

Domestic Violence and Female Patients*

Işıl VAHİP, Özge DOĞANAVŞARGİL

SUMMARY

Objectives: 1. To investigate the life-time prevalence of spousal physical abuse, history of childhood physical abuse, and child physical abuse among female outpatients and the relationship between the three; 2. To investigate the characteristics of physical abuse; 3. To investigate the socio-demographic and cultural features of physical abuse.

Method: Domestic violence and its features were investigated for 3 generations in 100 female psychiatric outpatients using standard semi-structured interviews. SCID-I was used for psychiatric diagnoses. Clinical, socio-demographic, and family structure features were compared in abused and non-abused groups.

Findings: Lifetime prevalence of spousal physical abuse was 62%, 63% of the patients were physically abused in their homes during childhood, and 51% reported that they physically abused their children. The spouse-abused and non-abused groups did not differ in education level, occupation, family income, age at marriage, form of marriage, and history of childhood domestic violence. Age, extended family, and an alcohol-consuming husband were significantly correlated with spousal physical abuse. Perpetrating child abuse was significantly correlated with history of childhood physical abuse and spousal physical abuse.

Conclusions: Domestic violence is a common problem among female psychiatric patients. Child abuse, spousal abuse, and history of childhood abuse are correlated.

Key Words: Domestic violence, spouse abuse, child abuse, culture, transgenerational transmission

INTRODUCTION

Domestic violence is an important health issue worldwide and in Turkey. A great deal of research has been conducted in the last 15-20 years in many parts of the world on the subject of spousal violence. According to 48 studies by The World Health Organization (Krug et al., 2002), which were based on world population, the prevalence of violence directed towards women by their spouses or partners is 10%-69%. Approximately 11%-30% of women admitted to emergency rooms in the USA are injured by their spouse or partner (Grisso et al., 1999). Studies in India report that prevalence of spousal violence is 20%-75% (Martin and colleagues, 2002). In Turkey, The Prime Ministry Family Research Institution (1995) declared that physical violence occurs in 34% of Turkish families and verbal violence takes place in 53% of Turkish families; moreover, 46% of Turkey's children are physically abused. A study by Ayrancı et al. (2002) conducted at a primary health care facility in Eskişehir, Turkey observed that 36.4% of the participating women complained about physical violence and 71.4% mentioned psychological, physical, or sexual violence during past or present pregnancies.

Domestic violence, which is widespread throughout society, also significantly affects the psychiatrically ill. The study carried out by Akyüz et al. (2002) in an outpatient psychiatry clinic in Sivas province, Turkey revealed that 57% of the female patients had suffered physical violence from their spouses. First et al. (2002) discussed in detail

*Thanks: We thank to Dr. Celal Odağ who let us get acquainted with this subject.

Işıl Vahip MD, e-mail: ivahip@med.ege.edu.tr

Özge Doğanavşargil MD, e-mail: oavsargil@yahoo.com

the importance of dealing with the issue in terms of psychiatric practice. ICD-10 (World Health Organization, 1992) includes domestic violence in its appendix. It takes place in the V code and it is encoded in axis I in DSM-IV (American Psychiatric Association 1994). The authors have emphasized that the most important issue in marriage conflicts is the differentiation of the types involving violence and those which do not; they have also mentioned that there is widespread consensus on this view and have suggested the same differentiation for DSM-V. They have also pointed out that just as self-destruction is questioned in depression, the extent of violence must definitely be questioned in marriages, which carry the above potential. On the other hand, while patients will avoid this issue, it is especially important for treatment that clinicians not do the same, and that they must possess adequate knowledge of the subject (Yüksel and Kayır, 1986; Yüksel et al., 2000; Doğanavşargil and Vahip, 2003).

Domestic violence is passed from one generation to the next, and it affects not only the victim, but also the psychological states of the witnesses, and especially the psychosocial development of children. Studies have reported (Hemenway et al., 1994; Riggs et al., 2000; Neugebauer, 2000) that those who have been the victim of or witness to domestic violence during their childhood will use violence to a greater extent as adults in their own families. The studies carried out in women's shelters in Turkey have suggested that women who were subjected to violence had experienced the same thing during their childhood and had later beaten their own children (Yıldırım, 1998). Being subjected to and witnessing violence during childhood has been acknowledged as a cause of psychiatric and physical morbidity (Malinosky-Rummel, 1993; McCauley et al., 1997; Kaplan et al., 1998; Tollestrop et al., 1999; Wisner et al., 1999; Campbell, 2002). In most of the studies of psychiatric patients, either correspondence between cause and effect or severe violence facts have been analyzed. In the studies that have examined cultural factors, very severe violence, such as cultural murders of tradition are prominent. In daily psychiatric practice, a profile for physical domestic violence involving average female patients seems to be a neglected issue. To the best of our knowledge, this is the first study to examine physical violence in three consecutive generations.

Objectives

1. To study lifelong spousal physical violence, physical violence during childhood, prevalence of subjecting one's own child to physical violence, and the relationship between these in a cohort of married female patients who presented at Aegean University Medical School (A.U.M.S.) outpatient psychiatry clinic for the first time

2. To determine the characteristics (intensity, type, frequency, time of onset, recent encounter) of domestic physical violence

3. To determine the socio-demographic and cultural characteristics that affect domestic physical violence.

MATERIALS and METHODS

SCID-I, which was developed by First et al. (1997) which and adapted into Turkish and tested for reliability by Özkürkçügil et al. (1999), Form for Intrafamilial Physical Violence Through Three Generations, and Form for Socio-Demographic Information and Family Structure were used for the present research. Because domestic violence is taboo in Turkish society and was not expressed freely by our patients, the authors developed their own instruments in preference to those developed in foreign languages. Each question was meticulously worded and some cultural parameters were added in consideration of the prevalence of extended family structure in Turkey. In order to determine the frequency and intensity of physical violence, some criteria set by the authors (every day/.../rarely, scar on body/aching the day after, etc.) and intensity perceived by the patient were investigated separately. Since one objective of the research was to investigate if the occurrence of domestic physical violence in this sampling passed from one generation to the next, and also to obtain clues about the characteristics of this transmission between generations, the domestic physical violence form was prepared to gather information about the previous generation (the patient's parents), the present generation (the patient, herself), and the next generation (the patient's children).

Since domestic violence is a phenomenon that affects entire families, establishing the profile of the family structure while gathering socio-demographic data was clearly planned. The form, which was developed for this purpose, included questions about cultural characteristics of the family

Table 1. Psychiatric diagnoses of the sample group.

	Number of Patients (N=100)	Percent %
Depressive Disorders (major depression, dysthymic disorder)	52	52%
Anxiety Disorder	7	7%
Depression + Anxiety Disorder	15	15%
Psychotic Disorder	1	1%
Disorders Related to Alcohol and Drug Abuse	1	1%
Somatoform Disorders	4	4%
Bipolar Disorder	3	3%
Compliance Disorder	2	2%
Those without Axis I Diagnosis	15	15%
Total	100	100%

structure (characteristics about the nuclear or extended family, marriage between relatives, marrying without the consent of the family or without knowing the person to be married, etc.).

The study included 104 consecutive female patients who were literate, married, and presented to the A.U.M.S. outpatient psychiatry clinic for the first time; 4 of them had intense anxiety which would decrease the reliability of their answers and they were excluded, leaving 100 patients. Each patient signed an informed consent form in a special room. One of the researchers (Ö.D.) carried out all of the clinical interviews. SCID-I was used for diagnosis. Following that, the half-structured standard clinical interview was again continued and data were gathered with the Form for Intrafamilial Physical Violence Through Three Generations and the Form for Socio-demographic Information and Family Structure. Those who had been victims of physical violence at least once formed the violence group and the rest formed the control group.

Statistical evaluation

SPSS 10.0 statistical package was used for statis-

tistical analysis. A $P < 0.05$ value was accepted as statistically significant. Descriptive analyses, and Chi-square test, Student T test, one-way variance analysis, and Bonferroni test were performed.

RESULTS

Socio-demographic and clinical findings

Average age of the study participants was 38.43 ± 9.91 years (range: 19 to 67 years). Fifty percent of the patients were born in the Aegean region. About 82% had been living in the Aegean region since marriage, and were living in Izmir. Family income was very low for 5%, low for 36%, medium for 30%, high for 29% of the women. Forty percent of the patients had finished primary school, 8% secondary school, 26% high school, and 26% university. Nearly 57% were housewives, 21% civil servants, 36% labourers, 12% retired, 4% self-employed. Approximately 27% were living with their mothers in law.

The distribution of psychiatric diagnoses is shown in Table 1. No significant relationship was found between any of the diagnostic categories

Table 2. Domestic violence and psychiatric diagnosis.

Physical Violence	Depression		Anxiety		Depression+Anxiety		P
Exposed to Physical Violence During Marriage (n=46)	73,9%	n=34	6,5%	n=3	15,6%	n=9	P=0,504*
Not Exposed to Physical Violence During Marriage (n=28)	64,3%	n=18	14,3%	n=4	21,4%	n=6	
Exposed to Physical Violence During Childhood (=48)	68,8%	n=33	12,5%	n=12,5	9%	n=18,8	P=0,464*
Not Exposed to Physical Violence During Childhood (n=26)	73,1%	n=19	3,8%	n=1	23,1%	n=6	
Witnessed Physical Violence During Childhood (n=27)	77,8%	n=21	7,4%	n=2	14,8%	n=4	P=0,561*
Not Witnessed Physical Violence During Childhood (n=11)	66%	n=31	10,6%	n=5	23,4%	n=11	

*Chi-Square test,
P>0.05

and spousal physical abuse or history of physical abuse during childhood (Table 2).

Lifetime physical violence

In 63% of the patients, there was a history of childhood physical abuse. Sixty-two percent had been subjected to violence from her spouse. Forty-two percent had been subjected to physical violence, both in childhood and in marriage. Twenty-one percent had been victims of physical violence only during childhood and 20% only during marriage. Seventeen percent had never been subjected to physical violence. Thirty-eight percent of the patients reported that they had witnessed physical violence between their parents. About 50% of the patients in the group (n=62) who had been subjected to violence from their spouses reported that their children witnessed it. Fifty percent of the children who witnessed the violence tried to stop it by directly intervening and 50% reacted by crying or by being sad or worried. A significant relationship was found between the frequency of spousal violence and children witnessing it ($P<0.05$).

Spousal physical violence

Table 3 shows the frequency, type, intensity, and the first and last occurrences. There was no

difference between the groups with spousal violence and no spousal violence in terms of education, career, family income, age at marriage, type of marriage (by agreement, by arrangement, between relatives, etc.), and number of children. In the group who had been subjected to violence, the number of spouses consuming alcohol was significantly higher ($P<0.01$).

In the group who was subjected to violence (n=62), a significant relationship was found between the time period of the last occurrence of violence and average age. The average age of those who had been subjected to violence during the last month was significantly lower than the average age ($p=0.01$) of those who had last experienced a violent incident during the last 1-5 years and ($p<0.01$) more than 5 years ago. Similarly, the average age of those who had experienced spousal violence during the last 1-6 months was significantly lower than the average age ($P<0.01$) of those who had been abused more than 5 years ago.

Patients who were living with their mothers in law were subjected to spousal violence at a significantly higher rate than those who were living with their nuclear families ($P<0.05$). Amongst the patients who were living with their mothers in law,

Table 3. Characteristics related to physical violence during marriage.

	Number (N)	Percent (%)
Frequency of Physical Violence (n=62)		
Every day	2	3.2%
Once a week	7	11.3%
Once a month	7	11.3%
Every 2-3 months	6	9.7%
Once a year	6	9.7%
Rarely	34	54.8%
Total	62	100%
Type of Physical Violence (n=62)		
With hands	55	88.7%
With objects	7	11.3%
With gun	0	0%
Total	62	100%
Severity of Physical Violence (n=62)		
Mild	25	40.3%
At a level to leave a mark on the body	6	9.7%
At a level to cause physical pain afterwards	16	25.8%
At a level to restrict movements	1	1.6%
At a level to impede daily activities	14	22.6%
Total	62	100%
Onset of Physical Violence (n=62)		
First week of marriage	7	11.3%
2nd-4th weeks of marriage	7	11.3%
1st-12th months of marriage	18	29%
Between the 1st and 5th years of marriage	13	21%
After the 5th year of marriage	17	27.4%
Total	62	100%
The Last Physical Violence Experience (n=62)		
0-1 month	16	25.80%
1-6 months	6	9.7%
Month-1 year	5	8.1%
1 year-5 years	18	29%
More than 5 years	17	27.4%
Total	62	100%

the number of those experiencing spousal violence (n=21) was 3.5 times higher than those who did not (n=6). Of the 73 women who were living with their nuclear families, 41 stated that they were victims of spousal violence, while 32 said they were

not.

Physical violence during childhood

Of the patients who had histories of childhood violence (n=63), 43% said they had experienced

violence at least once a month, 14.3% once every 2-3 months, 9.5% once a year, and 34.9% rarely. Twenty-seven percent said the violence they had been subjected to was quite severe (4.8% leaving scars on the body, 17.4% causing aches the following day, 4.8% preventing daily activities).

No relationship was shown between a history of childhood physical violence and spousal physical violence, or between a history of childhood physical violence and the frequency and intensity of spousal violence.

Child physical abuse

Of the patients who had children ($n=91$), 51% said they physically abused them. A significant relationship was found between a history of childhood physical abuse and physical abuse of one's own children ($P<0.01$). A significant relationship was also found between physical violence perpetrated by a spouse and physically abusing one's child ($P<0.05$). No relationship was detected between the number of children the women had and child physical abuse.

DISCUSSION

Prevalence of physical violence

Our results are thought provoking. Among the patients, only 17% were not subjected to any violence, 62% experienced physical violence at least once during their marriage, and 63% experienced violence at least once during their childhood. Fifty-one percent of the patients said that they physically abused their own children.

Frequency of domestic violence mentioned in literature occur within a wide range. One of the main reasons for that is method and sampling differentials. The closest sampling to the present study is the one used by Akyüz et al. (2002) in their study in a Sivas outpatient psychiatry clinic. In the present study, which used a questionnaire method, 57% of the female patients reported they experienced physical violence from a spouse. The higher percentage in our study is due not to a real disparity, but to the fact that we used a clinical interview method. Nevertheless, we had chosen this method in order to reduce, to the greatest extent possible, the amount of false negative responses.

Another interesting finding was that in half of the established spousal physical violence, children witnessed the violence between the parents, and

half of those children got involved in the violence. It has been found that although children that do not directly experience violence, having witnessed violence between parents has similar effects as other childhood traumas, and in the short-term this has given rise to aggression, signs of passivity, withdrawal, somatic symptoms, depression, and suicide attempts (McDonald and Jouriles, 1991). Moreover, children who have witnessed violence have had to undertake the psychological and, very often, physical care of their bruised mothers who need help (Vahip, 2002). Furthermore, they will internalize the feelings of depression of their mothers who are most probably depressed as a result of violence they experienced.

Physical violence relationship in three consecutive generations

Although domestic violence is seen more in marriages of those who have been subjected to domestic violence during childhood compared to those who have not, the difference is not statistically significant. Our finding contradicts the findings by some other researchers that there is a significant relationship between the two situations (Hamilton, 1989; Nadelson, 1996; Yıldırım, 1998; Riggs et al., 2000).

In the present study, a significant relationship was found between being the victim of domestic violence during childhood and abusing one's own child; a similar relationship has been reported by other researchers as well (Kaufman and Zigler, 1987; Zaidi et al., 1989; Simons et al., 1991; Egeland, 1993; Hemenway et al., 1994; Neugebauer, 2000).

Another finding of ours was the significant relationship between being the victim of domestic violence during marriage and perpetrating violence against one's own child. In other words, women who were beaten by their husbands beat their own children with greater frequency in comparison to women who were not beaten by their husbands. The findings from this study point to the following 3 basic problems about child abuse: 1. Parenting functions and mother-child relationships of women who were subjected to violence from a spouse or parents are negatively affected; 2. There is an increased risk of abusing one's own children; 3. Children witness violence between parents. All 3 situations have immediate or latent psychosocial effects. The developmental dimension of domestic

violence has previously been discussed in another article (Vahip, 2002).

Domestic violence and psychiatric practice

We are attempting to provide mental health services to a population in which 83% of the women suffered from domestic violence during childhood or marriage. The intensity and frequency of this violence, both in childhood and during marriage, is also significant. Of the physical violence that occurs in marriage, half is at a severe level. Of the women who experienced physical violence from a spouse, one seventh was exposed to it at least once a week and one fourth at least once a month. Of these patients, one fourth had been the victim of violence within the last month and one half within the last year. We write prescriptions and send them back to the same environment. The prognosis of patients living in violent environments has not been studied. On the other hand, if we consider the number of children raised by mothers who were brought up with violence and who are still exposed to spousal violence, it is not an overstatement to say that studies about this subject are, in a manner, an investment in the future.

When considering the problem from the perspective of the mental health of the society and child development, it is apparent that being raised in such an environment has negative impacts on mental health, interferes with the normal formation of personality, and might also increase the risk of susceptibility to psychopathology. In spite of all this, it would not be wrong to state that domestic violence is neglected in the practice of psychiatry.

Socio-demographic and cultural characteristics, which contribute to domestic physical violence

There was no difference between female patients who were subjected to violence during marriage and those who were not with regard to level of education, profession, family income, age at marriage, type of marriage, and number of children. Several studies have been published in which these parameters were shown to be associated with violence (Yıldırım, 1996; The Prime Ministry Family Research Organization, 1995, 1998; İçli et al., 1995; Akyüz et al., 2002; Erbek et al., 2004) and those who have not (İlkkaracan et al., 1996; Kurçer et al., 1999; Gülsen et al., 2000). The fact that our female patients, regardless of their level of education, employment, and financial well-being,

reported spousal violence at similar levels reminded us of the dark dimension of violence. Most studies focus on women exposed to violence and the relationships amongst the parameters concerning these women; however, we have much less information about the spouses who perpetrate violence.

The two parameters we found related to physical violence during marriage were age and sharing the same house with the mother-in-law. While some studies have found that age and spousal violence are inversely related (Appleton, 1980; Coleman et al., 1980), others have stated that marriage duration is as important as age, even more important than age (Kessler et al., 1997). In the study carried out by The Prime Ministry Family Research Institution, which encompassed all of Turkey (1998), it was found that being beaten by a spouse did not vary according to age, but that it was higher between the ages of 15-22 years. Some authors have put forth that women who are exposed to violence are intimidated throughout the years and have difficulty adjusting to their environment (Nadelson, 1996). Another point, which can be stressed looking at the findings of our study, is that at least in ongoing marriages, domestic violence does not affect the number of children at early stages, and it is difficult to state whether this is the case in other cultures.

The Prime Ministry Family Research Institution (1998) has stated that violence rate is higher in extended families, and the general problems resulting from disagreements between the mother-in-law and wife (the traditional bride versus mother-in-law dilemma) leads to conflicts between wife and husband. Turan et al. (2000) conducted research in Konya and have found that living in an extended family is associated with domestic violence and Volkan et al. (2002) had similar results in their qualitative research.

Strengths and weaknesses of the study

Domestic violence studies have some common difficulties. Among these are the level of violence at the site, sampling techniques, training and skill of the interviewer, cultural factors, and research method.

An outpatient psychiatry clinic in a big city was chosen as the site for this study. We thought that this was a suitable place for our objective. We aimed to examine the prevalence and features of domestic violence in the lives of average female

patients whom a psychiatrist would come across in daily practice. For sampling technique, married female patients who had consecutively presented to the outpatient psychiatry clinic for the first time were chosen, and out of 104 patients, 100 were admitted into the study. We think that this was an advantage. However, the small number of psychotic patients in the sample was a drawback. The cause of this shortcoming, which would account for a weakness of the study, may be the fact that acute cases mostly presented to the emergency room, not the outpatient clinic. The patients of our sampling were those who had applied to the outpatient clinic for the first time, so chronic patients were excluded from the onset. The reason for this choice was that while we were investigating domestic violence, which is related to several factors, we tried to omit, as much as possible, factors such as chronic mental illness, which would have further complicated the situation. However, comparative studies are needed, which include several psychiatric patient groups.

The interviewer of the study was a final year resident possessing all the characteristics of a good clinician. Furthermore, she had spent the last two years working on this study, was in good command of the subject, theoretically, and had evaluated and treated several domestic violence patients in supervision during clinical practice. Considering that interviewer characteristics are important in obtaining reliable information for such a study, this can be counted as a strength of the study. Our study was designed to facilitate data collection and to increase the reliability of the information, to the greatest extent possible, and we tried to execute it in such a manner. The patients were interviewed alone, in a comfortable, well-lit and quiet room. The flow of the interview was designed to meet the needs of the patients in receiving psychiatric help before anything else. Domestic violence was discussed only after this need of the patient was met

and after a trusting relationship was established with the patient.

We preferred not to use scales prepared and used abroad; we prepared our own. This had both some negative and positive impacts on the study. Taking into consideration the psychological and social sensitivity of the subject, the language of the questions prepared for clinical interviews were carefully worked out. Culturally sensitive forms were prepared and were intended to include main cultural characteristics in the parameters. In the end, information collected was much more comprehensive and detailed than in most studies. On the other hand, this information needs to be tested and retested with different samples, and in different social, cultural and clinical settings.

Another shortcoming of the study was that the information collected was based on questions and statements about the past. In particular, the reliability of the data based on the details of childhood domestic violence could have been affected by memory errors. Unfortunately, no research of this kind is immune to such methodological problems.

CONCLUSIONS

1. Our female patients had their share excessively from domestic physical violence, which is a widespread problem in the society. Of this fact escaping observation during psychiatric practice is a significant deficiency and awareness of psychiatrists on this subject has to be increased and their level of knowledge and skill has to be raised.

2. Domestic violence does not consist of individual facts. On the contrary, the individual facts, which we meet, are parts of the system, which are carried from one generation to another. There is need for further investigations, which will help us get to know more closely both the total and details of the system.

REFERENCES

- Akyüz G, Kuğu N, Doğan O (2002) Bir psikiyatrik polikliniğe başvuran evli kadınlarda aile içi şiddet, evlilik sorunları, başvuru yakınması ve psikiyatrik tanı. *Yeni Symposium*, 40(2):41-48.
- American Psychiatric Association (1994) *DSM-IV-Diagnostic and Statistical Manual of Mental Disorders-4th Ed.* American Psychiatric Association, Washington DC.
- Ayrancı Ü, Günay Y, Ünlüoğlu I (2002) Hamilelikte aile içi eş şiddeti: Birinci basamak sağlık kurumuna başvuran kadınlar arasında bir araştırma. *Anadolu Psikiyatri Dergisi*, 3:75-87.
- Appleton W (1980) The battered woman syndrome. *Annals of Emergency Medicine*, 9:84-91.
- Campbell JC (2002) Health consequences of intimate partner violence. *The Lancet*, 359: 1331-1336.
- Coleman KH, Weinman ML, Hsi BP (1980) Factors affecting conjugal violence. *Journal of Psychology*, 105:197-202.
- Doğanavşargil Ö, Vahip I (2003) Terapötik işbirliği neden önemli? Psikiyatrik yakınması "olmayan" bir aile içi şiddet olgusu. *Klinik Psikiyatri Dergisi*, 6(3):165-169.
- Egeland B (1993) A history abuse is a risk factor for abusing the

next generation. In *Current Controversies on Family Violence* RJ Gelles, DR Loseke (eds) Sage, Newbury Park NJ, pp.197-208.

Erbek E, Eradamlar E, Beştepe E et al. (2004) Kadına yönelik fiziksel ve cinsel şiddet: üç grup evli çiftte karşılaştırmalı bir çalışma. *Düşünen Adam*, 17(4): 196-204.

First MB, Spitzer RL, Gibbon M et al. (1997) *Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I)*. Washington DC, American Psychiatric Press.

First MB, Bell CC, Cuthbert B et al. (2002) A Research agenda for addressing crucial gaps in DSM. A Research agenda for DSM V, first edition, Kupfer DJ, First MB, Reiger DA (eds), Washington DC, American Psychiatry Association, s. 157-179.

Grisso JA, Schwarz DF, Hirschinger N (1999) Violent injuries among women in an urban area. *N Engl J Med*, 341: 1899-1905.

Gülşen G, Kaya M, Pehlivan E (2000) Tıp Fakültesi öğrencilerinin ailelerinde kadına yönelik aile içi şiddetle ilgili bir araştırma. *Toplum ve Hekim*, 15(5): 391-397.

Hamilton LR (1989) *Variables Associated with Child Maltreatment and Implications for Prevention and Treatment*. Child Abuse and Neglect: Theory, Research and Practice (ed. Pardeck JT) Gordon Breach Science Publishers, New York.

Hemenway D, Solnick S, Carter J (1994) Child rearing violence. *Child Abuse&Neglect*, 18: 1011-1020.

İçli TG, Ögün A, Özcan N (1995) Ailede kadına karşı şiddet ve kadın suçluluğu. TC Devlet Bakanlığı Kadının Statüsü ve Sorunları Genel Müdürlüğü Yayınları. Ankara.

İlkkaracan P, Gülçür L, Arın C (1996) Sıcak Yuva Masalı. Aile içi şiddet ve Cinsel Taciz. Metis Yayınları p.27.

Kaplan SJ, Pelcovitz D, Salzinger S et al. (1998) Adolescent physical abuse: risk for adolescent psychiatric disorders. *Am J Psychiatry*, 155(7): 954-959.

Kaufman J, Zigler E (1987) Do abused children become abusive parents? *Am J Orthopsychiatry*, 57:186-192.

Kessler RC, Davis CG, Kendler KS (1997) Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. *Psychol Med*, 27:1101-1119.

Krug EG, Dahlberg LL, Mercy JA et al. (2002) *World report on violence and health*. Geneva, World Health Organization.

Kurçer MA, Güneş G, Genç M (1999) Malatya'da sosyoekonomik düzeyleri farklı iki ayrı bölgede evli kadınlara yönelik aile içi şiddet ve etkileyen faktörler. *Sağlık ve Toplum*, 34-37.

Malinosky-Rummel R (1993) Longterm consequences of childhood physical abuse. *Psychological Bulletin*, 114(1):68-79.

Martin SL, Moracco KE, Garro J et al. (2002) Domestic violence across generations: findings from Northern India. *Int J Epidemiol*, 31(3):560-72.

McCauley J, Kern DE, Kolodner K et al. (1997) Clinical characteristics of women with a history of childhood abuse: unhealed wounds. *JAMA*, 7 (17):1362-8.

McDonald R, Jouriles EN (1991) Marital aggression and child behaviour problems. Research findings, mechanisms, and intervention strategies. *Behavior Therapist*, 14:189-191.

Nadelson CC (1996) Vulnerability and Response to Trauma in Women: Developmental Issues. *Textbook of Psychoanalysis* (eds. Nersessian E, Kopff R). APA Press, Wahington.

Neugebauer R (2000) Research on intergenerational transmission of violence: the next generation. *The Lancet*, 335: 1116-1117.

Özkürkçügil A, Aydemir Ö, Yıldız M et al. (1999) DSM IV Eksen I Bozuklukları İçin Yapılandırılmış Klinik Görüşmenin Türkçe'ye Uyarlanması ve Güvenilirlik Çalışması. *İlaç ve Tedavi Dergisi*, 12:233-236.

Riggs D, Caulfield M, Street A. (2000) Risk for domestic violence: Factors associated with perpetration and victimization. *Journal of Clinical Psychology*, 56:1289-1316.

Simons RL, Whitbeck LB, Conger RD et al. (1991) Intergenerational transmission of harsh parenting. *Developmental Psychology*, 29: 44-52.

The Prime Ministry Family Research Institution (1995) Aile içi şiddetin sebep ve sonuçları. Aile Araştırma Kurumu Yayınları. Ankara.

The Prime Ministry Family Research Institution (1998) Aile içinde ve toplumsal alanda şiddet. Aile Araştırma Kurumu Yayınları. Ankara.

Tollestrup K, Sklar D, Floyd JF et al. (1999) Health indicators and intimate partner violence among women who are members of a managed care organization. *Preventive Medicine*, 29: 431-440.

Turan M, Özkan İ, Telcioğlu M et al. (2000) Kadınlarda ruhsal hastalık ortaya çıkışı ile şiddete maruz kalma arasındaki niteliksel ilişki. *3P Dergisi*, 8(2):112-117.

Vahip I (2002) Evdeki şiddet ve gelişimsel boyutu: Farklı bir açıdan bakış. *Türk Psikiyatri Derg*, 13(4):312-319.

Volkan VD, Vahip I, Makhshvili N et al. (2002) IREX Internal Research and Exchanges Board Black and Caspian Sea Collaborative Research Program Final Report. Gender issues and family violence: public awareness and service to victims. Center for the Study of Mind and Human Interaction University of Virginia.

Wisner CL, Gilmer TP, Saltzman LE et al. (1999) Intimate partner violence against women: do victims cost health plans more? *J Fam Pract*, 48: 439-43.

World Health Organisation (1992) *ICD-10 Classification of Mental and Behavioural Disorders*. World Health Organisation, Geneva.

Yıldırım A (1998) *Sıradan Şiddet. Kadına ve Çocuğa Yönelik Şiddetin Toplumsal Kaynakları*. Boyut Yayınları, 1st Ed., İstanbul.

Yıldırım I (1996) Eşi dayak atan evli bireylerin özellikleri . *3P Dergisi*, 4 (2):108-115.

Yüksel Ş, Kayır A (1986) Psikiyatriye başvuran "örselenmiş kadının tanınması". *Düşünen Adam*, 1:16-20.

Yüksel Ş, Kora K, Özkan M et al. (2000) Aile içi şiddete maruz kalan kadınlarda yapılan grup psikoterapisi. *Nöropsikiyatri Arşivi*, 37:9-17.

Zaidi LY, Knutson JF, Mehm JG (1989) Transgenerational patterns of abusive parenting: analog and clinical tests. *Aggressive Behavior*, 15:137-152.