THE EFFECT OF CHILDHOOD VIOLENCE HISTORY, INTIMATE PARTNER VIOLENCE, NEGATIVE ATTRIBUTION STYLE, SOCIAL SUPPORT AND COPING STRATEGIES ON PSYCHOLOGICAL SYMPTOMATOLOGY OF TURKISH PROFESSIONAL WOMEN

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ABSTRACT

THE EFFECT OF CHILDHOOD VIOLENCE HISTORY, INTIMATE PARTNER VIOLENCE, NEGATIVE ATTRIBUTION STYLE, SOCIAL SUPPORT AND COPING STRATEGIES ON PSYCHOLOGICAL SYMPTOMATOLOGY OF TURKISH PROFESSIONAL WOMEN

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This thesis investigates the effect of childhood violence history, intimate partner violence, negative attribution style, perceived social support and coping strategies on psychological symptomatology in Turkish professional women. Accordingly, the model presented in present study suggested pre-violence, with-in violence and post-violence factors predicting psychological symptomatology. Overall examination of the factors associated with psychological symptomatology revealed that childhood violence history, intimate partner violence, negative attribution style, emotional focused coping were positively related to psychological symptomatology of women. In addition, women's negative attributions for partner's behavior mediated the relationship between intimate partner violence and depressive symptoms. On the other hand, social support and problem focused coping were negatively associated with psychological symptomatology of women. A significant moderator role of social support on the relationship between intimate partner violence and psychological symptomatology indicated that social support may be a

protective factor for the negative psychological outcome when women expose to intimate partner violence.

Women who reported any kind of violence differed on the scores of anxiety, depression, somatization, negative-self and hostility, as compared to women who did not report violence. Furthermore, professional women participated in the present study reported more emotional/psychological partner violence and found emotional/psychological partner violence as most distressing type of violence, as compared to physical violence and controlling behaviors of man.

Keywords: Childhood Violence History, Intimate Partner Violence, Negative Attribution Style, Psychological Symptomatology, Turkish Professional Women

ÖZ

TÜRKİYE'DE YAŞAYAN MESLEK SAHİBİ KADINLARIN ÇOCUKLUK ŞİDDET ÖYKÜSÜ, YAKIN PARTNER ŞİDDETİ, OLUMSUZ ATIF STİLİ, SOSYAL DESTEK VE BAŞETME STRATEJİLERİNİN PSİKOLOJİK BELİRTİLER ÜZERİNE ETKİSİ

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Bu çalışma Türkiye'de yaşayan meslek sahibi kadınların çocukluk yaşantılarındaki şiddet öykülerinin, maruz kaldıkları yakın partner şiddetinin, olumsuz atıf stillerinin, algıladıkları sosyal desteğin ve başetme stratejilerinin psikolojik belirtileri üzerindeki etkisini araştırmaktadır. Çalışmada önerilen model, şiddet öncesi, şiddet sırasındaki, şiddet sonrası faktörlerin kadınların psikolojik belirtilerini yordadığını ileri sürmektedir. Bütün bu faktörlerin kadınların psikolojik belirtileri ile ilişkisi incelenmiş ve kadınların çocukluk şiddet öyküsü, maruz kaldıkları yakın partner şiddeti, olumsuz atıf stilleri ve duygusal odaklı başetme stratejilerinin, kadınların psikolojik belirtileri ile aynı yönde ilişkili olduğu bulunmuştur. Kadınların olumsuz atıf stilleri, yakın partner şiddeti ve depresyon arasındaki ilişkide anlamlı bir şekilde aracı değişken rolü görmüştür. Bununla beraber, sosyal destek ve problem odaklı başetme stratejileri kadınların psikolojik belirtileri ile ters yönde ilişki göstermektedir. Ayrıca, sosyal desteğin şiddetin olumsuz etkilerindeki koruyucu rolü incelendiğinde yüksek düzey sosyal desteğe

sahip ve düşük düzeyde şiddete maruz kalan kadınların düşük düzey psikolojik belirti gösterdiği bulunmuştur.

Yakın partneriyle ilişkisinde şiddet ifade eden kadınların etmeyen kadınlara göre anksiyete, depresyon, somatizasyon, olumsuz benlik ve hostil duygular puanlarının daha yüksek olduğu bulunmuştur. Ayrıca, araştırmaya katılan 183 meslek sahibi kadın sıklıkla duygusal/psikolojik şiddet türünü ifade etmişler ve duygusal/psikolojik şiddeti, kontrol davranışları ve fiziksel şiddete göre daha çok rahatsızlık veren şiddet türü olarak görmüşlerdir.
Anahtar Kelimeler: Çocukluk Şiddet Öyküsü, Yakın Partner Şiddeti, Olumsuz Atıf Stilleri, Psikolojik Belirtiler, Türkiye'de Yaşayan Meslek Sahibi Kadınlar

TO MY MOTHER, **Şengül**

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TABLE OF CONTENT

LIST OF TABLES

TABLES

LIST OF FIGURES

FIGURES

CHAPTER I

1 INTRODUCTION

1.1 Statement of Problem

Violence against women is a serious social problem in the world (WHO, 2005). All women, regardless of their race, ethnicity, religion, social status and age, are at risk of violence. Women are exposed to violence not only outside their homes, but also in their families just for being women. Those harming women are primarily their husbands, fathers, brothers and boyfriends. Women who are exposed to violence in their parents' home experience difficulties in coping with violent behavior of their intimate partners (Shamai, 2000). The high rate of intimate partner violence from men to women in Turkey shows that violence against women is a major social problem that needs an urgent action plan (Altınay & Arat, 2007; Akar, Aksakal, Demirel, Durukan, Özkan, 2010). Psychological interventions for battered women need to be included in action planned for partner violence as the psychological consequences of violence against women can be highly severe. Women's cognitive appraisals of partner's behaviors have a great importance on the conceptualization of violence against women for two reasons. Firstly, it is crucial to understand women's understanding and feelings of experiencing violence from their own point of view for development of intervention programs that are specifically for women. Secondly, there is a strong relationship between cognitive attribution style and psychological symptomatology of women (Palker-Corell & Marcus, 2004; Cascardi, & O'leary, 1992; Zinzow & Jackson, 2009). Therefore, an understanding of psychological effects of violence and including these as targeting to overcome these effects in intervention programs should feature cognitive appraisal style of women. However, there is no study which has been conducted to examine the relationship between violence against women, cognitive appraisal and psychological outcome of women in a Turkish sample. There are a lot of empirical studies examining the relationship between intimate partner violence, appraisal and coping of women and psychological pathway of them in the world from different cultures (e.g., Al Modallal, Abuidhal,

Sowan & Al-Rawashdeh, 2010; Wright, Perez & Johnson, 2010; Hazen, Connelly, Soriano, & Landsverk, 2008) it is difficult to discuss these factors for Turkish professional women[1] due to lack of study based on data gathering from sample of Turkish Professional women.

The present study will be in the following sequence; firstly, a literature review on partner violence will be presented; then, research questions and hypotheses of the study will be given, the pilot study conducted before the main study will be given with its method, results and discussion; and lastly, the main study of this thesis will be presented followed by the conclusion of the study.

[1] Turkish professional women refer to a sample of Turkish professional women consisting of 183 women who participated in this study.

CHAPTER II

2 LITERATURE REVIEW

2.1 Definitions and Prevalence of Intimate Partner Violence

Tjaden (2005) pointed out that early terminology of violence against women was only built on the criminal justice perspective. However, beginning 1990s, studies focusing on violence against women started to include psychological form of violence by seeing violence against women as a public health problem. This shift of focus on violence against women from criminal justice perspective to public health problem resulted in the improvement of prevention and intervention programs.

The World Report on Violence against Women published by World Health Organization, based on public health perspective defined violence as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (Krug, Dalhberg, Merci, Zwi, & Lozano, 2002, p.5).

Public health definition of violence against women revealed some important characteristics of violence (Kilpatrick, 2004). First, the intentional use of power placed great emphasis on the power relationship between man and woman, and this emphasis made the previously ignored violent acts of men like threats, intimidation, neglect and acts of omission more visible. Second, this definition also specifies the consequences of violence such as maltreatment, psychological harm, injury, and deprivation, thereby the likelihood of these consequences lead to taking violence as serious incidents whether it actually leads to all of these negative consequences or not.

One of the most common forms of violence against women is from the perpetrators who have intimate relationships with the women. According to the World Report on Violence and Health (Krug et al., 2002), intimate partner violence

refers to behaviors in an intimate relationship that cause physical, sexual or mental harm or suffering on women, including physical aggression such as slapping, hitting, kicking and beating; sexual abuse, psychological abuse such as intimidation, constant belittling and humiliating and controlling behavior such as isolating women from their families and friends, monitoring their acts, and restricting their access to information or assistance. "Battering" is the term for intimate partner violence that occurs systematically in the same relationship.

Tjaden (2005) argued that studies should include not only violent acts such as sexual and physical assault but also non physical acts like stalking, verbal threat, psychological and emotional abuse because consequences of these kinds of nonviolent acts can be as severe as consequences of violent acts.

Studies investigating the prevalence of intimate partner violence revealed that it is quite common on all around the world with differing rates in different countries. A survey conducted by the Department of Justice in US shows that lifetime prevalence of intimate partner violence is 25.5% among women (Tjaden & Thoennes, 2000). There is a negative relationship between intimate partner violence rates and developmental level and economic status of the country. The proportions of women experiencing physical and sexual violence at least once in lifetime ranged from 15% in Japan to 69% in Peru; and also 62% of women in Bangladesh, 46% of women in Samoa, 47% of women in Thailand, 41% of women in United Republic of Tanzania, 37% of women in Brazil, 36% of women in Namibia, 24% of women in Serbia and Montenegro suffered from intimate partner violence. Additionally, consequences of violence are more severe in the underdeveloped countries (WHO, 2005).

In Turkey, under the influence of women liberation movement, issues about violence against women have been taken into consideration especially since 1990s (Aker, Sorgun, Aksoy & Bay, 2004). Subjects such as women and violence, women's attitudes toward violence, factors resulting in violence against women, family violence and sexual harassment were examined from the perspectives of social and medical sciences. Turkish Republic Prime Ministry General Directorate on the Status of Women conducted a comprehensive study in collaboration with Hacettepe University (2009). Aims of the study were to provide data for reforming political engagement and to improve programs dealing with violence against women. Participants were 12,795 women who were interviewed face to face in the study.

Domestic violence was the main focus of the study. As a result, four kinds of violence against women; namely, physical, sexual, emotional and economic, from husband or partner were explored in the study. Results of the study indicated that 38% of women experienced physical assault and 15% of women experienced sexual violence. Moreover, 44% of women were exposed to emotional abuse and 38 % of women experienced economic abuse and violence in their lives. It is remarkable that these proportions do not change significantly between women from urban and rural regions. The study provided detailed descriptive data of the results, however there were limited findings on the psychological dimensions of violence. One of them was related to women's attitudes toward violence. When asking women for their attitudes about violence from intimate partner, 43% of women agreed that man is responsible for woman's behaviors. On the other hand, 44% of women thought that a woman should not start any dispute with her husband. However, only 10% of women supported that a husband can hit his wife for different reasons. Although these statements were indicators of rigid gender roles, physical violence was found to be not acceptable for most of the women participating in the study. Another finding relevant to the mental health of women was on the rate of suicide and suicidal thoughts. The rate of having suicidal thoughts among women who were exposed to physical and sexual violence by their partners was three times higher than those who were never victimized. Furthermore, the rate of attempted suicide among women victimized by their partners was four times more than those who were never subjected to any kind of violence.

Another research on violence against women in Turkey focuses on family violence in Turkey (Altınay & Arat, 2007). 1520 women from 56 cities in Turkey, participated in this study. 34% of women claimed that they were exposed to physical violence from their husbands at least one time in their lives. 29% of women reported that their husbands restricted them in working outside the home in waged jobs. An important finding of the study was related to women's coping with physical violence. When women were asked about what they did when they were beaten, 23% of them said "I do nothing, do not take any action and stay silent", and 22% of them said "I scream, defy him doing that, object and 11% of women said "I would leave him and divorce him". This finding indicates that most of the women except that those who

divorced have not had enough psychological and social resources that will help them to cope with the violence experience.

The examination of the frequency of spousal domestic violence in Ankara showed similar rates inprevious studies (Akar, et al., 2010). Amongst 1,178 married women living in Ankara, 30% reported experiences of physical violence, 39.7 % were subjected to emotional violence, 60.4 % suffered from economic violence, and 31.3 % of them experienced sexual violence. Moreover, 77.9 % of the women in this study were exposed to at least one form of spousal violence throughout their life. Low education and low socioeconomic level, husband's having a habit of gambling, drinking alcohol, husband's watching films that have violent themes, and violence between parents of women and violence between parents of her husband are the main risk factors of exposure to any kind of violence at least once in life time (Akar, et al., 2010).

2.2 Risk Factors For Intimate Partner Violence

The World Report on Violence and Health (WHO, 2002) listed individual factors that may be associated with men's risk for abusing their partners. Young age, heavy drinking, depression, personality disorders, low academic achievement, low income and witnessing or experiencing violence as a child are listed as important individual factors for a perpetration of intimate partner violence. Gomez (2011) studied the relationship between child abuse and adolescent dating violence, and the results of the study indicated that experiencing violence during childhood is a risk factor for both men and women, not only being the perpetrator of violence but also being victim. Similar it was found that the history of childhood sexual abuse of women and men make them more vulnerable to victimization by their partner violence in adulthood (Daigneault, Heberts & McDuff, 2009). Although young age, a low level of education, and psychological domestic violence victimization in childhood were related to adulthood victimization for both women and men, any type of domestic violence victimization in childhood was high risk factor for women's adult victimization (Van Wijk & De Brujin, 2012). Especially, sexual violence victimization in childhood is related to exposure of all types of violence in women's adulthood. Women who have childhood maltreatment history were more than twice likely to experience adult victimization, compared to women who have not

experienced childhood maltreatment (Parks, Kim, Day, Garza & Larkby, 2011). Childhood abuse histories of women have also significant effects on current psychological health of women. It is strongly related to depressive, traumatic and dissociation symptoms of women (Fujivara, Okuyama, Izumi, and Osada, 2010). Women who experienced childhood abuse reported more intimate partner violence as compared to women who did not experience childhood abuse (Akar et al., 2010). Altınay and Arat (2007) emphasized the importance of witnessing of violence between mother and father for Turkish women sample. The critical finding of the study was that if mothers of women were exposed to violence from their husbands, the possibility of their own family violence was higher than women whose mothers did not experience violence. Witnessing of violence from father to mother may cause the perception of "it is my destiny" among women and result in passive coping with their own experience of violence.

In regards to socio-demographic variables, poorer women tend to experience more intimate partner violence compared to more well off women. Moreover, age differences between partners, education level of women, urban residence, whether women had other sexual partners or not, age of sexual debut have strongly predicted intimate partner violence. (Jones & Ferguson, 2009). On the other hand, the study of Jewkes, Levin and Penn-Kekana (2002) indicated that domestic violence was positively related with violence victimization in women's childhood, low level education of women, women's drinking, and partner's preference of a boy child. Nur (2012) conducted a study examining the associations between baseline characteristics and intimate partner violence among women living in Sivas, Turkey. Low level of education, above four persons in living household, being unemployed and use of current smoking were found to be related to intimate partner violence among women. According to the results; women who are less educated and have low economic conditions were more vulnerable for physical violence. A similar study assessing risk factors of domestic violence against married women in Edirne, Turkey (Tokuç, Ekuklu, Avcıoğlu, 2010) confirmed that being Roma women, being unemployed, living with more than four persons in the house and a family decision about women's marriages were risk factors for physical violence.

After controlling for social-demographic variables, the important psychological risk factors for being victims of intimate partner violence are: witnessing violence in

childhood and childhood maltreatment. In order to draw a deep understanding of the relationship between childhood maltreatment and childhood victimization and intimate partner violence, the next section will present the studies that focus on the relationship between childhood violence history and intimate partner violence.

2.3 Childhood Violence History and Intimate Partner Violence

Maltreatment and victimization in childhood is a major social and health concern in Turkey. According to a UNICEF report (2010), 45% of the children whose age range between seven and eleven and live in Turkey are exposed to physical abuse. 51% of them are exposed to emotional abuse and 25 % of them are exposed to neglect in the family environment. As a result of the legitimization of violence against women in patriarchal society (Altınay & Arat, 2007; Marshall & Furr, 2010) some violent acts toward children were found to be acceptable in the family. Hortaçsu, Kalaycıoğlu and Rittersberger-Tılıç (2003) conducted a study indicating dynamics of aggression between family members in Turkey. Results of the study point out that the frequency of aggression between family members was reached at the highest rate for aggressive acts from mother to child. Moreover, participants perceived verbal aggression as the most acceptable act if it occurs between mother and child. Yelling and scolding was found to be the most legitimate acts that were implemented by father and mother to control disobedience, undesirable habits and undesirable friendships of children. Detailed examination of the study (Hortaçsu, Kalaycıoğlu & Rittersberger-Tılıç, 2003) clarified the power relationship in the Turkish family. Although most acceptable aggressive acts were found to be between parents and child, aggressive behaviors, particularly physical aggression towards husband found to be less acceptable. Therefore, it is meaningful to say that hierarchical power relationship in Turkish family structure was ordered as father, mother and child, respectively.

Violence victimization during childhood is a crucial topic of violence studies because it has three main issues that influence psychological and social well-being of individuals. Firstly, the children who are exposed to violence in birth family are at risk for both becoming perpetrators and being victims of intimate partner violence (Stith et al., 2000). Widom, Czaja and Dutton (2013) conducted a longitudinal study to improve the findings related to abused and neglected children and their intimate

partner report in adulthood. Data were collected from the children reporting abuse and neglect in ages between ages 0-11. They were matched with children who did not report violence history. Experiment and control groups were assessed in adulthood. According to results of the study, both experiment and control groups reported exposure to psychological, sexual and physical violence in their partner relationship. Moreover, a high proportion of both groups reported violence acts toward their partner. Although abuse/neglect group did not differ from the control group in terms of the perpetration of intimate partner violence, only the neglect group was related to a greater likelihood of perpetration of intimate partner violence. After controlling for age, race and sex, childhood exposure to all types of abuse, physical abuse and neglect predicted the risk of being victimized by partner. In terms of gender, female participants who were exposed to abuse and neglect in their childhood found to be under the risk of being injured by their partners.

The second issue is witnessing inter-parental violence during childhood. Margolin and Gordis (2004) discussed that the children who both observe aggression between parents and are exposed to violence, experience difficulties about regulating their emotions. Moreover, the children who witnessed inter-parental violence are highly sensitive for expression of anger (Cummings, Pellegrini, Notarus, & Cummings, 1989). Their efforts for comforting or defending mother to reduce anger between parents resulted in depleted motivation and energy for regulation of their own emotions. On the other hand, exposure to repeated high emotional arousal leads to sensitization of negative emotion (Davies & Cummings, 1994). These findings also support social learning theory, which suggests that children learn aggressive behaviors from their environment and reproduce them (Bandura, 1977). In addition to short term effect of witnessing inter-parental violence, witnessing inter-parental violence has influence on psychological adjustment in adulthood. Henning, Leitenberg, Coffey, Bennett, and Jankowski (1997) found that witnessing inter-parental aggression during childhood was associated with psychological distress in adulthood and this relationship was consistent with reports of both men and women. A remarkable finding of Henning and his colleagues (1997) indicated that young adults who observed violence toward same-sex parent during aggressive events expressed more psychological distress than young adults who observed violence toward opposite sex parent.

The third issue is the victimization of violence in cross-generational relationships. In the literature, findings about the effect of individual's childhood maltreatment on their own children's maltreatment were divergent. Heyman and Slep (2000) state that the individuals who are exposed to both intimate partner violence and childhood physical abuse tend to maltreat their own children. However, Renner and Slack (2006) showed that there is no association between women's childhood exposure to all forms of violence (physical, sexual and neglect) and maltreatment acts towards their children. There is only a weak association between women's report of current intimate partner victimization and maltreatment towards their children. Although this association is weak, and cause-effect relationship between intimate partner violence and child maltreatment is not clear, women's current exposure to violence in intimate relationship plays a more critical role for maltreatment of children than their childhood history.

Intimate partner violence against women during pregnancy is another indicator of children's victimization. According to a study that employed a sample of pregnant women living in Malatya (Karaoğlu, etal,, 2005), prevalence of physical, emotional and sexual violence and total violence before pregnancy were 16.3%, 30.8%, 8.5% and 36.3%, respectively. After pregnancy began, the prevalence of physical, emotional and total violence decreased to 8.1%, 26.7%, 31.7%, respectively. However, rates of sexual violence increased to 9.7%. Perpetrator of physical violence was found to be the husband for almost all women, whereas mother and father in law were found to be the perpetrator of emotional violence for some cases. A higher rate coming from the results of a study conducted in Eskişehir (Ayrancı, Günay & Ünlüoğlu, 2002) showed that 99.1% of 156 pregnant women participated in the study reported emotional violence, % 36.4 of them reported physical violence and % 5.4 of them reported sexual violence. On the other hand, % 28.2 of women reported that their husbands abused their children at home.

Although pregnancy period is a respected one according to cultural norms in Turkey, the rate of violence against women was extremely high. The result of a study states that children were exposed to violence before their birth and start to live as being child of battered women (Ayrancı, Günay & Ünlüoğlu, 2002). According to Bowlby (1980), it is difficult to meet emotional needs of children for battered women; these children have a big risk of developing psychological difficulties in

attachment to an intimate relationship in their adulthood. Prevalence of Turkish mothers' behaviors related to child abuse from Sivas (Güler, Uzun, Boztaş, & Aydoğan, 2002) indicated that 84.7% of women abuse their children physically and 93% of women abuse them emotionally. In terms of factors which impact mother's abuse toward children, current intimate partner violence against women and the number of children were found to be predictors of child abuse. Similar findings from a study conducted in Istanbul (Hıdıroğlu, Topuzoğlu, & Karakuş, 2006) support the association between intimate partner violence and women's maltreatment toward children. Year of marriage, victimization of women's mother by father and legitimization of violence were found to be risk factors for intimate partner violence, whereas the number of children and women's exposure to intimate partner violence were also found to be risk factor for abusing children by women.

In the next section, in order to explore psychological perspectives on violence against women, the gender issue in the studies from the psychology literature will be presented.

2.4 Gender Issue in Intimate Partner Violence

Some of the ideas proposed by the psychological literature on intimate partner violence are still debatable due to the gender component of the subject.

Although the violence is an unexpected and undesirable event for all human beings, a power relationship between man and woman in the society is required for different aspects for discussion of violence. As expected, there are different approaches suggesting for intimate partner violence in the literature.

Findings of a large number of studies indicate that both sexes may show violence against their intimate partners (Archer, 2000; Bookwala, Sobin & Zdaniuk, 2005). This is named as "gender symmetry position" which has been affirmed by continuing research and arguments in the literature (Straus & Ramirez, 2007; Straus, 2006). Johnson (1995; 2005) argues that inter-partner relationships suffer from two types of violence; common couple violence and patriarchal terrorism. He offered approaches of common couple violence that pay regards to gender symmetry in the partner violence for family treatment strategies of violence-prone houses homes. On the other hand, he suggested an approach of "patriarchal terrorism" for systematic and "damaging men's violence" for social policies for the patriarchal Western culture.

The term of “patriarchal terrorism” pays attention to the perpetrator of violence and emphasizes more intentional, systematic and historical and cultural origins of partner violence. On the other hand, the term “common couple violence” highlights the periodical reaction to everyday conflicts requiring control in specific situations. Moreover, he indicates that the sample of the studies of partner violence should be differed according to research hypothesis and so, while some of the studies supported the gender symmetry position of intimate partner violence (IPV), some of them indicated gender asymmetry. For example, if the sample of the study consists of women reporting injury, partner violence against women tends to be two times more than partner violence against men (Archer, 2000).

Frieze (2005; 2008) addresses the discrepancy between causes of male and female violence. While she acknowledges that women can be violent as much as men, she indicates that women are motivated to use violent behavior as a result of the dynamics of the relationship. Early experiences with victimization, a need for control, and power in the relationship were found to be strongly associated with women’s violent behaviors. In addition to this, women seem to be more negatively emotional reactive to partner violence than men. DeMaris (2000) found that men’s use of violence was associated with dissatisfaction in the relationship, whereas women’s dissatisfaction was predictive of terminating the relationship. However, women’s use of violence did not result in relationship dissatisfaction and terminating the relationship. These results may point out that women’s secondary position in the patriarchal society may result in women’s over sensitivity and reactivity to any kind of violence. On the other hand, because of their masculine construction, men might tend to ignore and reject or disregard women’s violence in the relationship.

Feminist scholars put forward comprehensive critics on the gender symmetry dimension of the IPV. Feminist and post modernist approaches claim that IPV cannot be discussed without considering the gender roles which have been imposed on and performed by men and women as a result of the patriarchal structures (Mchugh, Livingson, & Ford, 2005). They emphasize the importance of the idea that a huge and detailed conceptualization of IPV requires the social, socio-historical and interpersonal aspects of violence.

The present study takes this criticism into account as the researcher believes that intimate partner violence against women cannot be understood merely from a

psychological perspective and as individual cases. Although gender symmetry dimension may be useful for constructing strategies for couple therapies, this perspective should not overlook the socio-historical dynamics underlying violence against women. The method of the present study does not focus on comparative data from men and women in terms of intimate partner violence. Alternatively, women's experience related to intimate partner violence, childhood violence and women's attribution of men's behavior will be taken into consideration for only women in order to support treatment plans for women who expose to violence.

In the next section, attribution theory of learned helplessness, which represents a framework in order to understand women's helplessness related to intimate partner violence, will be presented.

2.5 Attribution Theory of Learned Helplessness

We encounter excessive number of behaviors in the environment and sometimes we experience difficulty for understanding cause of behavior and event. Therefore, we must choose some explanations for cause of behavior in order to understand why a particular behavior occurred (Einhorn & Hogarth, 1986). Attribution theory includes how we choose one explanation rather than other explanations and what kinds of process occur in our cognitive state.

Abraham, Seligman and Teasdale (1978) reformulated attribution theory for human beings and made a great contribution to individual's cognitive formulation for explaining helplessness. According to the theory, people make attributions for the causes of uncontrollable events and ask themselves "why". Their answers determine their reaction to uncontrollable events. Attribution theory suggests three characteristics of attribution style.

Internality-externality is the first characteristic of attribution style. Internal attribution is a kind of cognitive process related to the feeling of personal helplessness. If the individual perceives him/herself as a cause of unexpected and negative events and makes an attribution to the self, s/he feels personal helplessness. On the other hand, if individuals have thoughts such as "I am not a single cause of unexpected negative event", "Everybody can experience that kind of event" after the event, they may feel universal helplessness (Abramson, Seligman, & Teasdale, 1978). However, if people make internal explanation for cause of unexpected and

negative events, their self-esteem is influenced by internal attribution in a negative way. On the other hand, if the cause of event is attributed to more external factors rather than internal, self-esteem starts to recover in a positive way (Peterson & Seligman, 1983).

Stability is the second characteristic of attribution style. While the feeling of helplessness shows stable, chronic, long-lived characteristics for some people, it can be transient and disappearing for other people. Perception of the causes of the event as stable leads to chronic depressive symptoms. However, unstable cause of unexpected negative event leads to temporary effects on psychological well-being.

Globality as the third characteristic of attribution style, has two dimensions, namely, global and specific attribution. Alloy, Peterson, Abramson and Seligman (1984) claimed that individuals who make global attributions to negative outcomes of events would exhibit helplessness for a new and unique other event, thus generalized helplessness of?individuals who make specific causal attributions for negative outcomes of events would exhibit helplessness for only the specific events that are similar with the original event. The results of the Alloy's, et al. (1984) study confirmed their hypothesis. It was found that people who show a tendency for attributing negative outcomes to global causes made greater generalization of learned helplessness to new situations as compared to people who did not show the global attribution style for negative outcomes.

Abramson, Alloy & Metalsky (1989) criticized the learned helplessness theory as they argued that the relationship between individuals' stable and global attributions and depression was not clear. They proposed the hopelessness theory to overcome this shortfall of the learned helplessness theory. According to the hopelessness theory, people who make stable and global attributions for negative events and self (internal attribution) develop hopelessness depression which is a subtype of depression. As proposed by the theory, internal and stable attributions lead to lower self-esteem. People who have lower self-esteem and think more pessimistic way do not expect that good things happen in their life. Their expectation related to future is that bad events continuously occur in the life. When hopeless people encounter with stressful events, depressive symptoms develop as consequences of low-self esteem and expectation about one bad event lead to other in the future.

In short, whereas learned helplessness theory formulated the attributional construct of human, hopelessness theory aimed to formulate proximal cause of depression. In the following section, the application of the learned helplessness model to women's attributions about and coping with their intimate partner violence will be handled.

2.6 Attributions and Coping of Women with Intimate Partner Violence

The theory of learned helplessness was applied to the experiences of battered women by Walker (1979). She explored some patterns of psychological characteristics of battered women. Low self esteem, denial, manipulation, passivity and lack of body integration were found to be the main cognitive and behavioral structures of battered women syndrome. Women who suffer from the Battered Women Syndrome feel themselves incapable of changing the situation and think that they have no control over repeated violent situations (Walker, 1979) Passive acts of women sometimes have the meaning that "if I do not demand anything from my husband, he is less likely to abuse me". This kind of survival cognitive process indicates women's sense of control over their husband's abusive behaviors thereby it may be expected that the link between partner violence and depressive symptoms weaken due to the mediator effects of attribution style. In the vicious cycle of battering event, women experience that their acts for controlling violence seem to be useless in many cases. Walker (2000) described the following three phases of battering events. In the tension building phase women have a sense of control and engage in thoughts and behaviors related to averting the violence of men. In the explosive phase, women feel no control over violence and the acute violence usually occurs. In the loving and calm respite phase, men present feeling and behaviors including sorrow and guilt. Although women's passivity and deficits coming from motivation for stopping and controlling violence may preclude serious psychological stress, the expectation about termination of violence results in repeated violence. Denial of seriousness of the injuries in that stage protects the women from high level of fear of future violence episodes.

Walker and Browne (1985) monitored several factors making battered women more vulnerable to the development of learned helplessness. Early experience of violence in childhood home, domination of rigid traditional sex role in childhood

were determined as vulnerability factors for battered women's negative attribution style. On the other hand, the pattern of abuse such as frequency of abuse, the number of abusive acts within a typical incident, seriousness of violence, seriousness of consequence, pathological jealousy and psychological violence, degree of threat had an influence on attribution mechanism of battered women.

A similar model with Walker's violence circle was proposed by Carlson (1997) who offered three stages of appraisal and appraisal related coping strategies for battered women. In the first stage, women make internalized attributions for men's violence, blame themselves and engage in improving of gender roles as a wife. At the second stage, even if women continue blaming themselves, they see their partners as responsible for the violence episode. In that stage, general coping strategies aim to change partner's violent behavior. In the third stage, although women attribute violence to partner, they use emotional coping strategies. They feel themselves as a victim; start to realize that their positive efforts and appraisals for changing their partner are useless. When women understand that their partners are totally responsible for violence, they are coming to the final stage in which the decision about ending the relationship seems to be the most effective way.

In addition to the results of self-blame and violence, Miller and Porter (1983) suggested that self-blame of battered women decreased and partner blame increased if the severity of violence was exacerbated and violence started to occur more frequently. However, Cascardi and O'leary (1992) examined the relationships between self-blame, self-esteem and depressive symptomatology in a sample of 33 battered women. A strong relationship was found to be between self-blame for the violent incidents in general, and depressive symptomatology while poor self esteem, length of abuse were not correlated with either self-blame or partner blame.

Palker-Corell and Marcus (2004) made a comparison between attribution style of battered women and women from a community sample. According to the results, helpless attribution style of women was highly associated with depressive and traumatic symptoms. However, no difference was found between helpless attribution style of battered women and women from the community sample. In the light of the results, Palker-Corell and Marcus (2004) have challenged the claim of Walker (2000) about the association between partner abuse and development of learned helplessness in battered women. The design of the study and questioning of abuse in the life of

battered women in the study are not sufficient in order to confute the theory of Walker (2000).

When people face stressful and threatening events, they engage in critical cognitive and behavioral responses in order to handle external and internal needs that are appraised as forcing the resources of the persons (Lazarus & Folkman, 1988). Although some women who experience violence in their relationship with men keep staying in the relationship or return to the relationship after a short separation, some of them can leave the partner. Women's attributions for violence are good indicators of whether they stay or not in the abusive relationship. Pape and Arias (2000) showed that if women started to see causes of violence as partner's responsibility and blameworthy, they tended to end their relationship with the abusive partner. However, the number of violent acts and levels of severity and frequency of violence were not related to the termination of the relationship. It is critical that if women perceive escalation in severity and frequency of violence, they tend to attribute the violence as more external and therefore, they start to consider how to leave the partner. Another study conducted by Herbert, Silver and Ellard (1991) indicated that women who remain in the violent relationship tend to appraise their relationship in a positive way. Moreover, in terms of psychological adjustment, there is no significant difference between women remaining in the relationship and women leaving the relationship. Women who remain in the relationship with an abusive partner perceive fewer negative relationship changes, use more downward comparison, make fewer partner attributions and make more personal attributions for abuse, and perceive their partner's positive behavior to be less manipulative, when compared with women who terminate the relationship with an abusive partner. As shown by these results, the appraisals of violence by women seem to be a deterministic factor for not only the decision to end the relationship but also for their psychological adjustment and well-being.

Another study (Meyer, Wagner & Dutton, 2010) evaluated the predictive effects of battered women's attributions of violence on their coping strategies of battered women. In the study, women's attributions were categorized into three types: blame partner, excuse violence, blame partner and excuse violence simultaneously. Six types of coping efforts namely placating, resistance, safety planning, informal help sources, formal help sources, legal sources were defined as coping strategies of

battered women. According to the results of this study, while the excuse attribution of battered women was only associated with placating effort, partner blaming attributions of battered women have strong predictive effect on more active coping strategies compared to excusable attribution of battered women. The women for whom they blame their partner to violence utilize safety planning and informal help seeking strategies that awake women's close resources in order to stop violence.

Cultural differences seem to be an important factor for attribution and coping with intimate partner violence. Gender role ideology, traditional beliefs about marriage, familism, taboos against talking about sex, respect for authority, lack of community resources were found as obstacle for identification and disclosure of sexual and intimate partner violence in Latino women (Ahrens, Mandel, Isas & Lopez, 2010). Self-blame and fear of bringing shame on the family were also associated with these factors, especially in collectivist cultures, due to women's view that family is the primary social support in order to cope with other difficulties in their life and so they do not want to risk damaging their family network. On the other hand, another study emphasizing cultural factors and coping with partner violence claimed that the cultural factors may have a resiliency effect on psychological distress arising from intimate partner violence (Wright, Perez & Johnson, 2010). African-American and White women were compared in terms of internal coping methods such as empowerment and their intimate partner related psychological distress. According to the results, African-American women experienced more empowerment than White women. Although empowerment and race was negatively related to depressive symptoms, after controlling empowerment, the relationship between race and depressive symptoms was found to be non-significant. While African-American women were exposed to more severe intimate partner violence, because of their high level personal empowerment, they experienced low levels of psychological distress.

As a conclusion, studies related to women's attribution style showed that it seems to be influenced by childhood experience and gender roles in the society. Because of that internal, stable and global attribution strongly related to self-esteem and depression, attribution style of women also is an important factor determining how women deal with intimate partner violence. Furthermore, social support is another important factor has an influence on women's psychological health. In the next

section, the influence of social support on the exposure to intimate partner violence and its effect on psychological health of women will be explored.

2.7 Social Support and Intimate Partner Violence

Social Support is an important protective factor in the life of battered women. When women exposed to higher level of stress following intimate partner violence perceive social and emotional support from their friends and family, they are less likely to experience impairment in their psychological health (Meadows, Kaslow, Thompson, Jurkovic, 2005). Mitchell and Hodson (1983) found that empathic responses from friends for discussing battering showed positive correlations with self-esteem of battered women. On the other hand, avoidant responses of friends were found to be negatively correlated with self-esteem and mastery level of battered women. Moreover, if frequency and severity of violence increase with time passed, friends showed more avoidant responses to a battered woman. Contact with friends and family unaccompanied by the partner were associated with low levels of depression and high levels of mastery in a sample of battered women.

In the study of Beeble, Bybee, Sullivan and Adams (2009), the main, moderation and mediation effects of social support upon the relationship between physical and psychological abuse, depression and women's life quality in a sample of battered women were examined across a 2 years-timeline. According to the main effect analysis of social support, social support was positively associated with women's quality of life and negatively associated with women's depression at the baseline assessment. The results of once in every four month assessment (first four months including intervention) point out that changes in social support were positively associated with changes in quality of life and negatively associated with change in depression. Moderation effect of social support was significant upon the relationship between psychological abuse and quality of life. If women experienced low level of social support and low level of social support at the baseline assessment, the quality of life of these battered women decreased over time. Moreover, baseline social support mediated the effect of physical abuse on depression. On the other hand, social support mediated the effects of psychological abuse on quality of life and depression in terms of within-persons change.

Kocot and Goodman (2003) argued that active problem coping strategies have negative effects on women's psychological health if the social support that women received from a trusted person is inconsistent with their emotional condition. Results of their study indicated that when battered women have taken advice about staying with the batterer or advices about staying with the batterer and leaving their closer environment at the same time which was named as "mixed advice", their positive coping efforts was positively associated with depression. This relationship was not significant if the battered woman has taken advice about leaving the batterer. This study explored that the battered women's manageable efforts in order to cope with violence are highly sensitive to empathic responses from their environment. High level of perceived emotional and tangible support is a protective factor against psychological problems stemming from violence. However, perceived support, which is not consistent with their problem-focused strategies, results in emotional burdens in life of battered women.

In summary, studies on the relationship between social support and women's exposure to intimate partner violence display that empathic responses from friends about violence was positively correlated with high self-esteem of women while avoidant responses was the opposite. Additionally, avoidant responses were also associated with increased violence as time passed. Moreover, high level of social support was associated with high quality of women's lives and low levels of depression. Lastly, the consistency of the content of the social support with women's emotional condition and problem-focused strategies was important in strengthening the women.

The next section will focus on specific psychological symptoms that women may suffer when they are exposed to intimate partner violence.

2.8 Psychological Symptoms Related to Intimate Partner Violence

Intimate partner violence may result in several psychological symptoms on women. Golding (1999) conducted a meta-analysis to explore the mental health consequences of intimate partner violence. According to this meta-analysis, prevalence of post-traumatic stress disorder (PTSD) among battered women was found to be 63.8%. Depression was the second common disorder among battered women with 47.6% prevalence. Alcohol abuse, drug abuse, and suicidality were

other psychological consequences of intimate partner violence that the results of the studies included in the meta-analysis displayed.

In the literature on intimate partner violence, psychological symptomatology includes assessments of self-esteem and relationship satisfaction in addition to depression and PTSD. For example, women who are exposed to intimate partner violence have extremely high scores on the scales of depression, anxiety and low scores on self-esteem and relationship satisfaction as compared to non-battered women (Bogat, Levendosky, Theran, Eye & Davidson, 2003).

Another important finding is that psychological symptoms of battered women are not only associated with physical violence, but also there is a strong relationship between psychological symptoms of battered women and sexual and psychological abuse. Marshall (1996) examined the relationship between psychological abuse and its physical and psychological outcomes in a sample of 578 women. The results of the study showed a higher frequency of serious and chronic illness and frequent visits of the physician, application to psychotherapeutic services and use of psychotropic medication, lower levels of relationship satisfaction and perceived power and control were associated with psychological abuse. Moreover, long-lasting psychological intimate violence causes disability preventing work, chronic headaches, migraine, pelvic pain and sexually transmitted disease (Coker et al., 2000).

Learned helplessness of battered women is powerful mediator variable upon the relationship between violence, depression and PTSD. In the study of Bargai, Ben-Shaktar and Shalev (2007), although violence severity of the battered women had a significant effect on learned helplessness, depression and PTSD were not predicted by violence severity. However, learned helplessness has a strong effect on depression and mild effect on PTSD. Violence severity increases learned helplessness in battered women sample, and this in turn, contributes to the risk for depression and PTSD.

There is a strong relation between intimate partner violence and post-traumatic disorder symptomatology of women. Jones, Hughes and Unterstaller (2001) found that battered women were more likely to show PTSD, in comparison to women from the general population. In the shelter sample of battered women, 68% of 155 sheltered battered women suffered from IPV-related PTSD (Johnson & Zlotnick,

2009). Another study indicated that 37 women who were referred by the victim service for treatment, 32 of them met high criteria for Clinician- Administered PTSD scale (Kubany, Hill & Owens, 2003). Moreover, the degree of PTSD among battered women was related to type, severity and number of the abusive events. Physical assault has more predictive power for PTSD than psychological abuse. However, if there are a serious psychological abuse and low social support, the relation between psychological abuse and PTSD becomes stronger (Babcock, Roseman, Green, & Ross, 2008). On the other hand, contradictory findings presented by Arias and Pape (1999) showed that the interaction between PTSD symptomatology and physical abuse was not significant after controlling the effects of psychological abuse. Nevertheless, the interaction between psychological abuse and PTSD was still significant after controlling for the effects of physical abuse.

These findings are consistent with the Risk Factor Model of Natural Disaster Adjustment proposed by Freedy and Kilpatrick (Freedy, Kilpatrick & Resnick, 1993). According to the model presented Table 1, factors existing before (e.g., demographic characteristics), during (cognitive appraisals of disasters like low control, high life threat) and after (social support and coping strategies) the traumatic event have an influence on adjustment of people. It also claims that pre, within and post- disaster factors may predict mental health functioning of people after traumatic events. Although the risk factor model cannot explain all factors in partner violence, it can help for conceptualization of the framework about women's psychological adjustment during and after violence.

Table 1 A Risk Factor Model of Natural Disaster Adjustment (1993)

Pre-disaster Factor	Within-disaster Factor	Post-disaster Factor	Mental health Factor
Demographic Characteristics	Disaster Exposure	Basic Needs	Depression
Mental Health History	Cognitive appraisal of disaster exposure: *low controllability *low predictability *high life threat	Initial stress level	Anxiety
High Magnitude Life Events		Stressful life event	Somatic complaints
Low Magnitude Life Events		Resource loss	Substance abuse
		Coping behavior	Positive Experience
		Social support	

In the light of literature summarized above, the model of a Risk Factor Model of Natural Disaster Adjustment (1993) may be adapted to the current study in regard the intimate partner violence. Table 2 presents the proposed multivariate risk factor model and possible psychological consequences of intimate partner violence against women. In the model, demographic variables and childhood violence history set as pre-violence factor; intimate partner violence, attribution of women set as with-in violence factor; coping strategies and social support set as post-violence factor. All of the variables will be expected to be predictors of women's psychological symptomatology which are depression, anxiety, somatization, negative self and hostility.

Thus, the main aim of the present study is to evaluate the impact of intimate partner violence on the mental health outcomes of professional women using the adapted model given in Table 2.

Table 2 Proposed Multivariate Risk Factor Model of Intimate Partner Violence Against Women

Pre-Violence Factor	With-in Violence Factor	Post-Violence factor	Mental Health Outcome
Demographic variables	Severity of violence	General Coping Behavior	Depression
	Frequency of violence	Social support	Anxiety, (PTSD)
Childhood Violence History			
	Appraisal of violence: *Stability		Somatic Complaints
Duration of Relationship	*Globality *Internalizing *Legitimization		Negative Self Hostility
	Coping with Violence		

This study analyzes how childhood experiences of violence, intimate partner violence (IPV), attributions for violence, perceived social support and coping strategies relate to psychological symptomatology of a sample of professional women in Turkey. For these purposes, not only psychological symptoms of Turkish professional women will be examined, but also the relationship between these symptoms and the independent variables indicated above will be analyzed.

2.9 Hypothesis of the Study related to Research Questions

Research Question 1. What is the difference between psychological symptomatology of women who experience intimate partner violence and who do not experience intimate partner violence?

Hypothesis 1. Women who are exposed to intimate partner violence will have higher scores on psychological symptomatology of women including depression, anxiety, negative self, somatization and hostility compared to women who do not report any type of intimate partner violence

Research findings have shown that women who are exposed to intimate partner violence experience physical health problems (Barkho, Fakhouri & Arnetz, 2011; Coker et al., 2000) and psychological difficulties (Golding, 1999). Severity and frequency of violence not only predicted psychological symptomatology but also

perceived escalation in severity of violence affected women's decision about whether or not to leave the partner (Pape and Arias, 2000).

In the literature, physical violence was associated more with post-traumatic stress disorder than psychological violence due to PTSD criteria based on events in which women's body or/and life is threatened (Babcock, Roseman, Green, & Ross, 2008). Follingstad's (2009) discussion of anxiety experienced by battered women concluded that anxiety could be assessed upon the women's belief about controlling and changing of the partner's reaction toward her in order to make the relationship between violence and anxiety clear. Psychological violence was the more powerful variable to explain the level of depression because the relationship between physical violence and depression was no longer significant after controlling for her verbal abuse (Orava, Mcleon, & Sharpe, 1996). Moreover, according to regression analysis conducted by Dutton, Goodman, & Bennnet (2001), 27 % of variance in the depression was explained by psychological abuse while physical violence, sexual abuse, and injury did not predict depression levels of a sample of court-involved African-American women. According to the study conducted with Latina Women (Hazen, Connelly, Soriano, & Landsverk, 2008); physical assault was related to depression and hostility, emotional verbal abuse was associated with somatization. In the light of these literature findings, it is suggested in this study that all the dimensions of intimate partner violence against women (e.g. emotional violence, physical violence, controlling behavior, and sexual violence) has a relation with depression, anxiety and somatic complaints, negative self and hostility of women.

Research Question 2. Which type of violence is reported to be experienced more frequently and is related to more distress among Turkish professional women?

Hypothesis 2. Emotional/Psychological violence is more frequently expressed and is perceived as more distressing by women compared to other types of violence

Among the studies conducted in Turkey, ordinarily intimate partner violence was categorized into three types (Nur, 2012; Tokuç, Ekuklu, & Avcıoğlu, 2010), namely, physical violence, emotional violence and sexual violence. A study on domestic violence conducted in Edirne indicated that verbal/psychological violence prevalence is %93 of women whereas physical violence prevalence is %34 of women (Tokuç, Ekuklu, & Avcioglu, 2010). Similarly, economic violence, controlling acts of man

and emotional violence was found to be frequently reported by women living in Ankara while physical violence is less reported. Furthermore, although education levels of women is a protective factor for physical abusive, control acts of men, psychological violence remains to be common for women living in a patriarchal society (Akar et al., 2010) At the same time, educated and professional women tend to ignore and "underreport" sexual violence in order to stay in relationship (Nur, 2012). According to the findings getting from Turkish samples, it is expected from this study that emotional/psychological violence is more frequently expressed and perceived more distressing by women comparing to other violence type.

Research Question 3. What are the factors related to psychological symptomatologies of women?

Hypothesis 3. Psychological symptomatologies (i.e. depression, anxiety, negative self, somatization, hostility and total psychological symptomatology) of women will be accounted by their childhood violence history, intimate partner violence, attribution style, coping strategies and social support. Specifically, it is expected that psychological symptomatology will be positively associated with existence of childhood violence, intimate partner violence, negative attribution style and emotional focused coping and indirect coping strategies. On the other hand, negative association will be expected between social support and psychological symptomatology. Similarly, negative association will be expected problem focused coping and psychological symptomatology.

According to the proposed multiple risk factor model (see Table 2), it is expected that symptomatology of women will be predicted by their childhood violence history, exposure to intimate partner violence, negative attribution style, general coping strategies and social support. Childhood violence history and domestic violence have an effect on women's psychological well-being separately. However, the effect of domestic violence on psychological symptoms was found to be significant for women who had no childhood violence experience whereas the effect of domestic violence on psychological symptoms disappeared for women who have childhood violence history (Fujivara , Okuyama, Izumi, & Osada, 2010). Although current violence experience of women seems to be significant predictor of their psychological symptomatology, it will be expected that childhood violence history is more indicative factor for women's psychological symptomatology.

In addition to positive association between childhood violence history, current violence experience and psychological symptomatology that will be expected, it is hypothesized in the model that internal, global and stable attributions of women about cause of man's behavior have association with psychological symptomatology in positive direction. Although the relationship between attribution style and psychological symptomatology will be explored in the next hypothesis, the study of Cascardi & O'Leary (1992) indicated that if women attribute violence incident to their self over time rather than the beginning of relationship, self-blame attribution may have effect on depressive symptomatology. Therefore, in addition to association between negative attribution style and depression, duration of relationship in the model will be expected to be critical factor for prediction of depression.

Types of problem focused strategies including cognitive strategies such as positive thinking and regulating emotions and indicated positive outcome for women's mental health (Brisette, Scheier, & Carver, 2002). On the other hand, avoidant coping was positively associated with depressive symptoms of women and mediated the relationship between intimate partner violence and depression (Carvete, Corral & Estevez, 2008). Thus, in the present study, negative association between problem focused strategies and psychological symptomatology will be expected while positive association between emotion focused coping and psychological symptomatology will be expected.

Research Question 4. Does the attribution style of women mediate the relationship between intimate partner violence and depression?

Hypothesis 4. Attribution style of women has a significant mediator role on the relationship between intimate partner violence and depression.

Cognitive appraisals of battered women about their victimization are an important predictor of their psychological adjustment (Weaver, & Clum, 1995). Internal attribution among battered women was found to be a mechanism that leads to the sense of control over partner' responses (Carcardi, & O'leary, 1992; O'Neill, & Kerig, 2000). Since sense of control may protect battered women from high levels of fear and anxiety, it may be utilized as a kind of coping mechanism to handle and alter stressful situations. However, women who make partner blame are more willing to utilize range of active coping strategies than women who make self-blame

attribution. In addition to this, there is a strong relationship between depressions of battered women and self-blame attribution style (Carcardi, & O'Leary, 1992) whereas perceived over control was positively associated with leaving the partner and negatively associated with psychological symptoms (O'Neill, & Kerig, 2000).

Learned Helplessness Theory (Abramson, Seligman, & Teasdale, 1978) proposed that depressed people make more global and stable attribution for negative events. Women who suffer from battered women syndrome tend to stay in their abusive relationship and this is a sign of learned helplessness (Walker, 2000). On the other hand, according to the results of the same study, battered women who finish their relationships with their batterers show high level of anger, disgust and hostility; and their passivity decrease. In the same time, they have less depression and anxiety level compared to the women who stay in the battering relationship.

Therefore, in this study, internal/external, global/specific and stable/unstable attribution of women for cause of violence is hypothesized to mediate the relationship between severity/frequency of violence and depression.

Research Question 5. What are the moderating roles of social support and of coping strategies on the relationship between intimate partner violence and psychological symptomatology of women?

Hypothesis 5a. Women who have high levels of social support are less likely to suffer from psychological symptoms when they are exposed to intimate partner violence.

Hypothesis 5b. Women who have high levels of problem coping strategies are less likely to suffer from psychological symptoms when they are exposed to intimate partner violence. Women who have high levels of emotion focused strategies are more likely to suffer from psychological symptoms when they expose to intimate partner violence.

Lazarus and Folkman (1984) suggested two types of coping responses in order to reveal a conceptual difference between them. According to model, problem-focused coping strategies are utilized to handle specific problem, whereas emotion-focused coping strategies are used for the regulation of distress which is awaked by problems. Social support from family was a unique protective factor that distinguishes suicidal

battered women from non-attempter battered women in African-American sample (Meadows, Kaslow, Thompson, & Jurkovic, 2005). However, problem-focused responses of battered women were not found useful mechanism if the social support from family and friends is not compatible with their decisions. Especially, if women stay batterer relationship and at the same time try to utilize problem-focused coping strategies, they tend to show more depressive symptoms (Kocot and Goodman, 2003).

Mitchell and Huston (1983) offered conceptual model to determine the adjustment of battered women. In that model, level of violence influence social support, coping responses and psychological well-being of battered women, as well it has indirect effects on the social support and coping responses. According the results of the model, harmful effects of violence on social support lead to worsening depression level of battered women. Thus, it is hypothesized that social support and coping strategies moderate the relationship between intimate partner violence and psychological symptomatology of women.

CHAPTER III

3 PILOT STUDY

3.1 Introduction to the Pilot Study

In Turkey, there is no study focusing on the development of a comprehensive assessment tool for intimate partner violence against women. Thus, due to the need for an assessment of a scale in Turkish which includes all types of violence against women, the first step of the study was to develop and test such a scale. For this purpose, before the main study, a pilot study was conducted to develop the Violence against Women Scale (VAWS) for the current study; and test the reliability and validity of the scale.

A number of studies used the Revised Conflict Tactics Scale (CTS2) (Straus, Hamby, Boney-McCoy, & Sugerman, 1996) for gathering data about the violence experienced by both sexes in their relationship with intimate partners. While CTS2 is the most popular instrument for the studies of intimate partner violence, it has some theoretical and conceptual problems in revealing intimate partner violence against women. Questions about control behavior and economic violence, which are common masculinity states in the patriarchal society, are not included in the CTS2. CTS2 represents an incomplete picture of partner violence, because it does not include the social structure in which gender is constructed. This is another reason for developing violence against women scale, and which will be more suitable for women living in Turkey.

In order to compose questions for VAWS, some definitions about types of partner violence and domestic violence were taken into consideration. Although the definition of intimate partner violence is changed according to the hypotheses of the research, the most comprehensive definition is composed of the following characteristics (Tjaden & Thoennes, 2000):

- rape or reluctant sexual intercourse,

- physical assault,
- stalking resulting in high level of fear,
- emotional abuse and verbal assault such as humiliation and using swear words
- behaviors of economic abuse such as preventing women from working or not giving money for survival needs,
- perpetrated by current and former dates, spouses, and cohabiting partners (cohabiting meaning living together at least some of the time as a couple).

According to the characteristics listed above about intimate partner violence, violence was clustered into four types: sexual violence, physical violence, economic violence and psychological violence. Physical violence was assessed with six main questions in the study on Women's Health and Domestic Violence against Women (WHO, 2005);

- slapped or threw something that could hurt the woman,
- pushed or shoved the woman,
- hit the woman with a fist or something else that could hurt,
- kicked, dragged or beat up the woman,
- choked or burned the woman on purpose,
- threatened the woman with, or actually used, a gun, knife or another weapon against the woman.

For sexual violence, women were asked about the following three violent behaviors;

- being physically forced to have a sexual intercourse against the woman's will,
- consenting to sexual intercourse because the woman was afraid of what her partner might do,
- being forced to do something sexual which is degrading and humiliating for the woman.

The study of WHO (2005) indicated that women found acts of emotional abuse as detrimental as physical violence. The specific acts of emotional violence included the following:

- being insulted or made to feel bad about oneself,
- being humiliated or belittled in front of others,
- being intimidated or scared on purpose,
- being threatened with harm (directly or indirectly in the form of a threat to hurt someone the woman cares about).

Moreover, men's controlling behaviors were found to be good indicators of physical abuse in the WHO study (2005). Controlling behavior was defined as;

- preventing the woman from seeing friends,
- restricting the woman's contact with her family of birth,
- insisting on knowing where the woman is at all times,
- ignoring or treating the woman indifferently,
- getting angry if the woman speaks with other men,
- often accusing the woman of being unfaithful,
- controlling the woman's access to health care.

In this study, the questions that were arranged to assess family violence in the research of violence against women in Turkey (Altınay & Arat, 2007) were also evaluated in order to determine the content of questions in VAWS.

3.2 Method

3.2.1 The Participants

The participants of the pilot study consisted of 120 women. Snowball sampling was used in order to obtain data among the employees and students of the Middle East Technical University (Ankara, Turkey). The data was gathered during the Spring semester of 2012. The measures of the study are given to the participants in a closed envelope. As seen in Table 3 Ages of the participants were between 19 and 54. Women's average age was 27.1 years (SD = 8.98). 77 women are single, 33 women are married, 4 women are engaged, 6 women are divorced. The women's educational levels are as follows: 4.2% (n = 5) had completed primary education, 50% (n = 60) had completed high school, 25.8 % (n = 31) had completed university, 17.5 % (n = 21) had completed master degree, %2.5 (n = 3) had received a Ph.D. 58 women are employee and 62 women are unemployed. All of the unemployed women are students, except one woman who is housewife.

Table 3 Demographic Characteristic of Women Participated in the Pilot Study

	Mean	SD	Percentage (%)	n
Age	27.1	8.98		
Education				
Primary Education			4.2	5
High School			50	60
University			25.8	31
Master			17.5	21
PhD			2.5	3
Marital Status				
Single				77
Married				33
Engaged				4
Divorced				6
Employment Status				
Employee				58
Unemployed				62

3.2.1. Measures

The Ways of Coping Inventory

The Ways of Coping Inventory was developed by Folkman and Lazarus (1980) and adapted to Turkish by Siva (1991) with the Cronbach alpha coefficient .90 (cited in Gençöz, Gençöz, & Bozo 2006). The Turkish version of the scale includes 74 items. In the Gençöz, Gençöz, and Bozo study (2006), hierarchical dimensions of coping styles were examined and three factors were identified, namely, problem focused, emotion focused, and indirect coping. The Cronbach alpha coefficients were found .90 for problem focused coping subscale, .88 for emotion focused coping subscale and .84 for indirect coping subscale. The pilot study used the three higher orders of The Ways of Coping Inventory. The Cronbach's Alpha coefficients were found .89 for problem focused coping subscale, .85 for emotion focused coping subscale and .87 for indirect coping subscale (see Appendix H).

Brief Symptom Inventory

Brief Symptom Inventory (BSI) was developed by Derogatis (1975). The inventory is a 53-item self report scale that uses the 5-point Likert scale. It was adapted by Turkish by Şahin and Durak (1994). The reliability coefficients of the 9 subscales ranged between .71 and .85 in the original scale. The reliability coefficients of the Turkish version of the subscales ranged are between .55 and .86 (Şahin & Durak, 1994 cited in Savaşır & Şahin, 1997). The scale includes statements about physical and psychological symptoms. Higher scores on this checklist indicate experiencing higher levels of psychological symptoms. In this study, anxiety, depression, negative self, somatization, and hostility subscales were used based on the factor structure obtained in the Turkish adaptation of BFI. The Cronbach's Alpha for total items of Brief Symptom Inventory was found .97 in the pilot study (see Appendix G).

Violence Attribution Questionnaire

Violence Attribution Questionnaire consists of 10 questions about how women attribute and appraise intimate partner violence. Some of the questions in the scale were taken from Attribution Questionnaire prepared by Dutton (1992). Questions were translated into Turkish by a research assistant from the psychology department

in Middle East Technical University and independently back-translated by another research assistant. Recommended corrections were made on the questions after this process. Items of the questionnaire include legitimization, internal/external attribution of violence and stability/instability, specificity/globalization of causes of violent event from respondent's perspective. Respondents rated each item about the type of attribution on a likert-type scale ranging from 1 to 5; "1" never occur, "5" always occur (e.g., will the cause of this men's violence continue to occur in the future?). In addition to the likert-type scale, open-ended questions (e.g., what is a cause of violence according to you, what do you do when you are exposed to your partner's violence?) were asked in the questionnaire. Questions about women's childhood experiences of violence and their victimization as a result of violence were also administered after the Violence Attribution Scale.

Violence Attribution Scale was administered to the participant in the pilot study. However, due to the open ended question "do you think there is any kind of violence in your relationship" at the beginning of scale, data gathering from Violence Attribution Scale was not used for further analysis in the pilot study. 98 of participants answered this question as "NO". Only, 22 of participant answered this question as "YES". Thus, 98 of sheet including questions about attribution of violence, legitimatization of violence and childhood violence history was taken back as empty. This assessment error was used as feedback in order to improve content of attribution questionnaire for main study (See Appendix J).

22 women, who answered this question with yes, indicated the causes of violence experienced in their relationship and wrote their behavioral and emotional coping strategies after violent event below open ended questions which were what is a cause of violence according to you and what do you do when you are exposed to your partner's violence? . The causes of violence and coping strategies that participants explained in Violence Attribution Scale listed in Table 4.

Table 4 The causes of violence and behavioral and emotional coping with violence

Cause	Coping
His psychology	I cried, waited for an apology and broke up
His intolerance	Stopped communicating with him
Pressure, jealousy, traditionalism	Left him
Selfishness, lack of insight, trivializing	Walked away from him crying
Being my husband, desire to establish his dominance	I broke up with him
My birth family	
Jealousy	Did nothing
Crisis of manhood	Assumed an attitude and explained its reason, explained my feeling
Psychopathy of my boyfriend	I cried
My boyfriend's insistence on establishing his dominance by inflicting fear and abusing me sexually	I tried to talk to him and change the situation. Discussed with other women about developing a solution. When it did not work I talked to people who he would respect and listen.
Emotional violence of my partner	We discussed, talked and closed the topic without resolution
Affective disorder of my partner	Tried to talk to him
Jealousy, lack of tolerance, material reasons, his relatives	I would cry
His self-admiration, belief in his superiority	
Deterioration of partner's feeling of empathy because of his work load	Talked to him, tried to express my feelings
Lack of love, his loss of self respect-	I got a divorce
Partner thinks he is right in every issue	I tried to stay away
Parther thinks he is always right	I stayed silent, swallowed
Emotional violence, his perfectionism	
Sometimes we don't want to understand each other	We didn't see each other for a while
Jealousy	I yelled at him

3.2.2 The Procedure

In order to construct validity of the Violence against Women Scale, the Violence Attribution Scale, Brief Symptom Inventory and The Ways of Coping Scale were administered to the participants in the pilot study. The applicability of the scales used in both pilot and main studies was approved by the Ethic Committee of METU. Informed consent was presented to the participant before the scales sheet in the envelope.

The researcher prepared 27 questions for the Violence against Women Scale by examining the questions from the study of Violence against Women in Turkey (Altınay & Arat, 2007) and Women Health and Domestic Violence against Women (WHO, 2005). 15 women (chosen among the students and assistants at the Middle East Technical University) were asked about their thoughts and feedbacks on the questions in the Violence Against Women Scale. During these interviews participants described four additional violent behaviors of men, in addition to the 27 questions of the Violence against Women Scale. Therefore, the last version of the Violence Against Women Scale for the pilot study consisted of 31 questions. Participants reported the frequency and distress that they feel for each item in the scale. The frequency of each item was rated according to a 6-point Likert-type scale ranging from 1 (never) to 6 (always). The distress of each item was rated on a 4-point Likert-type scale. The frequency level of Violence Against Women Scale was used for statistical analyses. The first version of Violence Against Women Scale consisting of 31 items were presented in the Appendix I.

3.3 Results

3.3.1 Factor Reliability

Factor Structure of the Violence against Women Scale (VAWS)

Violence against women scale consists of 31 items. 8 items were expected to assess physical violence, 4 items were expected to assess sexual violence, 7 items were expected to assess economic violence and 7 items were expected to assess the control acts of men. (Physical violence: items 6, 8, 12, 14, 19, 21, 23, 30, emotional/psychological: items 2, 3, 7, 16, 17, 18, 25, 26, sexual violence: items 9, 10, 13, 15 control acts: items 4, 11, 20, 22, 24, 31, economic violence: items 1, (2), 5,

27, 28, 29, (31). Item 12, which was "He burns some parts of my body", had no rating that was different from "1". Therefore, it was excluded from the analysis at the beginning of factor analysis. A five factor solution was expected theoretically. However, the scree plot offered and supported a three factors solution. The results indicated that a three factors solution accounted for 52.23 % of the total variance. The first, the second and the third factors explained 21.85 %, 17.04%, and 12.33 % of the total variance, respectively. The structures of the factor loadings of the 30 items are listed in Table 4.

The procedure for eliminating items was that .30 factor loading was defined as the minimum point of selecting an item as a component of a factor. Additionally, items loading on two factors with loadings greater than .40 were eliminated for clarifying factor structure. As presented in Table 2, the results of principle component analyses with varimax rotation showed that items 1, 2, 3, 6, 7, 9, 13, 14, 15, 16, 17, 18, 19, 25 loaded on factor 1. Although factor 1 seems to be emotional/psychological violence dimension of the scale, item 6 "He throws me objects" and item 19 "He chokes me", which would be treated as items of physical violence, loaded on both factor 1 and factor 3. If factor 3 might be constituted as physical violence, these items can be included in factor 3. Item 4 "He wouldn't let me to take health services" was excluded from the scale since their factor loadings were under .30. Additionally, item 5 "He wouldn't give money for my personal expenses" was excluded from the scale since it loaded on two factors with under the value of .40. Items 10, 11, 20, 24, 26, 27, 28, 29, 31 indicated that the items related with control acts of man are loaded on factor 2. Items 8, 21, 22, 23, and 30 loading on factor 3 pointed out men's violent behavior, which may be highly dangerous for women and result in physical injury. Names of the factors were defined as emotional/psychological violence (EPV), control acts of man (CAM) and physical violence (PV) at the end of the factor analysis.

Reliability of the three subscales of Violence Against Women Scale

Reliability analyses were carried out for all three factors of the Violence Against Women Scale. The Cronbach's Alfa for the dimension of emotional/psychological violence, control acts of man and physical violence were .91, .78, .61, respectively. When item 6 "he throws me objects" and item 19 "He chokes me" were added to physical violence and item 22 "He wouldn't let me to see my family" were removed, Cronbach's Alfa were increasing from .61 to .80 for dimension of physical violence. The Cronbach's Alpha for the dimension of emotional/psychological violence decreased from .91 to .90 after excluding items 6 and 19. Therefore, items 6 and 19 were added to the subscale, which was labeled as physical violence in the study. The Cronbach's Alpha for the scale composed of 27 items was .90

According to the results of factor and reliability analyses of the Violence Against Women Scale, three domains of male violence were extracted. The final form of VAWS included 27 items with three subscales, 6 of them measured physical violence, 12 of them measured emotional/psychological violence, while 9 of them measured control acts of man.

Table 5 Three-factor varimax rotated loadings of 30 items of Violence Against Women Scale (N = 120)

Items	Factor1	Factor2	Factor3
Factor 1 : Emotional/Psychological Violence Explained Variance: 21.85 %, The Cronbach's Alpha: .91			
2. He throws me out of the house (Beni evden kovar)	**.775**	.003	.288
8.He teases and trivialises me because of my thoughts (Benim düşüncelerimle alay eder, önemsizleştirir)	**.768**	.042	.005
17. He insults and swears at me (Bana hakaret, küfür eder)	**.719**	.254	.271
9. He forces me to have sexual intercourse (Beni cinsel ilişkiye zorlar)	**.682**	.401	.151
25. He makes speeches, including threats (Tehdit içeren konuşmalar yapar)	**.662**	.511	.264
3. He teases me because of my physıcal appearance (Fiziksel özelliklerimle dalga geçer)	**.639**	.142	.135
18. He humiliates me in front of other people (Beni başkalarının yanında küçük düşürür)	**.637**	.105	.248
14. He assaults/pushes me (Beni tartaklar/iter)	**.597**	.205	.383
6. He throws me objects (Bana bir şeyler fırlatır)	**.588**	-.004	**.478**
15. Even if I say that I am having pain, he continues sexual intercourse (Cinsel ilişkide ağrı/acı çektiğimi söylesem de ilişkiye devam eder)	**.584**	.129	-.124
13. He forces me to be involved in sexually insulting/humiliating acts (Beni cinsel olarak aşağılayıcı/küçük düşürücü eylemlere girmem için zorlar)	**.567**	.430	-.462
1. He takes the money I earn (Benim paramı elimden alır)	**.560**	.397	.511
19. He chokes me (Benim boğazımı sıkar)	**.519**	.104	**.515**
16. He acts like I am not there (Ben yokmuşum gibi davranır)	**.509**	-.027	.255
4. He wouldn't let me to take health services (Sağlık hizmetlerinden yararlanmama engel olur) (removed)	.179	.020	.135
Factor2: Control Acts of Man Explained Variance: %17.05, The Cronbach's Alpha: .78			
28. He wouldn't let me work (Çalışmama engel olur)	.090	**.829**	.021
31. He wouldn't let me to have education (Eğitim almama engel olur)	-.172	**.754**	.341
29. He puts pressure on me to leave my job (İşten ayrılmam için baskı yapar)	-.201	**.740**	.420
27. He doesn't give money for our expenses (Bana ev harcamaları için para vermez)	-.047	**.711**	.099
10. He threatens me when I do not want to have sexual intercourse (Ben istemediğim halde beni cinsel ilişkiye girmem için tehdit eder)	.252	**.701**	-.227
26. He scares me by saying that he will injure people around me (Çevremdeki insanlara zarar vereceğini söyleyerek beni korkutur)	.257	**.686**	.132
24. He wouldn't let me to see my friends (Arkadaşlarımı görmeme engel olur)	.238	**.602**	.166
20. He tells me how to get dressed (Benim kıyafetlerime karışır)	.166	**.441**	-.091
11. Because of his jealousy, he puts limits to my acts (Beni kıskandığı için hareketlerimi kısıtlar)	.184	**.357**	-.120
5. He wouldn't give money for my personal expenses (Bana özel harcamalarım için para vermez) (removed)	.303	.330	.040

Table 5 Three-factor varimax rotated loadings of 30 items of Violence Against Women Scale (N = 120) (continued)

Factor 3: Physical Violence Explained Variance: % 12.33, The Cronbach's Alpha: .61			
23. He punches and kicks me (Beni yumruklar, tekmeler)	.498	.096	**.760**
30. He slaps me (Bana tokat atar)	.404	.147	**.712**
21. He attacks me with sharp objects (Bana kesici aletlerle saldırır)	.247	-.055	**.570**
22. He wouldn't let me to see my family (Ailemi görmeme engel olur) (removed)	.038	.286	**.470**
8. He threatens me by using a gun (Beni silah kullanarak tehdit eder)	.032	-.023	**.322**

3.3.2 Concurrent Validity

The relationships between the subscales of the Violence Against Women Scale, the psychological symptoms and the general coping pattern of women that have been chosen as being the criterion measures were assessed by calculating Pearson product moment correlations.

The total score and subscales of VAWS were found to be correlated with each other. As seen in Table 6, total score of VAWS was positively correlated with physical violence (r = .73, p < .01), control acts of men (r = .68, p < .01) and emotional/psychological violence (r = .93, p < .01). In addition to high correlation within the scales, the total score of VAWS was positively correlated with criterion measures; anxiety (r = .45, p < .01), depression (r = .42, p < .01), negative self (r = .46, p < .01), somatization (r = .33, p < .01), hostility (r = .49, p < .01) and emotion focused coping (r = .35, p < .01).

The dimension of physical violence was positively correlated with control acts of men (r = .24, p < .01), emotional psychological violence (r = .69, p < .01), anxiety (r = .23, p < .05), negative self (r = .23, p < .01), somatization (r = .25, p < .01), hostility (r = .29, p < .01). However, no significant relationship was found between physical violence and women's coping strategies.

The dimension of control acts of men was positively correlated with emotional psychological violence (r = .41, p < .01), anxiety (r = .29, p < .05), depression (r = .30, p < .01), negative self (r = .27, p < .01), hostility (r = .29, p < .01), problem focused coping (r = .19, p < .05) and emotion focused coping (r = .45, p < .01).

The dimension of emotional/psychological violence was positively correlated with anxiety (r = .46, p < .01), depression (r = .43, p < .01), negative self (r = .49 p <

.01), somatization (r = .38, p < .01), hostility (r = .52, p < .01) and emotion focused coping (r = .23, p < .05).

The result of Pearson product moment correlations between VAWS and criterion measures provides evidence that the VAWS had good concurrent validity.

Table 6 Relationships between Total and Subscales of VAWS and Criterion Measures

	1	2	3	4	5	6	7	8	9	10	11	12
1 VAWS: Total scores	1.00											
2 Physical Violence	.73**	1.00										
3 Control Act	.68**	.24**	1.00									
4 Emo./Psyc. Violence	.93**	.69**	.41**	1.00								
Psychological Symptom												
5 Anxiety	.45**	.23**	.29**	.46**	1.00							
6 Depression	.42**	.16	.30**	.43**	.90**	1.00						
7 Negative Self	.46**	.23**	.27**	.49**	.85**	.83**	1.00					
8 Somatization	.33**	.25**	.10	.38**	.76**	.74**	.65**	1.00				
9 Hostility	.49**	.29**	.29**	.52**	.80**	.76**	.71**	.64**	1.00			
Coping Strategies												
10 Problem Focused	.13	-.01	.19*	.08	.10	.09	.15	.04	.04	1.00		
11 Emotion Focused	.35**	.17	.45**	.23*	.25**	.23*	.29**	.14	.24**	.41**	1.00	
12 Indirect Coping	-.09	-.07	-.03	-.11	-.11	-.09	-.06	-.16	-.04	.24**	.03	1.00

** p < 0.01; * p < 0.05

3.3.3 Relationship with Sociodemographic Variables

An ANOVA analysis was conducted to examine whether VAWS and its subscales differ according to socio-demographic characteristics. Firstly, in order to conduct ANOVA analysis, participants were categorized into two groups as employed and unemployed. The employment statuses of women were significantly differed on the dimension of physical violence (F= (1,118) =.3.82, $p < .01$). According to the results (Table 5), employed women were found to report physical violence (M = 1.21, SD= .57) more as compared to unemployed women violence (M = 1.06, SD= .21). Secondly, the education of women was group into two levels as high school and less educated than high school, university and more educated than university. As seen in table 6, results indicated that education of women was only significantly different on the control acts of man (F= (1,118) = 8.57, $p < .01$). Women who completed secondary education and high school reported more exposure of control acts of man (M = 1.51, SD= .59) than women who have at least a university degree (M = 1.22, SD= .45). Similarly, partner's education of women was significantly differed on the control acts of man (F= (1,116) = 11.38, $p < .01$). Women who have a partner with secondary education and high school education reported more exposure of control acts of man (M = 1.56, SD= .70) than women who have a partner with a university and higher degree (M = 1.24, SD= .34). Lastly, women were categorized in four groups. Groups 1 consisted of women whose ages were between 19 and 22 years old. Group 2 included women whose ages were between 23 and 26 years old. Group 3 comprised of women whose ages were between 27 and 40 years old and Group 4 consisted of women whose ages between 40 and above 40 years old. Although, age groups did not differ on any subscale and total score of VAWS, there was a marginal significance offered by LSD (the least significant difference), which is the most liberal post-doc analysis. According to LSD, women whose age is between 27 and 40 expressed more physical violence than women aged between 19 and 22. On the other hand, women who were between 19 and 22 years old reported more exposure of control acts of man than women who aged between 23 and 26.

Table 7 Descriptive Characteristics of VAWS and Subscales

Variables	Total Score	Test Statistic	Physical Violence	Test Statistic	Control acts of man	Test Statistic	Emo./Psy. Violence	Test statistic
Employment Status		F=.10		F=3.82**		F=2.96		F=.01
Employee (N=58)	1.35 (.57)		1.21 (.57)		1.29 (.61)		1.46 (.79)	
Unemployed (N=62)	1.38 (.41)		1.06 (.21)		1.46 (.48)		1.48 (.64)	
Women's Education		F=.06		F=2.22		F=8.57**		F=.67
<=High School (N=65)	1.38 (.44)		1.08 (.25)		1.51 (.59)		1.42 (.88)	
University => (N=55)	1.36 (.56)		1.2 (.57)		1.22 (.45)		1.53 (.85)	
Partner's Education		F=2.04		F=1.02		F=11.38**		F=.42
<=High School (N=42)	1.43 (.51)		1.07 (.26)		1.56 (.7)		1.5 (.66)	
University=> (N=76)	1.3 (.43)		1.16 (.5)		1.24 (.34)		1.41 (.69)	
Age Group		F=.48		F=2.01		F=2.35		F=.39
1. 19-22 (N=56)	1.38 (.43)		1.06 (.21)		1.51 (.48)		1.44 (.65)	
2. 23-26 (N=21)	1.26 (.33)		1.08 (.23)	3 > 1	1.18 (.27)	1 > 2	1.4 (.47)	
3. 27-40 (N=28)	1.43 (.72)		1.29 (.7)		1.28 (.78)		1.6 (1.02)	
4. > 40 (N=15)	1.35 (.42)		1.21 (.56)		1.32 (.49)		1.45 .56)	

*p < .05; ** p < .01

3.3.4 Discussion

Psychometric properties of the Violence Against Women Scale (VAWS) were examined by checking its reliability and validity in Turkish women working and educating Middle East Technical University. For the factor validity of VAWS, three-factor structure was suggested by the scree plot. According to three-factor structure, the first dimension, namely emotional/psychological violence, included acts that are less serious than physical violence; however, since they aim to abuse women's existence as an individual their long-term effects revealed more harmful outputs in terms of psychological well-being of women. The second dimension, namely control act of man, represented control acts of men, which come out in order to oppress the social and private lives of women. The last dimension, namely physical violence, consisted of acts of men, which results in injury and physical harm. For the reliability assessment, three dimensions of VAWS showed satisfactory values of Cronbach's Alpha.

At the beginning of analysis, items of sexual and economic violence were expected to load on separate structure. However, five-factor solution was found to be

failure. According to results of three-factor structure for Violence Against Women Scale, item of "He forces me to have sexual intercourse" assessing sexual violence loaded on first dimension together with items of emotional/psychological violence while item of "He threatens me when I do not want to have sexual intercourse" assessing sexual violence loaded second dimension with control acts of men. This result imply that when women expose to sexual pressure having threat for unwanted event, they may perceive this kind of man's behavior as control behavior rather than sexual violence.

The pilot study also examined the relationship between total and subscale scores of VAWS and psychological symptomatology of women for the construct validity. According to the results, the total score of VAWS has a significant correlation with anxiety, depression, negative self, somatization and hostility scores of women. Moreover, the relationship between emotional/psychological violence and psychological symptoms of women was stronger than other sub-dimensions of the scale. Orava, McLeon, and Sharpe (1996) examined the predictors of depression in two groups of women. Physically abused women were found to be more likely to show depressive symptoms than non-abused women. However, the relationship between physical abuse and depression was no longer significant after controlling the verbal abuse. Women's depression level may be more sensitive to verbal abuse because verbal abuse might be a kind of psychological violence. In the present study, there is no relationship between depression and physical violence, however, depression and emotional violence showed moderately significant correlation. This finding was also consistent with another comprehensive study (Coker, et.al, 2002), which indicated that psychological partner violence had more harmful effects on physical and mental health of women than physical violence.

The education levels of both women and their partners have been found to be a significant discriminator, among other socio-economic variables in affecting control acts of men. Among the three types of violence analyzed in the pilot study, the dimension of control acts of men over women seems to be the most affected dimension by the economic conditions of women as compared to the other two types of violence. Consistent with other empirical findings in the literature (Nur, 2012; Jones & Ferguson, 2009), women with a university degree attain their right to decide about their social and private life in both their relationship and family. However,

according to the results of the present pilot study, employed women reported significantly more physical violence from their partners than unemployed women. Two explanations can be suggested for this unexpected result. One of them is related to the perception and expression of violence by women. Employed women may be more courageous while expressing physical violence or/and aware of the relationship between violence and its psychological consequences. Another explanation is that employed women may be in a position to question and object to gender roles more and therefore, they may have the risk of exposed to physical violence more than unemployed women are.

These critical associations will be clearer when the result of the main study will be presented and discussed in the following section.

CHAPTER IV

4 MAIN STUDY

4.1 Method

4.1.1 Participant

Why were Turkish Professional Women chosen as participants of the study?

When we examine the results of the studies on domestic violence towards women in Turkey, we observe a decrease in reported physical, sexual and emotional violence as the level of education and income of women increases (Jansen, Yüksel, & Çağatay, 2009; Altınay & Arat, 2009; Akar et al.; 2010). These studies show us that high levels of education and income are protective factors. However, studies that examine the level of violence against professional women with a university degree and above are scarce. We have little knowledge of the intimate partner violence experience of these women, their coping mechanisms against violence, the factors that influence and the outcomes of violence . In order to narrow down the sample and making research results more generalizable, the participants of the study were limited to professions officially recognized by "meslek odaları". As a result, a total of 183 professional women from Ankara who work as medical doctor, lawyer, pharmacist, dentist, architects, engineers, and financial advisers constituted the sample of research. 21 women were lawyer (11.5%), 75 women were doctor (41.1%), 3 women were financial adviser (1.6%), 69 women were engineer (37.7%), 7 women were chemist (3.8%), 5 women were architect (2.7%). 105 women had a bachelor degree (57.4%), 40 women had master degree (21.9%) and 38 women had PhD degree (20.8%). The average age of all women was 37.35 (SD = 8.15), ranging from 24 to 65. All women were in the relationship with their partner while the study was being conducted. Duration of relationship ranged from 1 to 465 months, and the average duration of their relationship was found to be 145.06 months (SD = 97.26). The average age of women's partner was 39.88 (SD = 8.91), ranging from 22 to 68. 50 women had no children (27.3%), 68 women had one child (37.2%), 62 women had two children (33.9%) and 3 women had three children (1.6%). 7 women had a line of family descent with her partner.

4.1.2 Instruments

Seven questionnaires with an informed consent form were administered to the participants. Data set were administered to participants in an openenvelop. Afterfillinf the questionnaire, the participants were requested to close the envelope.

Socio-demographic Variables

The socio-demographic question form included questions about participants' age, duration of relation, education, partner's education, and partner's age, number of children and level of income, line of descent with partner (See appendix B).

Violence against Women Scale (VAWS)

Men's violence behaviors were assessed with the Violence against Women Scale (VAWS) developed for the present study. The factor structure, validity and reliability analyses were conducted for VAWS in the pilot study and were presented in the previous chapter. According to the results of pilot study, VAWS consists of three subscales, namely emotional/psychological violence (EPV), control acts of man (CAM) and physical violence (PV). Internal consistency reliability scores of .90, .78, and .80 were found for the EPV, CAM, and PV, respectively. Overall reliability of VAWS was found to be .90. EPV has twelve items (e.g., "He forces me to have sexual intercourse", "He teases and trivialises me because of my thoughts"); CAM has nine items (e.g.,"He wouldn't let me work", "He wouldn't let me to have education"); and PV has six items (e.g., "He attacks me with sharp objects, He slaps me"). Participants marked the frequency and stress level for each item on the scale. The frequency of each item was rated according to a 6-point Likert-type scale ranging from 1 (never) to 6 (always). The distress level for each items was rated on a 5-point Likert-type scale ranging from 1 (never) to 5 (too much). Internal consistency reliability analyses for the frequency scores of the main study revealed Cronbach alpha values of .87, .64, .74, for EPV, CAM and PV, respectively. Overall reliability of the frequency dimension of scale was found to be. 90. Internal consistency reliability analyses for the distress level scores of the main study revealed Cronbach alpha values of .87, .68, .72, for EPV, CAM and PV, respectively. Overall reliability of the distress level dimension of scale was found to be. 90. For the data analysis, multiplication of frequency and distress level scores was calculated as total violence

score (FxD). Items of the Violence against Women Scale are presented in Appendix C.

Violence Attribution Questionnaire

Violence Attribution Questionnaire consists of 10 questions about how women attribute and appraise the most disturbing behavior of their intimate partners. Some of the questions in the scale were taken from the Attribution Questionnaire were prepared by Dutton (1992). Questions translated into Turkish by a research assistant from the Middle East Technical University and independently back-translated by another research assistant. Recommended corrections from thesis committee were made on the questions after this process. Questions of the questionnaire include legitimization, internal/external attribution of disturbing behavior and stability/unstability, specificity/globality of the causes of disturbing behavior from women's perspective. Participants rated each item about the type of attribution on a likert-type scale ranging from 1 to 5. For the dimension of internal/external attribution, "1" refers to that "cause of man's behavior completely related to me, "5" refers to that "cause of man's behavior completely related to him". For the dimension of global/specific attribution, "1" refers to that "cause of man's behavior only influence this behavior, "5" refers to that "cause of man's behavior have an influence on all area of my life". For the dimension of stable/unstable dimension, "1" refers to that "cause of man's behavior would not be occured again in the future", "5" refers to that cause of man's behavior continues to occur in the future. In addition to these questions, women's perception of control on partner's disturbing behavior was asked. In addition to the likert-type scale, open-ended questions (e.g., what do you think are the fundamental causes of your partner's disturbing behavior? what do you do when you are exposed to this behavior?) were asked in the questionnaire. However, answers to open-ended questions were not used for data analysis. The only exception is the discussion section titled Emotional Violence (p. 89-90) where we carried out a discussion of results and used the answers to open-end questions in order to illustrate our sociological reflections on perceptions of Turkish professional women about the causes of emotional violence. For the data analysis, firstly, dimension of internal/external attribution was reversed. Then, mean scores for internal, stable and global attributions were summed up. This sum score was labelled as the Negative Attribution Style of Women (NASW). Increasing of NASW scores

indicated that women used more stable, internal and global attributions when they appraised their intimate partner disturbing behavior. Overall the reliability for the three questions was found to be. 59. Although the question of legitimization in same sheet with the Violence Attribution Questionnaire, legitimization was scored separately. The score of legitimization was reversed, so increasing of legitimization score indicated more legitimization of partner's violence. Questions about these variables are presented in Appendix D.

Inter-parental Violence and Parental Violence

Women were asked three questions about inter-parental emotional, economic and physical violence. The frequency of each question was rated on a 5-point Likert-type scale ranging from 1 (never) to 5 (always). Overall reliability for the three questions was found to be .72. Moreover, violence from women's mother and father to the participant during childhood was obtained with two separate questions. Questions on the inter-parental and parental violence are presented in (see Appendix E).

Multidimensional Scale of Perceived Social Support

MSPSS was developed by Zimet, Dahlen, Zimet, and Forley (1988). It consists of 12 items rated on 7-point scales, to assess perceived adequacy of social support from friends, family and significant others. Eker and Arkar (1995) has adapted MSPSS into Turkish with high Cronbach's Alphas from different studies ranging between. 85 to. 91. In the present study, the total scale score was used. For the present study the Cronbach's Alpha reliabilities at the total scale was. 91 (see Appendix F)

Brief Symptom Inventory

Brief Symptom Inventory (BSI) was developed by Derogatis (1975). The inventory is a 53-item self report scale that uses the 5-point Likert scale. It was adapted into Turkish by Şahin and Durak (1994). The reliability coefficients of the 9 subscales ranged between .71 and .85 in the original scale. The reliability coefficients of the Turkish version of the subscales ranged are between .55 and .86 (Şahin & Durak, 1994 cited in Savaşır & Şahin, 1997). The scale includes statements about physical and psychological symptoms. Higher scores on this checklist indicate experiencing higher levels of psychological symptoms. In this study, anxiety,

depression, negative self, somatization, and hostility subscales were used based on the factor structure obtained in the Turkish adaptation of BSI. In the present study, the reliabilities of subscales were .90 for anxiety, .91 for depression, .86 for negative-self, .80 for somatization, and .76 for hostility. In addition to five psychological symptoms, total score of 53 items was used and defined as psychological symptomatology in the present study. Items of the scale are presented in (Appendix G).

The Ways of Coping Inventory

The Ways of Coping Inventory was developed by Folkman and Lazarus (1980) and adapted to Turkish by Siva (1991) with a Cronbach's Alpha coefficient of .90 (cited in Gençöz, Gençöz, & Bozo 2006). The Turkish version of the scale includes 74 items. In Gençöz, Gençöz, and Bozo study (2006), hierarchical dimensions of coping styles were examined and three factors were identified, namely, problem focused, emotion focused, and indirect coping. The Cronbach's Alpha coefficients were found to be .90 for problem focused coping subscale, .88 for emotion focused coping subscale and .84 for indirect coping subscale. The Turkish version of The Ways of Coping Inventory was used to examine the general coping styles of women in this study. In this study, the Cronbach's Alpha coefficients of subscales were found to be .86 for problem focused coping, .88 for emotion focused coping, and .76 for indirect coping (see Appendix H).

4.1.3 Procedure

The participants of the study were selected among the married women from different professions in Ankara. Snowball technique was used in order to reach participants. Firstly, two doctor women, one was working in a public hospital, the other was working in a private hospital were reached. Then we asked these women to provide information to locate other women of the same professional population. For engineer women, we made contact with General Directorate of Mineral Research and Exploration. After obtaining an approval for the study, the questionnaire was given to participants by the researcher. They were informed about the aims of the study and were asked for their consent to participate in the study. In addition, three psychology students were trained by the researcher about the aims of the study and employed for the distribution of the questionnaire to chemists and lawyers working in the

municipality of Çankaya . The data was gathered during the Fall semester of 2013 with the informed consent of all participants. The questionnaire includes socio-demographic questions about age, education, and partner' age and education, profession, duration of relationship, income, decision about marriage, number of children and people living in the house. The questionnaire also inquires about intimate partner violence, attribution of violence, childhood violence history, social support, coping strategies and psychological symptomatology.

The data set is consisted of socio-demographic questions about age, education, and partner' age and education, profession, duration of relationship, income, decision about marriage, number of children and people living in the house, and questionnaire examining intimate partner violence, attribution of violence, childhood violence history, social support, coping strategies and psychological symptomatology. The questionnaire was administered to participant in an envelope and request for closing the envelop after finishing questionnaires was pronounced. Total time for filling in the questionnaires was approximately 30-35 minutes.

4.2 Statistical Analysis

In the present study, the data obtained from 183 women living in Ankara was analyzed. Statistical analyses were conducted with Statistics Package for Social Sciences (SPSS) Program. Prior to analysis, data set was examined for missing values, univariate and multivariate outliers. The percentage of missing values in all variables indicated that only negative attribution style questionnaire had a percentage, which is higher than 5% (Tabachnick and Fidell, 1996). However, in order to keep sample size as high as possible, missing cases in the negative attribution style questionnaire were not omitted. Instead of excluding cases, method of exclude cases pair wise was decided to use during the regression analysis. Three cases were determined as universe outlier (z score > 3.23, $p < .001$) and multivariate outlier ($x2 > 37.68$, $p < .001$). Details of outliers showed that some physical violence score and high psychological symptoms score figured out as outlier. There is no outlier excluded from the analysis since all of the women expressing any kind and degree of violence is very important for the study. Although physical violence and total scores of violence against women scale were positively skewed, they were not excluded from subsequent analysis without any transformation due to physical

violence was a less reported type of violence among professional women. It was seen from the scatter plot that the linearity of association between all variables had no curvilinear relationship. Therefore, the linearity assumption was met before the regression analysis.

In the present study, women's psychological symptomatology was evaluated on the basis of proposed model adapted from Freedy, Kilpatrick and Resnick (1993). Separate hierarchical regression analyses were conducted for prediction of each symptom. All the variables used in predicting depression, negative-self, somatization, hostility and total psychological symptomatology of women are given in Table 7.

Furthermore, 2x5 and 2x3x5 MANOVA's analyses were performed in order to examine the effects of three types (emotional-psychological violence, control acts of man, physical violence) of intimate partner violence on anxiety, depression, negative-self, somatization and hostility.

In order to evaluate the mediator role of negative attribution style on the relationship between total violence and depression, two separate regression analysis was conducted.

Finally, for testing moderator role of social support and problem and emotion focused coping strategies on the relationship between total violence and psychological symptomatology of women, Multiple Hierarchical Regression techniques were conducted using SPSS. The predictors were centered and then, interaction terms were formed from centered variables (Aiken & West, 1991).

Table 8 The Variables Used as Predictors of Psychological Symtomatology of Women

Pre-violence Factors (Step 1)	With-in Violence Factors (Step 2)	Post-Violence Factors (Step 3)	Outcome Variable (DV)
Women's Age	Total Violence	Social Support	Total Psychological Symptomatology
Partner's Age	Negative Attribution Style	Problem Focused Coping	Depression
Duration of Relationship		Emotion Focused coping	Negative-self
Inter-parental Violence		Indirect Coping	Somatization
Violence of Mother			Hostility
Violence of Father			

4.3 Results

4.3.1 Descriptive Statistics of the Variables

Mean, standard deviations and range of the major variables for the main study are listed in Table 9.

Table 9 Means, Standard Deviations and Range of Variables

Variables	Mean	SD	Min.	Max.	Range
Age	37. 35	8.15	24.00	65.00	
Partner's Age	39.88	8.91	22.00	68.00	
Duration of relationship (months)	145.06	97.26	1.00	465.00	
Inter-Parental Violence	1.96	0.80	1.00	4.33	1-5
Mother violence	1.75	0.84	1.00	4.00	1-5
Father violence	1.64	0.94	1.00	5.00	1-5
Emotional/Psychological violence	2.81	3.16	1.00	17.83	1-30
Control Acts of Man (FxD)*	2.29	2.09	1.00	14.22	1-30
Physical violence (FxD)	1.79	2.29	1.00	13.33	1-30
Total scores of violence (FxD)	2.37	2.27	1.00	14.85	1-30
Negative attribution style	2.85	0.57	1.67	4.33	1-5
Legitimization	1.61	0.80	1.00	5.00	1-5
Problem-Focused coping	3.04	0.42	1.50	4.20	1-5
Emotional-Focused coping	2.42	0.53	1.43	3.95	1-5
Indirect coping	3.22	0.49	1.75	4.25	1-5
Social Support	5.95	0.94	2.25	7.00	1-7
Anxiety	.54	.51	0.00	3.15	0-4
Depression	.73	.68	0.00	3.17	0-4
Negative-Self	.45	.50	0.00	3.00	0-4
Somatization	.40	.50	0.00	2.78	0-4
Hostility	.73	.62	0.00	2.83	0-4
Psychological Symptomatology	.54	.51	0.00	2.92	0-4

**FXD means that multiplication of frequency and distress score*

4.3.2 Correlations Among The Variables of the Study

The correlation coefficients between variables were given in Table 10. According to results, age of women was found to be positively correlated with age of partner ($r = .94$, $p < .01$), duration of relationship ($r = .85$, $p < .01$), problem focused coping ($r = .16$, $p < .05$), negatively correlated with legitimization of violence ($r = -.25$, $p < .01$) and somatization ($r = -.15$, $p < .05$). Partner's age was found to be positively correlated with, duration of relationship ($r = .82$, $p < .01$) and problem focused coping of women ($r = .20$, $p < .01$), negatively correlated with legitimization of violence ($r = -.20$, $p < .01$) and ($r = -.15$, $p < .05$). Duration of relationship was found to be positively correlated with only problem solving coping ($r = .17$, $p < .05$).

Inter-parental violence was found to be positively correlated with violence of mother ($r = .29$, $p < .01$), violence of father ($r = .40$, $p < .01$), emotional/psychological partner violence ($r = .17$, $p < .05$), emotional focused coping ($r = .18$, $p < .05$), indirect coping ($r = .18$, $p < .05$), anxiety ($r = .23$, $p < .01$), depression ($r = .27$, $p < .01$), negative-self ($r = .25$, $p < .01$), hostility ($r = .27$, $p < .01$), psychological symptomatology ($r = .27$, $p < .01$) and negatively correlated with social support ($r = -.20$, $p < .01$). Violence of mother was found to be positively correlated with violence of father ($r = .25$, $p < .01$), anxiety ($r = .19$, $p < .01$), negative-self ($r = .22$, $p < .01$), hostility ($r = .27$, $p < .01$) and psychological symptomatology ($r = -.27$, $p < .01$).

Emotional/psychological violence was found to be positively correlated with control acts of man ($r = .68$, $p < .01$), physical violence ($r = .73$, $p < .01$), total violence score ($r = .96$, $p < .01$), negative attribution style of women ($r = .40$, $p < .01$), anxiety ($r = .15$, $p < .05$), depression ($r = .31$, $p < .01$), negative-self ($r = .25$, $p < .01$), somatization ($r = .25$, $p < .01$), hostility ($r = .27$, $p < .01$), psychological symptomatology ($r = .27$, $p < .01$) and negatively correlated with social support ($r = -.39$,$p<.01$)

.

Table 10 Correlation Coefficient between Variables

	1	2	3	4	5	6	7	8	9	10
1 Age (women)										
2 Age (partner)	**0.94****									
3 Duration of relationship	**0.85****	**0.82****								
4 Inter-parental violence	-0.08	-0.05	-0.06							
5 Violence of Mother	0.02	0.05	0.01	**0.29****						
6 Violence of Father	0.06	0.04	0.08	**0.40****	**0.25****					
7 Emotional/psychological violence (FxD)***	0.14	0.12	0.06	**0.17***	0.04	0.09				
8 Control acts of partner (FxD)	0.09	0.04	-0.01	0.01	0.03	0.04	**0.68****			
9 Physical violence(FxD)	0.07	0.01	-0.05	0.02	-0.09	-0.03	**0.73****	**0.68****		
10 Total violence Score(FxD)	0.12	0.09	0.02	0.12	0.03	0.07	**0.96****	**0.84****	**0.84****	
11 Negative attribution style	0.13	0.12	0.03	0.01	0.08	0.05	**0.40****	**0.30****	**0.30****	**0.39****
12 Legitimization of violence	**-0.25****	**-0.20****	-0.16	0.08	-0.06	-0.06	-0.07	**-0.18****	-0.02	-0.09
13 Problem focused coping	**0.16***	**0.20****	**0.17***	0.01	0.01	0.04	0.01	-0.08	-0.04	-0.04
14 Emotion focused coping	-0.02	0.03	-0.02	**0.18***	0.06	0.09	-0.08	-0.01	-0.06	-0.06
15 Indirect coping	-0.05	-0.05	-0.03	**0.16***	-0.09	0.10	-0.13	**-0.16***	**-0.15***	**-0.17***
16 Social Support	-0.14	-0.12	-0.06	**-0.20***	-0.14	-0.08	**-0.39****	**-0.34****	**-0.27****	**-0.39****
17 Anxiety	-0.05	-0.06	-0.03	**0.23****	**0.19***	0.07	**0.15***	**0.15***	0.08	**0.16***
18 Depression	-0.03	-0.03	0.01	**0.27****	0.13	0.13	**0.31****	**0.20****	**0.18***	**0.30****
19Negative-Self	-0.03	-0.03	0.01	**0.25****	**0.22****	0.08	**0.25****	**0.25****	0.14	**0.26****
20Somatization	0.01	0.01	0.02	0.14	0.13	-0.03	**0.25****	**0.18***	**0.19****	**0.25****
21Hostility	**-0.15***	**-0.15***	-0.14	**0.27****	**0.25****	0.07	**0.27****	**0.27****	**0.21****	**0.27****
22 Psychological Symptomatology	-0.05	-.005	-0.02	**0.27****	**0.20****	0.09	**0.27****	**0.23****	**0.17***	**0.27****

*<.05, **<.01; ***FXD means that multiplication of frequency and distress score

Table 10 Correlation Coefficient between Variables (Continued)

	11	12	13	14	15	16	17	18	19	20	21	22
1 Age (women)												
2 Age (partner)												
3 Duration of relationship												
4 Inter-parental violence												
5 Violence of Mother												
6 Violence of Father												
7 Emotional/psychological violence (FxD)												
8 Control acts of partner (FxD)												
9 Physical violence (FxD)												
10 Total violence Score (FxD)												
11 Negative attribution style												
12 Legitimization of violence	0.02											
13Problem focused coping	-0.02	-0.12										
14 Emotion focused coping	0.05	-0.10	**0.48****									
15 Indirect coping	-0.06	0.14	**0.36****	**0.16***								
16 Social Support	**-0.30****	0.11	0.02	0.04	**0.16***							
17 Anxiety	**0.21***	-0.07	-0.13	0.13	**-0.15***	**-0.21****						
18 Depression	**0.34****	-0.08	-0.12	0.09	**-0.15***	**-0.33****	**0.85****					
19 Negative-Self	**0.20***	-0.10	-0.08	0.11	-0.15	**-0.33****	**0.85****	**0.81****				
20Somatization	**0.26****	-0.05	**-0.17***	0.04	**-0.25****	**-0.19****	**0.78****	**0.76****	**0.77****			
21 Hostility	**0.24****	-0.07	-0.14	0.05	-0.09	**-0.25****	**0.71****	**0.74****	**0.73****	**0.66****		
22 Psychological Symptomatology	**0.28****	-0.08	-0.14	0.10	**-0.17***	**-0.30****	**0.93****	**0.94****	**0.94****	**0.86****	**0.84****	

Control acts of man was found to be positively correlated with physical violence ($r = .68$, $p < .01$), total violence score ($r = .84$, $p < .01$), negative attribution style of women ($r = .30$, $p < .01$), anxiety ($r = .15$, $p < .05$), depression ($r = .20$, $p < .05$), negative-self ($r = .25$, $p < .01$), somatization ($r = .18$, $p < .05$), hostility ($r = .27$, $p < .01$), psychological symptomatology ($r = .23$, $p < .01$) and negatively correlated with legitimization of violence ($r = -.18$, $p < .01$) indirect coping ($r = -.16$, $p < .05$), and social support ($r = -.34$, $p < .01$).

Physical violence was found to be positively correlated with total violence score ($r = .84$, $p < .01$), negative attribution style ($r = .30$, $p < .01$), depression ($r = .18$, $p < .05$), somatization ($r = .19$, $p < .01$), hostility ($r = .21$, $p < .01$), psychological symptomatology ($r = .17$, $p < .05$) and negatively correlated with indirect coping ($r = -.15$, $p < .05$) and social support ($r = -.27$, $p < .01$).

Total violence score was found to be positively correlated with negative attribution style ($r = .39$, $p < .01$), anxiety ($r = .16$, $p < .05$) depression ($r = .30$, $p < .01$), negative self ($r = .26$, $p < .01$), somatization ($r = .25$, $p < .01$), hostility ($r = .27$, $p < .01$), psychological symptomatology ($r = .27$, $p < .01$) and negatively correlated with indirect coping ($r = -.17$, $p < .05$) and social support ($r = -.39$, $p < .01$).

Negative attribution style was found to be positively correlated with anxiety ($r = .21$, $p < .05$) depression ($r = .34$, $p < .01$), negative self ($r = .20$, $p < .05$), somatization ($r = .26$, $p < .01$), hostility ($r = .24$, $p < .01$), psychological symptomatology ($r = .28$, $p < .01$) and negatively correlated with social support ($r = -.30$, $p < .01$).

Problem focused coping was found to be positively correlated with emotional focused coping anxiety ($r = .16$, $p < .05$) depression ($r = .30$, $p < .01$), negative self ($r = .26$, $p < .01$), somatization ($r = .25$, $p < .01$), hostility ($r = .27$, $p < .01$), psychological symptomatology ($r = .27$, $p < .01$) and negatively correlated with indirect coping ($r = -.17$, $p < .05$) and social support ($r = .48$, $p < .01$) and indirect coping ($r = .36$, $p < .01$) and negatively correlated with somatization ($r = -.17$, $p < .05$). Emotional focused coping was positively correlated with indirect coping ($r = .16$, $p < .05$). Indirect coping was positively correlated with social support ($r = .16$, $p < .05$), and it was negatively correlated with anxiety ($r = -.15$, $p < .05$), depression (r

= -.15, p < .05), somatization (r = -.24, p < .01) and psychological symptomatology (r = - .17, p < .05).

Social support was found to be negatively correlated with all subscales of brief symptom inventory; anxiety (r = -.21, p < .01), depression (r = -.33, p < .01), negative self (r = -.33, p < .01), somatization (r = -.19, p < .01), hostility (r = -.25, p < .01), and psychological symptomatology symptom scores (r = -.30, p < .01).

Anxiety was positively correlated with depression (r = .85, p < .01), negative self (r = .85, p < .01), somatization (r = .78, p < .01), hostility (r = .71, p < .01) and psychological symptomatology (r = .93, p < .01). Depression was positively correlated with negative self (r = .81, p < .01) , somatization (r = .76, p < .01) , hostility (r = .74, p < .01) and psychological symptomatology (r = .94, p < .01) . Negative self was positively correlated with somatization (r = .77, p < .01), hostility (r = .73, p < .01) and psychological symptomatology (r = .94, p < .01). Somatization was positively correlated with hostility (r = .66, p < .01), (r = .86, p < .01) and psychological symptomatology (r = .84, p < .01). Hostility was positively correlated with psychological symptomatology (r = .84, p < .01).

4.3.3 Difference of Psychological Symptoms Score between women who report violence and women who do not (Hypothesis 1. Women who are expose to intimate partner violence will have higher scores on psychological symptomatology of women including depression, anxiety, negative self, somatization and hostility as compared to women who do not report any type of intimate partner violence)

Since intimate partner violence has been shown to have an effect on women's psychological well-being (Bogat, Levendosky, Theran, Eye & Davidson, 2003), the present study focused on the examination of the influence of women's report of violence on psychological symptoms. Therefore, based on the total score of intimate partner violence, the participants were categorized in women who report violence and women who do not report violence. Women who report any type of violence in frequency section of Violence Against Women Scale was categorized as the "violence" group. Women who did not report any type of violence were categorized in frequency section of Violence Against Women Scale as "no-violence" group. At the end of the new categorizing, 2 (violence-no violence) by 5 (anxiety, depression, negative-self, somatization, hostility) between subject MANOVA was performed.

According to the results which were shown in Table 11; experiencing of violence had a significant effect on psychological symptoms of women [Multivariate F (5,172) = 36.73, p < .01; Wilks' Lambda = .48, partial η^2 = .10]. After Bonferroni Correction (.05/ 5), univariate analysis revealed that experiencing of violence had a significant univariate effect on each psychological symptoms having alpha level lower than .01. Experiencing of violence had a significant effect on anxiety [F (1,176) = 8.60, p < .01; partial η^2 = .05]; women who reported violence had significantly higher anxiety score (M =.53 SD =.54) than women who did not report violence (M = .29 SD = .36). Experience of violence also showed a significant effect on depression [F(1,176) = 15.36, p < .01; partial η^2 = .08]; women who reported violence had significantly higher than depression score (M = .85, SD =.81) than women who did not experience violence (M = .43, SD = .46). Experience of violence revealed a significant effect on negative-self [F(1,176) = 14.82, p < .01; partial η^2 = .08]; negative self score of women who reported violence (M = .53, SD = .52) was higher than negative self score of women who did not report violence (M = .23, SD = .34). Somatization score of women also significantly differed on base of violence [F(1,176) = 7.44, p < .01; partial η^2 = .04]; women who report violence showed more somatic complains (M = .45, SD = .56), compared to women who did not report violence (M = .23, SD = .26),. Finally, as similar to other psychological symptoms, hostility scores of women showed significant differences depending on reported of violence [F(1,176) = 12.41, p < .01; partial η^2 = .08]; women who reported violence had higher hostility scores (M = .82, SD = .63) than women who did not report violence (M = .48, SD = .49).

Table 11 Mean Values for Psychological Symptoms of women who express violence and women who do not express violence on five psychological symptoms and their differences.

	Women who do not experience violence N= 51	Women who experience violence N=127	Multivariate *F* (5, 172)	Univariate *F* (1, 176)
			36.73**	
Anxiety	.29	.53		8.60**
Depression	.43	.85		15.36***
Negative-Self	.23	.53		14.82***
Somatization	.23	.45		7.44**
Hostility	.48	.82		12.41**

*** p < .001, **p<.01

In addition to MANOVA results reported above, in order to examine association between three types of violence, namely, emotional/ psychological violence, control acts of man and physical violence, and psychological symptoms of women, 2 (violence, no violence) X 3 (types of violence) by 5 (anxiety, depression, negative-self, somatization, and hostility) between subjects MANOVA was conducted.

According to descriptive statistic listed in Table 12, numbers of participant in the group cells were not suitable to perform post-hoc comparison. There was only one participant who reported physical violence when she did not report any other type of violence. As similar, there is one participant who reported control acts of man and physical violence when she did not experience emotional/psychological violence. Furthermore, number of participants who reported emotional/psychological violence and physical violence without reporting control acts of man was 4. After elimination of these three groups, new classification consisting of five groups was created and 5 X 5 between subjects MANOVA was conducted. Group 1 consisted of women who did not report any type of violence; Group 2 included women who reported emotional/psychological violence and control acts of man without reporting physical violence; Group 3 was formed on women who only reported control acts of man; Group 4 consisted of women who only reported emotional/psychological violence; and Group 5 comprised of women who reported all three type of violence.

As seen in table 13, results indicated that new classification of violence had a significant effect on psychological symptoms of women [Multivariate F (20, 541) = 1.88, p < .05; Wilks' Lambda = .80, partial η^2 = .05]. After Bonferroni Correction (.05/ 5), univariate analysis revealed that new classification of violence had a significant univariate effect on psychological symptoms having alpha level lower than .01. New classification of violence had a significant effect on depression [F (4,167) = 4.61, p < .01; partial η^2 = .10]. Depression scores of women in Group 1 (M =.42, SD= .09) were significantly different from depression score in Group 2 (M = .89, SD = .07) and Group 5 (M = .93, SD = .13). Depression scores of women who do not report any type of violence were significantly different from depression scores of women who reported all type of violence; and depression score of women who reported emotional/psychological violence and control acts of man when they did not report physical violence. New classification of violence revealed significant effect on negative-self [F (4,167) = 4.2, p < .01; partial η^2 = .09]. Negative-self scores of women in Group 1 (M= .22, SD= .07) were significantly different from negative-self scores of women in Group 2 (M = .58, SD = .06). Negative-self scores of women who do not report any type of violence were significantly different from negative-self scores of women who reported emotional psychological violence and control acts of man. New classification of violence also revealed significant effect on hostility [F (4,167) = 4.25, p < .01; partial η^2 = .09]. Hostility scores of women in Group 1 (M =.47, SD = .08) were significantly different from depression score in Group 2 (M = .89, SD = .08) and Group 4 (M = .87, SD= .12). Hostility scores of women who did not report any type of violence were significantly different from hostility score of women who reported all type of violence; and hostility score of women who reported emotional/psychological violence when they did not report and control acts of man and physical violence.

Table 12 Descriptive statistics for new classification

Emotional/ Psychological Violence	Control acts of Men	Physical Violence	Number of participant in the cell	Group number of new classification
0	0	0	52	Group 1 “no violence”
1	1	0	54	Group 2 “emotional/psychological violence and control acts of man”
0	1	0	19	Group 3 “control acts of man”
1	0	0	24	Group 4 “emotional/psychological violence”
1	1	1	23	Group 5 “all types of violence”
1	0	1	4	Eliminated “emotional-psychological and physical violence”
0	0	1	1	Eliminated “physical violence”
0	1	1	1	Eliminated “physical violence and control acts of man”

Note : “0” means that women did not report that type of violence, “1” means that women report that type of violence

Table 13 Mean Difference of Psychological Symptoms between New Classifications of Three Type of Violence

	group1	group2	group3	group4	group5	Multivariate F (20, 541)	Univariate F(4, 164)
						1.88*	
Depression	$.42_{a}$	$.89_{b}$	$.76_{ab}$	$.71_{ab}$	$.93_{b}$		4.61**
Negative-Self	$.22_{a}$	$.58_{b}$	$.52_{ab}$	$.46_{ab}$	$.52_{ab}$		4.20**
Hostility	$.47_{a}$	$.89_{b}$	$.64_{ab}$	$.87_{b}$	$.83_{ab}$		4.24**

* p < .05, ** p< .01, if subscripts on the mean score do not share same character, they are significantly different from each other

4.3.4 Mean difference between frequency and distress level of emotional violence, control acts of man and physical violence (Hypothesis 2. Emotional/Psychological violence is more frequently reported and perceived more distressing by women as compared to other types of violence)

According to descriptive statistics, 107 of the women reported emotional violence, and 99 of women reported distress about emotional violence. In terms of control acts of man, 101 of the women reported control acts of man and 90 of the women reported distress about control acts of man. Moreover, 29 of the women reported physicall violence and all of them reported distress about physical violence.

Frequency level refers to how often women experience partner violence stated in each item of Violence Against Women Scale. Distress level refers to distress that women feel after partner violence. Distress level was asked for each item if the participant would indicate violence experience involved in the item. In order to examine difference between frequency of emotional/psychological violence, control acts of man and physical violence, One Way Within Subjects/ Repeated Measure ANOVA was conducted. As seen in Table 14, Results revealed that the main effect of frequency was significant [$\underline{F}$ (2, 364) = 47.44, $\underline{p}$ < .01; partial η^2 = .21], indicating that there is a significant difference between frequencies of three type of violence. Women reported more emotional/psychological violence ($\underline{M}$ = 1.37, $\underline{SE}$ = .04) as compared to control acts of man ($\underline{M}$ = 1.30, $\underline{SE}$ = .03), and physical violence ($\underline{M}$ = 1.10, $\underline{SE}$ = .02). Post-hoc test with Bonferroni correction revealed that whereas physical violence significantly was experienced less than emotional/psychological violence and control acts of man, there is no significant difference between

emotional/psychological violence and control acts of man in terms of frequency. Similarly, in order to examine distress of emotional/psychological violence, control acts of man, and physical violence; One Way Within Subjects/ Repeated Measure ANOVA was conducted. Results revealed that main effect of distress was significant [F (2, 364) = 18.77, $p < .01$; partial $\eta^2 = .09$], indicating that there is a significant difference between distress levels due to the three types of violence. Women found emotional/psychological violence more distressing (M = 1.44, SE = .05) than control acts of man (M =1.27, SE = .03) and physical violence (M = 1.21, SE = .04). Post-hoc test with Bonferroni correction revealed that distress of emotional/ psychological violence was significantly different from control acts of man and physical violence. However, distress level of control acts of man was not significantly different from physical violence.

Table 14 Mean difference between frequency and distress level of emotional violence, control acts of man and physical violence

	F	df	Partial η^2	Mean	SE
Frequency	47.44**	2, 364	.21		
Emotional/Psychological violence				1.37_a	.04
Control acts of man				1.30_b	.03
Physical violence				1.10_b	.02
Distress	18.77**	2, 364	.09		
Emotional/Psychological violence				1.44_a	.05
Control acts of man				1.27_b	.03
Physical violence				1.21_b	.02

** p< .01, if subscripts on the mean score do not share same character, they are significantly different from each other

4.3.5 Predictors of Women's Psychological Symptoms with Multiplication of Women's Frequency and Distress Score of Total Violence (Hypothesis 3. Psychological symptomatology of women will be predicted by their childhood violence history, intimate partner violence, attribution style, general coping strategies and social support)

In order to investigate the predictor factors of women's depression, negative self, somatization, hostility and total psychological symptomatology, separate hierarchical

regression analysis was conducted for each psychological symptom. Steps were added to analysis with enter method. In the light of proposed multivariate risk factor model that was adapted from Freddy, Kilpatrick and Resnick (1993), demographic variables, inter-parental violence observed by women and violence of mother and farther experienced by women in the childhood were entered into the analysis at the first step as pre-violence factor.; women's total violence score obtained by the multiplication of frequency and distress score for each item, negative attribution style added at the second step as within-violence factor; women's general coping strategies and perceived social support were added as post-violence factor. The criterion variable (DV) was total score of psychological symptomatology, depression, negative self, somatization and hostility, respectively.

Predictors of Women's Psychological Symptomatology

As seen in Table 15, demographic variables and women's history of violence entered into equation in the first step, they resulted in a significant R^2 and explained 9% of variance, (F [6,176] = 3.07, p<.01]. Inter-parental violence associated with depression in the first step. Total violence and negative attribution style entered into equation in the second step and, resulted in significant increment in R^2 and increased to variance 19%, (F_{change} [2, 174] = 10.15, p<.01). Total violence and negative attribution style significantly associated with total psychological symptomatology in the second step. Coping strategies and social support entered into equation in the last step, and result in significant increment in R^2 and full model explained 26% of variance (F_{change} [4, 170] = 3.92, p<.01). In the last step, inter-parental violence [pr = .18, β = .19, t (170) = 2.42, p < .05], negative attribution style [pr = .16, β = .2.13, t (170) = 2.13, p < .05], problem focused coping [pr = -.16 β = - .18, t (170) = - 2.13, p < .05], emotional focused coping [pr = .17, β = .18, t (170) = 2.25, p < .05] and social support [pr = - .16, β = - .16, t (170) = - 2.11, p < .05] were found to be significantly associated with psychological symptomatology. Accordingly, these results indicated that women, who reported to observe inter-parental violence in the childhood, who experienced violence of mother and current intimate partner violence, who have negative attribution style, who use fewer problems focused and more emotion focused strategies, and finally who perceive less social support from their environment tended to show more psychological symptomatology. Moreover, significant effect of total partner violence disappeared after coping strategies and

social support were entered into the equation. Furthermore, negative attribution style of women and inter-parental violence continued to significantly predict psychological symptomatology in the last step of the regression equation.

Table 15 Predictors of Women's Psychological Symptomatology

Step	Variable	df	F_{change}	β	t	pr	R^2
1		6,176	3.07**				.09
	Age			.04	.17	.01	
	Partner's Age			-.16	-.67	-.05	
	Duration of Relationship			.09	.63	.05	
	Inter-parental Violence			.24	3.02**	.22	
	Violence of Mother			.15	1.99*	.15	
	Violence of Father			-.05	-.67	-.05	
2		2,174	10.15**				.19
	Total Violence (FxD)			.20	2.60*	.19	
	Negative Attribution Style			.19	2.55*	.19	
	Significant Variables						
	Interparental Violence			.21	2.69**	.20	
	Violence of Mother			.15	2.02*	.15	
3		4,170	3.92**				.26
	Problem Focused Coping			-.18	-2.13*	-.16	
	Emotional Focused Coping			.18	2.25*	.17	
	Indirect Coping			-.10	-1.32	-.10	
	Social Support			-.16	-2.11*	-.16	
	Significant Variables						
	Interparental Violence			.19	2.42*	.18	
	Negative Attribution Style			.16	2.13*	.16	

** p<.01, *p<.05, significant variables refers to variable which continues to be significant into given step

Predictors of Women's Depression

As seen in table 16, demographic variables and women's history of violence entered into equation in the first step, they resulted in a significant R^2 and explained 8% of variance, (F [6,176] = 2.59, p<.05]. Inter-parental violence associated with depression in the first step. Total violence and negative attribution style entered into equation in the second step and, resulted in significant increment in R^2 and increased the variance to 21% , (F_{change} [2, 174] = 14.14, p<.01). Total violence and negative attribution style significantly associated with depression in the second step. Coping strategies and social support entered into equation in the last step, and result in significant increment in R^2 and full model explained 28% of variance (F_{change} [4, 170] = 3.88, p<.01). In the last step, duration of relationship [pr = .15, β = .26, t (170) = 2.05, p < .05] inter-parental violence [pr = .15, β = .19, t (170) = 2.39, p < .05], negative attribution style [pr = .21, β = .21, t (170) = 2.86, p < .01], problem focused coping [pr = -.15 β = - .16, t (170) = - 1.93, p < .05], emotional focused coping [pr = .16, β = .15, t (170) = 2.06, p < .05] and social support [pr = - .18, β = - .18, t (170) = - 2.43, p < .05] were found to be significantly associated with depression. Accordingly, these results indicated that women who observe inter-parental violence in their childhood, who have more long-lasting relationship, who experience intimate partner violence, who have negative attribution style, who use fewer problem focused and more emotion focused strategies and who experience less social support from their environment were tended to show more depressive symptoms. Moreover, significant effect of total partner violence disappeared after coping strategies and social support were entered into equation. Furthermore, negative attribution style of women and inter-parental violence continued to significantly predict depression in the last step of the regression equation.

Table 16 Predictors of Women's Depression

Step	Variable	df	F Change	β	t	Pr	R^2
1		6,176	2.59*				.08
	Age			-.07	-.29	.02	
	Partner's Age			-.05	-.22	-.02	
	Duration of Relationship			.13	.91	.07	
	Interparental Violence			.25	3.03**	.22	
	Violence of Mother			.07	.89	.07	
	Violence of Father			.01	.08	.01	
2		2,174	14.14***				.21
	Total Violence (FxD)			.21	2.75**	.20	
	Negative Attribution Style			.24	3.30**	.24	
	Significant Variables						
	Inter-parental Violence			.20	2.70**	.20	
3		4,170	3.88**				.28
	Problem Focused Coping			-.16	-1.93*	-.15	
	Emotional Focused Coping			.15	2.06*	.16	
	Indirect Coping			-.09	-1.24	-.09	
	Social Support			-.18	-2.43*	-.18	
	Significant Variables						
	Duration of relationship			.26	2.05*	.15	
	Inter-parental Violence			.18	2.39*	.15	
	Negative Attribution Style			.21	2.86**	.21	

***p<.001, **p.01, *p<.05, significant variables refers to variable which continues to be significant into given step

Predictors of Women's Negative Self

As seen in Table 17, demographic variables and women's history of violence entered into equation in the first step, they resulted in a significant R^2 and explained 9% of variance, (F [6,176] = 3.02, p<.01]. Inter-parental violence and Violence of mother associated with negative -self significantly in the first step. Total violence and negative attribution style entered into equation in the second step and, resulted in significant increment in R^2 and increased to variance to 16% of variance, (F_{change} [2, 174] = 7.07, p<.01). Total violence associated with negative-self significantly in the second step. However, women's negative attribution style did not predict negative self (t (170) = 1.28, p = *ns*]. Coping strategies and social support entered into equation in the last step, and result in significant increment in R^2 and full model explained 23% of variance (F_{change} [4, 170] = 3.82, p<.01). In the last step, inter-parental violence [pr = .13, β = .16, t (170) = 1.98, p < .05], violence of mother [pr = .13, β = .14, t (170) = 1.93, p < .10], emotional focused coping [pr = .15, β = .17, t (170) = 2.17, p < .05] and social support [pr = - .19, β = - .21, t (170) = - 2.77, p < .01] were found to be significantly associated with negative-self. Accordingly, these results indicated that women, who observe inter-parental violence in the childhood, who expose to violence of mother, who experience intimate partner violence, who use more emotional focusing strategies and who experience low level social support from their environment tended to develop negative self. Moreover, significant effect of total violence score of women disappeared after coping strategies and social support were entered into equation. However, inter-parental violence and violence of mother continued to significantly predict negative-self in the last step of the regression equation.

Table 17 Predictors of Women's Negative Self

Step	Variable	df	F Change	β	t	Pr	R^2
1		6,176	3.02**				.09
	Age			.04	.17	.01	
	Partner's Age			-.16	-.70	-.05	
	Duration of Relationship			.12	.86	.07	
	Interparental Violence			.22	2.78**	.20	
	Violence of Mother			.17	2.28*	.17	
	Violence of Father			-.06	-.76	-.06	
2		2,174	7.07**				.16
	Total Violence (FxD)			.22	2.86**	.21	
	Negative Attribution Style			.10	1.28^{ns}	.10	
	Significant Variables						
	Interparental Violence			.19	2.43*	.18	
	Violence of Mother			.17	2.34*	.17	
3		4,170	3.82**				.23
	Problem Focused Coping			-.13	-1.57	-.12	
	Emotional Focused Coping			.17	2.17*	.16	
	Indirect Coping			-.08	-0.99	-.08	
	Social Support			-.21	-2.77**	-.21	
	Significant Variables						
	Inter-parental Violence			.16	1.98*	.13	
	Violence of Mother			.14	$1.93^{p=.055}$	.15	

**p<.01, *p<.05, significant variables refers to variable which continues to be significant into given step

p=.055, violence of mother was accepted as significant variable

Predictors of Women's Somatization

As seen in Table 18, demographic variables and women's history of violence entered into equation in the first step, they resulted in small R^2 and explained 5% of variance, (F [6,176] = 1.49, *ns*]. Inter-parental violence associated with somatization significantly in the first step. Total violence and negative attribution style entered into equation in the second step and, resulted in significant increment in R^2 and explained 13% of variance, (F_{change} [2, 174] = 8.63, p<.001). Total violence and negative attribution associated with somatization significantly in the second step. Coping strategies and social support entered into equation in the last step, and result in significant increment in R^2 and full model explained 20% of variance (F_{change} [4, 170] = 3.68, p<.01). In the last step, negative attribution style [pr = .16, β = .17, t (170) = 2.28, p < .05] problem focused coping [pr = -.14, β = -.17, t (170) = 2.02, p < .05] and indirect coping strategies [pr = - .15, β = - .17, t (170) = - 2.22, p < .05] were found to be significantly associated with negative-self. Accordingly, these results indicated that women's symptoms of somatization were related to intimate partner violence, using fewer problems focused coping and indirect coping strategies and more negative attribution style. As similar depression and negative-self; significant effect of total violence score of women disappeared after coping strategies and social support were entered into the equation.

Table 18 Predictors of Women's Somatization

Step	Variable	df	F Change	β	t	Pr	R^2
1		6,176	1.49^{ns}				.05
	Age			.18	.72	.05	
	Partner's Age			-.22	-.94	-.07	
	Duration of Relationship			.07	.49	.04	
	Interparental Violence			.17	2.02*	.15	
	Violence of Mother			.12	1.60	.12	
	Violence of Father			-.14	-.1.67	-.12	
2		2,174	8.63***				.13
	Total Violence (FxD)			.18	2.31*	.17	
	Negative Attribution Style			.18	2.45*	.18	
3		4,170	3.68**				.20
	Problem Focused Coping			-.17	-2.02*	-.15	
	Emotional Focused Coping			.15	1.83	.14	
	Indirect Coping			-.17	-2.22*	-.17	
	Social Support			-.03	-.42	-.03	
	Significant Variables						
	Negative Attribution Style			.17	2.28*	.17	

*p<.05,** p<.01, significant variables refers to variable which continues to be significant into given step

Predictors of Women's Hostility

As seen in Table 19, demographic variables and women's history of violence entered into equation in the first step, they resulted in a significant R^2 and explained 13% of variance, (F [6,176] = 4.44, p<.001]. Inter-parental violence and violence of mother significantly associated with hostility in the first step. Total violence and negative attribution style entered into equation in the second step and, resulted in significant increment in R^2 and increased the variance to 21% , (F_{change} [2, 174] = 9.16, p<.001). Total violence and negative attribution style significantly associated with hostility in the second step. Coping strategies and social support entered into equation in the last step, and there is no significant increment in R^2 (F_{change} [4, 170] = 1.51, *ns*). In the last step, inter-parental violence [pr = .18, β = .19, t (170) = 2.42, p < .05], violence of mother [pr = .16, β = .16, t (170) = 2.13, p < .05], and total violence [pr = -.16, β = - .18, t (170) = - 2.13, p < .05] continued to be significantly associated with hostility. According to results, hostility is unique dependent variable that is predicted by total violence in the last step of regression equation. In addition to significant association between women's total violence and hostility, women's mother violence and inter- parental violence in the childhood were also related with hostility.

Table 19 Predictors of Women's Hostility

Step	Variable	df	F_{change}	β	t	pr	R^2
1		6,176	4.44***				.13
	Age			.08	.33	.03	
	Partner's Age			-.20	-.89	-.07	
	Duration of Relationship			-.04	-.27	-.02	
	Inter-parental Violence			.23	2.90**	.21	
	Violence of Mother			.21	2.82**	.20	
	Violence of Father			-.07	-.87	-.07	
2		2,174	14.14***				.21
	Total Violence (FxD)			.20	2.76**	.20	
	Negative Attribution Style			.15	2.09*	.16	
	Significant Variables						
	Inter-parental Violence			.19	2.55*	.19	
	Violence of Mother			.21	2.89**	.21	
3		4,170	1.51				.24
	Problem Focused Coping			-.14	-1.71	-.13	
	Emotional Focused Coping			.10	1.28	.10	
	Indirect Coping			-.01	-.18	-.01	
	Social Support			-.11	-1.49	-.11	
	Significant Variables						
	Inter-parental Violence			.17	2.22*	.17	
	Violence of Mother			.19	2.65**	.20	
	Total Violence			.17	2.17*	.16	

***p<.001, p<.01**, p< .05*, significant variables refers to variable which continues to be significant into given step

4.3.6 Mediator Role of Negative Attribution Style between Total Violence Score and Depression (Hypothesis 4. Attribution style of women has a significant mediator role on the relationship between intimate partner violence and depression)

In order to test the hypothesis that is "Negative Attribution Style of women has a mediator role on the relationship between Total Violence score and Depression", the criterion suggested by Baron and Kenny (1986) was applied. The result shown in Table 20 indicated that the relationship between total partner violence and depression was mediated by negative attribution style of women. Accordingly, Total violence was entered into regression equation as the predictor of Depression [pr = .29, β = .29, t (182) = 4.12, p < .001] and explained % 9 of variance [F_{change} (1, 181) = 16.93, p< .001]. Following, Negative Attribution Style was entered in to equation as a predictor of Depression [pr = .24, β = .23, t (180) = 3.20, p < .001] and explained %14 of variance [F_{change} (2, 180) = 10.25, p< .01]. After controlling Negative Attribution Style, relationship between Total Violence and Depression in previous regression equation decreased as expected [pr = .20, β = .20, t (180) = 2.72, p < .01]. After this criterion was met, in order to test whether this decrease is significant or not, Sobel test was run. Therefore, one more regression analysis was conducted to examine the relationship between Total Violence and Negative Attribution Style. Total Violence was entered into the equation [pr = .37, β = .37, t (182) = 5.38, p < .001] an explained % 14 of variance [F (1, 182) = 28.95, p< .001]. At the end of the mediation analysis Sobel test was found to be significant (z = 2.49, p<.05).

Table 20 Mediator Role of Negative Attribution Style in the Relationship between Total Violence and Depression

Dependent Variable	Independent Variable	df	F_{change}	β	t	pr	R^2
Depression	1. Total violence(FxD)	1,181	16.93***	.29	4.12***	.29	.09
	2.Negative Attribution Style	1, 180	10.25**	.24	3.20**	.23	.14
	(Total Violence FxD)	-	-	.20	2.73**	-	-
Negative Attribution Style	1.Total Violence	1,182	28.95***	.37	5.38***	.37	.14

***p<.001, ** p<.01

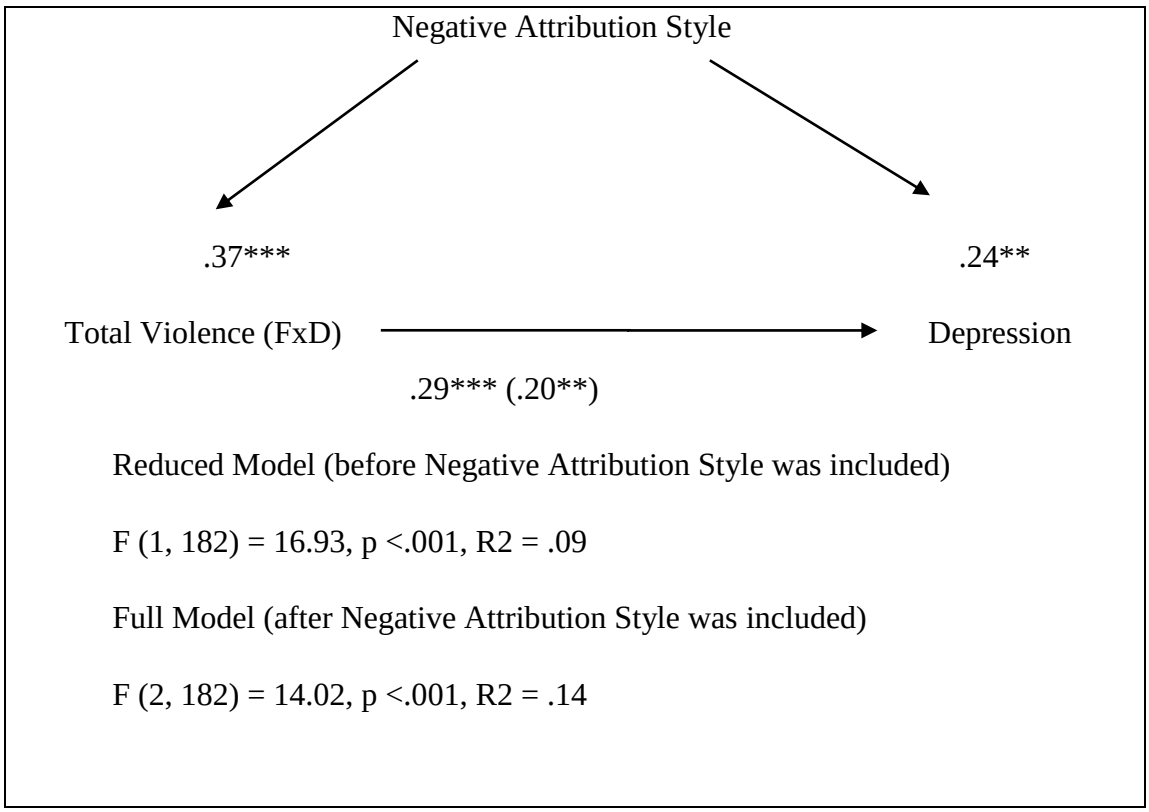

Figure 1 ***Standardized Regression Coefficients from Mediation Analysis***

Table 21 Summary of Variables Related to Psychological Outcomes in the Regression Analyses

	Associated Significant Variables in Each Step of Regression Analyses		
DV	I. step	II. step	III. step
Psychological Symptomatology	Inter-parental violence (+), Violence of Mother(+)	Inter-parental violence(+), Violence of Mother(+), Total Violence(+), Negative Attribution Style(+)	Inter-parental violence (+), Negative Attribution Style (+), Problem Focused Coping(-), Emotional Focused Coping(+), Social Support(-)
Depression	Inter-parental violence(+)	Inter-parental violence(+), Total Violence(+), Negative Attribution Style(+)	Duration of relationship(+), Inter-parental violence(+), Negative Attribution Style(+), Problem Focused Coping(-), Emotional Focused Coping(+), Social Support(-)
Negative-Self	Inter-parental violence(+), Violence of Mother(+)	Inter-parental violence(+), Violence of Mother(+), Total Violence(+)	Inter-parental violence(+), Violence of Mother(+), Emotional Focused Coping(+), Social Support(-)
Somatization	Inter-parental violence (+)	Total Violence(+), Negative Attribution Style (+)	Negative Attribution Style(+), Problem Focused Coping (-), Indirect Coping(-)
Hostility	Inter-parental violence(+), Violence of Mother(+)	Inter-parental violence(+), Violence of Mother(+), Total Violence(+), Negative Attribution Style(+)	Inter-parental violence(+), Violence of Mother(+), Total Violence(+)

"+ "indicates positive association with dv, " – " indicates negative association with dv

4.3.7 Moderator Role of Social Support on Total Violence in the prediction of Women's Psychological Symptomatology (Hypothesis 5 a. Women who have high level of social support are less likely to suffer from psychological symptoms when they are exposed to intimate partner violence)

In order to clarify the relationship between social support, women's total violence and their psychological symptomatology, the buffering role of social support was examined. Moderated regression analysis was conducted for testing hypothesis that women who have high levels of social support are less likely to suffer from psychological symptoms when they are exposed to intimate partner violence. Accordingly, social support and total violence was converted to centered variables. Following regression analysis, the main effects of total violence and social support were entered in the first step and the interaction term of total violence and social support were entered into the equation in the second step as a predictor of psychological symptomatology.

As presented in Table 22, results revealed that both the main effects of violence [pr = .24, β = .29, t (180) = 3.36, p < .01] and social support [pr = -.25, β = -.27 t (180) = -3.54, p < .01], and the interaction effect of total violence and social support [pr = .19, β = .23, t (180) = 2.66, p < .01] were significant in the last step of the regression equation [F_{change} (3, 180) = 10.55, p < .001], and R^2 explained 15% of variance . Simple slope analysis revealed that the effect of total violence on women's psychological symptomatology was significant for low social support (t = 2.29, p < .05) and for high social support (t = 3.55, p <.001.). As seen in Figure 2, women who perceived low level of social support with high level of violence reported the highest level of psychological symptomatology whereas women who perceived high level of social support with low level of violence reported lowest level of psychological symptomatology. Furthermore, women with high level of social support with high level of violence reported less psychological symptomatology than women with low level of social support with high level of violence.

Table 22 Moderator Regression Analysis Examining Buffer Effect of Social Support in the Relationship between Total violence and Women's Psychological Symptomatology

Last Step	Variable	df	F_{change}	B	t	pr	R^2
		3,180	10.55***				.15
	Total Violence			.29	3.36**	.24	
	Social Support			-.27	-3.53**	-.25	
	Total Violence XSocial Support			.23	2.66**	.19	

***p<.001,** p<.01

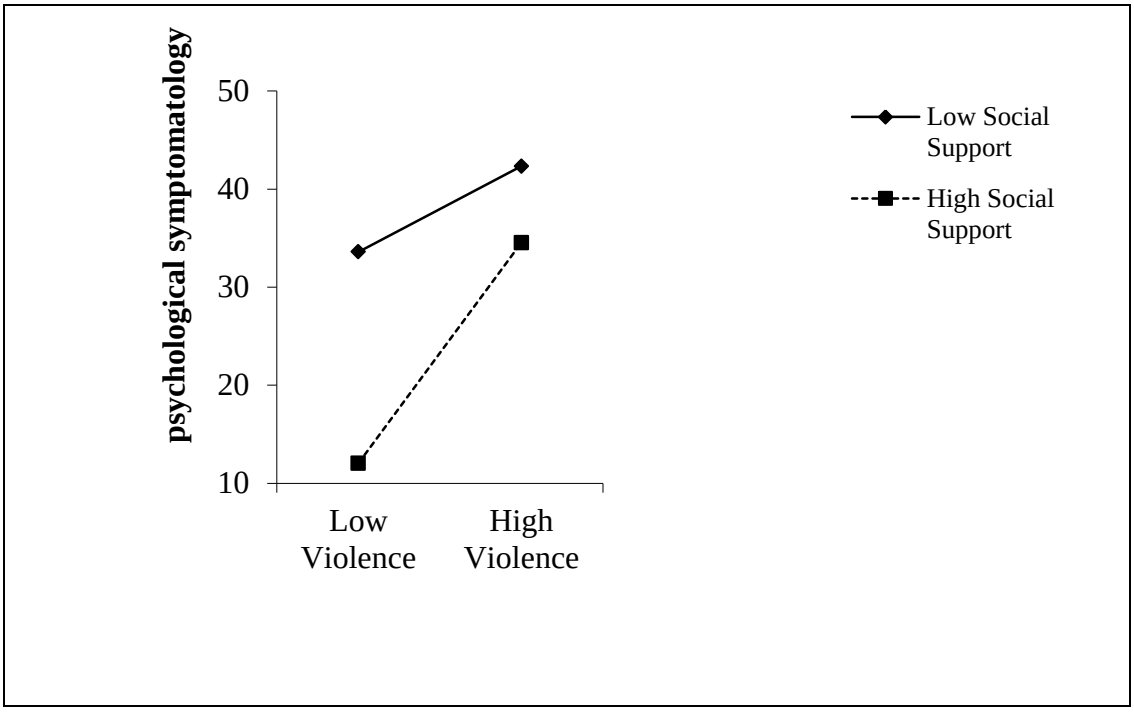

Figure 2 ***The Interaction between Total Violence and Social Support in Predicting Women's Psychological Symptomatology***

4.3.8 Interaction effect of Problem Focused Coping /Emotional Focused Coping and Total Violence in the Prediction of Women's Psychological Symptomatology (Hypothesis 5b. Women who use high levels of problem focused coping strategies are less likely to suffer from psychological symptoms when they are exposed to intimate partner violence. Women who have high level of emotional focused strategies are more likely to suffer from psychological symptoms when they are exposed to intimate partner violence)

Problem Focused Coping

Potential interaction effects of total violence and problem focused coping on women's psychological symptomatology was tested via Moderated Regression analysis. It was conducted for testing hypothesis that women who have high level of problem focused coping are less likely to suffer from psychological symptoms when they expose to intimate partner violence. Accordingly, of problem focused coping and total violence was converted centered variables. In the following regression analysis, the main effects of total violence and of problem focused coping were entered in the first step and interaction term of total violence and of problem focused coping were entered to the equation in the second step as a predictor of psychological symptomatology.

As presented in Table 23, results revealed only main effects of violence [pr = .28, β = .297, t (179) = 3.79, p < .001] was significant. Main effect of Problem Focused Coping [pr = -.12, β = -.14 t (179) = -1.70, p = ns], and interaction effect of Total Violence and Problem Focused Coping [pr = .02, β = .06, t (179) = .89, p = ns] were found to be non-significant in the last step of regression equation [F_{change} (3, 179) = 0.80, p = ns]. According to results, problem focused coping did not moderate the effect of total partner violence on psychological symptomatology.

Table 23 Moderator Regression Analysis Examining Moderator Role of Problem Focused Coping in the Relationship between Total violence and Women's Psychological Symptomatology

Last Step	Variable	df	F_{change}	β	t	Pr	R^2
		3,179	0.80^{ns}				.09
	Total Violence			.28	3.79***	.27	
	Problem Focused Coping			-.12	-1.70^{ns}	-.14	
	Total ViolenceXProblem Focused Coping			.06	$.89^{ns}$	.02	

***p<.001, ns non-significant value

Emotion Focused Coping

Moderated Regression analysis was conducted for testing hypothesis that women who have high level of emotion focused coping are more likely to suffer from psychological symptoms when they expose to intimate partner violence. Accordingly, emotion focused coping and total violence was converted centered variables. The following regression analysis was conducted for examining main effect of total violence; main effect of emotion focused coping interaction effect of total violence and of emotion focused. Therefore, total violence and emotion focused coping were entered into equation in the first step, interaction term consisting of multiply of total violence and emotion focused coping was entered into the equation in the second step as predictors of psychological symptomatology.

As presented in Table 24, results revealed only main effects of violence [pr = .24, β = .25, t (179) = 3.26, p < .001] was significant. Main effect of Emotion Focused Coping [pr = .11, β = .10 t (179) = 1.46, p = ns], and interaction effect of Total Violence and Emotion Focused Coping [pr = -.08, β = -.08, t (179) = 1.04, p = ns] were found to be non-significant in the last step of regression equation [F_{change} (3, 179) = 1.08, p = ns]. According to results, emotion focused coping did not moderate the effect of total partner violence on psychological symptomatology.

Table 24 Moderator Regression Analysis Examining Moderator Role of Emotion Focused Coping in the Relationship between Total violence and Women's Psychological Symptomatology

Last Step	Variable	df	F_{change}	β	t	Pr	R^2
		3,179	1.08^{ns}				.09
	Total Violence			.25	3.26**	.24	
	Emotion Focused Coping			.10	1.46^{ns}	.11	
	Total ViolenceXEmotion Focused Coping			-.08	-1 $.04^{ns}$	.02	

**p<.01, ns non-significant value

4.4 Discussion

The main goal of the present study was to examine the effects of intimate partner violence against professional women living in Turkey, negative attribution style, social support, coping strategies and childhood violence history on women's psychological symptomatology. In the light of previous theoretical and empirical studies investigating risk factors prevalent among women with history of violence (Van Wijf & De Bruijn (2012); Fujivara et al., 2010) this study proposed a model in which demographic variables and childhood violence history are set as pre-violence factors, women's reported total partner violence and negative attribution style are set as within-violence factors, and finally, social support and coping strategies are set as post-violence factors. Outcome variables of the model were depression, negative self-perception, somatization, hostility and total psychological symptomatology. Anxiety was not included in the model due to its consistently weak correlations with other variables. Therefore, anxiety was not treated as dependent variable and excluded at the beginning of the regression analysis. Significant predictors for each symptom will be discussed in this chapter in order to elaborate possible pathways for clinical formulation of violence experience.

In addition to the main questions of the study, differences of psychological symptomatology between women with a history of at least one kind of violence experience and those without any kind of violence were investigated. Furthermore, the moderator role of social support and coping strategies and mediating power of negative attribution style were tested to understand which factors became prominent in the relationship between violence against women and psychopathological symptoms of women. The results suggest that the negative attribution style and a moderator role of social support have important implications for formulation of violence experiences among Turkish professional women. Significant and non-significant findings of the study will be discussed in the light of the existing literature. Finally, limitations and clinical implications of the study, and suggestions for future directions will be discussed.

4.4.1 Some Important Findings from Descriptive Statistics

In this part, remarkable information that is not directly hypothesized, but derived from the means of variables and correlations indicating directions between variables

will be discussed. Mean differences between types of violence, mean differences of psychological symptoms, correlations between legitimization and women's age and correlation between inter-parental violence and violence of mother and father violence are briefly considered in the light of the existing literature.

Descriptive statistics indicated that emotional/psychological violence scores are higher than the scores of control acts of man and physical violence. Emotional /psychological violence was both more frequently expressed and found to be more distressing by Turkish professional women. On the other hand, the level of self-reported physical violence was relatively lower than the level of emotional/psychological violence and control acts of man. There are three possible explanations that seem to be meaningful for this finding: First explanation could be that women who participated in this study might have underreported their violence experience including physical harm due to their valued status in the society, lack of effective psychological coping mechanisms and a lack of social support network. Nur (2012) pointed out that sexual violence among Turkish women is often underreported and women tend to perceive sexual violence as an incident rather than an abuse. Second explanation could be that the social-economical positions these women have in the society protect them from direct exposure to physical violence. It is also important to note that there are contradictory findings related to the relationship between physical violence and women's social-economical status. Some studies suggest that physical violence is not associated with women's social-economical position (Kimerling, Alvarez, Pavao, Smith, and Baumrind, 2009) while others indicate there is a strong association between physical violence, low level of income, unemployment (Nur, 2012; Tokuç, Ekuklu, Avcıoğlu, 2010) and low level of education (Bangdiwala, et al., 2004). Findings from the sample of Turkish professional women in this study seem to be consistent with previous research (Nur, 2012; Tokuç, Ekuklu, Avcıoğlu, 2010) reporting the protective power of positive social-economic indicators from physical partner violence. Thirdly, studies based on data from the Turkish sample indicated that although there is no significant difference between levels of partner's education and employment status in terms of physical violence, women's higher education level and employment status were related to less physical violence (Karaoğlu, et al., 2005, Tokuç, Ekuklu & Avcioglu,

2009). Higher social-economic status may provide an opportunity for choosing a partner that is less inclined to perpetrate physical violence.

In terms of psychological symptoms, results also indicated that women tend to report higher levels of depression and hostility than anxiety, somatization and negative-self. Furthermore, mean score of all psychological symptoms of women are lower than the one, which seem to be point out healthy psychological condition for Turkish professional women participating the present study. Consistently, Wiesner (2010) found that subscale scores of Brief Symptom Inventory are either equal to 1 or lower than 1 in the non-clinical sample of women, and depression scores of women in non-clinical samples are slightly higher than other symptoms. Inconsistent with higher hostility scores revealed from the present study, in a Turkish study using a non-clinical sample, however, hostility scores were not significantly higher than the other symptoms (Yaylı, Yaman & Yaman, 2003). Because the questionnaire in this study contained sensitive questions examining partner and childhood violence, participants were informed about emotionally difficult questions about violence experience in the informed consent in the introductory text of the questionnaire. Nevertheless, these questions might have triggered negative emotions regarding the difficulties in their intimate relationships. Therefore, hostility scores of women might be a reflection of triggering their anger coming from both their childhood and intimate relationship.

Although the relationship between legitimization of violence and type of intimate partner violence was not hypothesized in the study, the negative correlation between women's age and legitimization tendency is an important finding showing that as women's age increases, their legitimization of partner's disturbing behavior decreases. However, Marshall and Furr (2010) found a positive correlation between age and violence justification in a Turkish women sample. The explanation for the negative correlation would be that literacy and wealth among women are positively correlated with perceiving domestic violence less acceptable (Marshall & Furr, 2010). Since the sample in this study consisted of professional women living in urban areas and having middle and high economic and educational levels, their need for legitimization might have decreased as they grew older.

The positive correlation between inter-parental violence and violence of mother and father may be an indicator of a violent family pattern. In violent families, violence does not only occur between partners, but also occurs towards their children. Pham (2000) showed that people who are exposed to intimate partner violence tend to exhibit more distress and report higher scores on children potential abuse inventory. Moreover, strong correlations between childhood violence and women's psychological symptoms (e.g., negative –self, anxiety, hostility) highlight the strong association between childhood violence exposure and psychological health during both childhood and adulthood (Holt, Buckley, Whelan, 2008; Evans, Davies & Dilillo, 2008).

4.4.2 Being Exposed to Intimate Partner Violence and Psychological Symptomatology

The first aim of the present study was to examine the effects of intimate partner violence on women's psychological symptomatology. Results showed that women who were exposed to intimate partner violence reported higher psychological symptoms than women who were not exposed to violence. As expected, all psychological symptoms of women who reported at least one type of violence were significantly higher as compared to women who did not report any type of violence. Although intimate partner violence is strongly associated with women's psychological and physical health (Barkho, Fakhouri & Arnetz, 2010; Golding, 1999), there are contradictory findings on the relationship between types of violence and regarding symptoms. The results of the present study indicated especially that, depression and hostility scores of women are higher for women reporting emotional/psychological violence and regarding to control acts of men. This finding is consistent with an earlier study indicating that psychological violence is more strongly associated with depression than physical violence (Orava, Mcleod, & Sharpe, 1996). Similar findings were revealed from a sample of African American women (Dutton, Goodman & Bennett, 2001). The amount of variance explained by psychological violence in women's depressive symptoms was larger than the amount of variance explained by physical violence. In addition to its strong association with depression, psychological intimate partner violence usually results into severe mental and physical health problems rather than physical violence (Coker, et al., 1999). Hazen, Connelly, Soriano and Landsverk (2008) showed that while physical assault

was associated with depression and hostility, emotional verbal abuse was associated with depression, hostility and somatization in a sample of Latin America women. However, their examination of beta values in the regression analysis showed that psychological violence was a stronger predictor of depression and hostility than physical violence. In addition, self esteem was not found to be related with the intimate partner violence among Latin America women. However, the present study indicated that there were strong differences on negative-self scores between women who experienced emotional/psychological violence and control acts of man as compared to women who did not experience violence. These findings might indicate that psychological violence against women in patriarchal societies has a strong influence on women's psychological health and it is as strong as other types of violence. In fact, in some cases, a single episode of physical violence might be less psychologically harmful as compared to a systematic psychological violence spanning over longer periods. In addition to its association with depression, hostility and negative self; psychological intimate partner violence might also result in severe mental and physical health problems as does physical violence (Coker, et. al., 2000), however, health problems were not included in the current study.

Consistently with Hazen, Connelly, Soriano and Landover's (2008) earlier findings, anxiety was not strongly associated with intimate partner violence in the present study. Anxiety is usually common among women with serious partner violence history and among those who develop post traumatic stress disorder (Lang, Kennedy & Stain, 2002). Generally, women who are referred to the social services because of domestic violence and labelled as "battered women" tend to develop anxiety and PTSD related symptoms (Jones, Hughes & Unterstaller, 2001). The sample of the present study consisted of non-clinical women, and the anxiety symptoms of women with intimate partner violence were not different from the scores of women who did not experience violence.

4.4.3 Emotional/Psychological Violence

A study of domestic violence against women conducted in Ankara indicated that economic violence is the most common type of violence that women are exposed to, and the second type was controlling behaviors of men and the third type was emotional violence (Akar et al., 2010). Physical violence was found to be the least

common type of violence and significantly decreased as the income levels increased. The results of the current study revealed that emotional/psychological violence was the most frequently expressed type of violence and was found to be more distressing by Turkish professional women as compared to control acts of men and physical violence. 13 % of women participated in the study, and 51 % of women who expressed any kind of violence expressed emotional/psychological violence. However, according to the pilot study, items of economic violence and some items of sexual violence were loaded on attributing to the same emotional/psychological violence dimension. Dimension of emotional/psychological violence in the current study included men's behavior related to disdaining and exploiting women both emotionally and socially. Therefore, findings of both the pilot and the main study share similar outcomes related to women's experiences of violence and their expressiveness. Women seem to be more comfortable in expressing their emotional/psychological violence experiences and they report more distress for this type of violence than for the other types.

Psychological violence is also related with the intention of women to leave their violent partners (Arias & Pape, 1999). Women who are exposed to systematic psychological violence may feel helpless and develop depressive symptoms over time. However, if women exhibit low levels of psychological symptoms, they also report anger and attribute violence to external factors in order to generate a solution or to leave their partners (Arias & Pape, 2000). Similarly, in this study strong correlations were found between emotional/psychological violence, negative attributions of women and social support. Emotional/ psychological violence might be considered not only as a sign of helplessness but also as a sign of anger in the intimate relationship and as a sign for calling for help and social support.

Kardam and Yüksel (2009) discussed that emotional violence was the most frequently expressed type of violence by women living in Turkey. Women felt more comfortable expressing emotional violence than sexual and physical violence. Furthermore, they were aware of "the pain in their soul" arising from all kinds of violence. On the other hand, men living in Turkey perceived their own acts related to emotional violence as harmless and unimportant. Sometimes, perpetrators of emotional violence could be mother and father in law. In addition to this, Kardam and Yüksel (2009) stated that women listed behaviors of mother in law as the cause

of violence. Similarly, when women were asked about the cause of men's most distressing behavior, some women participating in my study pointed again at the mother in law. Some examples about acts of emotional violence and women's causes related to men's mother and family are given in Table 25.

Table 25 Some causes of emotional violence related to man's mother and family

Acts of Emotional Violence	Main Cause	Second Cause
Selfish, irresponsible	Upbringing style	His mother
His attitudes toward my attire	Family and cultural differences	His family
His punctiliousness	His family structure	His mother
Lying, offensive attitude, imbalanced behavior	Psychological imbalances inherited from the family	His family
His irresponsible behaviors	Upbringing style	His mother
Acting as if I don't exist	Ongoing attachment to his mother	His mother
His aggressive temperament	His mother's lack of consciousness	His mother and father
His intransigence	Sourced from his family	Family
Lack of help with housework	Upbringing style	His family

The reason women attribute the causes of emotional violence against them to men's mothers and families might be related with the roles attributed to family and motherhood in Turkey. The reports indicating the tolerance towards mother-to-child violence and lesser degree of violence from father to child suggest an attribution of childcare primarily to mothers (Hortaçsu, Kalaycıoğlu & Rittersberger-Tılıç, 2003). While women accused men's mother and family as a cause, no participant saw husband's father as the cause of violence. The social expectation from the family and especially from the mother to raise good children and participant women's internalization of the motherhood role and these social expectations might cause women to accuse their husbands' mothers after they are exposed to emotional violence.

4.4.4 Factors Related to Psychological Symptomatology

The current study also examined violence related factors drawn from clinical framework in order to understand psychological symptoms of women. Based on the model proposed by Freddy and Kilpatrick (Freddy, Kilpatrick & Resnick 1993), pre-violence, with-in violence and post-violence factors were used to predict total psychological symptomatology, depression, negative-self, somatization and hostility. As stated before, anxiety was removed from the model as an outcome variable due to

its weak correlation with total violence. In order to test this model, series hierarchical regression analyses were conducted.

More specifically, women's age, partner's age, duration of relationship, inter-parental violence, and violence of mother and father were included as pre-violence factors and entered into the regression analysis in the first step. Negative attribution for partner' behavior and total violence scores were included as during violence factors and entered into the regression equation in the second step. Social support, general coping strategies of women were set as post violence factors and entered into the equation in the third and the last step. Each step resulted in significant increments in explaining variance in women's psychological symptomatology. In the first step, inter-parental violence, violence of mother significantly predicted women's psychological symptomatology. In the second step, total violence, and negative attribution style were significant predictors of women's psychological symptomatology. In the last step, overall, inter-parental violence, negative attribution style, problem focused strategies, emotional focused strategies and social support significantly predicted women's psychological symptomatology while the effect of total violence disappeared.

In the following section, significant effects of each independent variable will be discussed separately.

Inter-parental Violence

Reported inter-parental violence during childhood and violence of mother towards the participants remained as significant predictors of psychological symptomatology even after total violence and negative attribution style were entered into the equation. Moreover, inter-parental violence continued to be a significant predictor of women's psychological symptomatology in the last step of the regression analysis showing the robust negative effects of childhood history of violence. Fujiwara, Okuyama, Izumi and Osada (2010) found that the adulthood psychopathology of women was significantly predicted by childhood abuse history, independently from domestic violence. Association between domestic violence and adulthood psychopathology is significant among women without childhood abuse history. Consistent with this finding, the present study showed that inter-parental violence remained, in the last step, as a significant predictor of all psychological

symptoms except somatization. Additionally, Altınay and Arat (2007) stated that an important risk for intimate partner violence against Turkish women is the observed violence directed from father to mother. Women who observed violence in their families are two times more likely to be exposed to violence from their partner. Similarly, Ergin, Bayram, Alper, Selimoğlu & Bilgel (2005) found strong association between being victims of marital violence and experiencing parental violence. One explanation may be that women with childhood violence might tend to choose men as partners who emotionally and physically abuse them and to see their control behavior as a kind of love. Another explanation may be that violent behavior of partners might be seen as normal by women because of violent family patterns experienced in childhood. Moreover, for women who grow up with helplessness of battered mother, it might be difficult to leave abusive relationship and seek support. On the other hand, observation of inter-parental violence is also a risk factor for men to become a batterer. Especially, women living in a Turkish family in which aggression toward children and women were seen as acceptable (Hortaçsu, Kalaycıoğlu, Rittersberger-Tılıç, 2003; Marshall & Furr, 2010), and man's control behaviors are labeled as "honor"[2] (Kardam & Yüksel, 2009) might tend to reproduce violence both in their life and toward their children by conforming to masculine behaviors. In the present study, although a weak correlation between emotional/psychological violence and inter-parental violence was found, inter-parental violence is an important predictor of women's current psychological symptomatology.

In this study, in addition to the violence by the mother against the child the violence by father was expected as an important predictor. However, the violence children experience from their father did not turn out to be an important predictor. Since it is the mother who is the primary care-giver and to whom the child is attached in Turkish family structure, the violence experienced from the mother seems to be a more influential factor in determining individuals' current psychological symptomatologies. Although it seems acceptable for Turkish family structure that mothers use domestic violence for discipline and establishing authority (Hortaçsu,

[2] Honor in Turkish has two meanings: One refers to *onur*, reputation that one is worthy of respect and admiration. The second meaning is namus which refers to virtue based on a strong gender-specific context of relations within a family.

Kalaycıoğlu, Rittersberger-Tılıç, 2003), the bond that children establish with their mothers maintains its psychological sensitiveness and determines their future relationship (Bowlby, 1980). In addition, the child who observes violence between parents and is a victim of violence herself can be angrier to their mother than their father because of what it sees as a lack of protection provided by the mother for the child and inability for self-protection against the violent father. Studies on domestic violence and child maltreatment in Turkey show that there is a strong association between women's exposure to violence and their propensity to abuse their own children (Hıdıroğlu, Topuzoğlu, & Karakuş, 2006; Güler, Uzun, Boztaş, & Aydoğan, 2002).

These findings suggest that the therapeutic process of women with intimate partner violence might benefit from also considering childhood violence history in order to successfully reduce psychological symptoms. As Fujiwara, Okuyama, Izumi and Osada (2010) argued, therapists should explore and be aware of the childhood violence history which might increase negative psychological consequences of current intimate partner violence. Moreover, a negative relationship between social support and inter-parental violence might indicate the importance of women's psychological environment. If women's micro environment consists of family and friends generating excuses for the violence, then women may feel helpless and perceive less social support and thus it might become difficult for them to cope with negative psychological effects of violence. Therefore, therapists may refrain from asking for support and saying trust the others. Especially when working on negative symptoms such as depression, negative-self and hostility, focusing on childhood violence history and its effects on one's close relationships and social network might be helpful for mobilizing internal and external coping resources.

As different from depression and somatization, violence of mother was found to be a significant predictor of hostility and negative-self. Shamai (2000) stated that low self-esteem is a salient characteristic of women who have been exposed to intimate partner violence. Similarly, findings of the current study highlight the importance of childhood history of violence that has strong influence on women's self-perception, self-efficacy in dealing with a difficult life event. In patriarchal cultures, violence from mother can be important to develop a negative sense of self-competence during childhood years. Partner violence is a current difficult life event that triggers anger-

related feelings and damages the sense of self-esteem. Therefore, women's sense of independence and competency that was damaged in childhood and then again with intimate partner violence may explain both anger-related feelings and a perception of negative-self. Thus, as consistent with Shamai's (2000) recommendations, psychological treatment with battered women should include the process of reinventing and regenerating a positive self-regard and self-esteem. In addition, focusing on violence experiences during childhood may be a starting point in therapy sessions.

In conclusion, while women's and partner's age and duration of relationship were not significant predictors of women's psychological symptoms, inter-parental violence and violence of mother were the prominent factors in the current proposed model of intimate partner violence.

Total violence

In this part, the effect of total violence score reported by the participant on psychological symptoms of women was discussed.

Total violence scores of women significantly predicted all the psychological symptoms. In other words, women who experienced more violence showed more psychological symptoms. However, total violence lost its effect in the last step of regression analysis after social support and coping strategies were entered into the regression equation except for hostility. Total violence significantly predicted hostility in the second step and its effects continued to exist as significant influence in the last step of regression together with inter-parental violence and violence of mother.

Consistently with earlier studies on partner violence and women mental health research (Marshall, 1996; Bogat, et al., 2003) intimate partner violence was found to be strongly and positively associated with women's psychological symptomatology. Among Jordanian women, the examination of psychological symptoms showed that spouse violence was a strong predictor of depression among Jordanian workingwomen, while work related factors remained non-significant (Al Modallal, Abuidhal, Sowan & Al-Rawashdeh, 2010). Similarly, intimate partner violence among Turkish professional women in the current study was found to be a significant predictor of depression, negative-self, hostility, somatization and total psychological

symptomatology. Unlike other important factors of psychological symptoms such as social support and coping strategies, total violence remained as a significant predictor for hostility. This finding implies that anger might be a strong and lasting feeling that is not easily relieved through social support and coping strategies. Therefore, when women report high level of hostility, focusing on violence experience directly and talking about feeling about confidence should be suggested.

Women living in Turkey who are exposed to violence tend to believe that the cause of violence comes from their faults in performing good gender roles as wives (Gökkaya, 2009). They internalize femininity endorsed by patriarchal values and legitimize the violence they experience. Therefore, before accusing their self sufficiency, talking about alternative femininities during the therapy sessions might empower women in coping with violence and help them distance themselves from abusive relationships.

Negative attribution style

In this section, the effect of negative attribution of men's behavior on women's psychological symptomatology will be discussed. Then, the mediator role of negative attribution style in the relationship between total violence and depression will be discussed with reference to the current literature.

According to the reformulated learned helplessness theory (Abramson, Seligman & Teasdale, 1978), when people face with an unexpected negative life event, their sense of helplessness is usually a result of their understanding of the event characteristics. Based on three fundamental dimensions, an event can be permanent or not (e.g., stable or unstable/incidental), pervasive or not (i.e., global or local/specific), and finally, personal or not (i.e., internal or external to person). If the person perceives the cause of a negative and unexpected event as internal, global and stable, then it can be expected that her/his feelings of helplessness and depressive symptoms will be high. Walker (1979) discussed attribution styles of women exposed to intimate partner violence and adapted the learned helplessness theory for the context of battered women. She suggested some cognitive and behavioral mechanism used by battered women in order to survive and live with violence. She showed that the relationship between partner violence and depression is mediated by the attribution styles of women. High levels of depressive symptoms were related

with staying in the abusive relationships, while other emotions such as anger, disgust and hostility were related to women's decision to quit the abusive partner. Women's explanations of the violence need to be more internal, global and specific explanation in order to feel control on violence. However, these kinds of attributions may result in short term reliefs and may also cause an increasing sense of helplessness and depressive symptoms in the long run, especially if abusive relationship continues.

Negative attribution styles of women were assessed based on these three dimensions of attribution. The current study contributes to the findings of the previous studies by showing that negative attribution style of women is positively associated with their depressive symptoms, somatization, hostility, and total psychological symptomatology. Women tend to develop more depressive, somatic and hostile symptoms if they tend to make internal attributions for the causes of partner violence, perceive their partners' most distressing behaviors as stable over time, and perceive the causes of their partners' behaviors as prevalent to all aspects of their lives. The only outcome, which was not predicted by negative attribution style, was negative-self of women.

Cascardi and O'Leary (1992) found that self-blame among women who were exposed to partner violence was marginally associated with depression. They also suggested that internal attributions of women about violence are more stable over time. Duration of the relationship in the present study was found to be a significant predictor of depression. Although the relationship between negative attribution style and the duration of relationship is not clear, it is possible to suggest that women in general tend to feel more depressed in abusive relationship as the duration of relationship extends. Carlson's (1997) argued that using active coping strategies and having a sense of control decrease over time in abusive relationship, and thus, women start seeing themselves as the victims of their relationships. As a result of this kind of attribution, women's maladaptive coping styles may strengthen and over time may result in psychosomatic symptoms, complains, and anxiety related headaches.

In addition to strong association between women's negative attribution style and psychological symptoms, the mediator role of negative attribution style on the relationship between intimate partner violence and depression was investigated in presented study. As expected, predictive power of intimate partner violence on

depression was decreased by entering the negative attribution style. This finding implies that changing women's attribution style might have an important role on the treatment of depressive symptoms of women. Similarly, Bargai, Ben-Shakar and Shalev (2007) reported that learned helplessness mediates the effects of total violence on PTSD and depression. Although negative attribution style of women in our study is not exactly the same as learned helplessness of battered women, this attribution style strengthens the maladaptive cognitive coping mechanisms leading to learned helplessness. In addition, although the present results yielded non-significant correlation coefficient between childhood history of violence and negative attribution, a strong association reported in the literature between childhood abusive histories and learned helplessness (e.g., Bargai, Ben-Shakar & Shalev, 2007; Freize, Hymer & Greenberg, 1987). Non-significant correlation between childhood history of violence and negative attribution style may result from construct of negative attribution style in the present, which includes internal, global and stable attribution of partner's disturbing behavior, not exactly consists of attribution of violence. Therefore, significant and same direction relationship between negative attribution and childhood history of violence could not be found in the present study.

Freize, Hymer and Greeenberg (1987) point out to clearly a important impact victim's attribution style. They argued that self-blame may be quite functional due to its influence on the sense of control of future victimization, especially if the self-blame results in behavioral outcomes. The sense of control as a consequence of self-blame helps women for planning, choosing, and changing their life course. In fact, the most critical issue in the intimate partner violence is an ongoing abusive behavior of the partner and self-blame of women. In the treatment of depressive symptoms of women exposed to partner violence, working on the negative attribution style seems to be very useful to diminish symptoms. However, therapist should be especially careful with internal attributions (self-blame) for causes of violence in order not to reduce the sense of control of women. It might be suggested that first focus should be on global and stable attributions of women. Therapists may talk about how violence is common to various aspects of their lives. Empowerment of women on other life aspects and getting rid off violence effects from these areas might result in an increasing sense of control in women's lives. After gaining some relief from depressive symptoms with cognitive and behavioral strategies, a feeling of anger

may come out. According to Walker, (2009), when anger starts to increase, acceptance of violent behaviors decreases. It may be an advantage to work on internal attributions and its alternatives, which might result in anger towards the partner (Pape & Arias, 2000). Akpınar (2013) found that women's self-efficacy in coping with domestic violence was strongly associated with self-confidence and their optimistic approaches. However, helplessness, sub-servience and social-support were found to be irrelevant approaches for coping with domestic violence. Internal attribution of violence may be related to gender roles in the society and may require a long-lasting treatment procedure that challenges internalized gender roles. In order to empower self-efficacy of women for coping with violence, priority may be given to women's self-confidence rather than to keeping family together or being perfect wife and mother. Although there is no relationship between negative attribution style and childhood history of violence in the present study, the link between cognitive process of women and cultural and environmental factors should be taken into account in patriarchal societies.

Social Support

In this section, first the relationship between women's psychological symptomatology and social support will be discussed with reference to the current findings and the existing literature. Then, the interaction effect of total violence and social support on women's psychological symptomatology is discussed with a reference to the literature.

Findings of the present study showed that perceived social support of women was negatively correlated with three types of violence and women's psychological symptomatology. Furthermore, perceived social support was a significant predictor of depression, negative-self, and total psychological symptomatology of women. However, somatization and hostility were not meaningfully predicted by social support. These findings are consistent with the study conducted by Beeble, Bybee, Sullivan and Adams (2009) who reported that social support of women exposed to partner violence was negatively related with depression and positively related with quality of life. The noteworthy finding of this study is that women with high level of social support did not report significant change in quality of life after being exposed to psychological abuse. On the other hand, women with low level of social support

reported a significant decline in quality of life with the increase of psychological abuse. Thus, the finding of this study pointed out to buffering effect of social support.

Mitchell and Hodson (1983) tested a model consisting of predictors including level of violence, social support, and coping responses and how they influence psychological functioning. Results of the testing model suggested that high level of violence was positively associated with high levels of non-supportive responses from friends. Two possible explanations were provided for this result. First, high frequency and level of violence may result in reluctance to maintain social ties in battered women. Second, friends may be reluctant to engage in relationships with people who are exposed to severe violence. Moreover, strong relationship between increasing frequency/severity of violence and women's avoidant coping strategies (Mitchell & Hodson, 1983) imply that social support including advice such as staying with partner or having means of "don't be stressed about it" may be ineffective if violence increases. Kocot and Goodman (2003) indicated that nature of advice could also be related with depression. Women who use problem-focused coping strategies with high level emotional and tangible social support feel less depressed when trying to solve problems associated with intimate partner violence. Similarly, negative-self symptoms of women were significantly predicted by emotional coping style of women with positive direction and by social support with negative direction in the present study. Women who use emotional coping mechanisms and who report low levels of perceived social support tend to have more negative attitudes towards themselves.

In agreement with findings in the literature, in the current study an interaction effect of social support and total violence on psychological symptomatology was found to be significant. Women who were exposed to high levels of violence with low levels of social support reported higher psychological symptomatology than women who were exposed to low levels violence with high levels of social support. Even if women exposed to low levels of violence, reported high level of psychological symptomatology when they perceived low levels of social support. Perception of both low and high level of social support would slightly diminish psychological effects of intimate partner violence. Thus, social support may have an important buffering role for women who expose to both high and low levels of

violence. This finding of current study was inconsistent with Kocot and Goodman (2003), who argued that social support may gain importance after frequency and severity of violence start to increase. One explanation for this difference may be related to content of social support. Although some of external advice seems to be functional as an emotional social support, women tend feel depressed if they need to use problem-focused strategies to cope with violence. Mitchell and Hodson (1983) point out that interaction between frequency/severity of violence and avoidance coping strategies results in severe depression and low self-esteem. Therefore, content of the social support seems to be prominent, which might be received from a special social network that is sensitive to the personal needs of women.

Overall these findings suggest that therapists working with intimate partner violence cases could focus on the social support resources, especially if women report symptoms of depression and negative-self. Even if frequency and severity of partner violence are at low levels, resurging social network and empowering social ties of women may contribute in decreasing negative consequences of intimate partner violence. Furthermore, it is important to consider that women's social network might typically be interacting with partner's social environment in especially patriarchal societies (Mitchell and Hodson, 1987). Even if women perceive high social support, quality and content of social support coming from immediate social environment could be an important agenda during therapeutic process

Coping Strategies

In this section, first, the relationship between women's psychological symptomatology and coping strategies is discussed. Second, the interaction effect of total violence and problem-focused coping on psychological symptoms and the effects of emotion-focused coping on psychological symptomatology are discussed with a reference to current literature.

The hypothesis that coping strategies of women would predict psychological symptomatology of women was supported. Problem-focused coping strategies of women inversely predicted depression, somatization and total psychological symptomatology of women. Emotion-focused coping predicted depression, negative-self, total psychological symptomatology of women. Indirect coping predicted only

somatization of women in negative direction. Results indicated none of the coping strategies did play a role on predicting hostility.

Findings of the present study indicate that while emotion-focused coping was positively related with psychological symptomatology, problem-focused coping strategy was negatively related with psychological symptomatology. Meyer, Magner and Dutton' study (2010) argue that while self-blame is positively associated with emotional and passive coping strategies; and partner-blame attitudes of women were positively associated with active and problem focused strategies of women. Although present study did not focus on association between attribution styles and coping strategies, negative association between women's indirect coping strategies and psychological symptomatology imply that women who use less indirect coping strategies such as seeking social support and sharing problems with others might also be using an explanatory style that is internal, stable and global, and thus they might be more prone to develop depression and somatization symptoms than others.

It should be added that there was not a significant interaction effect of total violence and coping strategies on women's psychological symptomatology in the present study. Although total violence and coping strategies were related to women's psychological symptomatology separately, coping strategies of women did not a play moderator role on psychological symptomatology with total violence. Similar with this finding, Calvete, Corral and Estevez (2008) did not find the interaction effect of intimate partner violence and coping on depression and anxiety. However, the mediator role of disengagement coping strategies of women on the relationship between psychological partner violence and distress was found to be significant.

In the treatment of depression, therapist should focus on women's coping strategies. Especially, emotion focused coping including strategies for distraction from problem may remain ineffective for generating solution for intimate partner violence in time. Rather than avoidant coping strategies associated with self-blame and depressive symptoms, encouragement of women for cognitive structuring, acceptance of violence and seeking their rights may be more effective in order to decrease negative psychological outcome of intimate partner violence. On the other hand, if symptoms of somatization increase, talking on coping strategies such as

sharing violence with others, seeking social support, expressing emotions seems to be useful.

4.1.1. Overall Discussion of the Proposed Model and Clinical Implication

An examination of overall results of the study (see Table 21) indicates that there are important and independent pathways predicting psychological symptoms of professional women. Although all the independent variables have some predictive power on total psychological symptomatology and explain full model of the presented study, certain variables seem to be more powerful than others in predicting certain psychological symptoms.

Social support, for example, is one of those important variables that is a significant predictor of depression and negative-self, however, it is not a significant predictor of somatization and hostility. On a different pathway, negative attribution style and indirect coping strategies were strong predictors of somatization. This second pathway imply that when working with women suffering from somatic complaints, treatment plans should first focus on attribution styles of women about partner's violent behavior and their avoidant coping strategies. Social network analysis and empowerment of social ties of women may stay as ineffective methods to smooth somatic complaints. Examining the link between childhood violence history and current negative attribution style to understand patterns of low self-esteem and belief system about personal helplessness of women may be essential for expression of covert or relocate feeling resulting in somatic complaints (Douglas & Strom, 1988). Similarly, according to the pathway predicting hostility, focusing on social support and coping strategies might be a dysfunctional method. Moreover, total violence of women was not embedded into other factors; rather it appeared as a strong predictor explaining variance in hostility. Walker (2009) points out that women who start to use less negative attribution about self and explain intimate partner violence with more with external attributions want to end their violent relationships as compared to women who use more negative and less external attributions. Therefore, battered women in the stage in which they do cognitive and behavioral preparation in order to end their relationship tend to show more hostility, anger and disgust rather than depressive feeling. Thus, it is recommended that therapeutic process should focus on the violent relationship and violence itself rather

than coping strategies or social support, especially when hostility increases as a consequence of intimate partner violence.

Violence of mother is another important variable that meaningfully predicted negative-self and hostility, but not depression and somatization. According to pathway predicting negative-self, the negative attributions of women did not predict negative-self. However, pre-violence factor like inter-parental violence and violence of mother and post violence factor like emotional solving coping and social support predicted negative-self. This finding indicated that women's negative-self beliefs were not associated with negative attributions of partner's violent behavior. Rather it is significantly related with childhood violence, current intimate partner violence, emotional focused coping strategies, and social support. Therefore, if women report negative beliefs about self (e.g. lower self-esteem score) during psychological assessments of intimate partner violence, then therapeutic process should focus on developing active coping skills and maintaining a social support network that is sensitive to women's needs. It should also be remembered that their difficulty in developing a positive self-evaluation could be a result of their violent history from their family environment.

In conclusion, depressive symptoms of women require working on all important independent of study settings as factor that influence on psychological symptomatology of women. However, hostility, negative-self and somatization should require focusing on more specific factor in the model. Considering unique predictors of each symptom, and taking their association with other factors into account might be fruitful to conduct effective therapies with women suffering from intimate partner violence.

This study is unique in exploring pathways of psychological symptomatology of Turkish professional women in relation to their experience of both childhood history and current intimate partner violence. The general view in Turkish society related to women who have profession is that they do not commonly experience intimate partner violence. Because of this view, women who have a profession are chosen less frequently as a sample for violence studies. However, this study showed that emotional violence and control acts of men were found to be common among Turkish professional women. Moreover, Turkish professional women feel depressed

and hostile because of violence in their childhood and current partner violence. Aksan and Aksu (2007) showed that almost 90% of health care workers in Turkey had no intimate partners training. In addition, both male and female health care workers tended to justify violence. Although they were aware of clinical implications of intimate partner violence, they had difficulties in helping women who were exposed to violence. Study of Aksan and Aksu (2007) indicated that training of health workers about causes and effects of intimate partner violence must be taken into account immediately. However, there still is a need for exploring implicit and psychological signals of intimate partner violence for Turkish women. Some of the striking results of this study might be summarized as follows. These results can be utilized to help the preparation of intimate partner violence training programs for health and social workers and for clinical psychologists who encounter professional women with experience of violence.

- Acts of emotional violence and men's controlling behavior are common among Turkish professional women.
- Depressive symptoms are related to duration of relationship, being a witness of inter-parental violence in childhood, negative attribution style and coping strategies, and social support. Therefore, taking learned helplessness into account and investigating resources of social environment that provide social support consistent with active coping behaviors of women are important.
- Somatization can be a signal of long-standing emotional violence. When encountering with somatic complaints, it can be suggested that questioning women's attribution of violence, feelings about self-blame, and investigating beliefs about rigid gender roles might make it possible to work on women's indirect coping strategies
- Negative thoughts about self, such as seeing yourself inferior and beliefs about maltreatment by other people were strongly associated with inter-parental violence, violence of mother in childhood and lack of social support. Women who were maltreated in their family of origin may experience difficulties in developing active coping strategies when they are exposed to violence. When these thoughts are combined with the femininity endorsed by patriarchal values, women who are exposed to

emotional violence particularly may tend to show submissive pattern and continue an abusive relationship. Therefore, talking about alternative femininities may help to improve self-efficacy and self-confidence of women. In addition, social network of women may give support that approves the traditional gender roles of women such as being a good wife. Workers should be careful about the message of support coming from the intimate environment.

- Hostile feelings and behaviors such as accusing someone for boredom in life, not feeling intimacy towards anyone else may be real feelings that result from long-lasting emotional abuse in the relationship rather than a psychological dysfunction. Accordingly, in this study we found that hostility was strongly associated with inter-parental violence, violence of mother and intimate partner violence. Exploring power relationships in both birth family and current family of women, relating women's anger to their subordinate position, helping to express negative feeling about mother and husband, giving hope, and collaborating to support some control and power on their own life might be suggested in therapy sessions and health consultancy.

In this study, Turkish professional women tended to see their husband's violent behavior as fault of their mother in law. They generally pointed at the child-rearing style of husband's family as the cause of husbands' male dominant behaviors. Since child-rearing was seen as mother's responsibility according to Turkish cultural norms, women tended to accuse their mother in law for husband's abusive behavior. On the other hand, when women see husband as responsible for violent behavior, they operate a more active coping to resolve the problems. Accusing mother in law as cause of man's violence results in reproducing rigid gender roles because it constitutes an accusation from one woman to another for her maternity. In addition, responsibility switches to mother in law from husband; therefore, women continue to stay in an abusive relationship. Therefore, a deep (in-depth) interview session that investigates the attribution of violence and its relationship with gender roles might be recommended for understanding women.

Social support plays a buffering role in the relationship between intimate partner violence and psychological symptomatology. In our study, Turkish professional

women who perceived intimate social support in their life tended to show less psychological symptomatology when they are exposed to partner violence. Therefore, revealing resources of social support that are required by women and matching them with their needs are very crucial to provide some relief for psychological symptoms.

4.4.5 Limitations and Future Direction

The present study provided insights about the relationship between women's experiences of intimate partner violence and psychological symptomatology among a sample of Turkish professional women. With the proposed model, it was also aimed to understand the effects of childhood violence history, intimate partner violence, attribution style, coping strategies and social support on women's psychological symptomatology. Nevertheless, the study has several limitations that need to be taken into account in the interpretation of the findings.

First, there are limitations regarding the generalizability of the findings. The study is a cross-sectional one in which the scales used in the study were administered to the participants at one specific point in time. Although this design provides information about the relationship between intimate partner violence and psychological symptomatology of different women, it does not allow an observation of changes in intimate partner violence and psychological symptomatology of a group of woman over time. In order to overcome this limitation, a longitudinal study design could be used in the future research. A longitudinal study would provide information about the relationship between violence and changes in psychological symptomatology in time. Additionally, this case-control research design would also allow a detailed analysis of the potential changes in women's attribution style, coping strategies and social support; and their relationship with psychological symptomatology. Furthermore, the present study was conducted with professional women who do not have official intimate partner violence reports, which also limits the generalizability of the research. The study can be replicated with women from different segments of the society with different socio-economic statuses. As high education level is found in the literature to be a protecting factor for physical violence, it is important to test the model with women having lower education levels (Nur, 2012). Especially, testing of the model with battered women would provide

valuable information about the nature of intimate partner violence and its psychological outcomes.

Second, the present study was conducted using quantitative instruments with standardized measures. Although this method provides data allowing for the participation of a large number of people in studies, it does not give in-depth information about the participants. Involvement of qualitative methods like in-depth interviews in studies regarding violence against women will enlarge the scope of the researcher, the results and implications of the studies. Expression of intimate partner violence using numerically coded measures may not be encouraging and women may not express the deeper meanings of violence they are exposed to. Quantitative methods may be viewed as alienating, especially by the battered women. In addition to this limitation, women were categorized into group of violence and no violence according to their report of at least one type of violence in this study. However, this does not mean that any woman who reports violent acts of man has experienced distress about it. On the other hand, women who did not express any kind of violence might have avoidant or submissive personality characteristics. Therefore, not reporting any type of violence does not mean that she did not experience violence. Additionally, self-report measures may require formal education to some extend and it may not be possible for every woman to comprehend and answer the items in these measures. Validating the model through in-depth interviews would further increase the validity of the findings.

Finally, as the sample was not composed of battered women, women's attribution style did not focus on the violent acts of their partners; instead participants were asked "what is your partner's most disturbing behavior for you" and their negative attribution style was measured based on the answers given to this question. That is, negative attribution style did not explain specifically women's attribution of violence but their partner's most disturbing behaviors. Although studies show that individuals' general attribution styles were adapted for their attribution styles for specific issues involving attribution styles for violence (Walker, 1979; Frieze, Hymer & Greenberg, 1987), in order to understand women's attribution styles of intimate partner violence, future studies should focus on their attribution styles of violence instead of their general attribution tendencies. In the current study, measures of coping strategies were not specific measures for coping with violence; instead global coping strategies

were measured. In the future research, context specific measurements of coping with intimate partner violence would increase the reliability and power of the model.

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APPENDIX A

BÖLÜM I Gönüllü Katılım Formu

SAYIN KATILIMCI,

Bu çalışma Orta Doğu Teknik Üniversitesi, Psikoloji Bölümü, Klinik Psikoloji Doktora programına bağlı olarak Prof. Dr. Nuray Karancı danışmanlığı altında yürütülen, Klinik Psikolog Hilal Eyüpoğlu'nun doktora tez çalışmasıdır. Çalışmamızın amacı kadına yönelik eş/partner şiddeti, kadının şiddet algısı ve ruh sağlığı arasındaki ilişkilerin incelenmesidir. Kadına yönelik şiddet, fiziksel şiddet, duygusal şiddet, ekonomik şiddet ve cinsel şiddet olmak üzere dört farklı şekilde yaşanmaktır. Eş/partner tarafından tekme atmak, tokat atmak, kesici aletle saldırı şeklinde gerçekleşen, kadının beden bütünlüğüne zarar verici davranışlar fiziksel şiddet, eşin/partnerin kadının düşünceleriyle alay etmesi, fiziksel özellikleriyle dalga geçmesi gibi davranışları duygusal şiddet olarak değerlendirilmektedir. Eşin/partnerin kadının elinden parasını alması, çalışmasına engel olması ekonomik şiddet içinde yer alırken, kadını cinsel ilişkiye zorlama, istemediği cinsel davranışlarına maruz bırakma gibi davranışlar ise cinsel şiddet olarak değerlendirilir. Soruların doğru ya da yanlış cevapları yoktur. Sizin içten ve gerçek cevaplar vermeniz araştırmada geçerli ve güvenilir sonuçlar elde edilmesini sağlayacaktır.

Çalışmada sizden isim bilgileriniz istenmemektedir. Cevaplarınız toplu halde değerlendirilecek ve bilimsel araştırma için kullanılacaktır. Sağlanan tüm bilgiler sadece araştırmacılar tarafından değerlendirilecektir. Bu çalışmadan bilimsel yayın

yapılması halinde okuyucuların sizleri tanımasına yol açacak bilgilerin bulunmamasına özen gösterilecektir. Soruları cevaplama süresi yaklaşık 20 dakikadır. Soru formu içerisinde anket tarzında sorularla birlikte kendinize ait cevaplar istenilen açık uçlu sorular da bulunmaktadır.

Bu araştırmada duygusal açıdan sizi üzen deneyimleriniz ile ilgili cevaplar yazmanız istenebilir. Ancak araştırmaya katılım gönüllülük esasına dayandığı için katılım sırasında sorulardan veya yazdıklarınızdan ötürü kendinizi fazlasıyla rahatsız hissederseniz soruları cevaplamamayı seçebilir ya da istediğiniz an araştırmaya katılmamayı tercih edip bırakabilirsiniz. Çalışma hakkında daha fazla bilgi almak isterseniz Psikoloji Bölümü araştırma görevlisi Hilal Eyüpoğlu'na ehilal@metu.edu.tr adresinden ulaşabilirsiniz.

İZİN ONAYI (LÜTFEN SİZE UYGUN CÜMLENİN YANINDAKİ KAREYİ İŞARETLEYİNİZ)

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. ☐

Bu çalışmaya katılmıyorum. ☐

APPENDIX B

BÖLÜM II **Demografik Bilgiler**

1. Yaşınız:
2. Eğitim durumunuzu son bitirdiğiniz okula göre işaretleyiniz

Okur/Yazar değil___İlköğretim___Lise___Üniversite___Yüksek Lisans___Doktora___

3. Mesleğiniz:
4. Çalışıyor musunuz?
    a. Evet ___ Şu anda yaptığınız işi belirtiniz _____
    Size ait aylık gelir miktarı
        a) 500-1000tl
        b) 1000-1500tl
        c) 1500-2000tl
        d) 2000tl-3000tl
        e) 3000tl- 3000tl üzeri
    b. Hayır ___ Maaşınız dışında size ait bir gelir varsa belirtiniz _____
5. Eşinizin yaşı:
6. Eşinizin mesleği:
7. Eşinizin eğitimini en son bitirdiği okula göre işaretleyiniz

Okur /Yazar değil___İlköğretim___ Lise___Üniversite___Yüksek Lisans___Doktora___

8. Eşiniz çalışıyor mu?
    a. Evet ___ Şu anda yaptığı işi belirtiniz _____
    Eşinize ait aylık gelir miktarı
        a) 500-1000tl
        b) 1000-1500tl

c) 1500-2000tl
d) 2000tl-3000t
e) 3000tl- 3000tl üzeri

b. Hayır ___ Maaş dışında ona ait bir gelir varsa belirtiniz_____

9. Evinize giren toplam gelir miktarı?
   a) 500-1000tl
   b) 1000-1500tl
   c) 1500-2000tl
   d) 2000tl-3000tl
   e) 3000tl- 3000tl üzeri
10. Eşinizle ne kadar zamandır berabersiniz? ___ay ___yıl
11. Bu kaçıncı evliliğiniz? İlk__ İkinci__ Diğer__
12. Eşinizle evlenme kararınızı kim karar verdi?

- Ben___
- Eşimle birlikte ___
- Ailem___
- Diğer ___ Kim? _____

13. Eşinizle herhangi bir akrabalık ilişkiniz var mı? Eğer var ise neyiniz oluyor?
    _____
14. Kaç çocuğunuz var? ____ (eğer çocuğunuz yoksa bu soruyu geçiniz)
15. Hanenizde siz, eşiniz ve çocuklarınız dışında yaşayan kimse var mı?
    a. Evet___ Belirtiniz_____
    b. Hayır___
16. Resmi nikahınız var mı?
    a. Evet___
    b. Hayır___

APPENDIX C

BÖLÜM III Şiddet Davranışları ve Davranışların Yarattığı Rahatsızlık

Aşağıdaki soruları şu anda evli olduğunuz kişiyle olan birlikteliğinizi dikkate alarak cevaplayınız. Eğer şu anda bir evliliğiniz yok ise soruları en son evliliğinizdeki ilişkinizi dikkate alarak cevaplayınız. Her soruda ilk olarak o maddedeki ifadeyi ne sıklıkla yaşadığınız ikinci olarak da maddede ifade edilen durumun sizi ne kadar rahatsız ettiği sorulmuştur. Lütfen her madde için size en iyi ifade eden sıklık ve rahatsızlık düzeylerini işaretleyiniz. Eğer sıklık düzeyinde "hiç olmadı" seçeneğini işaretlerseniz, o soruya ait rahatsızlık düzeyini boş bırakabilirsiniz.

	Sıklık						Rahatsızlık Düzeyi				
Eşim/Partnerim	Hiç olmadı	Yalnız bir kez	Birkaç kez	Ara sıra	Sık sık	Her zaman	Hiç	Biraz	Orta	Oldukça	Çok fazla
1. Benim paramı elimden alır											
2. Beni evden kovar											
3. Fiziksel özelliklerimle dalga geçer											
4. Bana bir şeyler fırlatır											
5 Benim düşüncelerimle alay eder, düşüncelerimi önemsizleştirir											
6. Beni silah kullanarak tehdit eder											

7. Beni cinsel ilişkiye zorlar												
8. Ben istemediğim halde beni cinsel ilişkiye girmem için tehdit eder												
9. Beni kıskandığı için hareketlerimi kısıtlar												
10. Beni cinsel olarak aşağılayıcı/küçük düşürücü eylemlere girmem için zorlar												
11. Beni tartaklar/iter												
12. Cinsel ilişkide ağrı/acı çektiğimi söylesem de ilişkiye devam eder												
13. Ben yokmuşum gibi davranır												

Devam ediyor…	Sıklık						Rahatsızlık Düzeyi				
Eşim/Partnerim	Hiç olmadı	Yalnız bir kez	Birkaç kez	Ara sıra	Sık sık	Her zaman	Hiç	Biraz	Orta	Oldukça	Çok fazla
14. Bana hakaret, küfür eder											
15. Beni başkalarının yanında küçük düşürür											
16. Benim boğazımı sıkar											
17. Benim kıyafetlerime karışır											
18. Bana kesici aletlerle saldırır											
19. Beni yumruklar, tekmeler											
20. Arkadaşlarımı görmeme engel olur											
21. Tehdit içeren konuşmalar yapar											

22. Çevremdeki insanlara zarar vereceğini söyleyerek beni korkutur												
23. (çalıştığı halde) Bana ev harcamaları için para vermez												
24. Çalışmama engel olur												
25. İşten ayrılmam için baskı yapar												
26. Bana tokat atar												
27. Eğitim almama engel olur												

APPENDIX D

BÖLÜM IV Rahatsızlık Yaratan Davranışın Algılanışı

Bu bölümdeki soruları bir önceki bölümdeki sorulara verdiğiniz cevapları göz önünde bulundurarak, eşinizle olan ilişkinizde eşinizin sizi en çok rahatsız eden davranışını düşünürek cevaplandırınız.

1. Eşinizin sizi en çok rahatsız eden davranışını yazınız.

_____

2. Sizce ilişkinizde ortaya çıkan eşinizin bu davranışının temel nedeni nedir?

_____

3. Sizce yukarıda yazdığınız neden sizinle mi yoksa eşinizle mi ilgili?

1	2	3	4	5
tamamen benimle	çoğunlukla benimle	ikimizle de ilgili	çoğunlukla onunla	tamamen onunla ilgili

4. Yukarıda yazdığınız nedenin sizin ya da eşinizin dışında üçüncü bir nedenden mi kaynaklanıyor?

Evet ___ Hayır___

Yukarıdaki soruya evet yanıtı verdiyseniz lütfen yukarıda yazdığınız nedenin siz veya eşiniz dışındaki kaynağını belirtiniz

_____

5. Sizce bu neden gelecekte de var olmaya devam edecek mi?

1	2	3	4	5
bir daha asla olmayacak	genellikle olmayacak	arasıra olacak	genellikle olacak	hep var olacak

6. Bu davranışın nedeni sadece davranışımı ortaya çıkartıyor yoksa hayatınızdaki başka alanları da etkiliyor mu?

1	2	3	4	5
sadece davranış	davranış ve birkaç alan	davranış ve bazı alanlar	davranış ve bir çok alan	hayatımdaki tüm alanlar

7. Eşinizin size böyle davranmasını hak ettiğinizi düşünüyor musunuz?

1	2	3	4	5
tamamen hak ediyorum	genellikle hak ediyorum	ara sıra hak ediyorum	genellikle hak etmiyorum	kesinlikle hak etmiyorum

8. Bu şiddet davranışını değiştirmek ne kadar sizin elinizde?

1	2	3	4	5
tamamen benim	çoğunlukla benim	ikimizin	çoğunlukla onun	tamamen onun

9. Bu davranışa maruz kaldığınızda neler yaparsınız?

_____

10. Eşinizin bu davranışını ve sonrasında yaşadıklarınızı kimlerle paylaşırsınız/ paylaştınız? (birden fazla yeri işaretleyebilirsiniz)

Ailem ___ Arkadaşlarım___ Profesyonel Kişiler___

Diğer (belirtiniz)_____ Kimseyle Paylaşmam___

APPENDIX E

BÖLÜM V Ebeveynler arası ve Ebeveynlerle olan İlişkiler

Aşağıdaki soruları anne ve babanız arasındaki ilişkiyi düşünerek cevaplanıyız.

1. Anne ve babanız arasındaki ilişkide fiziksel şiddet yaşanır mı?

1	2	3	4	5
hiçbir zaman	nadiren	ara sıra	sık sık	her zaman

2. Anne ve babanız arasındaki ilişkide duygusal şiddet yaşanır mı?

1	2	3	4	5
hiçbir zaman	nadiren	ara sıra	sık sık	her zaman

3. Anne ve babanız arasındaki ilişkide ekonomik şiddet yaşanır mı?

1	2	3	4	5
hiçbir zaman	nadiren	ara sıra	sık sık	her zaman

Aşağıdaki soruları çocukluk ve ergenlik döneminizde sizin anne ve babanızla olan ilişkinizi düşünerek cevaplayınız.

4. Çocukluk ve ergenlik döneminizde annenizden şiddet gördünüz mü?

1	2	3	4	5
kesinlikle gördüm	genellikle gördüm	ara sıra gördü	genellikle görmedim	hiç görmedim

Çocukluk ve ergenlik döneminde annenizden gördüğünüz şiddet türlerini işaretleyiniz (birden fazla işaretleyebilirsiniz).

Fiziksel___ Cinsel___ Duygusal___ Ekonomik____ Hiçbiri___

5. Çocukluk ve ergenlik döneminde babanızdan şiddet gördünüz mü?

1	2	3	4	5
kesinlikle gördüm	genellikle gördüm	ara sıra gördü	genellikle görmedim	hiç görmedim

Çocukluk ve ergenlik döneminde babanızdan gördüğünüz şiddet türlerini işaretleyiniz (birden fazla işaretleyebilirsiniz).

Fiziksel___ Cinsel___ Duygusal___ Ekonomik____ Hiçbiri__

APPENDIX F

BÖLÜM VI Sosyal Destek Algısı

Aşağıda on iki cümle ve her birinde de cevaplarınızı işaretlemeniz için 1 den 7 ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için ne kadar çok doğru olduğunu veya olmadığını belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. Bu şekilde on iki cümlenin her birinde bir işaret koyarak cevaplarınızı veriniz.

1. İhtiyacım olduğunda yanımda olan özel bir insan var.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

2. Sevinç ve kederlerimi paylaşabileceğim özel bir insan var.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

3. Ailem bana gerçekten yardımcı olmaya çalışır.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

4. İhtiyacım olan duygusal yardımı ve desteği ailemden alırım.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

5. Beni gerçekten rahatlatan özel bir insan var.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

8. Sorunlarımı ailemle konuşabilirim.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

10. Yaşamımda duygularıma önem veren özel bir insan var.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

11. Kararlarımı vermede ailem bana yardımcı olmaya isteklidir.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

12. Sorunlarımı arkadaşlarımla konuşabilirim.

Kesinlikle hayır Kesinlikle evet

1 2 3 4 5 6 7

APPENDIX G

BÖLÜM VII Psikolojik Belirtiler

Aşağıda insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAROLDUĞUNU yandaki bölmede uygun olan yere işaretliyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Eğer fikir değiştirirseniz ilk yanıtınızı silin.Yanıtlarınızı aşağıdaki ölçeğe göre değerlendirin:

Bu belirtiler son bir haftadır sizde ne kadar var?

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

	Hiç	Biraz	Orta	Epey	Çok fazla
1. İçinizdeki sinirlilik ve titreme hali					
2. Baygınlık, baş dönmesi					
3. Birbaşka kişinin sizin düşüncelerinizi konrol edeceği fikri					
4. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu					
5. Olayları hatırlamada güçlük					
6. Çok kolayca kızıp öfkelenme					
7. Göğüs (kalp) bölgesinde ağrılar					
8. Meydanlık (açık) yerlerden korkma duygusu					
9. Yaşamınıza son verme düşünceleri					
10. İnsanların çoğuna güvenilemeyeceği hissi					
11. İştahta bozukluklar					
12. Hiçbir nedeni olmayan ani korkular					
13. Kontrol edemediğiniz duygu patlamaları					
14. Başka insanlarla beraberken bile yalnızlık hissetmek					
15. İşleri bitirme konusunda kendini engellenmiş hissetmek					
16. Yalnız hissetmek					
17. Hüzünlü, kederli hissetmek					
18. Hiçbir şeye ilgi duymamak					
19. Ağlamaklı hissetmek					
20. Kolayca incinebilme, kırılmak					
21. İnsanların sizi sevmediğine, kötü davrandığına inanmak					

22. Kendini diğerlerinden daha aşağı görme					
23. Mide bozukluğu, bulantı					
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu					
25. Uykuya dalmada güçlükler					
26. Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek					
27. Karar vermede güçlükler					
28. Otobüs, tren, metro gibi umumi vasıtalarla seyatlerden korkmak					
29. Nefes darlığı, nefessiz kalmak					
30. Sıcak soğuk basmaları					
31. Sizi korkuttuğu için bazı eşya, yer yada etkinliklerden uzak kalmaya çalışmak					
32. Kafanızın 'bomboş' kalması					
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar					
34. Günahlarınız için celandırılmanız gerektiği					
35. Gelecekle ilgili umutsuzluk duyguları					
36. Konsantrasyonda (dikkati birşey üzerinde toplama) güçlük/zorlanmak					
37. Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi					
38. Kendini gergin ve tedirgin hissetmek					
39. Ölme ve ölüm üzerine düşünceler					
40. Birini dövme, ona zarar verme, yaralama isteği					
41. Birşeyleri kırma, dökme isteği					
42. Diğerlerinin yanındayken yanlış birşeyler yapmamaya çalışmak					
43. Kalabalıklarda rahatsızlık duymak					
44. Bir başka insane hiç yakınlık duymamak					
45. Dehşet ve panik nöbetleri					
46. Sık sık tartışmaya girmek					
47. Yalnız bırakıldığında / kalındığında sinirlilik hissetmek					
48. Başarılarınız için diğerlerinden yeterince takdir görmemek					
49. Yerinde duramayacak kadar tedirgin hissetmek					
50. Kendini değersiz görmek/ değersizlik duyguları					
51. Eğer izin verirseniz insanların sizi sömüreceği duygusu					
52. Suçluluk duyguları					
53. Aklınızda bir bozukluk olduğu fikri					

APPENDIX H

BÖLÜM VIII Baş Etme Stratejileri

Bir kadın olarak çeşitli sorunlarla karşılaşıyor ve bu sorunlarla başa çıkabilmek için çeşitli duygu, düşünce ve davranışlardan yararlanıyor olabilirsiniz.

Sizden istenilen karşılaştığınız sorunlarla başa çıkabilmek için neler yaptığınızı göz önünde bulundurarak, aşağıdaki maddeleri cevap kağıdı üzerinde işaretlemenizdir. Lütfen her bir maddeyi dikkatle okuyunuz ve cevap formu üzerindeki aynı maddeye ait cevap şıklarından birini daire içine alarak cevabınızı belirtiniz. Başlamadan önce örnek maddeyi incelemeniz yararlı olacaktır.

ÖRNEK:

Madde 4. İyimser olmaya çalışırım.

	Hiç uygun değil		Pek uygun değil		oldukça uygun		çok uygun
Madde 4.	1	..	2	…….	(3.)	……..	4 …… 5

1. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım……
1……2……..3……..4……..5
2. Bir sıkıntım olduğunu kimsenin bilmesini istemem ……
1……2……..3……..4……..5

3. Bir mucize olmasını beklerim..……
1……2……..3……..4……..5

4. İyimser olmaya çalışırım…….
1……2……..3……..4……..5

5. “ Bunu da atlatırsam sırtım yere gelmez ” diye düşünürüm…….
1……2……..3……..4……..5

6. Çevremdeki insanlardan problemi çözmede bana yardımcı olmalarını beklerim
1……2……..3……..4……..5

7. Bazı şeyleri büyütmemeye üzerinde durmamaya çalışırım……..
1……2……..3……..4……..5

8. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım……
1……2……..3…….4……..5

9. Bu sıkıntılı dönem bir an önce geçsin isterim……..
1……2……..3…….4……..5

10. Olayın değerlendirmesini yaparak en iyi kararı vermeye
çalışırım……1……2……..3…….4……..5

11. Konuyla ilgili olarak başkalarının ne düşündüğünü anlamaya
çalışırım……1……2……..3…….4……..5

12. Problemin kendiliğinden hallolacağına inanırım……
1……2……..3…….4……..5

13. Ne olursa olsun kendimde direnme ve mücadele etme gücü hissederim……
1…….. ….2……..3…….4……..5

14. Başkalarının rahatlamama yardımcı olmalarını beklerim……
1……2……..3…….4……..5

15. Kendime karşı hoşgörülü olmaya çalışırım……
1……2……..3…….4……..5

16. Olanları unutmaya çalışırım……..
1……2……..3…….4……..5

17. Telaşımı belli etmemeye ve sakin olmaya çalışırım…….
1……2……..3…….4……..5

18. “ Başa gelen çekilir ” diye düşünürüm…….
1……2……..3…….4……..5

19. Problemin ciddiyetini anlamaya çalışırım……..
1……2……..3…….4……..5

20. Kendimi kapana sıkışmış gibi hissederim……..
1……2……..3…….4……..5

21. Duygularımı paylaştığım kişilerin bana hak vermesini isterim……..
1……2……..3…….4……..5

22. Hayatta neyin önemli olduğunu keşfederim……
1……2……..3…….4……..5

23. “ Her işte bir hayır vardır ” diye düşünürüm……
1……2……..3…….4……..5

24. Sıkıntılı olduğumda her zamankinden fazla uyurum……..
1……2……..3…….4……..5

25. İçinde bulunduğum kötü durumu kimsenin bilmesini istemem……
1……2……..3…….4……..5

26. Dua ederek Allah’tan yardım dilerim……
1……2……..3…….4……..5

27. Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım……
1……2……..3…….4……..5

28. Olanla yetinmeye çalışırım……
1……2……..3……..4……..5

29. Olanları kafama takıp sürekli düşünmekten kendimi alamam……
1……2……..3……..4……..5

30. İçimde tutmaktansa paylaşmayı tercih ederim……
1……2……..3……..4……..5

31. Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım……
1……2……..3……..4……..5

32. Sanki bu bir sorun değilmiş gibi davranırım…….
1……2……..3……..4……..5

33. Olanlardan kimseye söz etmemeyi tercih ederim……
1……2……..3……..4……..5

34. " İş olacağına varır " diye düşünürüm…….
1……2……..3……..4……..5

35. Neler olabileceğini düşünüp ona göre davranmaya çalışırım…….
1……2……..3……..4……..5

36. İşin içinden çıkamayınca " elimden birşey gelmiyor " der, durumu olduğu gibi kabullenirim……
1……2……..3……..4……..5

37. İlk anda aklıma gelen kararı uygularım……..
1……2……..3……..4……..5

38. Ne yapacağıma karar vermeden önce arkadaşlarımın fikrini alırım……
1……2……..3……..4……..5

39. Herşeye yeniden başlayacak gücü bulurum……
1……2……..3……..4……..5

40. Problemin çözümü için adak adarım……..
1……2……..3……..4……..5

41. Olaylardan olumlu birşey çıkarmaya çalışırım……..
1……2……..3……..4……..5

42. Kırgınlığımı belirtirsem kendimi rahatlamış hissederim…….
1……2……..3……..4……..5

43. Alın yazısına ve bunun değişmeyeceğine inanırım……..
1……2……..3……..4……..5

44. Soruna birkaç farklı çözüm yolu ararım…….
1……2……..3……..4……..5

45. Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım……
1……2……..3……..4……..5

46. " Olanları keşke değiştirebilseydim " derim……
1……2……..3……..4……..5

47. Aile büyüklerine danışmayı tercih ederim……..
1……2……..3……..4……..5

48. Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım……
1……2……..3……..4……..5

49. " Herşeye rağmen elde ettiğim bir kazanç vardır " diye düşünürüm……..
1……2……..3……..4……..5

50. Gururumu koruyup güçlü görünmeye çalışırım……..
1……2……..3……..4……..5

51. Bu işin kefaretini (bedelini) ödemeye çalışırım…….
1……2……..3……..4……..5

52. Problemi adım adım çözmeye çalışırım……..
1……2……..3……..4……..5

53. Elimden hiç birşeyin gelmeyeceğine inanırım…….
1……2……..3……..4……..5

54. Problemin çözümü için bir uzmana danışmanın en iyi yol olacağına inanırım
1……2……..3……..4……..5

55. Problemin çözümü için hocaya okunurum…….
1……2……..3……..4……..5

56. Herşeyin istediğim gibi olmayacağına inanırım…….
1……2……..3……..4……..5

57. Bu dertten kurtulayım diye fakir fukaraya sadaka veririm…….
1……2……..3……..4……..5

58. Ne yapılacağını planlayıp ona göre davranırım…….
1……2……..3……..4……..5

59. Mücadeleden vazgeçerim……..
1……2……..3……..4……..5

60. Sorunun benden kaynaklandığını düşünürüm…….
1……2……..3……..4……..5

61. Olaylar karşısında " kaderim buymuş " derim…….
1……2……..3……..4……..5

62. Sorunun gerçek nedenini anlayabilmek için başkalarına danışırım…….
1……2……..3……..4……..5

63. " Keşke daha güçlü bir insan olsaydım " diye düşünürüm…….
1……2……..3……..4……..5

64. Nazarlık takarak, muska taşıyarak benzer olayların olmaması için önlemler alırım…….
1……2……..3……..4……..5

65. Ne olup bittiğini anlayabilmek için sorunu enine boyuna düşünürüm……
1……2……..3……..4……..5

66. “ Benim suçum ne ” diye düşünürüm…….
1……2……..3……..4……..5

67. “ Allah’ın takdiri buymuş ” diye kendimi teselli ederim…….
1……2……..3……..4……..5

68. Temkinli olmaya ve yanlış yapmamaya çalışırım……..
1……2……..3……..4……..5

69. Bana destek olabilecek kişilerin varlığını bilmek beni rahatlatır…….
1……2……..3……..4……..5

70. Çözüm için kendim birşeyler yapmak istemem…….
1……2……..3……..4……..5

71. “ Hep benim yüzümden oldu ” diye düşünürüm……
1……2……..3……..4……..5

72. Mutlu olmak için başka yollar ararım……
1……2……..3……..4……..5

73. Hakkımı savunabileceğime inanırım……..
1……2……..3……..4……..5

74. Bir kişi olarak iyi yönde değiştiğimi ve olgunlaştığımı hissederim……
1……2……..3……..4……..

APPENDIX I (PILOT STUDY)

Aşağıdaki soruları şu anda evli/beraber olduğunuz kişiyle olan birlikteliğinizi dikkate alarak cevaplayınız. Eğer şu anda bir evliliğiniz/birlikteliğiniz yok ise en son evliliğinizdeki/birlikteliğinizdeki ilişkinizi dikkate alarak cevaplayınız. Her soruda ilk olarak o maddedeki ifadeyi ne sıklıkla yaşadığınız ikinci olarak da maddede ifade edilen durumun sizi ne kadar rahatsız ettiği sorulmuştur. Lütfen her madde için size en iyi ifade eden sıklık ve rahatsızlık düzeylerini işaretleyiniz. Eğer sıklık düzeyinde "hiç olmadı" seçeneğini işaretlerseniz, o soruya ait rahatsızlık düzeyini boş bırakabilirsiniz.

	Sıklık						Rahatsızlık Düzeyi			
Eşim/Partnerim	Hiç olmadı	Yalnızca bir kez	Birkaç kez	Ara sıra	Sık sık	Her zaman	Çok fazla	Fazla	Biraz	Hiç
1. Benim paramı elimden alır										
2. Beni evden kovar										
3. Fiziksel özelliklerimle dalga geçer										
4. Sağlık hizmetlerinden yararlanmama engel olur										
5. Bana özel harcamalarım için para vermez										
6. Bana bir şeyler fırlatır										
7. Benim düşüncelerimle alay eder, düşüncelerimi önemsizleştirir										
8. Beni silah kullanarak tehdit eder										
9. Beni cinsel ilişkiye zorlar										
10. Ben istemediğim halde beni cinsel ilişkiye girmem için tehdit eder										
11. Beni kıskandığı için hareketlerimi kısıtlar										
12. Vücudumdaki bazı yerleri yakar										

	Sıklık						Rahatsızlık Düzeyi			
Eşim/Partnerim	Hiç olmadı	Yalnızca bir kez	Birkaç kez	Ara sıra	Sık sık	Her zaman	Çok fazla	Fazla	Biraz	Hiç
13. Beni cinsel olarak aşağılayıcı/küçük düşürücü eylemlere girmem için zorlar										
14. Beni tartaklar/iter										
15. Cinsel ilişkide ağrı/acı çektiğimi söylemem de ilişkiye devam eder										
16. Ben yokmuşum gibi davranır										
17. Bana hakaret, küfür eder										
18. Beni başkalarının yanında küçük düşürür										
19. Benim boğazımı sıkar										
20. Benim kıyafetlerime karışır										
21. Bana kesici aletlerle saldırır										
22. Ailemi görmeme engel olur										
23. Beni yumruklar, tekmeler										
24. Arkadaşlarımı görmeme engel olur										
25. Tehdit içeren konuşmalar yapar										
26. Çevremdeki insanlara zarar vereceğini söyleyerek beni korkutur										
27. (çalıştığı halde) Bana ev harcamaları için para vermez										

	Hiç olmadı	Yalnızca bir kez	Birkaç kez	Ara sıra	Sık sık	Her zaman	Çok fazla	Fazla	Biraz	Hiç
28. Çalışmama engel olur										
29. İşten ayrılmam için baskı yapar										
30. Bana tokat atar										
31. Eğitim almama engel olur										

APPENDIX J (PILOT STUDY)

Şiddeti Algılama Ölçeği

Yukarıdaki sorulara verdiğiniz cevapları göz önünde bulundurduğunuzda ilişkinizde herhangi bir türde şiddet olduğunu düşünüyor musunuz?

Hayır___ eğer bu soruya hayır cevabını veriyorsanız lütfen bu sayfadaki soruları cevaplamayınız

Evet ___ eğer bu soruya evet cevabı veriyorsanız aşağıdaki soruları gördüğünüz şiddet türünü ya da türlerini düşünerek cevaplayınız

Sizce ilişkinizdeki şiddetin temel nedeni nedir?

_____

Sizce yukarıda yazdığınız neden sizinle mi yoksa eşinizle/partnerinizle mi ilgili?

1	2	3	4	5
tamamen benimle	çoğunlukla benimle	ikimizle de ilgili	çoğunlukla onunla	tamamen onunla

Yukarıda yazdığınız nedenin sizin ya da eşinizin/partnerizin dışında üçüncü bir nedenden mi kaynaklanıyor?

Evet ___ Hayır___

Yukarıdaki soruya evet yanıtı verdiyseniz lütfen yukarıda yazdığınız nedenin siz veya eşiniz/partneriniz dışındaki kaynağını belirtiniz

_____

Sizce bu neden gelecekte de var olmaya devam edecek mi?

1	2	3	4	5
bir daha asla olmayacak	genellikle olmayacak	arasıra olacak	genellikle olacak	hep var olacak

Şiddetin nedeni sadece şiddeti mi ortaya çıkartıyor yoksa hayatınızdaki başka alanları da etkiliyor mu?

1	2	3	4	5
sadece şiddet birkaç alan	şiddet ve bazı alanlar	şiddet ve birçok alan	şiddet ve tüm alanlar	hayatımdaki

Gördüğünüz şiddeti hak ettiğinizi düşünüyor musunuz?

1	2	3	4	5
tamamen hak ediyorum	genellikle hak ediyorum	ara sıra hak ediyorum	genellikle hak etmiyorum	kesinlikle hak etmiyorum

Bu şiddet davranışını değiştirmek ne kadar sizin elinizde?

1	2	3	4	5
tamamen benim	çoğunlukla benim	ikimizin	çoğunlukla onun	tamamen onun

Sizin davranışlarınız eşinizle/partnerinizle yaşadığınız şiddeti durdurmakta etkili olabilir mi?

1	2	3	4	5
kesinlikle olabilir	genellikle olabilir	bazen olabilir	genellikle olamaz	kesinlikle olamaz

Gördüğünüz şiddet sonrasında neler yaptınız?

_____

Gördüğünüz şiddeti kimlerle paylaşırsınız/ paylaştınız? (birden fazla yeri işaretleyebilirsiniz)

Ailem ___ Arkadaşlarım___ Profesyonel Kişiler___ Diğer (belirtiniz) _____

Kimseyle Paylaşmam___

Anne ve babanız arasındaki ilişkide fiziksel şiddet yaşanır mı?

1	2	3	4	5
hiçbir zaman	nadiren	ara sıra	sık sık	her zaman

Anne ve babanız arasındaki ilişkide duygusal şiddet yaşanır mı?

1	2	3	4	5
hiçbir zaman	nadiren	ara sıra	sık sık	her zaman

Anne ve babanız arasındaki ilişkide ekonomik şiddet yaşanır mı?

1	2	3	4	5
hiçbir zaman	nadiren	ara sıra	sık sık	her zaman

Çocukluk ve ergenlik döneminizde annenizden şiddet gördünüz mü?

1	2	3	4	5
kesinlikle gördüm	genellikle gördüm	ara sıra gördüm	genellikle görmedim	hiç görmedim

Çocukluk ve ergenlik döneminde annenizden gördüğünüz şiddet türlerini işaretleyiniz (birden fazla işaretleyebilirsiniz).

Fiziksel___ Cinsel___ Duygusal___ Ekonomik____ Hiçbiri___

Çocukluk ve ergenlik döneminde babanızdan şiddet gördünüz mü?

1	2	3	4	5
kesinlikle gördüm	genellikle gördüm	ara sıra gördüm	genellikle görmedim	hiç görmedim

Çocukluk ve ergenlik döneminde babanızdan gördüğünüz şiddet türlerini işaretleyiniz (birden fazla işaretleyebilirsiniz).

Fiziksel___ Cinsel___ Duygusal___ Ekonomik____ Hiçbiri___

Yukarıda cevap verdiğiniz sorular ile ilgili olumlu ya da olumsuz düşünceleriniz, sorular ve içerikleri ile ilgili eklemek istedikleriniz var ise bunları sayfanın geri kalanında boş bırakılan yerde lütfen bizimle paylaşınız. Teşekkürler.

APPENDIX K

Tezin Türkçe Özeti

Kadına yönelik şiddet dünya genelinde ciddiyetini sürdüren sosyal bir problemdir (WHO, 2005). Bütün kadınlar ırkları, etnik kimlikleri, dinleri, sosyal statüleri ve yaşları farketmeden şiddet riski altında yaşıyorlar. Kadınlar sadece hane dışında değil, hane içinde yaşadıkları yakınlarındaki erkeklerden de şiddet görüyorlar. Bununla birlikte yaşam boyu şiddet döngüsü içinde yer almış kadınlar, kendi ailesinde babasından, abilerinden şiddet görmüş kadınlar kendi yakın ilişkilerindeki şiddet ile baş etmekte zorluk yaşıyorlar (Shamai, 2000).

Türkiye'deki erkeklerden kadınlara yönelmiş yüksek şiddet oranı, kadına yönelik şiddetin Türkiye'de de sosyal bir problem olduğunun, acil önlem ve eylem planlarının hazılanması gerekliliğinin altını çiziyor (Altınay & Arat, 2007; Akar, Aksakal, Demirel, Durukan, Özkan, 2010). Bununla birlikte, şiddetin psikolojik sonuçlarının ciddiyeti, şiddete maruz kadınlar için psikolojik müdahale araç ve yöntemlerinin eylem planları içinde yer almasını gerektiriyor. Kadınları şiddeti nasıl anladıkları, anlamlandırdıkları ve şiddete yapılan atıflar kadına yönelik şiddetin psikolojik olarak kavramsallaştırılmasında iki nedenle önemlidir. Birincisi, kadınların şiddet ile ilgili duygu ve düşüncelerini onların bakış acısıyla değerlendiren ve anlayan, kadınlara özel psikolojik müdahale araçlarının geliştirilmesi gerekir. İkinci olarak da kadınların şiddeti nasıl anlamlandırdıkları, şiddete yükledikleri atıflar ve psikolojik belirtileri arasında güçlü bir ilişki bulunmaktadır (Palker-Corell & Marcus, 2004; Cascardi & O'leary, 1992; Zinzow & Jackson, 2009). Bu nedenlerle, şiddetin psikolojik etkilerini anlamak ve bu etkilerin üstesinden gelmek için şiddetle baş etme programlarının kadınların şiddet ile ilgili bilişsel anlamlandırmalarını içermesi gerekir. Bu araştırma Türkiye'de kadına yönelik şiddet araştırmalarında kadının maruz kaldığı yakın partner şiddeti, şiddeti nasıl anlamlandırdıkları, şiddet atıfları, başetme stratejileri ve kadınların psikolojik sıkıntıları arasındaki ilişkileri incelemek üzere, Türkiye'de bu faktörler arasındaki ilişkileri inceleyen araştırma eksikliğine bir katkı olarak tasarlanmıştır.

Sunulan tez çalışmasına önce literatür taramasının özeti aktarılarak başlanılacak, daha sonra tezin hipotezlerine yer verilecek, ana araştırmanın sunumuna geçmeden önce yapılan pilot çalışma ve bulguları özetlenecek ve daha sonra ana araştırmanın metodu, sonuçları ve sonuçların tartışılmasıyla tez çalışması son bulacaktır.

Yakın Partner Şiddetinin Tanımı, Yaygınlığı ve Risk Faktörleri

Dünya Sağlık Örgütü'nün yayınladığı Kadına Yönelik Şiddet raporunda şiddet aşağıdaki gibi tanımlanmaktadır;

Bir kişinin başka bir kişiye, gruba ya da topluluğa karşı kullandığı, yoksunluk, hasar, ölüm, psikolojik zarar ve hırpalanma ile sonuçlanma olasığı taşıyan, fiziksel zorlama, güç, ya da bunun tehditi (Krug, Dalhberg, Merci, Zwi & Lozano, 2002, p.5)

Yakın partner şiddetinin kapsamlı tanımı ise şiddetin bir çok boyutunu içine alacak şekilde Tjaden ve Thoennes (2000) tarafından aşağıdaki gibi maddelenmektedir;

Sıralanan maddelerin şimdiki ya da eski koca, erkek arkadaş ya da birlikte yaşanılan partner tarafından başlatılması,

- Tecavüz veya rızaya dayalı olmayan cinsel ilişki,
- Fiziksel saldırı,
- Korkuya neden olacak şekilde izlemek, yaklaşmak
- Kötü sözler ve aşağılayıcı cümleler kullanarak sözel saldırı ve duygusal istismarda bulunmak
- Ekonomik istismar, örneğin kadına işe gitmekten alıkoymak

Yakın partner şiddeti yukarıdaki çok yönlü tanımı gereğince 4 farklı şiddet grubuna ayrılıyor: Fiziksel şiddet, cinsel şiddet, duygusal şiddet ve kontrol davranışları. Bunlardan ilki fiziksel şiddet ve tanımı Kadın Sağlık örgütü tarafından aşağıdaki davranışları içerecek şekilde yapılmaktadır (WHO, 2002);

- Tokat atmak ya da kadını incitecek şekilde birşey fırlatmak
- İttirmek, iteklemek
- Yumrukla vurmak ya da kadını yaralayacak şekilde başka birşey kullanarak vurmak
- Tekmelemek, sürüklemek

- Yakıcı madde ile saldırmak, yanığa sebep olmak
- Silah, bıçak v.b. kesici aletlerle kadını tehdit etmek.

Cinsel şiddet içeren erkek davranışları ise;

- Kadının isteği dışında cinsel ilişkiye zorlamak,
- Kadının korkuyla cinsel ilişki için rıza göstermesi,
- Kadını aşağılayan ve canını yakan cinsel aktiviteler için güç uygulamak şeklinde özetlenebilir.

Bir diğer şiddet türü ise duygusal şiddettir. Duygusal şiddet sonuçları bakımından kadınların hayatında en az fiziksel şiddet kadar ağır tahribat yaratmaktadır (WHO, 2005). Duygusal şiddet tanımına giren erkek davranışlarını;

- Aşağılamak, diğerinin kendini kötü hissedeceği sözler söylemek,
- Başkalarının önünce küçük düşürmek,
- Gözdağı vermek, istediğini yaptırmak için tehdit etmek,
- Kadının sevdiği birine zarar vereceğini söyleyerek onu korkutmak olarak tanımlayabiliriz.

Bu şiddet türlerine ek olarak erkeğin kontrol davranışları fiziksel şiddet için belirleyici bir rol oynamaktadır. Kontrol davranışları;

- Kadını arkadaşlarını görmekten alıkoymak,
- Kadının ailesini görmesini engellemek,
- Kadının her zaman nerede olduğunu öğrenmeye çalışmak,
- Kadını yok saymak ve tutarlılık içermeyen davranışlarda bulunmak,
- Kadının diğer erkeklerle konuşmasına kızmak,
- Kadını sadakatsizlikle suçlamak,
- Kadının sağlık hizmetlerine erişimini engellemektir.

Kadına yönelik şiddetin yaygınlığını araştıran araştırmalar bu tür şiddetin dünyanın her ülkesinde oldukça yaygın olduğunu göstermektedir. Yaşam boyu en az bir kez fiziksel ve cinsel şiddet yaşayan kadınların oranı Japonya'da %15, Peru'da %69'tur. Bangladeş'te kadınların % 62'si, Samoa'da kadınların % 46'si,Tayland'da kadınların % 47'si, Tanzanya Cumhuriyet'inde kadınların % 41'i, Brezilya'da

%37'si, Güneybatı Afrika'da %36'si, Sırbistan ve Montenegro'da %24'ü yakın partner şiddetine maruz kalıyor (WHO, 2005).

Türkiye'deki kadına yönelik şiddet yaygınlığı ise Kadın Statüsü Genel Müdürlüğü'nün Hacettepe Üniversitesi ile işbirliği içersinden yaptığı Türkiye'de kadına yönelik şiddet araştırmasının (2009) sonuçlarına göre, kadınların %38'i fiziksel şiddete, % 15'i cinsel şiddete, % 44'ü duygusal şiddete, % 38'i de ekonomik sömürü ve şiddete maruz kalıyorlar. Türkiye'de kadına yönelik şiddet üzerine yapılan bir diğer çalışmada ise, kadınların %34'ü yaşamlarında en az bir kez kocaları tarafından fiziksel şiddete maruz kaldıklarını ifade etmişlerdir. Kadınların %29' u ise kocaları tarafından işe gitmeleri engellenerek ekonomik şiddete maruz kaldıklarını belirtmişlerdir (Altınay ve Arat, 2007). Ankara'da yaşayan kadınların aile içi eş şiddeti sıklığın inceleyen bir araştırmada da şiddet oranları Türkiye geneliyle benzerlik göstermektedir (Akar ve ark., 2010). Ankara'da yaşayan kadınların eşleri ile olan ilişkilerinde % 30'u fiziksel şiddet, %39,7'si duygusal şiddet, %60,4'ü ekonomik şiddet, %31,3'ü cinsel şiddet gördüklerini ve araştırmaya katılan kadınların %77,9'u yaşamları boyunca en az bir kez bir çeşit şiddet türüne maruz kaldıklarını ifade etmişlerdir. Ayrıca bu araştırmada, düşük eğitim ve sosyoekonomik seviye, eşin alkol ve kumar alışkanlıkları ve şiddet teması içeren filmler izlemesi, kadının ve kocasının anne ve babası arasındaki ilişkideki şiddetin varlığı kadınların eşleri tarafından şiddete maruz kalmalarında belirleyici rol oynayan risk faktörleri olarak bulunmuştur.

Genç yaş, alkol alışkanlığı, depresyon, kişilik bozuklukları, düşük akademik başarı, düşük gelir, çocukken şiddete maruz kalmak ya da şiddet gözlemlemek yakın partner şiddetinin başlatıcısı olmanın risk faktörleri olarak bulunmuştur (WHO, 2002). Partnerler arasındaki yaş farkı, kadınların eğitim düzeyi, yerel bölgelerde ikame etmek, cinsel ilişki başlangıç yaşı da yakın partner şiddetini belirleyen diğer etmenler olarak görülebilir (Jones & Ferguson, 2009). Bu etmenlere ek olarak, çocuklukta şiddete maruz kalmak, kişileri şiddet göstermeye eğilimli hale getirmekle birlikte, şiddete maruz kalan kişiler açısından da önemli bir deneyim olarak bulunmuştur (Gomez, 2011). Çocukluklarında kötü davranışlara maruz kalmış kadınların, kalmamış kadınlara göre yetişkinliklerinde kendilerini onlara zarar verecek yakın ilişkiler içinde bulmaya daha eğilimli olduğu gözlenmiştir (Parks, Kim, Day, Garza & Larbky, 2011). Türkiye'de yaşayan kadınlar için, düşük eğitim

düzeyi, ev içinde dört kişiden fazla kişiyle yaşamak, işsiz olmak, sigara kullanımı, evlilik için ailenin karar vermesi gibi faktörler onların yakın partner şiddeti görüp görmeyeceklerini belirleyen önemli faktörler arasındadır (Nur, 2012; Tokuç, Ekuklu, Avcıoğlu, 2010).

Çocuklukta Maruz Kalınan Şiddet ve Yakın Partner Şiddeti

Türkiye'de yaşayan çocukların kötü muamele ve sömürüye maruz kalmaları önemli bir sosyal problem ve sağlık problemidir. UNICEF'ın raporlarına göre (2010), Türkiye'de yaşayan, yaşları 7 ile 11 arasında değişen çocukların %45'i fiziksel şiddete, %51'i duygusal şiddete, % 25'i ise aile ortamında ihmal davranışlarına maruz kalıyorlar. Kadına yönelik şiddetin erkek egemen toplumlarda meşrulaştırılması nedeniyle, çocuklara yönelik bazı şiddet eğilimli davranışlar da kabul edilebilir görülüyor (Altınay ve Arat, 2007; Marshall & Furr, 2010). Hortaçsu, Kalaycıoğlu ve Rittersberger-Tılıç'ın yürütükleri araştırmaya göre (2003), aile üyeleri arasındaki saldırgan davranışların sıklığı anne ve çocuk arasında en yüksek seviyede bulunmuştur. Anne ve çocuk arasındaki sözel saldırganlık ise araştırmaya katılan çoğu kişi tarafından çocuğun kötü alışkanlıklarını ve arkadaşlıklarını değiştirmek için en kabul edilebilir kontrol ve öğretme yöntemi olarak bulunmuştur. Aile büyüklerinden çocuğa yönelik saldırgan davranışlar kabul edilebilir görülürken, babaya yönelik saldırgan davranışlar birçok kişi tarafından kabul edilemez görülmüştür. Bu araştırmanın sonuçlarına göre, Türk aile yapısı içindeki hiyerarşik güç ilişkilerinin baba, anne ve çocuk şeklinde sıralandığını söyleyebiliriz.

Çocukluk çağında şiddete maruz kalmak ile kişilerin yetişkinliklerindeki psikolojik ve sosyal iyi oluşları arasındaki ilişki üç ana başlıkta toplanabilir. Bunlardan ilki, çocukluk çağında şiddete maruz kalan bireyler, hem şiddetin başlatıcısı hem de mağduru olma riski taşımaktadırlar (Stith ve ark., 2000). Özellikle kadınlar açısından çocuklukta sömürüye ve ihmale maruz kalmak, yetişkinlikte partnerleri tarafından fiziksel şiddete maruz kalma riskini oldukça arttırmaktadır (Widom, Czara ve Dutton, 2013). İkinci konu ise, çocukluk çağında aile içi şiddetin gözlemcisi olmanın yetişkinlik yaşantısına etkisidir. Gordis'e göre (2004), çocuklukta ebeveynleri arasındaki şiddeti izleyen kişiler duygularını düzenlemede sorun yaşamaktadırlar. Çabalarını genelde anneyi sakinleştirmek için harcayan bu çocuklar, kendi duygularını düzenlemek için yeterinde kaynak bulamamaktadırlar

(Cummings, Pellegrini, Notarus ve Cumming, 1989). Bununla birlikte, çocuklukta gözlenen şiddet davranışlarına öğrenme kuramı açısından (Bandura, 1977) yaklaşacak olursak, kendileriyle aynı cinsiyette sahip olan ebeveynin şiddet davranışlarını gözleyen genç yetişkinlerin, kendileriyle farklı cinsiyette olan ebebeynin şiddet davranışlarını gözleyen genç yetişkinlere göre daha fazla psikolojik sorun ifade ettikleri bulunmuştur (Henning ve ark., 1997). Çocukluk çağındaki şiddetin yetişkinlik dönemindeki psikolojik ve sosyal sağlıkla ilişkisine değinen üçüncü konu ise, şiddet mağduruyetinin nesiller arası aktarımı konusudur. Bazı araştırmalar çocuklukta fiziksel şiddet ve yetişkinlikte yakın partner şiddeti yaşayan kişilerin kendi çocuklarına da kötü davranma eğiliminde olduğunu gösterirken (Heyman ve Slep, 2000), bazı araştırmalar kişilerin çocuklukta maruz kaldıkları şiddet ile kendi çocuklarına kötü davranma eğilimleri arasında bir ilişki bulamamıştır (Renner and Slack, 2006).

Bunlarla birlikte hamilelik sürecinde kadına yönelik yakın partner şiddeti çocuk mağduriyetinin bir diğer örneği olarak görülebilir. Türkiye'de yapılan araştırmalara bakıldığında, hamilelik kültürel normlara göre kutsal sayılmasına rağmen, hamile kadınların fiziksel, duygusal ve cinsel şiddete maruz kalma oranları oldukça yüksektir (Ayrancı, Günay ve Ünlüoğlu, 2002, Karaoğlu ve ark, 2005). Şiddete maruz kalan kadınlar çocuklarının duygusal ihtiyaçlarını karşılamakda zorlanırken, şiddet mağduru kadınların çocukları psikolojik rahatsızlık ve yetişkinlik dönemindeki ilişkilerinde çeşitli bağlanma sorunları göstermeleri açısından da risk altındadırlar (Bowlby, 1980). Türkiye'de yapılan başka bir araştırmada, annenin mevcut ilişkisinde maruz kaldığı şiddet ve evde bakmakla yükümlü olduğu çocuk sayısı, annenin çocuklarına nasıl davrandığının önemli yordayıcıları olarak bulunmuştur (Güler, Uzun, Boztaş ve Aydoğan, 2002).

Literatürdeki tartışmalar ışığında çocukluk çağında şiddete maruz kalmanın kişilerin yetişkinlik dönemlerindeki sosyal ve ilişkisel dinamiklerine önemli etkileri olduğunu söyleyebiliriz. Aile içi şiddet kadınların hayatını olumsuz etkilemekle beraber, şiddet ortamında büyüyen çocuklarda hem o çağlarda hem de yetişkinlikte bu şiddet deneyiminin izlerini taşımaktadır.

Bu tartışmalar ışığında aile içinde şiddete maruz kalan sadece kadınlar ve çocuklar mı sorusu akla gelebilir. Psikoloji literatürü içerisinde iki cinsiyetinde aile

içinde şiddete maruz kaldığını gösteren araştırmalar mevcut (Archer, 2000; Bookwala, Sobin ve Zdaniuk, 2005). Jonhnson'a göre (1995; 2005) ikili ilişkiler iki farklı şekilde kavramsallaştırılabilecek şiddet biçimiyle karşı karşıya gelebilirler. Bunlardan biri her iki cinsinde şiddete maruz kalabileceğini kabul eden ve araştırma sorularını bu perspektif ile hazırlayan genel eş şiddeti kavramıdır. Cinsiyetin simetrik olduğunu kabul eden bu araştırmalar şiddet eğilimli aileler için aile içi tüm bireylerin katılımını önceleyen tedavi metodları araştırmaya odaklanmıştır. Bir diğer kavram ise erkek egemen terörizmdir. Bu kavramı önceleyerek yola çıkan araştırmalar ise şiddeti kimin başlattığına odaklanarak, şiddeti tarihsel, sosyal, kültürel ve sistematik boyutlarıyla ele alırlar. Frieze (2005; 2008) kadın ve erkeğin şiddet kullanma nedenleri arasındaki farkları incelemiştir. Kadınlar erkeklere göre daha önceki şiddet mağduriyetleri, kontrol etme ihtiyacı ve ilişki içindeki güç dengesini düzenlemek için şiddete başvurmakatadırlar. Demaris (2000) ise erkeklerin ilişki memnuniyetsizlikleri nedeniyle şiddete başvuruduklarını, kadınların ise memnuniyetsizlik yaşadıklarında ilişkiyi sonlandırma eğiliminde olduklarını söylüyor. Kadınların şiddet kullanımları ise ilişkinin sonlanması ya da ilişki memnuniyetsizliği için belirleyici bir etmen olmuyor. Bu durum kadınların ilişkiler içindeki güç dengelerinden kaynaklı ikincil pozisyonlarını destekler nitelikte görülebilir. Kadınlar maruz kaldıkları şiddete oldukça duyarlıyken, kadınların gösterdiği şiddet erkelerin maskulen pozisyonları nedeniyle yok sayılıp, görmezden geliniyor olabilir. Feminist psikologlar ise yakın partner şiddeti araştırmalarındaki her iki cinsiyetinde eşit ve aynı mekanizmalarla şiddet uyguladığını öne çıkaran cinsiyet simetrisi duruşunu eleştirirken, kadınlar ve erkeklere kültür ve toplum tarafından dayatılan cinsiyet rollerini temel alarak, erkek egemen kültürü dışarda bırakmadan şiddeti konuşurlar. Yakın partner şiddetinin sosyal, tarihsel ve kişiler arası boyutlarıyla ele alınmasının önemini vurgularlar. (Mchugh, Livingson ve Ford, 2005).

Bu araştırmada, kadınlara ait bilgilerin öznelliğine önem verilmiş ve erkeklerden elde edilen bilgilerle kıyaslanmayan bir metoloji kurulması için çaba harcanmıştır ve kadınlar için destekleyici tedavi planlarına yönelik bilgilere ulaşmak üzere tasarlanmış bir araştırma planı oluşturulmaya çalışılmıştır. Bu nedenle araştırmanın katılımcıları kadınlardan oluşmaktadır. Kadınlara ait geçmiş yaşam şiddet

deneyimleri, kadınların şiddeti nasıl algıladıkları ve anlamlandırdıkları dikkate alınmaktadır.

Kadınların Şiddete Dair Atıfları, Başetme Yöntemleri ve Sosyal Destek

Kadınların şiddeti nasıl anladıkları, şiddete dair bilişsel atıflarını anlamak için öğrenilmiş çaresizlik kuramı bize temel bir formulasyon sunmaktadır. Abraham, Seligman ve Teasdale'in önerdikleri (1978) atıf teorisine göre, insanlar başlarına kontrol edemedikleri olaylar geldiğinde kendilerine "neden" bunlar benim başıma geldi diye soruyorlar. Bu soruya verdikleri cevap onların kontrol edemedikleri olaylara verecekleri tepkileri belirliyor. Verilen cevaplar temel alındığında atıf teorisi, kişilerin kullandığı 3 ana atıf stili önermektedir. Bunlardan ilki içsel-dışsal atıf stilidir. Olayların sonuçlarına dair içsel atıflar kişilerin kendilerini o olumsuz ya da kontrol edemedikleri olayın nedeni olarak görmeleriyle ilgili düşüncelerini içerir ve kişisel çaresizlik duygularına yol açabilir. Ayrıca kendine güven duyguları da içsel atıflar nedeniyle olumsuz yönde etkilenir. Eğer kişinin kontrol edemedikleri olumsuz olaylara yönelik atıfları kendine değil de dış faktörlere yönelirse, kendine güven de olumlu yönde değişim gösterebilir (Peterson ve Seligman, 1983). İkinci atıf stili, kişinin olayın nedeninin kalıcı ya da geçici olduğunu düşünmesidir. Eğer olayın nedeni kalıcı olarak görülüyorsa kişi kronik depresif belirtiler gösterebilirken, olayın nedenini geçici olarak düşünmek kişinin psikolojik iyiliği açısından geçici bir etki gösterebilir. Üçüncü atıf stili ise kişinin olayın nedenini daha genel, geniş, küresel algılamasıdır (Alloy, Peteson, Abraham ve Seligman, 1984). Kişi başına gelen bir olaya dair genellenmiş bir atıf yapıyorsa birbirine benzemeyen başka olaylar karşısında da çaresizlik hissetme eğilimdeyken, başına gelen olumsuz olayların nedenini özel ve o durumu özgü görüyorsa sadece benzer olaylar karşısında çaresizlik yaşama eğilimindedir. Öğrenilmiş çaresizlik kuramını şiddet mağduru kadınların deneyimlerine uyarlayan Walker (1979), şiddet mağduru kadın sendromu yaşayan kadınların kendilerini durumu değiştirmekte yetersiz gördüklerini ve devam eden şiddet periyodları karşısında hiç bir kontrollerinin olmadığına inandıklarını anlatıyor. Walker (1979) yaptığı araştırmalarda düşük kendine güven, inkâr ve gerçeği manipulasyon, pasif ve kabul edici davranış ve düşünceler ile vücut bütünlüklerine dair yanlış düşüncelerin şiddet mağduru olup ilişki içinde kalan kadınlarda görülen önemli bilişsel ve davranışsal özellikler olduğunu bulmuştur. Kadınların "kocamdan hiç bir şey istemezsem, beni daha az sömürüye maruz bırakır"

benzeri pasif düşünce ve davranışları, kadınların kocalarının davranışları üzerinde kontrol hissetmelerini sağlarken, şiddet ve depresif belirtiler arasındaki ilişkiyi de düşürerek kadınlar açısından hayatta kalmayı kolaylaştırıcı niteliği olabiliyor. Şiddet periodunun 3 evresi incelediğimizde (Carlson, 1997), ilk evrede kadınların şiddet için içsel atıf yaptıklarını, kendilerini suçladıklarını ve şiddeti durdurmak için eş olarak kadınlık rollerini iyileştirici davranışlara girdiklerini görüyoruz. İkinci evrede, kadınlar şiddet devam ettikçe erkekleri suçlamaya başlıyorlar ve baş etme stratejileri kendi kadınlık rollerini arttırmak değil de erkeği değiştirmeye yöneliyor. Üçüncü evrede ise, kadın kendi olumlu efforlarının bir işe yaramadığını farkediyor, kendini şiddetin mağduru olarak görmeye başlıyor. Son evrede ise kadın şiddetin kaynağını tamamen erkek olduğuna karar veriyor ve ilişkiyi bitirmek için etkili yollar aramaya başlıyor. Benzer olarak, Pape ve Arias (2000) yaptıkları araştırmada, kadınların şiddetin nedenini partnerlerinin sorumluluğunda olduğunu görmeye başladıklarında, ilişkiyi bitirme eğilimde olduklarını göstermişlerdir. Şiddet içeren ilişki de kalan kadınlar, ilişkilerini bitiren kadınlara göre partnerlerini daha az suçlarken kendilerini daha fazla suçlama eğiliminde olup, partnerlerinin olumlu davranışlarını ilişkiyi bitiren kadınlara göre daha az manipulatif buluyorlar (Herbert, Silver ve Ellard, 1991). Şiddete maruz kalan kadınların partnerlerinin davranışları için özür bularak yaptıkları anlamlandırmalar, kadınların şiddetle baş etmek için kendilerini yatıştırıcı çabalarıyla sonuçlanırken, şiddet için partnerlerini suçlayan kadınlar ilişkiyi bitirmek için güvenlik planları ve formal olmayan yardım arayışlarına giriyorlar (Meyer, Wagner ve Dutton, 2010). Sonuç olarak, kadınların şiddeti anlamlandırmada kültürel ve çevresel faktörlerinde etkili olduğunu aklımızda tutarak, kadınların içsel, kalıcı ve genellenmiş atıfları özgüvenlerini etkilediğini, depresif belirtileri tetiklediğini söyleyebiliriz. Bununla birlikte şiddet üreten kaynak olarak partnerlerini suçlu görmeye başlamadıklarında şiddet içeren ilişki içerisinde kalmaya devam ediyorlar.

Kadınların şiddete dair atıflarında çocukluk deneyimleri, toplum içerisindeki cinsiyet rolleri ve öğrenmenin öneminin yanında hem ilişkiyi sonlandırabilmeleri için hem de psikolojik sağlıkları açısından sosyal destek ve sosyal desteğe dair algıları da kritik bir rol oynamaktadır. Yakın partner şiddetine maruz kalan kadınların eğer kadınlar çevrelerinden, aile ve arkadaşlarından sosyal destek algılıyorlarsa psikolojik sağlıklarında daha az bozulma yaşıyorlar (Meadows, Kaslow, Thompson ve Jurkovic, 2005). Arkadaşlardan gelen şiddeti yok sayıcı, görmezden gelici tepkiler

ise kadınların özgüveni ve hayatlarındaki işleri gerçekleştirebilmeleriyle ters orantılıyken, arkadaşlardan gelen empatik tepkiler kadınların özgüvenleriyle doğru orantılıdır (Mitchell ve Hodson, 1983). Kocot ve Goodman (2003) kadınların güvendikleri insanlardan aldıkları sosyal desteğin içeriği eğer onların duygusal durumları ile uyumlu değilse bu durumun onların psikolojik sağlıklarına olumsuz etkisi olduğunu göstermişlerdir. Kadınların şiddet ile başa çıkmaya dair çabaları çevrelerinden gelen empatik desteğe karşı oldukça duyarlıdır. Yüksek düzey duygusal ve elle tutulur somutluktaki sosyal destek kadınların şiddet ile ilgili yaşamaları muhtemel psikolojik rahatsızlıkların etkisini düşürücü önemli bir korucuyu faktör olarak bulunmuştur (Kocot ve Goodman, 2003).

Yakın Partner Şiddeti ile İlişkili Psikolojik Belirtiler

Yakın partner şiddeti kadınlarda pek çok psikolojik rahatsızlığa neden olabilmektedir. Golding (1999) yaptığı meta-analiz çalışmasında şiddete maruz kalan kadınlar arasında travma sonrası stres bozukluğu görülmek sıklığının % 63.8, depresyon görülme sıklığının %47.6 olduğunu göstermiştir. Alkol kullanımı, madde kullanımı ve intihar eğilimi de yakın partner şiddetinin diğer psikolojik sonuçları olarak bulunmuştur. Fiziksel şiddetin yıkıcı psikolojik etkilerinin yanısıra, cinsel ve psikolojik şiddet de en az fiziksel şiddet kadar kadınların psikolojik sağlıklarını etkilemektedir. Psikolojik şiddet, yüksek düzeyde kronik hastalıklar, kronik başağrısı, migren, kasık ağrıları, cinsel yolla bulaşan hastalıklar, psikolojik servislerine başvuru, psikolojik meditasyon uygulamaları kullanma, ve düşük düzey ilişki tatmini, düşük düzey güç ve kontrol algısı ile ilişkili bulunmuştur (Coker ve ark, 2000). Şiddete maruz kalan kadınların yaşadıkları öğrenilmiş çaresizlik, şiddet ve depresif ve travmatik belirtiler arasında önemli bir aracı değişkendir (Bargai, Ben-Shaktar ve Shalev, 2007). Şiddetin büyüklüğü kadınların öğrenilmiş çaresizlik duygularıyla güçlü ilişkiler gösterirken, öğrenilmiş çaresizlik ve kadınların depresif belirtiler arasında güçlü bir ilişki bulunmaktadır.

Yukarıda özetlenen literatür ve Freedy ve Kilpatrick (Freedy, Kilpatrick ve Resnick, 1993) tarafından önerilen Doğal Afet için Risk Faktör modelini de esas alarak, Yakın Partner Şiddetinin Çoklu Risk Faktörleri Modeli önerilmiştir. Önerilen modele, demografik özellikler, çocukluğa ait şiddet yaşantısı ve ilişki süresi şiddet öncesi faktörler, şiddetin sıklığı, şiddetin yarattığı rahatsızlık düzeyi ve şiddete dair

atıflar şiddet esnasındaki faktörler, kadınların başetme stratejileri ve sosyal destek algıları şiddet sonrası faktörler olarak konulmuştur. Ayrıca depresyon, anksiyete, somatik şikâyetler, olumsuz benlik ve hostil duygular ise ruh sağlığı sonuçları olarak modelde yer almıştır. Bu model doğrultusunda çalışmanın amacı; kadınların çocukluk yaşam şiddet tarihi, yakın partner şiddeti, kadınların şiddete dair algıları, başetme stratejileri, sosyal destek algıları ile bugünkü psikolojik belirtleri arasındaki ilişkileri incelemektir.

Çalışmanın Araştırma Soruları ve Araştırma Soruylarıyla İlişkili Hipotezler

A.S.1. Şiddete maruz kalan kadınların psikolojik belirtileriyle, şiddete maruz kalmayan kadınların psikolojik belirtileri arasında fark var mıdır?

H.1. Şiddete maruz kalan kadınlar, hiçbir şiddet türüne maruz kalmayan kadınlarla kıyaslandıklarında depresyon, anksiyete, olumsuz benlik, somatik belirtiler ve hostil duygular açısından daha yüksek puan alacaktır.

A.S.2. Hangi şiddet türü Türkiye'de yaşayan meslek sahibi kadınlar arasında daha sıklıkla ifade edilmekte ve daha fazla rahatsızlık verici bulunmaktadır?

H.2. Türkiye'de yaşayan meslek sahibi kadınlar arasında duygusal/psikolojik şiddetin en sık ifade edilen ve en fazla rahatsızlık uyandırıcı şiddet türü olacaktır.

A.S.3. Araştırma modelinde sunulan faktörlerden hangisi kadınların psikolojik belirtileri ile anlamlı düzeyde ilişkilidir?

H.3. Kadınların psikolojk belirtilerinin (depresyon, anksiyete, olumsuz benlik, somatik belirtiler, hostil duyguları ve bunların hepsinden oluşam toplam puanlar), çocukluktaki şiddet tarihi, yakın partner şiddeti, olumsuz atıf stilleri, başetme stratejileri ve sosyal destek tarafından açıklanacaktır. Ayrıntılı olarak, kadınların psikolojik belirtilerinin çocukluk yaşantısındaki şiddet varlığı, yakın partner şiddeti, olumusuz atıf stili, duygusal ve dolaylı başetme stratejileri ile aynı yönde ilişkili olması beklenirken, sosyal destek ve problem odaklı başetme stratejileriyle farklı yönlerde ilişkili olması beklenmektedir.

A.S.4. Kadınların atıf stilleri, yakın partner şiddeti ve depresif belirtileri arasındaki ilişkide aracı rol oynamakta mıdır?

H.4. Kadınların atıf stilleri, yakın partner şiddeti ve depresif belirtiler arasında anlamlı olarak aracı değişken rolüne sahiptir.

A.S.5. Sosyal destek ve başetme stratejileri, yakın partner şiddeti ve psikolojik belirtiler arasındaki ilişkide moderatörlük etmekte midir?

H.5.a. Yüksek düzey sosyal destek gören kadınlar, yakın partner şiddetine maruz kaldıklarında daha az psikolojik belirti göstereceklerdir.

H.5.b. Yüksek düzey problem odaklı başetme stratejileri kullanan kadınlar, yakın partner şiddetine maruz kaldıklarında daha az psikolojik belirti göstereceklerdir. Yüksek düzey duygusal odaklı başetme stratejisi kullanan kadınlar, yakın partner şiddetine maruz kaldıklarında psikolojik rahatsızlık düzeyleri yüksek olacaktır.

Yöntem

Pilot Çalışma

Araştırmanın ana çalışması öncesinde, Türkiye'de yapılmış kadına yönelik yakın partner şiddetini değerlendiren ölçek ihtiyacı nedeniyle, Kadına Yönelik Şiddet Ölçeği geliştirilmiştir. Ölçeğin ilk formu fiziksel, cinsel, ekonomik, duygusal şiddet ve erkeğin kontrol davranışları içermektedir ve Dünya Kadın Sağlık Kuruluşunun şiddet tanımlarından yola çıkarak oluşturulan 31 sorudan oluşmaktadır. Kadınlara 31 maddede belirtilen erkek davranışlarına ne sıklıkta maruz kaldıkları 1 ila 6 arası puanlandırmaları, bu erkek davranışından ne kadar rahatsızlık duydukları ise 1-4 arası puanladırmaları istenmiştir. Çalışmanın katılımcıları yaşları 19 ile 54 yaş arasında değişen, Orta Doğu Teknik Üniversitesi'nde okuyan ve çalışan 120 kadından oluşmaktadır. Kadınlara Kadına Yönelik Şiddet Ölçeği ile birlikte Başetme Stratejileri Ölçeği (Gençöz, Gençöz ve Bozo, 2006), Kısa Süreli Belirtiler Ölçeği (Şahin ve Durak, 1994) ve bu araştırma için Türkçe'ye çevrilen Şiddet Atıfları Soru Formu (Dutton, 1992) verilmiştir. Ölçekler Ek'lerde görülebilir. Kadına Yönelik Şiddet Ölçeğine yapılan faktör analizi 3 faktörlü yapı önermiştir. Bu faktörler duygusal/psikolojik şiddet, fiziksel şiddet ve kontrol davranışları olarak isimlendirilmiştir. Üç alt faktöre güvenirlik analizi uygulanmıştır ve çalışmayan dört madde çıkarılmıştır. Ölçeğin 27 soruluk son formunun alt ölçeklerinin Cronbach Alfa katsayıları; fiziksel şiddet için .80, duygusal/psikolojik şiddet için .90, kontrol davranışları için .61 olarak bulunmuştur. Kadına Yönelik Şiddet Ölçeği ve alt

ölçekler, Kısa Süreli Belirtiler Ölçeği'nin alt ölçekleri ile orta ve yüksek düzeyde kolerasyon katsayısı göstermiştir.

Ana Çalışma

Katılımcılar

Türkiye'de kadınların gelirlerinin ve eğitim düzeyleri yakın partner şiddetine maruz kalmak açısından koruyucu bir faktör gibi düşünülse de (Jansen, Yüksel ve Çağatay, 2009; Altınay ve Arat, 2009; Akar ve ark., 2010), meslek sahibi olan kadınların şiddet yaşantılarına dair araştırma sayısının çok az olması nedeniyle ana çalışmanın örneklemi Türkiye'de yaşayan meslek sahibi kadınlar olarak belirlenmiştir. Ana çalışmaya Ankara'da yaşayan avukatlık, doktorluk, mimarlik, mühendislik, eczacılık, dişçilik meslek gruplarında mesleğini icra eden183 evli kadın katılmıştır. Kadınların yaşları 24 ile 65 arasında olup, ilişki sürelerinin ortalaması 145 aydır. Çalışmaya katılan 50 kadının çocuğu yokken, 68 kadının bir çocuğu, 62 kadının da iki çocuğu, 3 kadının da üç çocuğu bulunmaktadır.

Ölçüm Araçları

Çalışmada, pilot çalışmada güvenirliliği test edilmiş Kadına Yönelik Şiddet ölçeği kadınların yaşadıkları yakın partner şiddetini ölçmek için kullanılmıştır. Her madde için şiddet puanı kadınların her bir maddeye verdikleri sıklık ve rahatsızlık puanlarının çarpılmasıyla elde edilmiştir. Madde puanları toplanarak toplam şiddet puanı olarak kodlanmıştır. Şiddet Atıfları Soru Formu (Dutton, 2002) ise içine " sizce ilişkinizdeki şiddetin temel nedeni nedir?" gibi açık uçlu ek sorular eklenerek kadınların partnerlerinin en çok rahatsızlık veren davranışlarına dair atıflarını ölçmek için kullanılmıştır. İçsel-dışsal atıf, kalıcı-geçici atıf, genel ve özel atıf soruları bir araya getirilerek bir puan oluşturulmuştur ve bu puan kadınların "olumsuz atıf puanı" olarak kodlanmıştır. Ayrıca kadınların geçmiş yaşamlarındaki şiddet deneyimlerini öğrenmek için anne ve baba arasındaki şiddet varlığı ve anne ile babasından kendilerinin gördükleri şiddet deneyimleriyle ilgili 1 ile 5 likert tipi üç soru sorulmuştur. Üç sorunun Cronbach Alfa Katsayısı .72 olarak bulunmuştur. Kadınların çevrelerinden algıladıkları sosyal desteği ölçmek için kadınlara Çok Boyutlu Algılanan Sosyal Destek Ölçeği (Zimeti Dahlen, Zimet, ve Forley, 1988; Eker ve Arkar, 1995), psikolojik belirtilerini ölçmek için Kısa Süreli Belirtiler Ölçeği (Derogatis, 1975; Şahin ve Durak, 1994), kadınların genel başetme yöntemlerini

değerlendirmek için de Başa Etme Stratejileri Ölçeği (Forkman ve Lazarus, 1980; Gençöz, Gençöz ve Bozo, 2006) kullanılmıştır.

Analiz Teknikleri

Çalışmada Doğal Afetler için Risk Faktörleri Modelinden uyarlanarak (Freedy, Kilpatrick ve Resnick, 1993) önerilen Yakın Partner Şiddeti için Risk Faktör modelini test etmek için birbirinden ayrı hiyerarşik regresyon analizleri yapılmıştır. Regresyon analizinin ilk aşamasında kadının yaşı, partner yaşı, ilişki süresi, ebebeynler arası gözlenen şiddet, anne şiddeti, baba şiddeti, ikinci aşamasında kadına yönelik yakın partner şiddeti toplam puanı, olumsuz atıf puanı, üçüncü aşamasında sosyal destek, problem odaklı başetme, duygusal odaklı başetme, dolaylı başetme değişkenleri analize girilmiştir. Bu değişkenlerin her biri aynı sırada yer aldığı depresyon, olumsuz benlik, somatizasyon ve hostil duygular ve toplam psikolojik belirti puanı için beş ayrı regresyon analizi yürütülmüştür. Bununla birlikte, üç farklı şiddet türünün depresyon, anksiyete, olumusuz benlik, somatizasyon ve hostil duygular üzerindeki etkisini incelemek için önce 2X5, daha sonra 2X3X5 MANOVA analizleri yapılmıştır. Ayrıca, kadınların toplam şiddet puanları ve toplam psikolojik belirtileri arasındaki ilişkideki olumsuz ifade stilinin aracı rolü, iki ayrı regresyon analizi ile incelenmiştir. Son olarak, çoklu hiyerarşik regresyon analizleri ile sosyal destek, problem odaklı baş etme ve duygusal odaklı baş etme değişkenlerinin, kadınların yakın partner şiddeti toplam puanları ve psikolojik belirtileri arasındaki ilişkideki moderatör rolü incelenmiştir.

Bulgular

Değişkenler arası korelasyonlar

Araştırmanın değişkenleri arasındaki korelasyon katsayıları beklenen yönde bulunmuştur. Kadına yönelik yakın partner şiddeti toplam puanı ve şiddetin diğer alt türleri, kadınların çocuklukta anne ve babası arasındaki gözlenen şiddet ve anneleri tarafından gördükleri şiddet ile kadınların depresyon, anksiyete, olumsuz benlik, somatizasyon ve hostil duyguları arasındaki ilişki aynı yöndedir. Bununla birlikte sosyal destek, kadına yönelik yakın partner şiddeti toplam puanı, şiddetin alt türleri, somatizasyon hariç diğer psikolojik belirtiler ile ayrı yönlerde ilişki göstermektedir. Ayrıca, olumsuz atıf stili ve psikolojik belirtiler arasında da aynı yönde ilişki bulunmuştur. Anksiyete diğer bağımsız değişkenler ile düşük düzeyde anlamlı

korelasyon katsayısı göstermektedir, bu nedenle model testi için yapılan regresyon analizlerinde bağımlı değişken olarak yer almamıştır.

Hipotez 1. Şiddete maruz kalan kadınlar, hiçbir şiddet türüne maruz kalmayan kadınlarla kıyaslandıklarında depresyon, anksiyete, olumsuz benlik, somatik belirtiler ve hostil duygular açısından daha yüksek puan alacaktır

Kadınların toplam yakın şiddet puanları esas alınarak, herhangi bir sıklıkta ilişki şiddeti ifade eden kadınlar "şiddet grubu", ilişkisinde hiç bir şiddet görmediğini ifade eden kadınlar "şiddet görmeyenler grubu" olarak iki kategoriye ayrılmıştır. Bu yeni kategorisyondan sonra 2X5 (anksiyete, depresyon, olumsuz benlik, somatizasyon ve hostile duygular) MANOVA analizi yapılmıştır. 51 kadın şiddet görmeyenler grubu içinde yer alırken, 127 kadın ise şiddet grubu içinde yer almıştır. Sonuçlarda, şiddet ifade eden kadınların, ifade etmeyen kadınlara göre anskiyete, depresyon, olumsuz benlik ve somatizasyon belirtilerinin anlamlı şekilde farklı olduğu bulunmuştur. Bu karşılaştırmaya ek olarak şiddet maruz kalan ve kalmayan kadınların psikolojik belirtilerinin üç farklı şiddet grubu açısından nasıl farklılaştığını test etmek için 2X3X5 MANOVA analizi yapılmıştır. Ancak sadece fiziksel şiddet ifade eden grupta 1 kadın, fiziksel şiddet ve kontrol davranışlarını aynı anda ifade eden grupta 1 kadın, duygusal şiddet ve fiziksel şiddeti aynı anda ifade eden grupta ise 4 kadın olduğu için bu gruplar karşılaştırma dışında bırakılarak analize devam edilmiştir. Sonuç olarak, hiçbir şiddet ifade etmeyen grupta 52 kadın, duygusal ve kontrol davranışlarını aynı anda ifade eden grupta 54 kadın, sadece kontrol davranışları ifade eden grupta 19 kadın, sadece duygusal/psikolojik şiddet ifade eden grupta 24 kadın, bütün şiddet türlerini ifade eden grupta ise 23 kadın yeralmıştır. Karşılaştırma son oluşturulan 5 grup esas alınarak yapılmış ve 5X5 MANOVA analizi kullanılmıştır. Elde edilen sonuçlara göre, hiçbir şiddet ifade etmeyen kadınların depresyon ve olumsuz benlik belirtileri, duygusal/psikolojik şiddet ve kontrol davranışlarını aynı anda ifade eden grupla ve bütün şiddet türlerini ifade eden grupla farklılık göstermiştir. Ayrıca hiçbir şiddet ifade etmeyen kadınların hostil duyguları, bütün şiddet türlerini ifade eden grupla ve sadece duygusal şiddet ifade eden grupla farklılık göstermiştir. Özetle, yakın partnerleriyle ilişkilerinde bütün şiddet türlerine ve duygusal şiddete maruz kalan kadınlar, şiddet yaşamayan kadınlara göre daha depresif, benlik algılarıyla ilgili olumsuz düşüncelere sahip ve öfke, kızgınlık gibi duygular yaşadıkları bulunmuştur.

Hipotez 2. Türkiye'de yaşayan meslek sahibi kadınlar arasında duygusal/psikolojik şiddetin en sık ifade edilen ve en fazla rahatsızlık uyandırıcı şiddet türü olacaktır

Betimleyici bulgulara göre, araştırmaya katılan 183 kadından 107 kadın yakın partneriyle olan ilişkisinde duygusal/psikolojik şiddet ifade etmiş ve 99 kadın bu şiddet türünden rahatsız olduklarını, 101 kadın kontrol davranışları ifade etmiş ve 90 kadın bu davranışlardan rahatsızlık duyduklarını, 29 kadın fiziksel şiddet belirtirken, ilişkisinde fiziksel şiddet rapor edenlerin hepsi bu şiddetten rahatsızlık duyduklarını belirtmişlerdir. Kadınların hangi şiddet türünü daha rahatsız edici bulduklarını ve daha çok rahatsızlık duyduklarını test etmek için iki farklı Tek Yönlü Grupiçi/Tekrarlanan ANOVA yapılmıştır. Sonuçlara göre, duygusal şiddetin sıklığı ve yarattığı rahatsızlık düzeyi kontrol davranışlarından ve fiziksel şiddetten anlamlı şekilde daha yüksektir. Özetle, kadınlar duygusal şiddeti, kontrol davranışları ve fiziksel şiddete göre daha sıklıkla ifade etmekte ve anlamlı düzeyde daha fazla rahatsız edici bulmaktadırlar.

Hipotez 3. Kadınların psikolojk belirtilerinin (depresyon, anksiyete, olumsuz benlik, somatik belirtiler, hostil duyguları ve bunların hepsinden oluşam toplam puanlar), çocukluktaki şiddet tarihi, yakın partner şiddeti, olumsuz atıf stilleri, başetme stratejileri ve sosyal destek tarafından açıklanacaktır

Psikolojik Belirtilerin Yordayıcıları

Yapılan hiyerarşik regresyon analizinin sonuçlarına göre, kadınların ebevenyler arasındaki gözledikleri şiddet (β = .19), olumsuz atıf stilleri (β = .16), sosyal destek (β = -.16), problem odaklı başetme (β =- .18), ve duygusal odaklı başetme (β = .18), kadınların toplam psikolojik belirtilerini anlamlı bir şekilde yordamıştır. Anne şiddeti (β = .15) ve kadına yönelik yakın partner şiddeti toplam puanı (β = .20) kendi aşamalarında anlamlı bir şekilde toplam psikolojik belirtileri yordayken, son aşamada anlamlı etkilerini kaybetmişlerdir. Kadınların geçmiş yaşamlarında anne ve babaları arasında gözledikleri şiddet, kendi annelerinden gördükleri şiddet, maruz kaldıkları yakın partner şiddeti ve eşlerinin şiddet içerikli davranışlarına dair atıfları ve duygusal odaklı başetme yöntemleri psikolojik belirtilerini arttırken, sosyal destek algıları ve problem odaklı başetme stilleriyle psikolojik belirtileri arasında ters yönde bir ilişki vardır.

Depresyonun Yordayıcıları

Yapılan hiyerarşik regresyon analizinin sonuçlarına göre, kadınların ilişki süreleri (β = .26) kadınların ebevenyler arasındaki gözledikleri şiddet (β = .18), olumsuz atıf stilleri (β = .21), sosyal destek (β =- .18), problem odaklı başetme (β =- .16), ve duygusal odaklı başetme (β = .15), kadınların depresif belirtilerini anlamlı bir şekilde yordamıştır. Yakın partner şiddeti toplam puanı (β = .21) kendi aşamalarında anlamlı bir şekilde depresyonu yordayken, son aşamada anlamlı etkisini kaybetmişlerdir. Kadınların ilişki süreleri, çocuklukta anne ve baba arasında gözledikleri şiddet, şiddet davranışlarının nedenlerine dair daha içsel, kalıcı ve genellenmiş atıfları ve duygusal odaklı başetme depresif belirtileri attırırken, sosyal desteğin varlığı ve problem odaklı başetme depresif belirtilerle ters yönde ilişkilenmektedir.

Olumsuz Benliğin Yordayıcıları

Yapılan hiyerarşik regresyon analizinin sonuçlarına göre, kadınların ebevenyler arasındaki gözledikleri şiddet, anne şiddeti (β = .14) (β = .22), sosyal destek (β = -.21ve duygusal odaklı başetme (β = .17) ve kadınların benlikleriyle ilgili olumsuz yargılarını anlamlı bir şekilde yordamıştır. Kadına yönelik yakın partner şiddeti toplam puanı (β = .22) kendi aşamasında anlamlı bir şekilde olumsuz benlik belirtilerini yordayken, son aşamada anlamlı etkisini kaybetmiştir. Kadınların geçmiş yaşamlarında anne ve babaları arasında gözledikleri şiddet, kendi annelerinden gördükleri şiddet, maruz kaldıkları yakın partner şiddeti ve duygusal odaklı başetme yöntemleri olumsuz benlik belirtilerini arttırken, sosyal destek algıları yüksek olan kadınlar daha az olumsuz benlik belirtileri göstermektedirler.

Somatizasyonun Yordayıcıları

Yapılan hiyerarşik regresyon analizinin sonuçlarına göre, kadınların ebevenyler arasındaki gözledikleri şiddet (β = .17), olumsuz atıf stilleri (β = .17), problem odaklı başetme (β =- .17), ve dolaylı başetme (β = -.17), kadınların somatik belirtilerini anlamlı bir şekilde yordamıştır. Kadına yönelik yakın partner şiddeti toplam puanı (β = .18) kendi aşamasında anlamlı bir şekilde somatik belirtileri yordayken, son aşamada anlamlı etkisini kaybetmiştir. Kadınların geçmiş yaşamlarında anne ve babaları arasında gözledikleri şiddet, maruz kaldıkları yakın partner şiddeti ve eşlerinin şiddet içerikli davranışlarına dair atıfları somatizasyonu arttırken, problem

odaklı başetme ve dolaylı başetme stillerini daha çok kullanan kadınlar daha az somatik belirtiler göstermektedir.

Hostil Duyguların Yordayıcıları

Yapılan hiyerarşik regresyon analizinin sonuçlarına göre, kadınların ebevenyler arasındaki gözledikleri şiddet (β = .19), kadına yönelik yakın partner şiddeti toplam puanı (β = .20) ve anne şiddeti kadınların öfke ve kızgınlık duygularını yordamıştır. Kadınların olumsuz atıf stili hostil duyguları kendi aşamasında anlamlı bir şekilde yordayken (β = .15), son aşamada anlamlı etkilerini kaybetmişlerdir. Geçmiş yaşamlarında anne ve babaları arasında şiddet gözleye, kendi annelerinden şiddet gören, yakın partner şiddetine maruz kalan ve eşlerinin şiddet içerikli davranışlarını kendilerine yükleyen ve kalıcı, değişmez gören kadınlar, öfke, kızgınlık gibi hostile duyguları daha çok yaşamaktadırlar.

Hipotez 4. Kadınların atıf stilleri, yakın partner şiddeti ve depresif belirtiler arasında anlamlı olarak aracı değişken rolüne sahiptir

Bu hipotezi test etmek için Baron ve Kenny (1986) tarafından önerilen kriter uygulanmıştır. Birbirinden ayrı olarak yapılan iki hiyerarşik regresyonun ilkinde depresyon bağımlı değişken, kadına yönelik yakın partner şiddeti toplam puanı puanı ilk aşamada ve olumsuz atıf stilleri ikinci aşamada bağımsız değişken olarak regresyonda yer almıştır. Sonuçlara göre, kadına yönelik yakın partner şiddeti toplam puanı ilk aşamada ve tek başına depresyonu (β = .29) daha güçlü yordarken, olumsuz atıf stiliyle beraber (β = .24), kadına yönelik yakın partner şiddeti toplam puanı puanının depresyonu yordama gücü düşmüştür (β = .20). İkinci regresyon analizinde, olumsuz atıf stilleri bağımlı değişken, kadına yönelik yakın partner şiddeti işe bağımsız değişken olarak analize girilmiştir. Kadına yönelik yakın partner şiddeti toplam puanı kadınların olumsuz atıf stillerin anlamlı bir şekilde yordamıştır (β = .37). Bu bulgular doğrultusunda yapılan Sobel testi kurulan modelin anlamlı bir şekilde çalıştığını göstermektedir (z = 2.49, p <. 05). Sonuçlara göre, kadınların olumsuz atıf stilleri, maruz kaldıkları yakın partner şiddeti ve depresif belirtileri arasında anlamlı bir aracı değişken rolüne sahiptir.

Hipotez 5.a. Yüksek düzey sosyal destek gören kadınlar, yakın partner şiddetine maruz kaldıklarında daha az psikolojik belirti göstereceklerdir

Kadınların sosyal destek algı düzeylerinin, yakın partner şiddetine maruz kaldıklarında koruyucu etkisinin olup olmadığını test etmek için hiyerarşik regresyon analizi yapılmıştır. Bu analizde sosyal destek ve kadına yönelik yakın partner şiddeti toplam puanı bağımsız değişken, kadınların psikolojik belirti toplam puanları ise bağımlı değişken olarak analize girilmiştir. Bağımsız değişkenler kendi ortalamalarından çıkarılarak merkezi değişken haline getirilmiş ve ortak etki değişkeni kadına yönelik yakın partner şiddeti ile sosyal desteğin ortak etkisini incelemek için iki değişkenin çarpımından oluşturulmuştur (Aiken ve West, 1991). Sosyal destek ve kadına yönelik yakın partner şiddeti toplam puanı ve ortak etki değişkeni tek seferde regresyona girilmiştir. Sosyal destek (β = -.27), yakın partner şiddeti toplam puanı (β = .29) ve ortak etki değişkeni (β = .23) kadınların psikolojik belirtilerini anlamlı bir şekilde yordamıştır. Ortak etki değişkeninin anlamlı etkisini incelemek için "simple slope" analizleri yapılmıştır. Sonuçlara göre, hayatlarındaki sosyal desteği düşük olan kadınlar, yüksek düzey yakın partner şiddetine maruz kaldıklarında yüksek düzey psikolojik belirti gösteriyorlar. Yüksek düzey sosyal destek ve düşük düzey yakın şiddet partnerine maruz kalan kadınların ise psikolojik belirtileri hafif düzeyde yaşıyorlar. Yüksek düzey sosyal destek ile birlikte yüksek düzey yakın partner şiddeti yaşayan kadınların psikolojik belirtileri, sosyal destek düzeyi az olan kadınlara nazaran daha az düzeyde bulunmuştur.

Hipotez 5.b. Yüksek düzey problem odaklı baş etme stratejileri kullanan kadınlar, yakın partner şiddetine maruz kaldıklarında daha az psikolojik belirti göstereceklerdir. Yüksek düzey duygusal odaklı baş etme stratejisi kullanan kadınlar, yakın partner şiddetine maruz kaldıklarında psikolojik rahatsızlık düzeyleri yüksek olacaktır

Kadınların başetme stratejilerinin yakın partner şiddetine maruz kaldıklarında koruyucu etkisinin olup olmadığını test etmek için problem odaklı başetme stratejisi ve duygusal odaklı başetme stratejisi için iki ayrı hiyerarşik regresyon analizi yapılmıştır. Bu analizde baş etme stratejileri ve kadına yönelik yakın partner şiddeti toplam puanı bağımsız değişken, kadınların psikolojik belirti toplam puanları ise bağımlı değişken olarak analize girilmiştir. Bağımsız değişkenler kendi ortalamalarından çıkarılarak merkezi değişken haline getirilmiş ve ortak etki değişkeni kadına yönelik yakın partner şiddeti ile başetme stratejilerinin ortak etkisini incelemek için iki değişkenin çarpımından oluşturulmuştur (Aiken ve West,

1991). Baş etme stratejileri ve kadına yönelik yakın partner şiddeti toplam puanı ve ortak etki değişkeni tek seferde regresyona girilmiştir. Başetme stratejileri ve ortak etki değişkeni kadınların psikolojik belirtilerini anlamlı düzeyde yordamadıkları için bu hipotez rededilmiştir.

Tartışma

Bu araştırma temel amacı, Türkiye'de yaşayan meslek sahibi kadınların çocukluk yaşamı şiddet deneyimlerinin, olumsuz atıf stillerinin, sosyal desteklerinin ve baş etme stratejilerinin psikolojik belirtileri üzerindeki etkisini araştırmaktır. Kadınların en çok hangi şiddet türüne maruz kaldıkları ve maruz kaldıkları şiddet türünden duydukları rahatsızlığı incelemektir. Bir diğer hedef ise, olumsuz atıfların depresif belirtilerdeki önemiyle, sosyal desteğin ve başetme stratejilerinin şiddete maruz kalan kadınlarda koruyucu etkisinin olup olmadığını ortaya çıkarmaktır. Bununla birlikte Kadına Yönelik Şiddeti değerlendiren etkin bir ölçüm aracı geliştirmek için kadınlarla pilot çalışma yapılmış ve bu çalışmanın bulguları doğrultusunda şiddet içeren erkek davranışlarının sınıflandırılması yapılmıştır. Çalışma için tasarlanan hipotezler doğrultusunda bir takım analizler yürütülmüş ve bulgular genel olarak hipotezleri destekler nitelikte bulunmuştur.

Diğer araştırma bulgularıyla tutarlı olarak şiddete maruz kalan kadınlar kalmayan kadınlara göre daha yüksek düzeylerde psikolojik belirti ifade etmişlerdir. Özellikle şiddete maruz kalan kadınların depresyon ve öfke, kızgınlık gibi hostil duyguları, kalmayan kadınlara göre yüksektir. Şiddete maruz kalan kadınlar arasında sıklığı ve yarattığı rahatsızlık açısından duygusal/psikolojik şiddet ilk sırada yer alırken, ikinci sırada erkeğin kontrol davranışları yer almıştır. Literatür bulgularında da psikolojik şiddet depresif belirtiler ve hostil duyguların gelişimi ile sonuçlanmaktadır (Hazen, Connely, Soriano ve Landsverk, 2008). Sistematik ve uzun süreli psikolojik şiddetin kadınların ruh sağlığında yarattığı yıkım en az fiziksel şiddet kadar ağır olabilmektedir (Coker, et. al., 2000). Kardam ve Yüksel (2009) çalışmalarında duygusal şiddetin Türkiye'de yaşayan kadınlar tarafından en sık ifade edilen şiddet türü olduğunu göstermişlerdir. Kadınlar bu şiddet türünü ifade ederlerken hem kendilerini daha rahat hissetmektedirler hem de erkekler uyguladıkları duygusal şiddet davranışlarını önemsiz ve zararsız bulmaktadırlar. Bununla birlikte, kadınların

duygusal şiddet ifadeleri ifade edilemeyen başka tür şiddetlere, çaresizliğe, öfkeye ve yardım talebine de işaret ediyor olabilir.

Önerilen ve test edilen Kadına Yönelik Yakın Partner Şiddeti modeline göre, kadınların ilişki süreleri, özellikle anne ve baba arasındaki gözledikleri şiddet, annelerinden gördükleri şiddet, olumsuz atıf stilleri, yakın partner şiddeti, sosyal destekleri ve başetme stratejileri onların yaşadıkları psikolojik sıkıntılar ile ilişkili bulunmuştur. Kadınların çocukluk yaşantılarındaki şiddet deneyimi şu andaki ilişki dinamiklerini etkilemektedir. Türkiye'de yapılan başka bir araştırmaya göre (Altınay ve Arat, 2007), babasının annesine şiddet uyguladığını gören kadınların partnerleri tarafından şiddete maruz bırakılma olasılığı diğer kadınlara oranla iki kat daha fazladır. Bunun nedenlerinden biri, çocukluk yaşantılarında aile içinde şiddet izleyen kadınlar erkeklerin flört dönemindeki kontrol davranışlarını bir çeşit sevgi belirtisi olarak görüyor ve daha sonra gerçekleşmesi muhtemel fiziksel ve duygusal şiddeti öngörmede geç kalıyor olabilirler. Şiddet gören anne ile ve şiddet içeren çevrede büyüyen kadınların, şiddet uygulayan kendi partnerlerinden ayrılmak için içsel ve dışsal kaynakları yeterince güçlü olmayabilir. Ayrıca, araştırmada kadınların annelerinden gördükleri şiddetin şu andaki psikolojik belirtileri üzerinde daha etkili olduğu bulunurken, baba şiddetinin herhangi bir yordayıcı etkisine rastlanmamıştır. Ayrıca anne şiddeti kadınların olumsuz benlik ve hostile duygularıyla ilişkili bulunmuştur. Çocukluk çağında anne ile kurulan ilişki, bugünkü psikolojik duyarlılıkları ve ilişkilerde ortaya çıkacak duygu ve davranışları düzenlemek açısından önemli bulunmaktadır (Bowlby, 1980). Başka bir yönden de, şiddete maruz kalan kadınların kendi çocuklarına karşı olumsuz davranışları arasında güçlü bir ilişki vardır (Hıdıroğlu, Topuzoğlu ve Karakuş, 2006; Güler, Uzun, Boztaş ve Aydoğan, 2002) ve şiddet nesiller arası şiddete maruz kalma deneyimini üreterek devam etmektedir. Sonuç olarak şiddet içeren aile ortamları hem kadınların çocukluk yaşantılarından bugüne taşıyacakları yaraları belirlemekte hem de şu andaki ilişki ve psikolojik sağlıkları açısından kritik önemdedir.

Araştırmada kadınların olumsuz atıf stillerinin kadına yönelik yakın partner şiddeti ve depresyon arasındaki ilişkide aracı rol oynadığı ve aynı zamanda da somatik belirtiler, hostil duygular ile ilişkili olduğu bulunmuştur. Kadınların kendini suçlama ve şiddet davranışlarını kalıcı olarak anlamlandırma eğilimleri onları şiddet ilişkisi içinde durmasına neden olan ve etkin başetme yöntemleri geliştirmelerini

engelleyen bilişsel hatalar olarak görülebilir. Öğrenilmiş çaresizliğin de temelini oluşturan bu bilişsel yanlılıklar kadınların kendilerine güvenlerini ve sosyal destek mekanizmalarını etkin bir şekilde yönetmelerini de etkilemektir. Kadınların suçu kendilerinde değil erkeğin davranışlarında görmeye başlamalarıyla birlikte öfke duygusu yükselir ve bu duygu doğru eylemlere geçmek için kadınları yönlendirmektedir (Walker, 2009; Pape ve Arias, 2000). Kadınların şiddete dair atıflarının yanı sıra sosyal desteğin de önemi şiddete maruz kalan kadınların ruh sağlıkları açısından koruyucu faktör olmakla birlikte, kadınların çevrelerinden gördükleri sosyal destek mekanizmalarıyla şiddete dayalı yakın partner ilişkilerini bitirebiliyor olmalarından da kaynaklanmaktadır. Sosyal desteğin koruyucu rolü bu araştırmanın bulgularıyla da desteklenmektedir. Çevreden gelen empatiye dayalı sosyal destek ile birlikte kadının problem odaklı başetme stratejileri kadınların uzun süreli yakın partner şiddetinden kaynaklı öğrenilmiş çaresizlik duygusunun üstesinden gelebilmelerine yardımcı olmaktadır.

Araştırma bulgular yorumlanırken bazı kısıtlamaları da içinde barındırmaktadır. Bunlardan ilki, araştırma dizaynı ile ilgilidir, veriler farklı zaman aralıklarında elde edilmediği, kadınlara ait bilgiler, kadınların hayatında verilerin toplandığı ana dayalı olduğu için geçmiş yaşam ilişkilerine dair bilgilere hatırladıkları anılar üzerinden ulaşılmıştır. Bir diğer kısıtlama ise araştırmada niteliksel ölçüm araçlarının kullanılmamasıdır. Kadınlarla görüşme yapılarak ulaşılan bilgiler, onların hayatı hakkında daha ayrıntılı ve detaylı bilgi ve şiddet deneyimlerine dair farklı perspektiflerle yeni araştırma sorularına yönelmemizi sağlayacaktır.

Sonuç olarak, bu araştırma kadına yönelik şiddet ve kadınların psikolojik sağlıkları arasındaki ilişkide risk faktörlerinin ve koruyucu faktörlerin neler olabileceğine dair hali hazırdaki yaklaşımlara katkıda bulunmuştur. Türkiye'de yaşayan meslek sahibi kadınların şiddet deneyimleri ve şiddet algıları ile ilgili bulgular ortaya çıkarmıştır. Türkiye'de yaşayan kadınlara ait ölçümlerden oluşturulan ve şiddet çalışan diğer araştırmacıların kullanabileceği, güvenirliliğinin ve geçerliliğinin farklı örneklem gruplarıyla test edebileceği Kadına Yönelik Şiddet Ölçeğinin geliştirilmesini sağlamıştır.

APPENDIX L

CURRICULUM VITAE

PERSONAL INFORMATION

Surname, Name: Eyüpoğlu, Hilal
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EDUCATION

Degree	Institution	Year of Graduation
MS	METU Clinical Psychology	2007
BS	Ankara University, Department of Psychology	2002
High School	Manisa Anatolian High School	1998

WORK EXPERIENCE

Year	Place	Enrollment
2002-present	METU, Psychology Department	Research Assistant

LANGUAGES

Turkish, Native
English, Fluent

RESEARCH INTERESTS

Family environment, Violence against women, Intimate partner violence, Women's psychological well-being, Feminist psychology, Feminist therapy

SELECTED CONFERENCE PRESENTATIONS

Eyüpoğlu, H, & Berument, S (2006). Rethinking the Dynamics of Family: The Relation Between Family Environmet, Parental Emotion Expresivity and Child Coping Strategies. Paper presented at the Ith International Congress on Interpersonal Acceptance and Rejection, Istanbul, Turkey.

Eyüpoğlu, H, & Berument, S (2007). The Relationship between Parental Emotional Expressivity, Child Temperament and Child Coping Strategies. Paper presented at

10th Europian Congress of Psychology (10. Avrupa Psikoloji Kongresi), Prague Czech Republic.

Berument, S., Sönmez, D., & **Eyüpoğlu, H**. (2007). Supporting Lanquage and Cognitive Development of Infants and Young Chidren Living in Children's Homes in Turkey. Paper presented at the Society for Research in Child Development Biennial Meeting, Boston, USA.

Eyüpoğlu, H. (2008) Power relationships in Therapy Room. Paper presented at Ist Critical Psychology Symposium, Istanbul, Turkey.

H, Eyüpoğlu (2011). Studies on Violence against Women in Psychology: Feminist critics on conceptualization. Paper presented at 34th Annual Scientific Meetings of the International Society of Political Psychology, Istanbul, Turkey.

Eyüpoğlu, H, & Önen, P. (2012) Sexual Violence: Assessment and Intervention with Feminist Perspective. 7th International Trauma Meetings. A Director of Working Group, Istanbul, Turkey.

APPENDIX M THESIS PHOTOCOPYING PERMISSION FORM

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü ☐

Sosyal Bilimler Enstitüsü ☐

Uygulamalı Matematik Enstitüsü ☐

Enformatik Enstitüsü ☐

Deniz Bilimleri Enstitüsü ☐

YAZARIN

Soyadı : EYÜPOĞLU

Adı : HİLAL

Bölümü : Psikoloji

TEZİN ADI (İngilizce) : THE EFFECT OF CHILDHOOD VIOLENCE HISTORY, INTIMATE PARTNER VIOLENCE, NEGATIVE ATTRIBUTION STYLE, SOCIAL SUPPORT AND COPING STRATEGIES ON PSYCHOLOGICAL SYMPTOMATOLOGY OF TURKISH PROFESSIONAL WOMEN

TEZİN TÜRÜ : Yüksek Lisans ☐ Doktora ☐

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2. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. ☐

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