differences on the measures of the study, Table 4.66 for the summary of attachment security differences on the measures of the study, and Table 4.67 for the summary of regression analyses).

Table 4.65 General Summary of Differences of Demographic Variables on the Measures of the Study

Demographic Variables	Dependent Variables							
	Psy. Vio.	Phy. Vio.	Inj.	Sex. Vio.	Eco. Vio.	Neg.	Mar. Adj.	Psy. Sym.
Age	ns	ns	ns	ns	Y<M=O	ns	Y>M=O	Y=O<M
Husb's Age	ns	ns	ns	ns	Y<M<O	ns	Y>M>O	
Leng. Mar.	S<M=L	ns	ns	ns	S<M<L	ns	S>M=L	S<M=L
Numb. Child.	N<T=H H>N=O O=T	N=O <T<H	ns	N=O=T <H	N=O <T=H	ns	N>O =T>H	ns
Numb. Mar.	ns	ns	ns	ns	ns	ns	ns	
Husb's N.Mar.	ns	ns	ns	ns	ns	ns	ns	
Mar. Style	ns	A>C =A-C	ns	A>C =A-C	A>C =A-C	ns	A<C =A-C	A=A-C C=A-C A>C
Othr. House	ns	ns	ns	ns	ns	ns	ns	ns
Edu. Level	I=P>H =U>G	I=P>H =U=G	I=P=H >U>G	I=P>H =U=G	I=P> H=U=G	I=P=H=U U=G I=P=H<G		I=P=H >U=G
Husb's Edu.	I=P>H=U I=P>U=G H>G	I=P>H >U=G	I=P=H >U=G	I=P>H >U=G	I=P=H >U=G	I=P=G <U=G		
Emp. Stat.	E<R=U	E<R=U	ns	E<R<U	E<R<U	ns		E<R<U
Husb's Emp.	ns	ns	ns	ns	ns	ns		
Income	N=L >M=H	N>L >M=H	N>L >M=H	N=M=H <L	N>L >M>H	N=L=M <H		N=L >M>H
Husb's Income	ns	ns	ns	ns	ns	ns		
Income Comp.	ns	H>L	ns	ns	H>L	H<L		

Note 1: **Psy.Vio.** = Psychological Violence; **Phy.Vio.** = Physical Violence; **Inj.** = Injury; **Sex.Vio.** = Sexual Violence; **Eco.Vio.** = Economic Violence; **Neg.** = Negotiation; **Mar.Adj.** = Marital Adjustment; **Psy.Sym.** = Psychological Symptoms; **Age;** **Husb'sAge** = Husband's Age (**Y:** Young, **M:** Middle, **O:** Old); **Leng.Mar.** = Length of Marriage (**S:** Short, **M:** Middle, **L:** Long); **Numb.Child.** = Number of Child(ren), (**N:** None, **O:** One, **T:** Two, **H:** Three-more); **Numb.Mar.** = Number of Marriage; **Husb'sN.Mar.** = Husband's Number of Marriage; **Mar.Style** = Marriage Style (**A:** Arranged, **C:** Couple Initiated, **A-C:** Arranged-Couple Initiated); **Othr.House** = Others Living in the House; **Edu.Level** = Education Level; **Husb'sEdu.** = Husband's Education Level (**I:** Illiterate-Literate, **P:** Primary-Secondary, **H:** High, **U:** University, **G:** Higher); **Emp.Stat.** = Employment Status; **Husb'sEmp.** = Husband's Employment Status (**E:** Employed, **R:** Retired, **U:** Unemployed); **Income;** **Husb'sIncome** = Husband's Income (**N:** No, **L:** Low, **M:** Middle, **H:** High); **IncomeComp.** = Income Compatibility (**H:** Higher Income than Husband, **L:** Lower Income than Husband).

Note 2: **ns** = not significant.

Note 3: The variables that are not included to the analyses were presented as gray blocks.

Table 4.66 General Summary of Differences of Attachment Security on the Measures of the Study

Dependent Variables		Attachment Security
Domestic Violence	Psychological Violence	secure < insecure
	Physical Violence	secure < insecure
	Injury	secure < insecure
	Sexual Violence	secure < insecure
	Economic Violence	secure < insecure
	Negotiation	secure > insecure
Marital Adjustment		secure > insecure
Psychological Symptoms		secure < insecure

Note: All the differences were significant.

Table 4.67 General Summary of Regression Analyses

Predictor Variables		Outcome Variables	
		Marital Adjustment	Psychological Symptoms
Demographic Variables	Age	-	
	Length of Marriage	-	
	Number of Children		
	Education		-
	Income	+	-
Attachment	Anxiety	-	+
	Avoidance	-	+
Marital Coping	Conflict	-	+
	Self-blame		+
	Positive Approach	+	
	Self-Interest		
	Avoidance		
Social Support	Husband	+	
	Family-Relatives	+	-
	Husband's Family-Relatives		-
	Friends-Neighbors	+	
Domestic Violence	Psychological Violence	-	
	Physical Violence	-	+
	Injury		+
	Sexual Violence	-	+
	Economic Violence	-	

Note: (+) = significant positive association; (-) = significant negative association.

CHAPTER 5

DISCUSSION

This chapter addresses a discussion of the study. The first section evaluates the findings with the light of relevant literature. The second section introduces implications for clinical applications. Then, the third section summarizes limitations of the study, and provides suggestions for future research. Finally, the last section provides a general conclusion of the study.

5.1 General Evaluation of the Findings

The current study examined the relationships among multiple types of domestic violence, attachment dimensions, marital coping strategies, social support from different support groups, related demographic characteristics, and marital and individual psychological outcomes of a community sample of married women in Turkey. The study contributed to the existing literature by emphasizing several factors that have important roles in the associations among domestic violence against women, marital adjustment, and psychological well-being.

5.1.1 Differences of Demographic Variables

Initially, the study examined how related socio-demographic characteristics of married women and/or their husbands specifically differentiated on their domestic violence dimensions, marital adjustment, and psychological symptoms. For that purpose, separate variance analyses were conducted for each demographic and dependent variable combination. Furthermore, several separate

analyses were performed to investigate whether attachment security dimensions of women differentiated on their domestic violence dimensions, marital adjustment, and psychological symptoms. All these analyses brought numerous important findings and their implications to light.

5.1.1.1 Differences of Demographic Variables on Domestic Violence Dimensions

Possible differences of socio-demographic characteristics of married women and/or their husbands (i.e., age, husband's age, length of marriage, number of child(ren), number of marriage, husband's number of marriage, marriage style, others living in the house, education level, husband's education level, employment status, husband's employment status, income, husband's income, and income compatibility) on domestic violence dimensions (i.e., psychological violence, physical violence, injury, sexual violence, economic violence, as well as negotiation) were analysed. Among them, age, husband's age, length of marriage, number of child(ren), marriage style, education level, husband's education level, employment status, income, and income compatibility were found to differentiate multiple types of domestic violence.

To begin with, the findings of the current study showed no age differences on physical, psychological, sexual violence, and injury as well as negotiation scores. The only age difference was on economic violence. That is to say, younger women (i.e., ages between 19 to 32) had lower economic violence scores than middle-aged (i.e., 33 to 40) and older (i.e., 41 to 70) women. Similar to age variable, husband's age did not differ on women's domestic violence scores, except economic violence. In the current study, women with older husbands (i.e., 46 to 74)

had higher economic violence scores than women with middle-aged (i.e., 36 to 45) and younger (i.e., 22 to 35) husbands. Conversely, women with younger husbands' economic violence scores were significantly lower than women with middle-aged and older husbands. On the other hand, in the relevant literature, most of the studies (Lawrence & Bradbury, 2001; Bostock, Plumpton, & Pratt, 2009; Turkish Republic, Prime Ministry, Directorate General on the Status of Women, 2009) revealed increased risk of domestic violence for women who are younger. Such studies indicated that violence starts early in marriage. Despite these findings, some other researches (Sormanti & Shibusawa, 2008) demonstrated that multiple forms of domestic violence occur throughout a woman's life course, and they target domestic violence as a real and significant problem for women of all ages.

In addition, as for the findings of the current study, length of marriage created a difference on psychological and economic violence, but not on physical violence, injury, sexual violence and negotiation. According to data, women who had shorter years of marriage (i.e., marriage length between 0 to 8) reported less psychological and economic violence compared to women with middle (i.e., 9 to 20) and longer (i.e., 21 to 55) years of marriage. Women with longer years of marriage had the highest economic violence scores. On the contrary, in the literature, marriage length differences were on the opposite direction. It was mainly emphasized that violence decreases with the years of marriage (DeMaris et al., 2003; Kim, Laurent, Capaldi, & Feingold, 2008). Despite this general trend, domestic violence continues over time for a significant proportion of couples (Lawrence & Bradbury, 2007).

Nonetheless, none of the studies cited above investigated age and length of marriage differences on economic violence. The current study provided data

specific to this dimension. In Turkey, studies showed that economic problems are considered as the primary reason for domestic violence (Kocacık & Doğan, 2006; Kocacık & Çağlayandereli, 2009). More economic problems may likely to increase women's dependency on their relationships, and this dependency may increase the likelihood of domestic violence against them. Economically disadvantaged women may have greater difficulty in either stopping the violence, or ending the relationship with their violent husbands. Therefore, higher levels of economic dependency may cause some women to tolerate abuse. However, repeated incidents of abuse may also lead to increased economic dependency (Bornstein, 2006). In fact, the link between domestic violence and lack of economic resources and dependence was suggested to be circular (Schuler et al., 1996; cited in UNICEF, 2000). That is to say, the threat and fear of violence keeps women away from employment, or compels them to accept low-paid, home-based exploitative labor. Without economic independence and competence, women may have no power to leave their abusive relationships.

In respect to findings of the study, number of child(ren) was found to significantly differentiate psychological, physical, sexual, and economic violence. As a general tendency, women who had more children reported more scores on these four domains of domestic violence. In addition to that, women with no children and one child did not differ on their domestic violence scores. Thus, in the current study, an important context variable for domestic violence emerged as the number of child(ren), rather than having child or not. Findings are consistent with the studies which indicated that women with more children are more likely to suffer from domestic violence (DeMaris et al., 2003; Özçakır et al., 2008).

Furthermore, in the relevant literature, couples at higher risk for domestic violence were suggested as those who are both in their first union (DeMaris et al., 2003). However, when the current study's data on number of marriage were considered, both women's and their husbands' number of marriage did not reveal significant differences on the basis of domestic violence dimensions. Nevertheless, in the nationally representative sample of the study, majority of the participants (i.e., 96.8%) and their husbands (i.e., 95.4%) were in their first marriages. These findings may reflect the fact that small sample size of participants and/or their husbands with two or more marriages hampered the power to detect a significant relationship.

Similarly, others living in the house variable did not differentiate on multiple types of domestic violence. However, in a study conducted in Ankara region (Akar et al., 2010), more people living in the house appeared as a risk factor in terms of victimization. Corresponding to general population in Turkey (İmamoğlu & Yasak, 1997), in the nationally representative sample of the study, majority of the participants (i.e., 93.9 %) were living with their nuclear family as wife/mother, husband/father, and children if any. It is likely that such an unequal group size led to insufficient statistical power to detect any differences of domestic violence dimensions.

When marriage style was accounted for, the findings yielded that women who had arranged marriages reported higher physical violence, sexual violence, and economic violence scores than women who had couple initiated marriages and arranged-couple initiated marriages. On the other hand, women who had couple initiated marriages and arranged-couple initiated marriages did not differ in their

violence scores. This finding provided general support from domestic violence literature specific to Turkey. Similar to current study, in their comprehensive field survey, Arat and Altınay (2007) reported the lifetime prevalence rates of physical violence in relation to marriage style and family support to be higher for arranged marriages than for couple initiated marriages.

In the psychology literature, education, employment status, and income were conceptualized as personal resources that are equivalent to socio-economic status (SES). Their differences on multiple forms of domestic violence were clearly reflected by the current study. In specific, as a general tendency, illiterate-literate women and primary school graduate women reported higher scores than high school, university, and post graduates on all the dimensions of domestic violence, namely psychological violence, physical violence, injury, sexual violence, and economic violence. Accordingly, as expected, they reported lower on the negotiation dimension. Likewise, women with illiterate-literate and primary school graduate husbands had lower scores on negotiation, and higher scores on all the dimensions of domestic violence. To put it differently, in general, university and post graduate women and/or women with university and post graduate husbands reported the lowest scores on multiple types of domestic violence. These results are consistent with the findings of other studies indicating that women with higher education and/or women with husbands who had higher education had lower prevalence rates for physical violence (Arat & Altınay, 2007; Akar et al., 2010).

When the rates of domestic violence in Turkey was considered, the rates appeared higher for women with lower education and/or lower income, but were remarkable for high education and/or high income groups, as well (Arat & Altınay,

2007; Akar et al., 2010). According to data of Turkish Republic, Prime Ministry, Directorate General on the Status of Women (2009) on domestic violence against women, the lifetime prevalence for partner violence was 28.7% for the highest SES group in Turkey. Thus, although the increase in SES level is effective in protecting women against violence, having high standards does not protect women from violence, completely. What is more, as discussed above, reaching to accurate prevalence and severities is harder for high SES women. It is well acknowledged that highly educated women and/or women with higher income may feel ashamed, and may behave more secretly on sharing their violence history (Arat & Altınay, 2007).

As for women's employment status findings, employed women reported the lowest psychological, physical, sexual, and economic violence scores. In other words, compared with employed women, unemployed and retired women reported higher scores on psychological violence and physical violence. Besides, unemployed women reported higher on sexual violence and economic violence than retired and employed women. On the same direction, women with no income reported the highest scores on all psychological, physical, sexual, economic violence and injury domains. Women with low income had higher scores on psychological violence, physical violence, and injury than middle and high income women, as well. Therefore, women with middle and high income reported higher scores on negotiation, and, as expected, lower scores in all the dimensions of domestic violence. Early empirical studies yielded unemployment as a major risk factor for physical, emotional, and economic violence (Bostock, Plumpton, & Pratt, 2009; Oyunbileg et al., 2009). Consistent with them, the current study showed that being

unemployed, thus being economically dependent is associated with all forms of domestic violence. Moreover, the study revealed that having low income is also a risk for women in the majority of violence domains.

Contrary to early research which revealed high risk for domestic violence for those who have unemployed or intermittently employed (Kyriacou et al.,1999), and/or lower income husbands (Torres & Han, 2003), in the current study, husbands' employment status and income did not create a difference on domestic violence dimensions. Nonetheless, when women's income compatibility with their husbands was investigated, significant differences were obtained for physical violence, economic violence, and negotiation dimensions. That is to say, the current study raised income compatibilities, rather than employment and income aspects of the husbands, as an important factor that differentiates domestic violence dimensions.

As Arat and Altınay (2007) suggested, the inconsistencies in the income level of spouses is a risk factor for domestic violence in Turkey. The risk is the highest when the income of wife is higher than the husband. Similarly, Kaukinen (2004) demonstrated women's higher levels of education and income relative to their husbands' status, as the risks for abuse. Consistent with these contributions, in the present study, women with higher income compared to their husbands reported higher physical violence and economic violence scores, but lower negotiation scores. In other words, the study showed that income incompatibilities between partners that favor women increase the likelihood of domestic violence against them.

Besides empirical support, income compatibility results may also find support from theoretical perspectives. Resource theory posits that power differences between spouses rather than individual socio-demographic position account for the

perpetrator-victim relationship (Anderson, 1997). Thus, husbands who lack income as a source of power compared to their wives, and who have a sense of failure as a breadwinner are more likely to rely on domestic violence for compensation. In addition, according to feminist approach these men are likely to perceive their women partners' employment as a threat to which they may respond violently (Dobash & Dobash, 1979; 1998). Taken together, these two perspectives argue that being employed with higher income is likely to raise women's domestic violence exposure risk.

With regard to economic issues, the present study came up with a striking finding. Although most of the participants (i.e., 82%) had exact knowledge about their husband's income, 17.8% of women reported the adverse. Having no knowledge about husbands' income may actually be considered as economic violence against women. Dobash and Dobash (1979; 1998) theorized that domestic violence results from men's need to be in control and to determine women's behaviors. Husbands may eager not to provide their income and take over all the control of economic issues in the family. This may be due to, and may result in strengthened male dominance and female subordination.

In general, numerous studies revealed low SES as a significant predictor of domestic violence across the countries all through the world (Rusbult & Martz, 1995; DeMaris et al., 2003; Ceballo et al., 2004; Bostock, Plumpton, & Pratt, 2009; Oyunbileg et al., 2009). In a similar fashion, low SES was highly associated with multiple forms of domestic violence in Turkey (Kocacık & Doğan, 2006; Arat & Altınay, 2007; Özçakır et al., 2008; Turkish Republic, Prime Ministry, Directorate General on the Status of Women, 2009; Akar et al., 2010). The

current study's findings were in line with majority of early relevant work. As in the entire world, in Turkey, low educated women and/or unemployed women who lack financial resources are more likely to be victimized by their husbands.

5.1.1.2 Differences of Demographic Variables on Marital Adjustment

The study investigated the differences due to socio-demographic characteristics specifically related with marriage (i.e., age, husband's age, length of marriage, number of child(ren), number of marriage, husband's number of marriage, marriage style, and others living in the house) on marital adjustment. According to findings, age, husband's age, length of marriage, number of child(ren), and marriage style significantly differentiated marital adjustment of women.

To begin with, results indicated that younger women (i.e., ages between 19 to 32) had higher marital adjustment than middle-aged (i.e., 33 to 40) and older (i.e., 41 to 70 years) women. Besides, when husbands' age was considered for marital adjustment, women who had younger husbands (i.e., 22 to 35) reported higher adjustment than women who had middle-aged (i.e., 36 to 45) and older (i.e., 46 to 74) husbands. What is more, according to length of marriage, women with shorter years of marriage (i.e., marriage length between 0 to 8) had higher adjustment compared to women who had middle (i.e., 9 to 20) and longer years of marriage (i.e., 21 to 55). Similar to the results of the current study, it was mainly accepted that marital adjustment/satisfaction tends to peak around the time of wedding, and then shows a slow but a steady decline from that point on (Vaillant & Vaillant, 1993).

These findings are quite consistent with each other, as well. Despite the fact that, the age people get married can vary together with the age of their spouses,

there are very high positive correlations among age, spouse's age, and length of marriage variables. Beyond doubt, as people get older, their spouses get older, and their marriage lengths increase. Nevertheless, the unique roles of these variables are not easy to determine. As suggested by Karney and Bradbury (1995), the effect of age is generally confounded with the duration of marriage.

Parenthood is demanding and stressful, thus it can threaten couples' relationships. Early studies showed that childless couples have greater marital satisfaction than couples with children (Sanders, Nicholsan, & Floyd, 1997). In the current study, in line with early empirical data, number of child(ren) was found to significantly differentiate marital adjustment. More specifically, women with no children reported the highest, whereas women with three or more children reported the lowest marital adjustment scores. Women with one child and women with two children did not differ in their marital adjustment. In spite of the fact that the number of children may have negative impact on marital adjustment, it is not possible to conclude about its unique contribution on marital adjustment. The results may only yield its partial effect, because number of children is highly correlated with wives' and husbands' age as well as their length of marriage. Spouses and their marriages age, as they have children (Wendorf et al., 2010).

Marriage style reflects a society's level of modernism. In Turkey, marriages were used to be arranged by elder kinsmen, and prospective spouses were consulted only at the discretion of their kinsmen (İmamoğlu, 2000). As Turkey has undergone rapid social change within the recent past, the proportions of arranged marriages to couple-initiated marriages decreased (İmamoğlu & Yasak, 1997; İmamoğlu, 2000). More recently, the prevalence of arranged marriages in Turkey

was reported to be lower compared to couple initiated marriages, among better educated urban population, and particularly among younger generation (Atalay et al., 1993; cited in İmamoğlu & Yasak, 1997). In line with the general population, in the present study, the majority of the participants were women with couple initiated marriages (i.e., 64.2%), followed by women with arranged-couple initiated marriages (i.e., 20.7%). Women who had arranged marriages constituted 15.1% of the sample. According to difference analyses, women with arranged marriages reported lower marital adjustment than women with couple initiated and arranged-couple initiated marriages. In line with the current study, early empirical work reported lower levels of marital adjustment for family- than couple-initiated marriages in Turkey (Demir & Fıfılođlu, 1999). Similarly, in comparison to family-initiated marriages, couple-initiated marriages were reported to have fewer conflicts, and more positive spousal emotions (Hortaçsu, 2007). The difference of marriage styles on marital adjustment may be related to the social change trends observed in marriages in Turkey. With the increases in modernism, women's power increased (İmamođlu & Yasak, 1997). Recently, more women are able to select their spouses with their own will. They are more likely to live the life they have chosen for themselves. Thus, they generally achieve more satisfaction and a better adjustment in their marriages.

Despite these significant results, the current study did not depict differences for women's number of marriage, their husbands' number of marriage, and others living in the house demographic variables. However, the findings may not necessarily imply that these variables do not differentiate marital adjustment. As mentioned above, the group sizes of these variables were unbalanced. In such a nationally representative sample, the unequal group sizes are quite expected. On the

other hand, any differences of marital adjustment may not be detected due to insufficient statistical power which results from this inequality. Thus, further studies with equal group sizes may provide evidence for these differences, if there are any.

5.1.1.3 Differences of Demographic Variables on Psychological Well-being

The current study covered the possible differences of main demographic information directly related with women (i.e., age, length of marriage, number of child(ren), marriage style, others living in the house, education level, employment status, and income) on their psychological symptoms. Among these characteristics, age, length of marriage, marriage style, education level, employment status, and income created difference on psychological symptoms, thus psychological well-being of married women.

When age differences on psychological well-being were considered, the current study showed that middle-aged women (i.e., ages between 33 to 40) reported higher levels of psychological symptoms than younger (i.e., 19 to 32) and older (i.e., 41 to 70 years) women. Thus, middle-aged married women had less psychological well-being compared to younger and older counterparts. Existing empirical work revealed that the incidence rate of depression rises towards midlife in women (Antony & Petronis, 1991). This early finding may provide some evidence for the current study's age differences on psychological symptoms. Furthermore, while evaluating psychological well-being of married women, their marital relationships need to be considered. The relevant literature provided some critical periods in the family life cycle for the marital relationships (Steinberg & Silverberg, 1987). Midlife, when most people have young teenage children is associated with

the lowest point in marital satisfaction during the whole relationship. Thus, this period may also be associated with psychological distress.

In a quite similar manner, the results of the study revealed that women with shorter years of marriage (i.e., marriage length between 0 to 8) had more psychological well-being than women with middle (i.e., 9 to 20) and longer years of marriage (i.e., 21 to 55). As aforementioned, marital adjustment/satisfaction tends to peak around the time of wedding (Vaillant & Vaillant, 1993). It is likely that formation of marriages provide love, warmth, and happiness to the spouses. After a while, satisfaction with and adjustment to marriages tend to show a decline (Vaillant & Vaillant, 1993). Depending on this, women at this stage may likely to suffer from psychological distress.

Moreover, according to marriage style, women who had arranged marriages reported more psychological symptoms, thus less psychological well-being than women who had couple initiated marriages. With this finding it may be speculated that women in less traditional environments who can able to control their own lives, including the basic decision of who to marry, are less likely to suffer from psychological distress.

To the great extent, education improves well-being, due to the fact that it increases access to paid work and economic resources that increase the sense of control over life (Ross & Van Willigen, 1997). In line with this general view, in the current study, university and post graduate women reported more psychological well-being than illiterate-literate, primary-school graduate, and high school graduate women. Many theories argued that working enhances psychological well-being of women, because it reduces economic dependency and provides a source of identity

(Thoits, 1983). Consistent with early approaches, the current study revealed that employed women had more psychological well-being compared to retired and unemployed women. This can be attributed to decreased stress provided by employment. Employment gives freedom from routinization, monotony, and external control. It also gives a chance to use personal skills, develop as a person, and learn new things. In fact, employment increases well-being, in part through perceived control of one's own life (Ross & Van Willigen, 1997).

Despite these significant results, the findings did not yield number of child(ren) as a significant variable that differentiates psychological well-being. However, some early studies (McLanahan & Adams, 1987; Sanders, Nicholsan, & Floyd, 1997) showed that parenthood have negative consequences for psychological well-being of adults. For instance, it was suggested that lower levels of psychological well-being stem from economic and time constraints, which in turn arise from general social trends such as the increase in women's labor force participation (McLanahan & Adams, 1987). Nevertheless, the current research was only limited to the unique impacts of employment status and number of child(ren). Some early studies considered their associations, and investigated the combinations of these factors on psychological well-being of women. In such a study (Gove & Tudor, 1973), it was proposed that the combination of employment and traditional family roles is an important source of psychological distress for women. Other studies (Sanders, Nicholsan, & Floyd, 1997) further argued that the negative effect of children is stronger for lower income mothers who are employed full-time. Thus, as depicted by the current study, number of children may not have a unique influence on psychological well-being. Rather, it may differ on women's well-being

through employment and the roles associated with that. Further studies would clarify these speculations.

5.1.2 Differences of Attachment Security

Additional purpose of the study was to examine whether attachment security dimensions (i.e., secure and insecure) of women differentiated on the main measures of the study. Particularly, possible influences of attachment security dimensions on domestic violence dimensions (i.e., psychological violence, physical violence, injury, sexual violence, economic violence, as well as negotiation), marital adjustment, and psychological symptoms were determined via separate analyses. All the analyses came up with significant findings that found evidence from attachment literature in several ways.

Based on Bowlby's attachment theory (1973; 1979; 1988), Brennan, Clark, and Shaver (1998) suggested that avoidance and anxiety are two fundamental dimensions with respect to adult attachment patterns. Anxiety dimension is the attachment concerning rejection and abandonment in close relationships. Individuals who score high on this dimension are less secure in the perceived responsiveness of their partners. On the other hand, avoidance is the dimension which includes the discomfort with respect to being close to, and dependent on others. Individuals with high scores on avoidance are less comfortable being intimate with others, and are less secure depending upon and having others depend upon them.

Furthermore, Hazan and Shaver (1987) theorized that secure individuals describe their relationships as mostly positive and trusting. These individuals generally feel worthy of love, and believe that they can have caring relationships.

Accordingly, their relationships tend to be longer and more stable. On the contrary, insecure anxious-ambivalent individuals have more anxious and obsessive views of love and they are obsessed with the desire for reciprocation and union. Another insecure group, avoidant individuals tend to be the least accepting of their partners, and they are characterized by fear of intimacy. Taken together, these two insecure groups have more negative experiences and emotions associated with their romantic relationships than the secure group. Based on this theory, numerous studies documented positive relations between secure attachment, and adverse associations between insecure attachment and marital adjustment/satisfaction (Kobak & Hazan, 1991; Senchak & Leonard, 1992; Brennan & Shaver, 1995; Volling, Notaro, & Larsen, 1998). In line with theory and early studies, the current research came up with the finding that securely attached women had higher levels of marital adjustment than insecurely attached counterparts.

According to attachment theory, secure attachment is an inner resource associated with effective coping and greater psychological well-being. Conversely, avoidant and anxious/ambivalent attachments place adults at higher risk for maladaptive coping and psychological distress (Mikulincer & Florian, 1998). Thus, numerous studies revealed that attachment insecurity is related to both psychological problems and marital distress (Hazan & Shaver, 1987; Carnelley, Pietromonaco, & Jaffe, 1994; Heene, Buysse, & Van Oost, 2005). Similar to early studies that were supported by the attachment theory, in the current study, securely attached married women reported lower levels of psychological symptoms, thus, more psychological well-being compared to insecurely attached ones.

The differences of attachment on marital adjustment and psychological well-being may find support from the fact that secure individuals maintain positive evaluation of themselves and others during the periods of distress, thereby protect themselves from depressive symptoms and relationship problems (Davila et al., 1997; Davila, Karney, & Bradbury, 1999; Feeney, 1999). On the other hand, insecure individuals, who are more anxious and/or avoidant, either become highly critical of themselves and come up with psychological problems (i.e, anxious/ambivalent), and/or suppress their negative emotional experiences, and remain relatively detached from their relationships (i.e., avoidant).

When attachment dimensions were considered with respect to multiple types of domestic violence, the findings indicated that insecurely attached women had higher scores than securely attached women on all the violence types. To put it differently, insecurely attached women reported more experiences of psychological violence, physical violence, injury, sexual violence, and economic violence, whereas securely attached counterparts reported more negotiation with their husbands. In the same manner, earlier empirical studies demonstrated significant associations between insecure attachment patterns and domestic violence (Babcock et al., 2000; Higginbotham et al., 2007; Scott & Babcock, 2009).

Taken together, in the present study, there existed differences by attachment dimensions in women's experiences of domestic violence against them, and their perceptions of marital adjustment and psychological well-being. As a common concern, insecurely attached women were found to be at a greater risk for domestic violence, marital problems, and individual psychological problems.

Accordingly, it may be concluded that insecurely attached women confront with stress more, and suffer from the effects of the experienced stress more.

5.1.3 Findings of Correlation Analyses

The current study addressed the correlations among the variables of interest. To begin with, as depicted by several prior studies (UNICEF, 2000; Tjaden & Thoennes, 2000; APA, 2002; Basile et al., 2004; WHO, 2005; Severson, Postmus, & Berry, 2009), in the current study, all the forms of domestic violence against women occurred together, and they were highly related with each other. In specific, psychological violence, physical violence, injury, sexual violence, and economic violence correlated positively with each other. Besides, as expected (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), all these domestic violence dimensions correlated negatively with negotiation. With this finding it may be concluded that among married women, when one form of domestic victimization is reported, other forms are more likely to be examined.

In addition, as the primary interest of the current study, all the types of domestic violence correlated with marital adjustment and psychological symptoms, thus psychological well-being of women. More specifically, marital adjustment and psychological well-being were found to correlate negatively with psychological violence, physical violence, injury, sexual violence, and economic violence, and correlate positively with negotiation. The data are consistent with previous empirical work suggesting that experiences of domestic violence are related to women's marital adjustment (Lawrence & Bradbury, 2001; Stith et al., 2008), psychological

well-being (Basile et al., 2004; Pico-Alfonso et al., 2006; Dorathy, Lewis, & Wolfe, 2007), and/or both (Testa & Leonard, 2001).

Results of the study also showed that marital adjustment and psychological symptoms had statically significant correlations with each other. This correlation is in line with empirical studies, which yielded evidence for the significant negative relation between the two constructs (Halford & Bouma, 1997; Whisman, 1999). It would be important to remind that this finding did not provide information about the direction of the relationship. Nevertheless, as argued by numerous theoreticians from several perspectives, marital adjustment and psychological distress relationship can be reciprocal (Beach, Sandeen, & O’Leary, 1990; Davila et al., 1997). That is to say, low levels of marital adjustment can precipitate or maintain psychological distress, and that distress can contribute to lowered marital adjustment.

Altogether, these correlations provided some insight into the relationships between the main variables of interest. On the other hand, the correlations did not reveal accurate view of their complex relations. In order to find out their unique contributions on each other, several further analyses were conducted. Findings of these analyses were evaluated in other sections (see Section 5.1.4.1 Predictors Associated with Marital Adjustment and Section 5.1.4.2 Predictors Associated with Psychological Well-being).

5.1.4 Findings of Regression Analyses

The current study explored the significant associates of marital adjustment and psychological well-being above and beyond the effects of related

demographic variables, attachment dimensions, marital coping strategies, and social support from different support groups. Associations among these variables documented important findings based on a large body of empirical evidence encompassing a wide array of research designs and assessment strategies.

5.1.4.1 Predictors Associated with Marital Adjustment

The results of the study confirmed direct associations between marital adjustment and psychological, physical, sexual, and economic violence; anxiety and avoidance attachment dimensions; positive approach and conflict marital coping strategies; social support from husband, from family-relatives, and from friends-neighbors; as well as demographic variables age, length of marriage, and income in a community-based sample of married women. Accordingly, older women, women with longer years of marriage, and women with lower income; those having higher levels of avoidance and anxiety attachments; those using positive approach coping strategy less and conflict coping strategy more; those receiving less social support from their husbands, families-relatives, and friends-neighbors; and those being exposed to higher levels of psychological, physical, sexual, and economic violence are more likely to have less marital adjustment in their marriages.

To begin with, the current study revealed that among socio-demographic characteristics age, length of marriage, and income had significant associations with women's reports of marital adjustment. In particular, being young and having less years of marriage were found to be related with lower levels of marital adjustment. These findings are in line with the other findings of the current study that depicted significant age and length of marriage differences on marital adjustment. With the

light of literature, these findings were extensively evaluated above (see Section 5.1.1.2 Differences of Demographic Variables on Marital Adjustment).

Besides, with the findings, income appeared as a crucial predictor of marital adjustment for married women. That is, women with higher income reported higher adjustment for their marriages. Income of women and the money that is available are relevant to the options that women have in dealing with their stressful relationships (Waldrop & Mesick, 2004). Having an independent income and more available money may enable women to be less dependent on their husbands. Women who earn their own lives may feel more satisfaction with their marriages that they have chosen to continue. Otherwise, they may be able to choose different lives by leaving their abusive relationships, or even knowing that they have some other options may contribute a great deal in their adjustment. On the contrary, economically disadvantaged women who feel dependent to their husbands, thus to their marriages, may feel less marital satisfaction in that compulsory conditions.

As mentioned earlier, anxiety attachment dimension involves the fear of rejection and abandonment in close relationships. Individuals who score high in this dimension are likely to desire to be too close to their partners, but are preoccupied in their relationships. They generally worry that their partners don't care about them as much as they care about them, whereas avoidance dimension includes the discomfort with respect to being close to, and dependent on close others. Due to their discomfort with intimacy and dependency, avoidant individuals express excessive self-reliance. They prefer not to be too close to their partners, and generally not show their partners how they feel deep down (Brennan, Clark, & Shaver, 1998). Thus, even by definitions and examples, one would expect both attachment dimensions to be

significant predictors of individuals' evaluations of their marriages. Consistently, the current study confirmed the significant predictive role of both attachment dimensions on marital adjustment. What is more, these findings are in line with previous empirical work which yielded significant negative relations between marital adjustment/satisfaction and insecure attachment (i.e., high on anxiety and/or avoidance), (Kobak & Hazan, 1991; Senchak & Leonard, 1992; Brennan & Shaver, 1995; Volling, Notaro, & Larsen, 1998).

When marital coping associates of marital adjustment were considered, the results revealed meaningful associations between marital adjustment and two of the coping scale scores in the expected direction. Consistent with original research of Bowman (1990), marital adjustment was found to be related negatively with conflict and positively with positive approach. In Bowman's study, conflict was negatively associated with marital happiness, which may provide evidence for marital adjustment, as well. This finding may also be supported by Cohan and Bradbury's (1994) study which demonstrated the negative role of conflict on poorer marital satisfaction. Women, who tend to use conflict as a marital coping strategy, may criticize their husbands, and demand that husbands resolve disagreements differently. Instead of solving marital problems effectively, using criticism, sarcasm, and revenge to make sense of the problems may only increase their marital distress, which in turn may feed the problems. What is more, this tendency may increase women's beliefs about their inability to influence change in their lives. A low efficacy expectation of their ability to reduce their distress may explain why they continue to employ this ineffective coping effort (Bauman, Haaga, & Dutton, 2008).

In addition to conflict marital coping strategy, the current study came up with a significant association between positive approach and marital adjustment. This finding may find evidence from early work that confirmed significant relations between positive approach and marital happiness (Bowman, 1990) and marital satisfaction (Cohan & Bradbury, 1994). Positive approach reflects the efforts to improve the emotional quality of the marriage, and involves gestures of physical affection, fun, and initiating shared activities and good memories. Hence, using positive strategy while solving marital problems, like doing special favors for the spouse or doing more enjoyable things together, may increase the intimate interaction with the husband, and promote the adjustment achieved by women in their marriages.

Unlike Bowman's original study, the present research did not investigate significant associations for the rest of marital coping efforts. In fact, in Bowman's work, these associations were found for marital happiness. Although both marital happiness and adjustment reflect spouses' evaluations of their marriages, they assess and evaluate individuals' responses differently. The inconsistency between the current research and Bowman's study may be due to this conceptual and methodological difference.

Marriages serve as a special kind of social support, and social support is an important aspect of well-adjusted marriages. As extensively reviewed above, social support is the belief that one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations (Cobb, 1976). Even by definition, the term meets the primary aspects of a well-adjusted marriage. In line with definition, past studies displayed positive associations between levels of spousal

support and marital adjustment (Julien & Markman, 1991; Pina & Bengston, 1993). Consistent with them, the present study showed that married women who are more likely to perceive social support from their husbands reported higher levels of adjustment in their marriages.

The current study also depicted social support available from other support groups as important predictors in women's adjustment to their marriages. In specific, the findings revealed social support from women's own family and relatives as a significant associate of their own marital adjustment. While evaluating this finding, it may be important to consider culture's norms and values in the marital context. In Turkey, norms of relatedness and interdependence rather than independence are more prevalent. With respect to that, relationships with the extended family influence marital relationships (İmamoğlu & Yasak, 1997). As indicated by the findings of the study, social support available from family and relatives may impact the degree of adjustment achieved by women in their marriages.

Besides, with the current study, social support available from friends and neighbors was demonstrated as an important associate of women's marital adjustment. With this finding, it may be speculated that marriages may benefit a great deal if women have close friends who can share good and bad aspects of their marriages, and who can provide advice and suggestions on their personal and relational problems.

Last but not least, continuous ratings of marital adjustment were significantly and negatively associated with economic, psychological, sexual, and physical violence scores. In other words, all the domestic violence dimensions, except injury, significantly contributed to decreased marital adjustment for

married women. These findings are consistent with many prior studies which yielded significant associations of multiple types of domestic victimization with decreased marital adjustment (Lawrence & Bradbury, 2001; Testa & Leonard, 2001; Stith et al., 2008).

As stated above, the current study did not confirm the predictor role of injury dimension on marital adjustment. Although in domestic violence measure injury was assessed and evaluated as a separate dimension, it involves physical injury from assaults by the partner. Thus, even if not supported by injury dimension, significant physical violence dimension may still account for the influence of physical victimization on women's reports of marital adjustment.

Taken together, all the variables mentioned above totally explained a great deal, about %78 of the variance in marital adjustment of women. Accordingly, it may be concluded that the current study displayed the critical role of domestic violence experiences in women's adjustment to their marriages, even after controlling for the effects of their demographic characteristics and attachment, marital coping, and social support aspects.

5.1.4.2 Predictors Associated with Psychological Well-being

According to findings, physical violence, injury, and sexual violence; anxiety and avoidance attachment dimensions; conflict and introspective self-blame marital coping strategies; social support from family-relatives and husband's family-relatives; demographic variables education and income appeared as significant associates of psychological symptoms. That is to say, women with less education and with low income; those having higher levels of anxiety and avoidance attachments;

those using self-blame and conflict marital coping strategies more; those receiving less social support from their own family and relatives, as well as their husband's family and relatives; and those being exposed to higher levels of injury, physical and sexual violence are more likely to have more psychological symptoms, accordingly less psychological well-being.

First of all, among demographic predictors, having higher education level and higher income were found to be related with lower levels of psychological symptoms, thus, higher levels of psychological well-being. Socio-demographic findings are consistent with the other findings of the current study that yielded significant education level and income differences on psychological well-being. These similar findings were evaluated in the relevant section above (see Section 5.1.1.3 Differences of Demographic Variables on Psychological Well-being).

According to attachment theory, when they face marital relationship problems, secure individuals tend to maintain their positive evaluation of themselves and others. This protects them from marital, as well as psychological problems (Davila et al., 1997; Davila, Karney, & Bradbury, 1999). In the opposite direction, insecure anxious individuals are likely to become highly critical of themselves, and they manifest psychological problems. Since these individuals tend to have persistent doubts about their self-worth, they have less self-esteem, hence, more depressive symptoms. In line with the theory, the current study showed that anxious women reported lower levels of psychological well-being.

Besides, as for the theory, insecure avoidant individuals tend to feel uncomfortable with interdependency, and they are dismissive of intimacy. Thus, they are not comfortable with either their autonomy or dependency (Brennan, Clark,

& Shaver, 1998). This places them at higher risk for maladaptive coping and psychological distress (Mikulincer & Florian, 1998; Davila, Karney, & Bradbury, 1999). Consistently, the study revealed avoidance as a significant attachment predictor of psychological well-being for married women.

Furthermore, when marital coping strategies of married women were considered, associations yielded significant patterns for introspective self-blame and conflict strategies on psychological well-being. These associations may indicate that married women who tend to use self-blame as a coping strategy for serious recurring marital problems may blame and/or criticize themselves when they have problems, and may feel that problems are caused due to their faults. They may even feel worry and shame because of their inadequacies. Accordingly, women who suffer from troubled feelings and worry may be more vulnerable to associated psychological problems. In addition to that, women who use conflict strategy more may criticize their husbands, and demand that their partners solve problems differently. Demands that are not fulfilled may further increase the criticisms and conflicts, and result in psychological distress. The significant associations of self-blame and conflict strategies with psychological symptoms may also find some support from Bowman's (1990) early study which revealed similar associations among the mentioned coping strategies and general life quality.

Social support is a critical resource to prevent stressful and negative life events (Gottlieb, 1994). It has an important influence on individuals' general well-being and life satisfaction. The results of the current study revealed that social support from one's own family and relatives, as well as husband's family and relatives are important predictors of psychological well-being for married women.

On the other hand, the results did not confirm the predictive role of social support from husband on their psychological well-being. When spousal support from the husband is inadequate, extramarital support from extended family become important sources of social support for married individuals (Meyers & Landsberger, 2002). These supportive relationships provide emotional support, self-affirmation, information or advice, or tangible assistance, and they buffer individuals against the adverse effects of stressors (Cohen et al., 2000). As depicted by the findings of the current study, even if the influence of husband's support is not significant, women's own and their husbands' family and relatives social support serve a great deal in their psychological well-being.

Domestic violence against women literature clearly reflected deleterious impacts of victimization on women's psychological well-being (Dutton-Douglas & Dionne, 1991; Golding, 1999; Dorathy, Lewis, & Wolfe, 2007; Hazen et al., 2008). Considerable evidence indicated that women who are victims of domestic violence experience more psychological problems than non-battered women both among community and help-seeking samples (Basile et al., 2004; Pico-Alfonso et al., 2006; Dorathy, Lewis, & Wolfe, 2007). Consistently, the results of the current study revealed positive associations between multiple types of domestic violence and psychological well-being for a community sample of married women. In specific, being exposed to injury, physical violence, and sexual violence were associated with more psychological symptoms. Among the domestic violence types, these three may be considered as the most apparent ones. Women may more easily recognize physical and sexual harm caused by the husbands compared to other types, because these forceful types involve obvious acts and behaviors. Based on this, it may be

speculated that having relatively clear signs of their victimization may affect women's psychological well-being in a considerable manner.

In sum, all of the predictor variables evaluated above totally explained 56% of the total variance in psychological well-being of married women. With such an extensive portion of variance, it may be concluded that the current study contributed to the existing literature by demonstrating the important role of domestic violence experiences in women's psychological well-being, above and beyond the effects of their demographic characteristics and attachment, marital coping, and social support aspects.

5.2 Clinical Implications of the Findings

The present study clearly demonstrated the significant impacts of multiple types of domestic violence against women on women's individual and marital functioning. Thus, the primary implication of the study appeared as the need for mental health professionals to attend to the devastating effects of domestic violence with its multiple types. Moreover, the current empirical evidence raised the importance for mental health professionals not only to focus on women's domestic violence experiences, but also address the aspects of their attachment, coping strategies, and social support networks.

As for American Psychological Association (APA, 2002), the prevalence of domestic violence, combined with the severity of its impacts at many levels, necessitate the psychologists to be knowledgeable about a wide variety of issues related to domestic violence. From APA's perspective, whether or not mental health professionals intend to specialize in working with victimized women, it is ethical and

moral to be informed and trained in appropriate assessment and intervention techniques.

According to APA (2002), those involved in domestic violence have special treatment needs. In order to address that, mental health professionals need appropriate knowledge and skills regarding the topic (Riggs, Caulfield, & Street, 2000). Because of its nature, clinicians trained in scientist-practitioner model were suggested as unique in position (Ronan, Dreer, Dollard, & Ronan, 2004). Clinically sensitive, yet empirically evaluated designs were indicated essential to identify the factors relevant to the understanding and treatment of domestic violence. It was suggested for practitioners and researchers to work together to decrease violent behaviors, and to increase adjustment and well-being in marital relationships (Godbout et al., 2009).

The current study demonstrated several factors that are associated with the negative impacts of domestic violence. The study showed that the negative outcomes of victimization depend not only on the degree of harm done by the perpetrator, but also on the attachment, coping, and social support resources of the victims, as well as some socio-demographic characteristics of the victims and/or their perpetrators. These directly effecting variables may have direct implications for prevention and intervention, as well.

To begin with, addressing attachment may be clinically useful in buffering the mental health effects of domestic violence (Scott & Babcock, 2010). While treating battered women, mental health professionals may refer to attachment theory to explain how attachment may further strengthen the negative effects of such threatening situations. Moreover, battered women, who lost sense of security and

trust, may significantly improve if the psychotherapists provide a secure base to support them. In the therapeutic process, helping battered women to develop more safe and accepting perceptions of themselves may increase their overall adjustment and well-being.

Based on the findings of the current study, it may also be beneficial for psychotherapy interventions to encourage women to decrease their use of conflict and self-blame, and increase positive approach coping strategies. For example, addressing women's self-blame for domestic violence against them, as well as other marital problems may be clinically useful. Women may be provided with strategies that help to alleviate their marital distress, and enhance their marital adjustment and psychological well-being.

Mental health professionals may further work to reestablish and strengthen the personal support networks of women that may be weakened or lost as a result of their violent relationships. Involving individuals to whom battered women feel secure and close to may increase their sense of control over the situations, and change the power dynamics in their relationships. Furthermore, as being one of the main resources of social support, battered women may benefit if the mental health professionals provide interventions in a supportive manner. Women who receive sufficient social support may feel empowered, and enhance their ability to maintain safety and decrease their psychological distress.

As empirically validated by the findings of the current study, women with lower education, occupation, and income are more likely to report higher levels of multiple types of domestic violence. Thus, women need to be empowered through education and employment in order to feel sense of control and mastery of their own

lives to combat violent relationships. Definitely, this strength would contribute a great deal in women's overall adjustment and well-being. Women's relatively low education and employment opportunities compared to men set particular tasks on multiple stakeholders (i.e., education, health, and criminal justice systems) to provide equality and justice for all women across all over the countries. Accordingly, apart from relieving psychological distress of victimization, assisting to find educational and occupational alternatives, and motivating women to recover and rebuild their lives may be important tasks of mental health professionals.

UNICEF (2000) declared that violence against women can be prevented and eliminated by addressing underlying causes of violence, and challenging cultural norms and attitudes. As demonstrated by the current study, women in Turkey suffer from gender and power relations, men's active attempts to maintain dominance and control over them. It may be generalized that women of patriarchal countries like Turkey may benefit from interventions that educate them about issues like gender role socialization and women's human rights. Gaining a sense of insight about gender issues and their rights may increase women's sense of independence in their relationships, decrease the likelihood that they will experience domestic violence in the future, and internalize these issues to take actions against violence that is directed towards them and their fellows.

5.3 Limitations of the Study and Suggestions for Future Research

With such an extensive data and integrative findings, the study provided several important conceptual and methodological advances to the understanding of domestic violence against women. However, some important limitations should be

taken into account when interpreting the findings of the study, each of which points to directions for future research.

First, the measures used in the present study were all self-reports. Thus, generalizability of the findings is limited by the accuracy of self-reports. This commonly used data collection method may lead to underreporting biases or distortions in the recall of undesirable experiences (Kazdin, 2003). What is more, the prevalence and severity of domestic violence may be underreported due to women's struggle with shame, fear, and guilt they feel (UNICEF, 2000; APA, 2002), and may lead to an underestimation of the strength of the associations between the variables. In order to overcome this limitation, future research would benefit from multi-method assessments, based on findings from self-report and interview measures. Nevertheless, the researchers in the field should consider that even on very confidential basis, women are still unwilling to report their victimization (Löbmann et al., 2003), due to the reasons mentioned above.

Second, the findings of the study were based on cross-sectional and correlational data. As a direction for future work, the hypotheses of the current study would be applied to longitudinal data in order to provide evidence about the causal relations between the variables. Despite that, as its strength, the study demonstrated strong associations of domestic violence with marital and individual psychological functioning. Even if there is no evidence for causality, there are reliable indications for temporal sequence.

Third, the relationship between domestic violence against women, and marital and individual functioning is complex. Apart from attachment dimensions, marital coping strategies, and social support from different support groups, many

other variables, like violence from family of origin (Godbout et al., 2009), attribution styles (Gallo & Smith, 2001), and dysfunctional cognitions (Elwood & Williams, 2007) would have significant roles in these relationships. These and some more variables, and their particular roles would be interest of further empirical studies.

Lastly, the sample of the study may be considered both as strength and limitation. The participants recruited for this study were population-based women, while many other researches were conducted with women in battered women shelters or agencies that serve battered women (Tan et al., 1995; Torres & Han, 2003; Lee, Pomeroy, & Bohman, 2007; Harding & Helweg-Larsen, 2009). Population-based studies provide estimates that are more generalizable to the target population, because they include participants with the full range of domestic violence experiences (i.e., low and high frequency and severity), (Coker et al., 2005). On the other hand, women who appeared in battered women shelters, and women who applied for counseling or psychotherapy would all have different circumstances. These women may differ on the level of violence experienced or resource accessibility (Waldrop & Resick, 2004). Such that they had already removed themselves from battering situations and/or actively sought help (Clements & Sawhney, 2000). This may lead to different patterns of associations among the variables of interest. Moreover, the current study was limited to married women. Accordingly, the findings may not be generalizable to separated or divorced women, and to women in cohabiting or flirting relationships. Taken together, future research would assess whether the findings are generalizable using different women groups. Comparison studies with specific samples would also be a suggestion for future work.

5.4 Conclusion

The current study determined critical socio-demographic characteristics of women and/or their husbands that are directly related to their increased risk of domestic victimization. The study further introduced some important factors that influence the associations of married women's domestic violence experiences with their marital and individual psychological functioning. Overall, the study furthered the understanding of the complex relationships between domestic violence, marital adjustment, and psychological well-being, and offered insight into the roles of attachment, marital coping, and social support in women's struggle with the deleterious outcomes associated with domestic violence.

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APPENDIX A
Informed Consent
(Gönüllü Katılım Formu)

Bu araştırma, Orta Doğu Teknik Üniversitesi, Psikoloji Bölümü, Klinik Psikoloji Doktora programı kapsamında, Prof. Dr. Hürol Fıfılođlu danıřmanlıđında yürütölen bir tez çalıřmasıdır. Arařtırmada, Türkiye’de evli kadınların aile içi řiddet yařantıları ile evlilik uyumları ve psikolojik durumları arasındaki iliřkinin incelenmesi amaçlanmaktadır.

Arařtırmaya katılımınız tamamıyla gönüllölük temelinde olmalıdır. Samimi ve tam cevaplarınız, Türkiye’de kadına yönelik aile içi řiddet konusundaki bilimsel bilginin artmasına katkı sađlayacaktır.

Çalıřmada sizden istenen zarfın içinde bulunan ölçeđi yanıtlanmamıř madde bırakmamaya özen göstererek doldurmanızdır. Toplam doldurma süresi yaklaşık 1 saattir. Ancak, herhangi bir nedenden ötürü cevaplamayı sürdürmek istemezseniz, katılımınızı dilediđiniz gibi sonlandırabilirsiniz.

Çalıřmada, sizden kimlik belirleyici bilgiler istenmemektedir. Cevaplarınız gizli tutulacaktır ve sadece arařtırmacı tarafından bilimsel amaçlarla deđerlendirilecektir. Ayrıca bilgilerinizin gizliliđini korumak için, ölçekleri doldurmayı tamamladıktan sonra, size verilen zarf içerisine koyup, zarfı kapatınız. Bu zarf sadece arařtırmacı tarafından açılacaktır.

Yürütölen bu çalıřma evlilik iliřkiniz hakkında sadece bilgi toplamaya yönelik olup, yardım amaçlı deđildir. Ancak, çalıřmanın içeriđine dair bilgi ya da kendi evlilik yařantınıza dair destek almak isterseniz Uzm. Psk. Ece Tuncay’a ulařabilirsiniz (e-posta: ecetuncay@gmail.com, tel: 3124471198). Gerekli bilgilendirme ve yönlendirme arařtırmacı tarafından sađlanacaktır.

Katılımınız için řimdiden teřekkür ederiz.

APPENDIX B

Demographic Information Form (Demografik Bilgi Formu)

Aşağıdaki sorular, çalışmaya katılan kadınların ve eşlerinin genel özelliklerini belirlemek amacıyla bulunmaktadır. Kimlik tanıtıcı hiçbir bilgi içermemektedir. Lütfen eksiksiz doldurunuz.

KİŞİSEL BİLGİLER	
SİZİN	EŞİNİZİN
Yaş: _____	Yaş: _____
Eğitim düzeyi: _____ hiç okumamış/okur yazar _____ ilkokul/ortaokul _____ lise _____ üniversite/yüksekokul _____ üniversite sonrası	Eğitim düzeyi: _____ hiç okumamış/okur yazar _____ ilkokul/ortaokul _____ lise _____ üniversite/yüksekokul _____ üniversite sonrası
Kaçıncı evliliği: _____ Birden fazla evlilik yaptıysanız, önceki evliliğinizin bitiş nedeni: _____ boşanma _____ ölüm	Kaçıncı evliliği: _____ Birden fazla evlilik yaptıysa, önceki evliliğinin bitiş nedeni: _____ boşanma _____ ölüm
Çalışma durumu: _____ çalışıyorum _____ çalışmıyorum _____ emekliyim	Çalışma durumu: _____ çalışıyor _____ çalışmıyor _____ emekli
Geliri (miktar belirtiniz): _____	Eşinizin gelirini biliyor musunuz? _____ evet _____ hayır Evet ise, geliri (miktar belirtiniz): _____
Ekonomik özgürlüğünüzün olduğunu düşünüyor musunuz? _____ evet _____ hayır	

EVLİLİĞİNİZ İLE İLGİLİ BİLGİLER
Evlilik süresi: _____
Çocuk sayısı: _____
Evlenme şekli: _____ görücü usulü _____ kendiniz tanışarak _____ görücü usulü tanıştırılıp kendi kararınızla
Evde eşiniz ve çocuklarınız dışında sizinle yaşayan kişiler var mı? _____ var _____ yok Var ise, belirtiniz: _____

Geliştiren:

Ece Tuncay (Yazışmak için e-posta: ecetuncay@gmail.com)

APPENDIX C

Revised Conflict Tactics Scale (Çatışmaların Çözümüne Yaklaşım Ölçeği)

Bir çiftin, ne kadar iyi geçinseler de, karşılarındaki kişiye sinirlendikleri, karşı taraftan farklı şeyler istedikleri ya da sadece yorgun, moralleri bozuk olduğu için tartışmaları, kavga ettikleri zamanlar olabilir. Çiftler farklılıklarından kaynaklanan bu tip durumları çeşitli şekillerde çözmeye çalışırlar. Aşağıdaki liste, aranızda farklılıklar olduğunda olabilecekler hakkındadır. Lütfen, geçtiğimiz yıl içerisinde eşinizin listedekileri ne kadar yaptığını işaretleyiniz. Eğer bunlardan birini geçtiğimiz yıl içinde yaşamadınız ama önceki yıllarda yaşadysanız 7'yi işaretleyiniz.

1 Kez	2 Kez	3-5 Kez	6-10 Kez	11-20 Kez	20'den fazla	Son bir yıldan daha önce	Hiç
1	2	3	4	5	6	7	0

Örnek maddeler:

- Eşimle anlaşamadığımız konularda onu rahatsız eden durumu bana açıkladı.
- Eşim bana hakaret ya da küfür etti.
- Eşim bana, beni yaralayabilecek bir eşya fırlattı.

Geliştiren:

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283-316.

Çeviren/Uyarlayan:

Aba, Y. A. (2008). Çatışmaların Çözümüne Yaklaşım Ölçeği'nin "The Revised Conflict Tactics Scale (CTS2)" üniversite öğrencilerinde geçerlik ve güvenirlik çalışması. Unpublished Master's Thesis, Akdeniz University, Antalya.

APPENDIX D
Dyadic Adjustment Scale
(Çift Uyum Ölçeği)

Örnek maddeler:

- Ne sıklıkta eşinizle olan ilişkinizin iyi gittiğini düşünürsünüz?

- Evlendiğiniz için hiç pişmanlık duyar mısınız?

Her zaman	Hemen hemen her zaman	Zaman zaman	Ara sıra	Nadiren

- Eşinizi öper misiniz?

Her gün	Hemen hemen her gün	Ara sıra	Nadiren	Hiçbir zaman

Geliştiren:

Spanier, G. B. (1976). Measuring dyadic adjustment: A new scale for assessing the quality of marriage and similar dyads. *Journal of Marriage and Family*, 38, 15-28.

Çeviren/Uyarlayan:

Fışiloğlu, H., & Demir, A. (2000). Applicability of the Dyadic Adjustment Scale for measurement of marital quality of Turkish couples. *European Journal of Psychological Assessment*, 16 (3) 214-218.

APPENDIX E
Brief Symptom Inventory
(Kısa Semptom Envanteri)

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin bugün dahil, son zamanlarda sizde ne kadar var olduğunu yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin.

Hiç yok	Biraz var	Orta derecede	Epey var	Çok fazla var
0	1	2	3	4

Örnek maddeler:

- Hiçbir nedeni olmayan ani korkular
- Kontrol edemediğiniz duygu patlamaları
- Başka insanlarla beraberken bile yalnızlık hissetmek

Geliştiren:

Derogatis, L. R. (1992). *The Brief Symptom Inventory (BSI). Administration, scoring and procedures manual = II*. Clinical Psychometric Research Inc.

Çeviren/Uyarlayan:

Şahin, N. H., & Durak, A. (1994). Kısa Semptom Envanteri: Türk gençleri için uyarlanması. *Türk Psikoloji Dergisi*, 9 (31) 44-56.

APPENDIX F

Experiences in Close Relationships-Revised (Yakın İlişkilerde Yaşantılar Envanteri -II)

Aşağıda verilen cümlelere ne ölçüde katıldığınızı eşinizle olan ilişkinizi göz önünde bulundurarak cevaplayınız. Her maddenin evliliğinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılardaki 5 aralıklı cetvel üzerinde ilgili rakamı yuvarlak içine alarak belirtiniz.

Hiç katılmıyorum	Biraz katılmıyorum	Kararsızım / Fikrim yok	Biraz katılıyorum	Tamamen katılıyorum
1	2	3	4	5

Örnek maddeler:

- Benden uzakta olduğunda, eşimin başka birine ilgi duyabileceği korkusuna kapılıyorum.
- Eşim benimle çok yakın olmak istediğinde rahatsızlık duyarım.
- Eşime duygularımı gösterdiğimde, onun benim için aynı şeyleri hissetmeyeceğinden korkarım.

Geliştiren:

Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, 78 (2) 350-365.

Çeviren/Uyarlayan:

Selçuk, E., Günaydın, G., Sümer, N., & Uysal, A. (2005). Yetişkin bağlanma boyutları için yeni bir ölçüm: Yakın İlişkilerde Yaşantılar Envanteri-II'nin Türk örnekleminde psikometrik açıdan değerlendirilmesi. *Türk Psikoloji Yayınları*, 8 (16) 1-11.

APPENDIX G
Marital Coping Inventory
(Evlilikte Başa Çıkma Yolları Ölçeği)

Örnek maddeler:

Aşağıda insanların, evlilik sorunlarıyla ilgili çeşitli başa çıkma yolları verilmiştir. Her bir ifade için uygun olan seçenekleri işaretleyerek, az önce tanımladığımız sorunu çözmeye çalışırken her ifadede belirtilen başa çıkma yolunu ne sıklıkla kullandığınızı belirtiniz.

Bu sorunla baş etmeye çalışırken ben...

Hiçbir zaman	Nadiren	Bazen	Sıklıkla	Genellikle
1	2	3	4	5

- Kendimi suçlarım.
- Kendimi işime daha çok veririm.
- Kendim için üzülürüm.

Geliştiren:

Bowman, M. L. (1990). Coping efforts and marital satisfaction: Measuring marital coping and its correlates. *Journal of Marriage and the Family*, 52, 463-474.

Çeviren/Uyarlayan:

Acıbe, Ö. (2002). Applicability of the Marital Coping Inventory for measurement of coping efforts in marriage among Turkish couples. Unpublished Master's Thesis, Middle East Technical University, Ankara.

APPENDIX H
Economic Violence Index
(Ekonomik Şiddet Endeksi)

Aşağıda belirtilen ifadelerin eşinizle olan ilişkinizde geçerli olup olmadığını işaretleyin.

Evet	Hayır
------	-------

Örnek maddeler:

- Biriktirdiğiniz paranın ve/ya elde ettiğiniz gelirin eşiniz tarafından, isteğiniz dışında, elinizden alındığı oldu mu?
- Eşiniz kısıtlı harçlık verip, bununla yapılması mümkün olmayan şeyler bekler mi?
- Aileyi ilgilendiren ekonomik konularda eşiniz size danışmadan kararlar verir mi?

Geliştiren:

Ece Tuncay (Yazışmak için e-posta: ecetuncay@gmail.com)

APPENDIX I
Social Support Index
(Sosyal Destek Endeksi)

Aşağıda belirtilen kişilerle olan ilişkinizde herbir ifadenin, ilişkiniz için ne kadar doğru veya yanlış olduğunu işaretleyin.

Kesinlikle Yanlış	Yanlış	Kararsızım	Doğru	Kesinlikle Doğru
1	2	3	4	5

Örnek maddeler:

- EŞİM...

İhtiyacım olduğunda yanımdadır.

- EŞİMİN AİLESİ (anne, baba ve kardeşleri)...

İşler kötü gittiğinde sorunun çözümünde yardımcı olurlar.

- KENDİ AKRABALARIM...

Sevinç ve kederlerimi onlarla paylaşabilirim.

Geliştiren:

Ece Tuncay (Yazışmak için e-posta: ecetuncay@gmail.com)

APPENDIX J
Turkish Summary
(Türkçe Özet)

KADINA YÖNELİK AİLE İÇİNDE ŞİDDETİN
BAĞLANMA, EVLİLİKTE BAŞA ÇIKMA VE SOSYAL DESTEĞİN
ETKİLERİ İLE BİRLİKTE
EVLİLİK UYUMU VE PSİKOLOJİK DURUMLAR İLE İLİŞKİLERİ

GİRİŞ

Bu çalışma, kadınların aile içinde maruz kaldıkları şiddetin farklı türlerinin (fiziksel, psikolojik, cinsel ve ekonomik şiddet) evlilik uyumları ve psikolojik durumları ile ilişkilerini incelemek üzere gerçekleştirilmiştir. Aile içi şiddeti çok yönlü inceleyen bu çalışmada şiddet, evli kadınların evlilik ve bireysel işleyişleri bakımından değerlendirilmiş, kadınların şiddet yaşantılarını ve psikolojik durumlarını etkileyen faktörler ile birlikte ele alınmıştır. Bu faktörler bağlanma, evlilikte başa çıkma ve sosyal destek özellikleri ile kadınların sosyo-demografik bilgileri olarak belirlenmiştir.

Çalışmada öncelikle yapılan araştırmanın konusuyla ilgili literatür incelenmiş ve araştırmanın amaçları sıralanmıştır. Sonrasında araştırmanın yöntemi katılımcılar, veri toplama araçları, işlemler ve verilerin analizi açısından aktarılmıştır. Son olarak araştırmanın bulguları özetlenmiş ve bulgular literatür ışığında tartışılmıştır.

Araştırmanın Konusuyla İlgili Literatür Bilgisi:

Kadının insan hakkı ihlali olan kadına yönelik aile içinde şiddet, yaşanan coğrafya, kültür, sosyo-ekonomik durum ve eğitimden bağımsız, tüm dünyada pek çok kadının yaşadığı ortak bir sorundur. Aile içinde şiddet kadınların sıklıkla maruz kaldığı ancak üstünün örtüldüğü, yok sayıldığı bir aile içi mesele olarak değerlendirilmektedir. Oysa aile içinde şiddet sosyal, kültürel ve psikolojik kökenlidir ve maruz kalan kadını, çocuklarını, yakın çevresini ve yaşadığı toplumu fiziksel, duygusal, sosyal ve ekonomik açıdan etkilemektedir (APA, 2002).

Aile içinde şiddet, kadına yönelik şiddet türlerinden biridir (APA, 2002; Altınay & Arat, 2007). Birleşmiş Milletler Genel Kurulu'nda kabul edilen Kadına Yönelik Şiddetin Önlenmesine Dair Bildirge'de (UN, 1993) kadına yönelik şiddet kadına kamu ve/ya özel alanda fiziksel, cinsel veya psikolojik acı veya ıstırap veren veya verebilecek olan, toplumsal cinsiyete dayanan eylemler veya bu tür eylemlerle tehdit etme, zorlama veya keyfi olarak özgürlükten yoksun bırakma şeklinde tanımlanmıştır. Aile içinde şiddet ise bir eşin diğerini, onun üzerinde haksız şekilde üstünlük kurma ya da kurmuş olduğu gücü, kontrolü ve otoriteyi koruma amacıyla, fiziksel, cinsel ve psikolojik açıdan bir takım kötü muamelelere maruz bırakması olarak belirtilmiştir (Walker, 1999). Benzer şekilde aile içinde şiddet Amerikan Psikologlar Birliği (APA, 2002) tarafından yakın ilişkilerde eşlerden birinin diğerini fiziksel, cinsel, psikolojik şiddete ve/ya yaralanmaya maruz bırakması şeklinde açıklanmıştır. Literatürde yapılan pek çok çalışma aile içindeki şiddetin türlerinin birbiriyle ilişkili olduğunu ve türlerin genellikle birlikte yaşandığını ortaya koymuştur (Walker, 1999; APA, 2002; Basile ve ark., 2004; WHO, 2005).

Amerikan Psikologlar Birliđi'ne (2002) gre fiziksel Őiddet tokat atmaktan ldrmeye kadar uzanan ve vurma, yumruklama, tekmeleme, itme, bir eŐit silahla saldırma gibi eŐitli eylemleri kapsayan Őiddet trdr. Psikolojik Őiddet ise aŐađılama, kk dŐrme, dalga geme, kiŐiyi deđersiz hissettirecek takma isimler kullanma, srekli kontrol altında tutma, Őiddetle ve zarar vermeye tehdit etme, aile ve sosyal evreyle grŐmesini engelleme, aŐırı kıŐkanlık gibi Őiddet davranıŐlarıdır. Cinsel Őiddet kiŐiyi isteđi dıŐında cinsel iliŐkiye zorlamaktan tecavze kadar uzanan pek ok muameleyi ierir. Cinsel iliŐki esnasında kasıtlı Őekilde zarar verme, oral veya anal iliŐkiye zorlama, cinsel organlarına zarar verme cinsel Őiddete rneklerdir. Ekonomik Őiddet ise kazancına el koyma, ekonomik aıdan kısıtlama, aileyi ilgilendiren ekonomik konularda eŐe danıŐmadan kararlar verme gibi eylemlerdir (Watts & Zimmerman, 2002).

Bu araŐtırma kapsamında "kadına ynelik aile iinde Őiddet" kavramı yukarıda belirtilen tanımlar temelinde ele alınmıŐtır. AraŐtırmada kocanın karısına uyguladıđı Őiddet tm biimleriyle (fiziksel, psikolojik, cinsel ve ekonomik Őiddet) incelenmiŐtir. Aile iinde koca dıŐında, baba ve erkek kardeŐ gibi, diđer aile yeleri tarafından uygulanan Őiddet ile kadına ynelik gerekleŐtirilen diđer Őiddet trleri araŐtırma kapsamına dahil edilmemiŐtir.

Aile iinde Őiddetin hem erkek hem de kadın tarafından uygulanan rnekleri olsa da, asıl baskın olan, yksek oranda ve sıklıkla rastlanan erkeđin kadını mađdur ettiđi durumlardır (Stets & Straus, 1990; Walker, 2000). Yapılan araŐtırmalar aile iinde kadınların eŐleri tarafından daha fazla yaralanmaya maruz bırakıldıđını kanıtlamıŐ (Cho & Wilke, 2010), kadınların sađlık ve danıŐmanlık hizmetlerinden daha ok yararlanmak zorunda kaldıđını ortaya koymuŐtur (Tjaden & Thoennes,

2000). Aynı zamanda arařtırmalar, kocanın karısına uyguladıđı řiddetin çok daha olumsuz sonuçları olduđunu, kadınların fiziksel yarananmanın yanı sıra psikolojik açıdan da yaralandıđını göstermiřtir (Holtzworth-Munroe, Smutzler, & Stuart, 1998).

Uluslararası, ulusal ve bölgesel çalışmalar kadına yönelik řiddetin tüm dünyada sınıf, ırk, din, kültür ve ülke sınırlarının ötesinde uygulanan bir insan hakkı sorunu olduđunu gözler önüne sermektedir. Dünya Sağlık Örgütü (WHO, 2005) tarafından yapılan kapsamlı çalışmanın raporuna göre dünyanın farklı bölgelerinde kadınların yaşamları boyunca yakın ilişkide oldukları erkekler tarafından fiziksel ve/ya cinsel řiddete maruz bırakılma oranı %15 ile %71 arasında deđişmektedir. Rapor aynı zamanda kadını sürekli kontrol altında tutma gibi duygusal řiddet eylemlerinin görülme oranının %20 ile %75 arasında deđiřtiđini göstermektedir. Türkiye’de ise kadına yönelik řiddet istatistiklerini kapsamlı şekilde ortaya koyan Kadının Statüsü Genel Müdürlüğü (Turkish Republic, Prime Ministry, Directorate General on the Status of Women, 2009) verilerine göre Türkiye’de evli kadınların fiziksel ve/ya cinsel řiddete maruz bırakılma yaygınlığı tüm ülkede %42 olup, bölgeler arasında %26 ile %57 arasında deđişmektedir. Duygusal řiddet yaşama yaygınlığı %44 iken, kadının günlük aktivitelerini kontrol altına almak gibi duygusal zararlar ile birlikte deđerlendirildiđinde bu yaygınlık %69’a çıkmaktadır. Ankara bölgesinde yapılan bir çalışmanın (Akar ve ark., 2010) bulgularına göre ise Ankara’da kadınların %77.9’u yaşamları boyunca en az bir kez eři tarafından aile içi řiddetin en az bir türüne maruz kalmaktadır.

Yukarıda bahsedilen verilerin açıkça ortaya koyduđu şekilde kadına yönelik aile içinde řiddet tüm dünyada olduđu gibi Türkiye’de de yaygın bir sorundur. Bu sorun sosyal, kültürel, ilişkisel, biyolojik ve psikolojik faktörler ve bu

faktörlerin birbiriyle ilişkileri bağlamında değerlendirilmelidir (Dutton, 1985; Harway & O'Neil, 1999; Walker, 1999; Watts & Zimmerman, 2002). Sosyo-ekonomik baskılar, güç ilişkilerinin öğrenildiği ve pekiştiği aile kurumu, kadının cinselliğini kontrol etme ihtiyacı, erkeğin kadından üstün olduğu inancı, yasalar ve kültürel uygulamalar gibi pek çok sosyal ve kültürel faktör kadının aile içinde maruz bırakıldığı şiddete zemin oluşturmaktadır (UNICEF, 2000). Tüm ilgili faktörler aslında kadın ve erkek arasında eşitsiz güç ilişkilerini destekleyen ve orantısız bir şekilde kadını etkileyen şiddeti tolere eden patriarkal yapı temellidir ve süregelen toplumsal cinsiyet rolleri ile ilişkilidir (Dobash & Dobash, 1979; Stacey, 1993; Anderson, 1997; Walker, 1999; UNICEF, 2000; APA, 2002).

Literatürde bulunan pek çok çalışmada kadının maruz kaldığı aile içi şiddet için risk oluşturan faktörler incelenmiştir. Çalışmalarda kadınların ve onları mağdur eden eşlerinin sosyo-demografik özellikleri, kadının şiddet yaşama olasılığını ve yaşadığı şiddetin olumsuz sonuçlarını artırıcı faktörler olarak ele alınmıştır. Bu demografik özelliklerden bazıları kadının eğitim seviyesinin düşük olması (Kocacık & Doğan, 2006; Altınay & Arat, 2007; Akar ve ark., 2010), eşinin eğitim seviyesinin düşük olması (Kyriacou ve ark., 1999; Torres & Han, 2003; Akar ve ark., 2010), gelirinin az olması (Altınay & Arat, 2007; Oyunbileg ve ark., 2009; Akar ve ark., 2010), çalışmıyor olması/ekonomik açıdan bağımlı olması (Bornstein, 2006; Kocacık & Doğan, 2006; Altınay & Arat, 2007; Bostock, Plumpton, & Pratt, 2009), eşinin çalışmıyor olması (Kyriacou ve ark., 1999), genç olması (Lawrence & Bradbury, 2001; Bostock, Plumpton, & Pratt, 2009), kısa süredir evli olması (DeMaris ve ark., 2003), ve (daha çok) çocuğunun olması (Özçakır ve ark., 2008; Bostock, Plumpton, & Pratt, 2009) olarak belirlenmiştir.

İlgili literatürde yapılan diğer çalışmalarda aile içinde şiddetin evlilik uyumu ve psikolojik durum ile ilişkisi incelenmiş, şiddet mağduru olmanın kadının evlilik ve bireysel psikolojik işleyişine zararlar verdiği ortaya konmuştur (Testa & Leonard, 2001; Stith ve ark., 2008). Örneğin, Testa ve Leonard'ın (2001) çalışması eşi tarafından şiddete maruz kalan kadınların evliliklerinden daha az doyum aldığını ve daha çok psikolojik sıkıntı yaşadığını göstermiştir. Stith ve arkadaşları (2008) ise aile içinde şiddet ve evlilik doyumu/uyumu arasında ilişki olduğunu doğrulamış, ancak bu ilişkinin nedensel bir ilişki olduğu sonucuna varmanın yanlış olacağını belirtmiştir. Onlara göre kadınların aile içinde şiddet yaşadığı için evliliklerinden doyum sağlayamadığı ya da evliliklerinden doyum sağlayamadığı için şiddete maruz kaldığı bilgisine ulaşmak mümkün değildir. Dolayısıyla önemli olan aralarındaki ilişki, yani düşük evlilik doyumu/uyumu ile aile içinde şiddet yaşantısının birbirinin yordayıcısı olup olmadığıdır.

Aile içinde şiddet depresyon, kaygı, korku, düşük özgüven, cinsel bozukluklar, yeme bozuklukları, uyku bozuklukları, panik, travma sonrası stres bozukluğu gibi psikolojik bozukluklarla da ilişkilidir (Golding, 1999; UNICEF, 2000; Basile ve ark., 2004; WHO, 2005; Pico-Alfonso ve ark., 2006; Dorathy, Lewis, & Wolfe, 2007). Yukarıda bahsedilen Dünya Sağlık Örgütü (WHO, 2005) tarafından yürütülen çalışma tüm dünyada aile içinde şiddete maruz kalmış kadınların fiziksel ve psikolojik sağlığının şiddete maruz kalmayan kadınlara kıyasla daha kötü olduğunu ortaya koymuştur. Çalışma bunun yanı sıra mağdur edilmiş kadınların daha çok duygusal sıkıntı yaşadığını ve intihar düşüncelerinin, hatta intihar teşebbüslerinin olduğunu da göstermiştir. Dünya Sağlık Örgütü'nün de belirttiği şekilde bunun gibi kesit araştırmalar ile neden-sonuç ilişkisine ulaşmak

veya hangi durumun daha önce yaşandığını saptamak mümkün değildir. Yani evlilik uyumu için de açıklandığı gibi, kadının psikolojik durumu kötü olduğu için aile içinde şiddete maruz kaldığı ya da şiddet yaşadığı için psikolojik durumunun kötüleştiği gibi sonuçlar çıkarmak doğru değildir. Doğru çıkarım aile içinde şiddet yaşantısı ile psikolojik sıkıntının birbiriyle yakından ilişkili olduğudur.

Yukarıda bahsedilenlerden de anlaşılacağı gibi aile içinde şiddet yaşantısı için temel riski kadın olmak oluşturmaktadır (Walker, 2000). Yine de tüm kadınlar aile içinde şiddetten aynı ölçüde, aynı şekilde etkilenmeyebilirler. Bowman'a (1997) göre şiddet gibi travmatik olaylar için olayın özelliklerine kıyasla olayı yaşayan kişilerin bireysel özellikleri ve farklılıkları travmanın semptomları ile daha ilişkili olabilir. Dolayısıyla aile içi şiddet yaşantısı için de bazı kişisel özellikler, kişilerin evlilik uyumları ve psikolojik durumları açısından risk oluşturabilir. Hem aile içinde şiddet, hem de evlilik ve bireysel işleyiş ile ilişkili bağlanma, evlilikte başa çıkma ve sosyal destek gibi kişisel özelliklerin bu yönde bir etkisi olabilir.

Bağlanma kişilerin kendileri için özel olan diğerlerine karşı hissettiği güçlü duygusal bağ olarak tanımlanmıştır (Berk, 2000). Bağlanma, kişilerin yakın romantik ilişkilerinde nasıl düşündüğünü, hissettiğini ve diğeriyle nasıl ilişkilendiğini belirler (Meyers & Landsberger, 2002). Bowlby'nin (1979; 1988) bağlanma kuramını temel alan Hazan ve Shaver (1987) bebek ve bakıcısı arasındaki ilişkiyi ileride kişilerin romantik ilişkide olduğu kişilerle kurdukları bağa benzetmiştir. Bowlby, Hazan ve Shaver'den sonra Bartholomew ve Horowitz (1991) gibi pek çok kuramcı da bağlanma kavramını ele alarak ilgili modeller geliştirmiştir. Brennan, Clark ve Shaver (1998) tüm bu modellerin iki bağlanma boyutu ile ilişkili olduğunu savunmuş, bunların da kaygı ve kaçınma boyutları olduğunu ifade etmiştir. Kaygı

boyutunu kişinin kendisini diğerleri, özellikle de bağlanma kişisi tarafından sevgi ve yardıma değer biri olarak görüp görmediği; kaçınma boyutunu ise kişinin diğerlerini, özellikle de bağlanma kişisini korunma ve destek beklentilerine cevap veren güvenilir biri olarak görüp görmediği şeklinde belirlemiştir. Bunları takip eden çalışmalar ise bağlanmayı bireysel psikolojik işleyiş ve evlilik ilişkisi bağlamında incelemiştir. Çalışmalar bağlanmanın psikolojik durum (Collins & Read, 1990; Bartholomew & Horowitz, 1991; Volling, Notaro, & Larsen, 1998), evlilik uyumu (Kobak & Hazan, 1991; Senchak & Leonard, 1992; Brennan & Shaver, 1995) ve aile içinde şiddet (Babcock ve ark., 2000; Higginbotham ve ark., 2007; Godbout ve ark., 2009) ile yakından ilişkili olduğunu ortaya koymuştur.

Bağlanmanın yanı sıra aile içinde şiddet ve evlilik ve bireysel işleyiş ile ilişkili bir diğer faktör baş etmedir. Baş etme kişilerin olumsuz veya stres yaratan yaşam olaylarını kontrol etmek, azaltmak veya tolere etmeyi öğrenmek için gerçekleştirdiği bilişsel ve davranışsal çabalarıdır (Feldman, 1997). Baş etme literatürü kişilerin stres yaratan yaşam olaylarıyla genel baş etme stratejilerini geniş çapta incelemiştir (örn. Folkman & Lazarus, 1984; 1988). Ancak kişilerin evliliklerinde yaşadığı sorunlarla baş etme biçimleri genel yaşam sorunlarıyla baş etme biçimlerinden farklıdır (Bowman, 1990). Dolayısıyla, uzun süreli evlilik ilişkilerinde eşlerin kullandığı evliliğe has baş etme stratejilerini anlamak önemlidir. Bowman'a (1990) göre evli bireyler evliliklerindeki sorunlarla çatışma, kendini suçlama, kendiyle ilgilenme, kaçınma ve/ya olumlu yaklaşım stratejileri ile baş etmeye çalışırlar. Bowman olumlu yaklaşım stratejisinin mutlu evliliklerle ilgili olduğunu ve kişilerin genel yaşam kalitesini artırmaya yönelik çabaları yansıttığını, diğer stratejilerin ise mutsuz evliliklere özgü olduğunu savunmuştur. Löbmann ve

arkadaşları (2003) ise evlilikte yaşanan şiddet mağduriyetinin yarattığı olumsuz sonuçların şiddetini ve kalıcılığını, şiddetin özellikleri ile birlikte kişinin baş etme kaynaklarının da belirlediğini göstermiştir.

Bağlanma ve baş etme gibi evlilik uyumu (Acitelli & Antonucci, 1994) ve psikolojik durum (House, 1981) ile ilişkili bir diğer faktör ise sosyal destektir. Sosyal destek stres yaratan yaşam olaylarının yarattığı olumsuzlukları engellemek açısından önemli bir kaynaktır (Cohen & Wills, 1985; Gottlieb, 1994). Dolayısıyla aile içi şiddet yaşantısı ile de yakından ilişkilidir (Carlson, McNutt, Choi, & Rose, 2002; Lee, Pomeroy, & Bohman, 2007). Yapılan çalışmalar, sosyal destek aldığına inanan kişilerin böyle bir desteği almadığına inanlara kıyasla olumsuz yaşam olayları neticesinde yaşanan fiziksel ve psikolojik sorunlar açısından daha az risk taşıdığını göstermiştir (Gottlieb, 1994). House'a (1981) göre aile üyeleri, özellikle de eşler, en önemli sosyal destek kaynaklarıdır. Onlar tarafından sağlanan desteğin kişinin yaşadığı sorunla baş etmesinde ve psikolojik durumunu iyileştirmesinde önemli katkısı vardır. Eşten alınan sosyal desteğin yeterli olmadığı durumlarda, aile ve arkadaşlardan alınan destek de kişinin yaşamında etkilidir (Meyers & Landsberger, 2002). Çalışmalar, aile ve arkadaş desteğinin evlilik ile ilgili sorunların yarattığı sıkıntıları azaltmada rol oynadığını kanıtlamıştır (Julien & Markman, 1991).

Araştırmanın Amaçları:

Yukarıda aktarılan literatür doğrultusunda, bu araştırma kadınların aile içinde maruz kaldıkları şiddetin farklı türlerinin (fiziksel, psikolojik, cinsel, ekonomik şiddet ve yaralanma), evlilik uyumları, psikolojik durumları ile bağlanma, evlilikte başa çıkma, sosyal destek ve sosyo-demografik özellikleriyle ilişkileri bağlamında incelemeyi amaçlamıştır. Aile içinde şiddeti pek çok açıdan ele alan

arařtırma, evli kadınları evlilik ve bireysel iřleyiřleri bakımından deęerlendirmek ve kadınlarn řiddet yařantılarını ve psikolojik durumlarını etkileyen faktörleri (baęlanma, evlilikte bařa ıkma ve sosyal destek özellikleri ile kadınlarn demografik bilgileri) dikkate alarak incelemek üzere tasarlanmıřtır. Bunlarla birlikte aile içinde řiddet türlerinin birbiriyle iliřkisini görmeyi ve evlilik uyumu ve psikolojik durum arasındaki iliřkiyi belirlemeyi de hedeflemiřtir.

Ayrıca arařtırma kadınlarn ve/ya eřlerinin demografik özelliklerinin řiddet türleri, evlilik uyumları ve psikolojik durumları ile iliřkilerini saptamayı da amalamıřtır. Benzer řekilde arařtırma kadınlarn baęlanma güvenlięinin (güvenli ve güvensiz baęlanma) řiddet türleri, evlilik uyumları ve psikolojik durumları ile iliřkilerini ortaya koymayı da hedeflemiřtir.

Aile içinde řiddetin iliřkili olduęu yordayıcıları bilmek řiddeti saptamak ve psikolojik müdahaleleri belirlemek, aynı zamanda gerekleēebilecek řiddet riskini azaltmak aısından etkilidir (LaTaillade, Epstein, & Werlinich, 2006). Kadına yönelik aile içinde řiddeti pek ok aıdan, geniř bir örneklemede, hassasiyetle arařtırmanın ve ilgili olduęu düşünölen deęiřkenlerle iliřkilerini deęerlendirmenin literatüre önemli katkısı olacaktır. Böylelikle bu alıřma asıl ama olan aile içinde řiddetle mücadele aısından bir kaynak oluřturacaktır.

YÖNTEM

Katılımcılar:

Arařtırmaya Ankara, İstanbul veya Bursa illerinde yařamakta olan ve kartopu yöntemiyle (Kumar, 1996) seilen 524 evli kadın katılmıřtır. Katılımcıların yař aralıęı 19-70, yař ortalaması 36.9 ($SS = 9.11$) ve ortalama evlilik süresi ise 13.5

yıldır ($SS = 10.31$). Çocuk sayılarına göre katılımcıların %30.2'sinin (158) bir, %35.9'unun (188) iki, %15.4'ünün (81) üç veya daha fazla çocuğu varken, %18.5'inin (97) çocuğu bulunmamaktadır. Evlilik şekline göre 79'u (%15.1) görücü usulü, 336'sı (%64.2) kendi tanıştığı kişiyle kendi kararıyla, 109'u (%20.7) ise görücü usulü tanışırıldığı kişiyle kendi kararıyla evlenmiştir. Katılımcıların %4.2'si (22) hiç okumamış/okur yazarken, %24.4'ü (127) ilkokul/ortaokul, %27.9'u (146) lise, %34.6'sı (182) üniversite/yüksek okul, %8.9'u (47) yüksek lisans/doktora mezunudur. Çalışma durumlarına göre %55.5'i (291) çalışan ve %12.1'i (63) emeklidir. Çalışmayanlar ise örneklemin %32.4'ünü (170) oluşturmuştur.

Veri Toplama Araçları:

Araştırmanın verileri Demografik Bilgi Formu ile birlikte toplam sekiz farklı ölçüm aracından oluşan bir uygulama paketi ile elde edilmiştir. Veri toplama araçlarının uygulanma sırasını seçkisizleştirmek için, paketin ilk sayfasını oluşturan Gönüllü Katılım Formu ve onu takip eden Demografik Bilgi Formu'ndan sonra, geri kalan yedi ölçüm aracı farklı sıralarda pakete dahil edilmiştir. Araştırmada kullanılan veri toplama araçları şunlardır:

Çatışmaların Çözümüne Yaklaşım Ölçeği: Straus ve arkadaşları (1996) tarafından geliştirilen bu ölçek aile içinde şiddeti farklı türleriyle ölçmek amacıyla uygulanmıştır. Ölçeğin Türkçe'ye adaptasyonu Aba (2008) tarafından yapılmıştır.

Çift Uyum Ölçeği: Bu ölçek eşlerin evliliklerine uyumunu ve evlilik ilişkilerinin kalitesini belirlemek amacıyla Spanier (1976) tarafından geliştirilmiş, Fışiloğlu ve Demir (2000) tarafından Türkçe'ye uyarlanmıştır.

Kısa Semptom Envanteri: Çeşitli psikolojik semptomları ölçmek amacıyla Derogatis'in (1992) geliştirdiği bu ölçek, katılımcıların psikolojik durumları

hakkında veri toplamak için uygulanmıştır. Türkiye’de ölçeğin geçerlik ve güvenilirlik çalışmaları Şahin ve Durak (1994) tarafından yapılmıştır.

Yakın İlişkilerde Yaşantılar Envanteri-II: Yetişkinlerde bağlanmanın temel boyutlarını değerlendiren bu ölçeği Brennan, Clark ve Shaver (1998) geliştirmiştir. Ölçeğin Türkçe adaptasyon çalışmalarını Selçuk ve arkadaşları (2005) yürütmüştür. Bu araştırmada ölçeğin çiftler için geliştirilmiş versiyonu uygulanmıştır.

Evlilikte Başa Çıkma Yolları Ölçeği: Çiftlerin evlilik ilişkilerinde yaşadıkları sıkıntılarla baş etme stratejilerini belirlemek amacıyla Bowman (1990) tarafından geliştirilen bu ölçek, Türkçe’ye Acicbe (2002) tarafından uyarlanmıştır.

Ekonomik Şiddet Endeksi: Aile içinde şiddeti farklı türleriyle ölçmesine rağmen, Çatışmaların Çözümüne Yaklaşım Ölçeği’nin ekonomik şiddeti değerlendirmemesi sebebiyle, araştırmacı tarafından ekonomik şiddeti ölçen bir endeks geliştirilmiştir. Bu endeks geliştirilirken Watts ve Zimmerman (2002)’in ekonomik şiddet tanımı ve örneklerinden yararlanılmıştır.

Sosyal Destek Endeksi: Literatürde yaygın şekilde kullanılan sosyal destek ölçekleri (örn. Çok Boyutlu Algılanan Sosyal Destek Ölçeği; Zimet, Dahlem, Zimet, & Farley, 1988) araştırmanın amacını tam olarak karşılamamıştır. Evli kadınların aldığı sosyal desteğin hangi sosyal destek grubundan geldiğine göre farklılaşabileceği düşünüldüğü için araştırmacı tarafından sosyal desteği ölçen bir endeks geliştirilmiştir. Bu endeks ile kadının eşinden, kendi ailesinden (anne, baba ve varsa kardeşlerinden), kendi akrabalarından, eşinin ailesinden (eşinin anne, baba ve varsa kardeşlerinden), eşinin akrabalarından, arkadaş ve komşularından olmak üzere farklı gruplardan aldığı sosyal destek ölçülmüştür.

Demografik Bilgi Formu: Hem açık hem de kapalı uçlu sorulardan oluşan bu form katılımcıların demografik özellikleri hakkında bilgi toplamak amacıyla araştırmacı tarafından geliştirilmiştir.

İşlemler:

Öncelikle Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan araştırmayı gerçekleştirmek üzere gerekli izinler alınmıştır. Sonrasında, araştırmada kullanılan uygulama paketi yaklaşık 650 evli kadına ulaştırılmıştır. Araştırmaya katılımın gönüllülük temelinde olması beklenmiştir. Uygulama paketlerinden 536'sı araştırmacıya geri dönmüştür. İstatistik analizleri için uygun olmayanlar çalışmadan çıkarıldıktan sonra, toplam 524 paket analize dahil edilmiştir.

Uygulama paketinin ilk kısmı çalışmanın amacı, ölçekleri doldururken dikkat edilmesi gereken hususlar, katılımın gizliliği hakkında bilgi aktaran ve araştırmacının iletişim bilgilerini paylaşan Gönüllü Katılım Formu'ndan oluşmaktaydı. Uygulama paketi bizzat araştırmacı veya araştırmacının yakınları tarafından katılımcılara bir zarf içerisinde ulaştırılmış, yine zarf içinde ağzı kapatılmış olarak geri verilmesi beklenmiştir. Okuma yazma bilmeyen ve okuma veya yanıtlamada güçlük çeken katılımcılara araştırmacı veya araştırmacının meslektaşları yardımcı olmuştur.

Verilerin Analizi:

Katılımcılardan elde edilen veriler Sosyal Bilimler için İstatistik Programı'nın (SPSS) 16 versiyonu ile analiz edilmiş, çeşitli istatistiksel tekniklerle (Tabachnick & Fidell, 2001) değerlendirilmiştir.

BULGULAR

Varyans Analizlerinin Bulguları:

Katılımcıların kişisel ve evlilikleriyle ilgili temel demografik özelliklerinin aile içinde şiddet türleri (psikolojik şiddet, fiziksel şiddet, yaralanma, cinsel şiddet, ekonomik şiddet ile uzlaşma), evlilik uyumları ve psikolojik durumları ile ilişkilerini belirlemek amacıyla çeşitli varyans analizleri uygulanmıştır. Ayrıca katılımcıların bağlanma güvenliğinin (güvenli ve güvensiz bağlanma) yukarıda sıralanan değişkenler ile ilişkilerini saptamak amacıyla da varyans analizleri gerçekleştirilmiştir.

Demografik Özelliklerin Araştırmanın Temel Değişkenleri İle İlişkileri:

Aile içinde şiddet türlerinin çeşitli demografik özellikler için nasıl farklılaştığını belirlemek amacıyla çoklu varyans analizleri (MANOVA) uygulanmıştır. Analizlerde katılımcıların her bir şiddet türü için aldığı puanlar bağımlı değişkenler, demografik özellikleri ise bağımsız değişkenler olarak belirlenmiştir. Bulgular orta yaşta (33-40 yaş) ve daha yaşlı (41-70 yaş) olan kadınların genç kadınlardan (19-32 yaş), eşi yaşlı olan (46-74 yaş) kadınların genç (22-35 yaş) ve orta yaşta (36-45 yaş) eşi olan kadınlardan ve orta yaşta eşi olan kadınların genç eşi olanlardan daha yüksek ekonomik şiddet puanları aldıklarını göstermiştir. Evlilik süresine göre ise orta süreli (9-20 yıl) ve uzun süreli (21-55 yıl) evlilikleri olan kadınların kısa süreli (0-8 yıl) evlilikleri olan kadınlara kıyasla daha yüksek psikolojik ve ekonomik şiddet, orta süreli evlilikleri olan kadınların kısa süreli evlilikleri olanlara kıyasla daha yüksek ekonomik şiddet bildirdikleri belirlenmiştir. Çocuk sayısı açısından genel eğilimin hiç çocuğu olmayan ve bir çocuğu olan kadınların iki, üç veya daha fazla çocuğu olan kadınlardan psikolojik,

fiziksel, cinsel ve ekonomik şiddet türlerinde daha düşük şiddet bildirdiği yönünde olduğu görülmüştür. Evlilik şekli bulgularına göre ise kendi tanıştığı kişiyle kendi kararıyla ve görücü usulü tanıştırıldığı kişiyle kendi kararıyla evlenenlere göre görücü usulü evlenen kadınların fiziksel, cinsel ve ekonomik şiddeti daha yüksek seviyelerde bildirdiği saptanmıştır. Eğitim seviyesi bakımından genel eğilimin hiç okumamış/okur yazar ve ilkokul/ortaokul mezunu kadınların lise, üniversite/yüksekokul ve yüksek lisans/doktora mezunu kadınlara kıyasla daha yüksek psikolojik şiddet, fiziksel şiddet, yaralanma, cinsel şiddet, ekonomik şiddet ve daha düşük uzlaşma bildirdiği yönünde olduğu görülmüştür. Dolayısıyla eğitim seviyesi yüksek kadınların tüm şiddet türlerinde daha düşük puanlar aldığı belirlenmiştir. Eşin eğitim seviyesi değerlendirildiğinde ise kadının eğitim seviyesine benzer bulgular elde edildiği, yani düşük eğitim seviyesine sahip eşleri olan kadınların tüm şiddet türlerinde yüksek puanlar, uzlaşma boyutunda ise düşük puanlar aldıkları saptanmıştır. Çalışma durumu bulgularına göre çalışmayan kadınların çalışanlara kıyasla daha yüksek psikolojik, fiziksel, cinsel ve ekonomik şiddet, emeklilere kıyasla ise daha yüksek cinsel ve ekonomik şiddet bildirdikleri belirlenmiştir. Gelir düzeyi açısından genel eğilimin hiç geliri olmayan ve düşük geliri olan kadınların orta ve yüksek gelir grubundaki kadınlara göre tüm şiddet türlerinde daha yüksek ve uzlaşma boyutunda daha düşük puanlar bildirdiği yönünde olduğu görülmüştür. Aynı zamanda gelir düzeyi bulguları hiç geliri olmayanların yaralanma ile fiziksel ve cinsel şiddet boyutlarında en yüksek şiddet puanlarını bildirdiklerini de ortaya koymuştur. Bunlara ek olarak bulgular geliri eşinin gelirine kıyasla daha yüksek olan kadınların fiziksel ve ekonomik şiddet türlerinde daha yüksek, uzlaşma boyutunda ise daha düşük puanlar aldığını göstermiştir.

Evlilik uyumunun çeşitli demografik özellikler için nasıl farklılaştığını belirlemek amacıyla tek yönlü varyans analizleri (ANOVA) kullanılmıştır. Analizlerde, katılımcıların evlilik uyumu puanları bağımlı değişken, demografik özellikleri ise bağımsız değişkenler olarak belirlenmiştir. Yaş ve evlilik süresine göre genç kadınların orta yaşta ve yaşlı olan kadınlara kıyasla, eşi genç olan kadınların orta yaşta ve daha yaşlı eşleri olan kadınlara kıyasla, orta yaşta eşi olan kadınların daha yaşlı eşi olan kadınlara kıyasla, evlilik süresi kısa olan kadınların orta süreli ve uzun süreli evlilikleri olan kadınlara kıyasla evliliklerinde daha fazla uyum bildirdiği saptanmıştır. Ayrıca evlilik şekline göre kendi tanıştığı kişiyle kendi kararıyla ve görücü usulü tanıştırıldığı kişiyle kendi kararıyla evlenenlerin görücü usulü evlenen kadınlara kıyasla daha düşük evlilik uyumu puanları aldığı görülmüştür.

Psikolojik durumların çeşitli demografik özellikler için nasıl farklılaştığını saptamak amacıyla tek yönlü varyans analizleri (ANOVA) gerçekleştirilmiştir. Analizlerde, katılımcıların psikolojik semptomlarının toplam puanları bağımlı değişken olarak belirlenmiş, demografik özellikleri ise bağımsız değişkenler olarak değerlendirilmiştir. Buna göre psikolojik semptom puanları düşük olanların psikolojik durumlarının daha iyi olduğu kabul edilmiştir. Genç ve yaşlı kadınların orta yaştaakilere göre, evlilik süresi kısa olan kadınların orta süreli ve uzun süreli evlilikleri olanlara göre ve görücü usulü evlenen kadınların kendi tanıştığı kişiyle kendi kararıyla evlenenlere göre daha yüksek psikolojik semptom puanları aldığı görülmüştür. Bunlarla birlikte hiç okumamış/okur yazar, ilkokul/ortaokul ve lise mezunu kadınların üniversite/yüksekokul ve yüksek lisans/doktora mezunu kadınlardan, çalışmayan kadınların emekli ve çalışanlardan, emeklilerin çalışanlardan, geliri olmayan ve düşük geliri olan kadınların orta ve yüksek gelire

sahip kadınlardan ve orta gelirli kadınların yüksek gelirli kadınlardan daha yüksek psikolojik semptom puanları aldığı belirlenmiştir.

Bağlanma Güvenliğinin Araştırmanın Temel Değişkenleri İle İlişkileri:

Aile içinde şiddet türlerinin bağlanma güvenliği için nasıl farklılaştığını belirlemek amacıyla çoklu varyans analizi (MANOVA) uygulanmıştır. Tüm şiddet türlerinde (psikolojik şiddet, fiziksel şiddet, yaralanma, cinsel şiddet ve ekonomik şiddet) güvensiz bağlanan kadınların güvenli bağlananlara kıyasla daha yüksek şiddet bildirdiği görülmüştür. Şiddet ölçeğindeki uzlaşma boyutunda ise güvenli bağlanan kadınların daha yüksek uzlaşma bildirdiği belirlenmiştir. Bunun yanı sıra evlilik uyumu ve psikolojik durumun bağlanma güvenliğini nasıl farklılaştığını saptamak için tek yönlü varyans analizleri (ANOVA) kullanılmıştır. Evlilik uyumu açısından güvensiz bağlananların daha düşük uyum puanları, psikolojik durumları bakımından ise daha yüksek psikolojik semptom puanları aldığı belirlenmiştir.

Korelasyon Analizinin Bulguları:

Araştırmada incelenen değişkenlerin birbirleriyle olan ilişkisini belirlemek amacıyla pearson korelasyon analizi gerçekleştirilmiş, korelasyon katsayıları hesaplanmıştır. Bulgular evlilik uyumu ve psikolojik semptomlar arasında negatif, evlilik uyumu ve tüm aile içinde şiddet türleri arasında negatif, psikolojik semptomlar ve tüm aile içinde şiddet türleri arasında ise pozitif yönde korelasyon olduğunu ortaya koymuştur. Bunlarla birlikte bulgular aile içinde şiddetin tüm türlerinin birbiri arasında pozitif yönde, tüm türlerin de uzlaşma ile negatif yönde korelasyon olduğunu göstermiştir.

Regresyon Analizlerinin Bulguları:

Evli kadınların evlilik uyumları ve psikolojik durumları ile ilişkili olan değişkenleri bulmak amacıyla iki farklı, aşamalı çoklu regresyon analizi gerçekleştirilmiştir. Regresyon analizlerine ilk adımda kadının yaşı, evlilik süresi, çocuk sayısı, eğitim ve gelir düzeyleri demografik değişkenleri girilmiştir. Analize ikinci adımda kaygı ve kaçınma bağlanma boyutları; üçüncü adımda evlilikte kullanılan çatışma, kendini suçlama, olumlu yaklaşım, kendiyile ilgilenme ve kaçınma baş etme stratejileri; dördüncü adımda ise eşten, aile ve akrabalarından, eşin ailesinden ve akrabalarından ile arkadaş ve komşulardan alınan sosyal destek değişkenleri hiyerarşik olarak katılmıştır. Tüm bu değişkenler kontrol edildikten sonra son adımda aile içinde kadına yönelik şiddetin türleri olan psikolojik, fiziksel, cinsel ve ekonomik şiddet ile yaralanma analize dahil edilmiştir.

Evlilik Uyumunun Yordayıcıları:

Evlilik uyumunun yordayıcılarını belirlemek üzere gerçekleştirilen regresyon analizi ile evlilik süresi, gelir düzeyi ve yaş demografik özelliklerinin; kaçınma ve kaygı bağlanma boyutlarının; olumlu yaklaşım ve çatışma evlilikte baş etme stratejilerinin; eşten, aile-akrabalarından ve arkadaş-komşulardan gelen sosyal desteğin; ve ekonomik, psikolojik, fiziksel ve cinsel şiddet türlerinin evli kadınların evlilik uyumunun yordayıcıları olduğu saptanmıştır. Regresyon bulguları yukarıda bahsedilen değişkenlerin toplam varyansın %78'ini açıkladığını ortaya koymuştur.

Buna göre daha uzun süredir evli kadınların, gelir düzeyi düşük olanların, daha yaşlı olanların, bağlanma kaçınmasını ve kaygısını daha çok yaşayanların, evliliklerindeki sorunlarla olumlu yaklaşım stratejisini az kullanarak ve çatışma stratejisini çok kullanarak baş etmeye çalışanların, eşinden, kendi aile-akrabalarından

ve arkadaş-komşularından daha az destek alanların, eşi tarafından ekonomik, psikolojik, fiziksel ve cinsel şiddete daha çok maruz bırakılan kadınların evlilikleriyle ilgili değerlendirmelerinin ve evlilik işleyişlerinin olumsuz olduğu sonucuna varılmıştır.

Psikolojik Durumun Yordayıcıları:

Evli kadınların psikolojik durumlarının yordayıcılarını belirlemek üzere gerçekleştirilen regresyon analizinin sonuçlarına göre anlamlı yordayıcılar eğitim ve gelir demografik özellikleri; kaygı ve kaçınma bağlanma boyutları; kendini suçlama ve çatışma evlilikte baş etme stratejileri; aile-akrabalardan ve eşin aile-akrabalarından gelen sosyal destek; ve yaralanma ile fiziksel ve cinsel şiddet türleridir. Regresyon bulguları yukarıda sıralanan değişkenlerin toplam varyansın %56'sını açıkladığını göstermiştir.

Buna bağlı olarak eğitim ve gelir düzeyi düşük kadınların, bağlanma kaygısını ve kaçınmasını daha çok yaşayanların, evliliklerindeki sorunlarla kendini suçlama ve çatışma stratejilerini kullanarak baş etmeye çalışanların, kendi ve eşinin aile-akrabalarından daha az destek alanların, eşi tarafından yaralanma ile fiziksel ve cinsel şiddete daha çok maruz bırakılan evli kadınların psikolojik durumlarının ve bireysel işleyişlerinin olumsuz olduğu saptanmıştır.

TARTIŞMA

Aile içinde şiddet türlerinin çeşitli demografik özellikler için nasıl farklılaştığını belirlemek amacıyla gerçekleştirilen varyans analizlerinin bulguları yaş, eşin yaşı, evlilik süresi, çocuk sayısı, evlilik şekli, eğitim seviyesi, eşin eğitim

seviyesi, çalışma durumu, gelir düzeyi ve gelir düzeyindeki eşitsizlik bilgilerinin şiddet türleri ile ilişkili olduğunu göstermiştir.

Bulgular ileri yaştaki kadınlar ile ileri yaşta eşleri olan kadınların ekonomik açıdan daha fazla şiddet bildirdiği yönünde olmuştur. Ayrıca bulgular daha uzun süredir evli olan kadınların yeni evli kadınlara kıyasla daha fazla ekonomik ve psikolojik şiddet bildirdiği şeklindedir. Yaş, eşin yaşı ve evlilik süresi açısından diğer şiddet türlerinde ilişki saptanmamıştır. Ancak literatürdeki benzer çalışmalar genç kadınların ve yeni evli kadınların aile içinde şiddet açısından riskli grupta yer aldığını açıklamıştır (Lawrence & Bradbury, 2001; DeMaris ve ark., 2003; Bostock, Plumpton, & Pratt, 2009). Bu çalışmalar aile içinde şiddetin henüz yeni evliyken ve erken yaşlarda başladığını ortaya koymuş olsa da, ilgili literatür şiddetin her yaş grubundan kadının başına gelebilecek ortak bir sorun olduğunu ve başladıktan sonra uzun yıllar boyunca sürdüğünü de göstermiştir (Lawrence & Bradbury, 2007; Sormanti & Shibusawa, 2008). Yine de bahsedilen çalışmaların hiçbiri yaş ve evlilik süresi değişkenlerini ekonomik şiddet açısından değerlendirmemiştir. Bu araştırma şiddetin bu özel türü için veri sunmakta ve ekonomik şiddete özgü açıklamalar düşündürmektedir. Buna göre ekonomik şiddet gören yani çalışıyorsa elinden geliri alınan, çalışmıyorsa çalışma imkanları kısıtlanan veya kendine ait geliri olmayan kadınlar şiddet gördüğü ilişkilerine bağımlı hale gelmiş olabilir. Ekonomik sıkıntılar kadınların şiddet içeren ilişkilerini sonlandırmaya yönelik kararlar almasının önünde engel oluşturabilir. Bu da şiddet dolu ilişkisinin uzun yıllar sürmesini sağlayabilir. Başladıktan sonra da ekonomik şiddet artarak devam edebilir.

Araştırmanın çocuk sayısı bulgularına göre genel eğilim hiç çocuğu olmayan ve bir çocuğu olan kadınların iki, üç veya daha fazla çocuğu olan

kadınlardan psikolojik, fiziksel, cinsel ve ekonomik şiddet türlerinde daha düşük şiddet bildirdiği yönündedir. Yani kadının çocuğunun olup olmamasındansa, çocuk sayısı aile içinde şiddet türleri açısından farklılaşmaktadır. Bulgular literatürdeki ilgili çalışmalarla aynı doğrultudadır (DeMaris ve ark., 2003; Özçakır ve ark., 2008).

Evlilik şekli bulguları ile kendi tanıştığı kişiyle kendi kararıyla ve görücü usulü tanıştırıldığı kişiyle kendi kararıyla evlenenlere göre görücü usulü evlenen kadınların fiziksel, cinsel ve ekonomik açıdan daha yüksek şiddet puanları aldığı sonucuna ulaşılmıştır. Benzer şekilde Arat ve Altınay'ın (2007) Türkiye çapında geniş katılımı gerçekleşen çalışmasında bulgular ailesinin desteğini alarak kendi isteğiyle evlenen kadınların görücü usulü evlenen kadınlara kıyasla daha az şiddet yaşadığı yönünde olmuştur.

Psikoloji literatüründe eğitim seviyesi, çalışma durumu ve gelir düzeyi kişinin sosyo-ekonomik düzeyine denk gelen kişisel kaynaklarını oluşturmaktadır. Araştırma bulguları, genel olarak, eğitim seviyesi düşük kadınların tüm aile içinde şiddet türlerinde daha yüksek şiddet bildirdiğini göstermiştir. Eşin eğitim seviyesi açısından ise kadının eğitim seviyesi bulgularına benzer bulgular elde edilmiştir. Eğitim ile ilgili veriler literatürdeki diğer çalışmaların bulguları (Arat & Altınay, 2007; Akar ve ark., 2010) ile tutarlıdır. Ayrıca bu araştırma ile çalışmayan kadınların çalışan kadınlara kıyasla daha yüksek psikolojik, fiziksel, cinsel ve ekonomik şiddet bildirdikleri de belirlenmiştir. Gelir düzeyi bulgularında genel eğilim hiç geliri olmayan ve düşük geliri olan kadınların orta ve yüksek gelir grubundaki kadınlara göre tüm şiddet türlerinde daha yüksek şiddet bildirdiği şeklindedir. Bununla birlikte geliri eşinin gelirine kıyasla daha yüksek olan kadınların fiziksel ve ekonomik şiddet türlerinde daha yüksek puanlar aldığı da saptanmıştır. Arat ve Altınay (2007)'ın da

aktardığı gibi eşlerin gelir düzeyleri arasındaki fark Türkiye’de aile içinde şiddet açısından risk oluşturmaktadır. Diğer ülkelerde yapılan çalışmalar da (Kaukinen, 2004) kadının geliri eşinin gelirine kıyasla daha yüksek olduğu durumları şiddet için risk kabul etmiştir. Bulgular karısından daha düşük gelir elde eden kocanın bu durumu toplumsal cinsiyet rolleri ile pekişen gücüne tehdit şeklinde değerlendirip (Dobash & Dobash, 1979; 1998), gelir dengesizliğini şiddetle telafi etmeye çalışıyor olabileceğini (Anderson, 1997) düşündürmüştür.

Araştırmanın bulguları düşük eğitim ve gelir düzeylerindeki kadınların şiddet türleri açısından daha riskli grupları oluşturduğunu ortaya koysa da, yüksek sosyo-ekonomik düzeydeki kadınların da şiddet yaşadıkları göz önünde bulundurulmalıdır. Örneğin, Kadının Statüsü Genel Müdürlüğü (Turkish Republic, Prime Ministry, Directorate General on the Status of Women, 2009) Türkiye’de yüksek sosyo-ekonomik gruptaki her dört kadından birinin aile içi şiddetin en az bir türüne maruz kaldığını saptamıştır. Ayrıca bulgular neticesinde çıkarsamalar yapılırken, yüksek eğitim ve/ya gelire sahip kadınların şiddet yaşantılarını anlatmaktan daha çok utanmış (Arat & Altınay, 2007), dolayısıyla daha az şiddet bildirmiş olabilecekleri de değerlendirilmelidir.

Araştırmayı oluşturan değişkenlerin birbirleriyle ilişkisini belirlemek amacıyla gerçekleştirilen korelasyon analizleri ile aile içinde şiddetin tüm türlerinin birbiriyle ilişkili olduğu saptanmıştır. Bu bulgu aile içinde şiddet türlerinin genellikle birlikte yaşandığını ortaya koyan benzer çalışmalar (Tjaden & Thoennes, 2000; APA, 2002; Basile ve ark., 2004) ile aynı doğrultudadır. Bunun yanı sıra korelasyon bulguları ile evlilik uyumu ve psikolojik semptomlar arasında negatif yönde ilişki belirlenmiştir. Bu iki değişkeni birlikte inceleyen ilgili çalışmalar da (Halford &

Bouma, 1997; Whisman, 1999) aynı yönde ilişki olduğunu ortaya koymuştur. Bu bulgu ile iki değişken arasında ilişki olduğu belirlense de, ilişkinin yönüne dair bir çıkarsamanın yapılması mümkün değildir. Aslında pek çok teorisyenin de (örn. Beach, Sandeen, & O’Leary, 1990; Davila ve ark., 1997) savunduğu şekilde evlilik uyumu ve psikolojik durum arasındaki ilişki her iki yönlü, yani karşılıklı olabilir. Dolayısıyla, evliliğiyle ilgili sıkıntıları olan kişinin psikolojik açıdan da sıkıntılı olması, aynı şekilde psikolojik sıkıntıları olan kişinin evliliğiyle ilgili de sıkıntılar yaşaması muhtemeldir.

Evlilik uyumunun yordayıcılarını belirlemek üzere gerçekleştirilen regresyon analizi bulguları evlilik süresi, gelir düzeyi ve yaş demografik özelliklerinin; kaçınma ve kaygı bağlanma boyutlarının; olumlu yaklaşım ve çatışma evlilikte baş etme stratejilerinin; eşten, aile-akrabalardan ve arkadaş-komşulardan gelen sosyal desteğin; ve ekonomik, psikolojik, fiziksel ve cinsel şiddet türlerinin evli kadınların evlilik uyumunun yordayıcıları olduğunu ortaya koymuştur.

Öncelikle genç ve yeni evli kadınların daha yüksek evlilik uyumu bildirdiği belirlenmiştir. Benzer şekilde, literatürde bulunan çalışmalar evlilik uyumu/doyumunun evliliğin ilk yıllarında en yüksek seviyede olduğunu göstermiştir (Vaillant & Vaillant, 1993). Bu bulgu değerlendirilirken evlilik ve yaş arasında pozitif yönde çok yüksek korelasyon olduğu, dolayısıyla bu değişkenlerin başka değişkenlerle ilişkisini diğerinden bağımsız şekilde saptamanın güç olduğu (Karney & Bradbury, 1995) dikkate alınmalıdır. Evlilik uyumunu yordayan diğer bir demografik değişkenin gelir düzeyi olduğu görülmüştür. Geliri yüksek kadınların evliliklerinde daha fazla uyum bildirdiği bulgusuna ulaşılmıştır. Kadınların geliri sıkıntılı evlilikleriyle mücadele etmeleri için gerekli bir kaynaktır (Waldrop &

Resick, 2004). Kadınların eşlerinden bağımsız gelirlerinin olması onları eşlerine daha az bağımlı hale getirebilir. Kendi yaşamlarını kazanan kadınlar, sürdürmeyi tercih ettikleri evlilikleriyle daha mutlu olabilir. Ekonomik yetersizliğinden dolayı evliliklerine ve eşlerine kendilerini mecbur hisseden kadınların evlilikleriyle ilgili olumlu hisler taşımalarını beklemek mümkün olmayabilir.

Ayrıca bulgular bağlanma kaçınmasını ve kaygısını daha çok yaşayanların, evliliklerindeki sorunlarla olumlu yaklaşım stratejisini az kullanarak ve çatışma stratejini çok kullanarak baş etmeye çalışanların ve eşinden, kendi aile-akrabalarından ve arkadaş-komşularından daha az destek alanların daha düşük evlilik uyumu bildirdiğini göstermiştir. Bu bulgular literatürde bulunan ilgili çalışmalar (Bowman, 1990; Julien & Markman, 1991; Kobak & Hazan, 1991; Senchak & Leonard, 1992; Cohan & Bradbury, 1994; Brennan & Shaver, 1995; İmamoğlu & Yasak, 1997; Volling, Notaro, & Larsen, 1998) ile aynı doğrultudadır

Literatürde evlilik uyumu ve aile içinde şiddetin ilişkili olduğunu kanıtlayan çalışmalar mevcuttur (Lawrence & Bradbury, 2001; Testa & Leonard, 2001; Stith ve ark., 2008). Bu araştırma ise yukarıda bahsedilen evlilik uyumunu yordayan tüm kişisel özellikler kontrol edildikten sonra dahi, aile içinde şiddet türlerinin (ekonomik, psikolojik, fiziksel ve cinsel şiddet) kadınların evlilik uyumları ile negatif yönde ilişkili olduğunu ortaya koymuştur. Regresyon bulguları tüm bu değişkenlerin toplam varyansın %78'ini açıkladığını göstermiştir.

Evli kadınların psikolojik durumlarının yordayıcılarını belirlemek amacıyla gerçekleştirilen regresyon analizinin bulguları ile psikolojik semptomların anlamlı yordayıcılarının eğitim ve gelir demografik özellikleri; kaygı ve kaçınma bağlanma boyutları; kendini suçlama ve çatışma evlilikte baş etme stratejileri; aile-

akrabalardan ve eşin aile-akrabalarından gelen sosyal destek; ve yaralanma ile fiziksel ve cinsel şiddet türleri olduğu saptanmıştır.

Demografik yordayıcılar incelendiğinde, eğitim ve gelir düzeyi düşük evli kadınların daha fazla psikolojik semptom bildirdiği görülmüştür. Eğitim genellikle iş olanaklarına ve ekonomik kaynaklara ulaşma olasılığını artırdığından dolayı kişilerin kendi yaşantıları üzerindeki kontrolü de artıran bir faktör olarak değerlendirilebilir (Ross & Van Willigen, 1997). Ayrıca çalışmanın ve kendine ait gelir sahibi olmanın kadınların genel psikolojik durumları üzerinde olumlu etkisinin olduğu, çünkü bunun kadınların eşlerine ekonomik bağımlılığını azalttığı ve kimliğini güçlendirdiği (Thoits, 1993) de düşünülebilir.

Bu araştırmanın bulguları bağlanma kaygısını ve kaçınmasını daha çok yaşayan, evliliklerindeki sorunlarla kendini suçlama ve çatışma stratejilerini kullanarak baş etmeye çalışan ve kendi ve eşinin aile-akrabalarından daha az destek alan evli kadınların psikolojik durumlarının ve bireysel işleyişlerinin daha olumsuz olduğunu da göstermiştir. Bu bulgular literatürde bulunan benzer çalışmalar (Bowman, 1990; Davila ve ark., 1997; Mikulincer & Florian, 1998; Davila, Karney, & Bradbury, 1999; Meyers & Landsberger, 2002) ile tutarlıdır.

Bu araştırma ile yukarıda bahsedilen psikolojik durumu yordayan tüm kişisel özellikler kontrol edildikten sonra dahi, aile içinde şiddet türlerinden yaralanma ile fiziksel ve cinsel şiddetin kadınların psikolojik semptomları ile pozitif yönde ilişkili olduğu bulunmuştur. Genel olarak, aile içinde şiddet ile kadınların psikolojik durumları arasındaki ilişki pek çok çalışma (Dutton-Douglas & Dionne, 1991; Golding, 1999; Dorathy, Lewis, & Wolfe, 2007; Hazen ve ark., 2008) ile ortaya konmuş olsa da, bu araştırma şiddetin bu özel tipleri hakkında veri sunmuştur.

Yaralanma ile fiziksel ve cinsel şiddet, şiddet türleri içinde en görünür olanlarıdır, çünkü bu türler diğer türlere kıyasla daha açık eylemleri ve gözle görülür sonuçlarını içerir. Dolayısıyla, şiddetin daha görünür türlerinin kadınların psikolojik durumlarını olumsuz şekilde yordadığı bilgisi bu çalışma ile sağlanmıştır. Psikolojik durumun yordayıcılarını belirlemek için gerçekleştirilen regresyonun bulguları yukarıda bahsedilen değişkenlerin toplam varyansın %56'sını açıkladığını göstermiştir.

SONUÇ

Bu araştırma kadınların aile içinde maruz kaldıkları şiddet türlerinin evlilik uyumları ve psikolojik durumları ile ilişkisini göstermiştir. Aile içi şiddeti, kadınların şiddet yaşantılarını ve psikolojik durumlarını etkileyen faktörler ile birlikte, evlilik ve bireysel işleyiş bakımından ele almıştır. Ayrıca araştırma kadınların ve eşlerinin bazı sosyo-demografik özelliklerinin ve kadınların bağlanma güvenliğinin aile içinde şiddet türleri, evlilik uyumu ve psikolojik semptomlar ile ilişkisini ortaya koymuştur.

Sonuç olarak bu araştırma ile Türkiye’de evli kadınların görücü usulü evlenen, çok çocuklu, eğitim seviyesi düşük, eşinin eğitim seviyesi düşük, geliri olmayan veya az geliri olan ve/ya geliri eşininkine kıyasla daha yüksek olanların çeşitli şiddet türlerinde daha yüksek seviyelerde şiddet bildirdikleri saptanmıştır. Bununla birlikte bu araştırma ile aile içinde maruz kalınan şiddet türlerinin, bağlanma, evlilikte başa çıkma ve sosyal destek özellikleri kontrol edildikten sonra dahi, kadınların evlilik uyumlarındaki ve psikolojik durumlarındaki varyansların anlamlı kısımlarını açıkladığı belirlenmiştir.

APPENDIX K

Curriculum Vitae

PERSONAL INFORMATION

Surname, Name: Tuncay-Senlet, Ece
Date and Place of Birth: 1981, Bursa
Phone: +90 532 4344417
E-mail: ecetuncay@gmail.com

EDUCATION

2007 - 2012: PhD in Clinical Psychology, METU
PhD studies were granted by TUBITAK National Scholarship Program

2004 - 2006: MS in Clinical Psychology, METU
Dissertation Title: "Predictive Role of Perfectionism on Marital Adjustment"

2000 - 2004: BS in Psychology, METU

WORK EXPERIENCE

2009 - date: Volunteer in regional and national NGOs
Providing psychological support to survivors of violence against women,
Supervising professionals who give direct assistance to survivors of violence against women,
Giving workshops, trainings, and seminars on gender issues, psychology of women, violence against women, women trafficking, and the like.

2006 - 2009: Foundation for Women's Solidarity (FWS), Ankara
Assessing the needs of and providing psychological support to survivors of violence against women in the Women Counseling Center of FWS,
Providing counseling and psychological support to survivors of women trafficking in both their identification and repatriation processes in the Shelter for Victims of Human Trafficking of FWS,
Participating researches, studies, and trainings that are carried by NGOs, IOs, the Government, and the Municipalities in cooperation with FWS,
Participating related workshops, trainings, and seminars in Turkey and abroad.

PROFESSIONAL PRESENTATIONS

Tuncay, E. & Fişiloğlu, H. (2007). Perfectionism and Marital Adjustment. IV. National Congress of Family and Marital Therapies, Istanbul, Turkey.

Tuncay, E. (2008). Experiences of a Shelter for Trafficked Women in Turkey. 1st World Conference of Women's Shelters, Edmonton, Canada.

FOREIGN LANGUAGES

English: Advanced
German: Fair

APPENDIX L
Tez Fotokopisi İzin Formu

ENSTİTÜ

Fen Bilimleri Enstitüsü

Sosyal Bilimler Enstitüsü

Uygulamalı Matematik Enstitüsü

Enformatik Enstitüsü

Deniz Bilimleri Enstitüsü

YAZARIN

Soyadı : Tuncay-Senlet

Adı : Ece

Bölümü : Psikoloji

TEZİN ADI (İngilizce) : Domestic Violence against Women in Relations to Marital Adjustment and Psychological Well-Being, With the Effects of Attachment, Marital Coping, and Social Support

TEZİN TÜRÜ : Yüksek Lisans

Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

3. Tezimden bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ :