

Psychosocial factors affecting various types of intimate partner violence against women



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SUMMARY

Objective: Intimate partner violence against women is a growing global public health problem that is related to various psychosocial, cultural, mental, and economic factors. In this study, psychosocial factors affecting various types of intimate partner violence against women were investigated based upon affected individuals' statements.

Methods: Demographic data, exposure to various types of partner violence, individual habits, partner habits, family functioning, and social support were inquired about during face to face interviews with 306 women chosen by stratified sampling to represent adult women living in Edirne, Turkey.

Results: Among the participants, 54.5% were exposed to psychological violence, 30.4% were exposed to physical violence, 19.3% were exposed to economic violence, and 6.3% were exposed to sexual violence. Partner's age and the duration of marriage had a protective effect on intimate partner violence while worsening of marital relations, marriage by family decision, marriage against family consent, and the presence of a violent history against women in a partner's family had incremental effects on intimate partner violence. The duration of marriage, the worsening of marital relations and a history of violent exposure during childhood increased physical violence. Additionally, a decreasing family income, increasing economic violence, worsening of marital relations, and a decreasing social support network increased sexual violence against women.

Conclusions: Recognizing and defining the effecting factors of intimate partner violence will aid in the understanding of the sources that generate and feed the violent behavior. Risk factors of different types of intimate partner violence vary. Our results indicate that any kind of violent behavior increases intimate partner violence against women.

Key Words: women, partner, violence, partner abuse, risk factors, psychosocial factors

INTRODUCTION

Violence against women is a public health problem increasing in prevalence around the world. It has been stated that family violence is associated with many psychosocial, cultural, spiritual, and economic factors (Garcia-Moreno et.al. 2006). Women in particular face physical, sexual, economic, and psychological forms of violence (Zorrilla et.al. 2010). Encounters with violence cause various effects on the deterioration of women's health such as impaired quality of life, increased use of health services, as well as long-term care provided to their children's mental development (Bonomi et.al. 2006, Kernic et.al. 2003).

The World Health Organization reported that in 1996, violence from each type of behaviour resulted in injury, loss of life, or psychosocial damage against a person or a group (Krug et.al. 2002). Although physical and sexual violence first come to mind when a violent act is committed, other forms of violence including psychological violence is known to affect the mental health of women and is more common than previously thought (Ruiz-Pérez and Plazaola-Castaño 2005). The types of violence women are exposed to are often defined as emotional, physical, psychological and sexual (Meit et.al. 2007).

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Physical violence is defined as intimidation, suppression, and sanction tools of brute force. Sexual violence is defined as using a threat, suppression, and controlling the sexuality of women. Psychological or verbal violence is defined as intimidation by behaviours and conversations, suppression, punishment, and controlling of the person. Finally, economic violence is using economic resources and money on women as a tool to sanction, threaten, and control (Watts and Zimmerman 2002, Coker et.al. 2000).

Women's encounters with the different forms of violence are varied and are due to multiple risk factors. Several studies list being a woman as the major risk factor of being subjected to violent behavior, and this risk is especially increased in pregnant women (Bailey 2010, Ayranci et.al 2002). Socio-economic conditions, education, spouse's substance-use disorders, mental illness, and exposure to violence in the childhood years are other factors that increase the risk of violence (Uthman and et.al. 2009, Thompson and Kingree 2004, McKinney et.al 2009) Environmental factors include family structure, and exposure to or witnessing violence during childhood. (Siever 2008)

Aim

This study investigated the effect of psychosocial factors on different forms of violence against women. The determination of different types of spousal violence through the victim's own statements and with the use of the most extensive set of psychosocial variables including the actual, valid, and accepted psychometric scales available, the investigators aimed to reveal the effects on different types of violence.

The examination of the types of violence separately will contribute to and distinguish the various types of violence. Also it will provide the ability to monitor the dynamics of violence that change via social transformations over time. In the changing conditions of the country, psychological and economic violence are expected to increase while physical violence decreases. Recognition of the psychosocial factors that feed the increasing types of violence will help to rid them. The changing rate of violence, as well as its sources, may be brought into the open.

METHOD

Sampling

The target population included married women between the ages of 15-59 years living in the city center of Edirne. Power analysis showed that the sampling size should be at least 280 volunteers. Representative sample of the universe was determined by stratified cluster sampling. Women were divided into three strata according to their education (illiterates; literates, primary school or secondary school graduate; high

school or college graduates), and were then divided into two strata according to their working status (housewives never worked at no-income generating; other) and finally divided into two strata according to their ages (15-39 years and 40-59 years). Geographic boundaries and population were divided into 4 sets with the obtained data from the Health Authority of Edirne city.

Tools

Data for the study were collected using a questionnaire prepared by the researchers of this study. The questionnaire contained a total of 124 questions that examines demographic information of volunteers, smoking and alcohol habits, their spouses' habits including gambling, functionality of their marital relationship using the Maudsley Marital Questionnaire (MMQ), social supports using the Multidimensional Perceived Social Support Form (SDF), a variety types of spousal violence, family violence and exposure to violence from others, if applicable.

MMQ is a questionnaire that has sub-scales of satisfaction with marriage and sexual life. Marriage sub-scale (MMQ-M) is composed of 10 questions which can be scored between 0 and 8. The higher score corresponds to deterioration of the marital relationship. The same sub-scale is used for sexual life that consists of 5 questions and is also available in order to determine the quality of the spouses' sexual life (Joseph et.al 2007, Dişçigil 2003). SDF contains 12 questions which can be scored between 1 and 7, indicating that the perceived social support has risen. There are allocated sub-scales of the scale such as private person, family and friends (Eker et.al 2001)

Application

A trial application was performed with 10 women who came from outside of the target population and from different socioeconomic backgrounds that applied for various reasons in Trakya University Hospital. These women applied in order to determine the features of readability and understandability of the survey questions and to ensure the standardization of the researcher that conducted the questionnaire. The final version of questionnaire was made after the necessary corrections were completed. The interviews were made by the same researcher at the volunteers' homes or their work place. Following the receipt of information and confirmation for the study, the researcher conducted the interview in an environment that maintained the confidentiality requested by the participant. The survey responses from face-to-face interviews were administered by the researcher, and were recorded by the researcher as well. The interviews lasted an average of 45-60 minutes and the data collection phase was completed between May and September 2007. The consent form was read by the selected volunteers, and their verbal consents were asked.

Instead of women who did not participate in the study, other volunteers were selected from the same region. The number of those who refused was recorded to determine the rate of admission; a total of 35 women (11.4%) refused to answer the survey.

Statistical analysis

Participants scored responses from MMQ-M, MMQ-S, SDF and SDF sub-scales were collected by means of a computer and were subjected to statistical analysis for the total average. Some variables had multi-response options (forms of marriage, nuptial types, educational groups, social security, women's alcohol utilization and spousal educational groups) and these were regrouped for the statistical analysis while applied to the survey participants. For the purpose of preparation for logistic regression analysis, the questions that examined engaging in physical violence against children by women and their husbands and women's exposure to physical violence from their husbands were organized as Yes/No questions. In order to determine the effects of various factors, a "backward" oriented logistic regression model was utilized. Absolute 'p' value was given with the relevant tests to show the level of statistical significance and was considered statistically significant if p was <0.05 .

Permissions

Prior to the start of the study, the local ethics committee approval was obtained from Trakya University Faculty of Medicine.

RESULTS

Data analysis was performed for 360 participants. The average age of all participants consisting of married women was 37.8 ± 9.2 years (17-59 years) For 298 participants, it was the first marriage (97.4%) and the second marriage for 8 participants (7.6%) The average age of the first marriage was 21.0 ± 3.7 years (13-44 years), with the average duration of recent marriages being 16.6 ± 10.1 years (1-44 years). 191 participants (62.4%) compromisingly married, 81 (26.5%) were involved in an arranged marriage, 31 (10.1%) married against parental consent, 2 (0.7%) reported being abducted and 1 (0.3%) married by force of family. 270 women (88.2%) had both official and religious marriage. 28 (9.2%) of the women had only an official marriage, 6 of (2.0%) them had only a religious marriage, and 2 women (0.6%) cohabited with someone. Women in our research had an average of 1.6 ± 0.9 (0-7) children, 271 of the women (88.6%) had nuclear families, and the remaining 35 (11.4%) were living in an extended family.

35.6% of the women were high school graduates and 32.7% were primary school graduates; of the husbands, 35.9% graduated from high school. 186 of the participants (60.8%) were not working, while 5 (1.6%) had husbands who were not working as well. 21 (6.9%) of the participants had no social security. The number of cohabiting people was 3.6 ± 1.1 (2-10). The average monthly income per capita was 386.1 ± 327.2 (0-2000) YTL.

The rate of smoking among women was 35.3% and among husbands was 63.1%. 67 of the women (21.9%) drank socially, while 7 of the women (2.3%) were regular alcohol users. 131 of their husbands (42.8%) were social drinkers, while 92 of them (30.1%) were regular alcohol users as well. In addition, 11 of the husbands of participants (3.6%) had a gambling habit.

MMQ-M average scores of women were 22.2 ± 17.7 (7-80) points, MMQ-S average scores were also 11.1 ± 6.3 (3-40) points. SDF average scores of women were calculated as 71.9 ± 13.0 (30-84) points. Private person social supports were recorded at an average of 25.1 ± 4.7 (4-28) points, family social supports averaged 24.0 ± 5.8 (4-28) points, and friend social supports were averaged at 22.8 ± 6.4 (4-28) points.

168 of 275 women (61.1%) who had children, and 57 (20.8%) of their husbands reported that they had engaged in physical violence to their children. 180 of the women (58.8%) and 154 of their husbands (50.3%) were exposed to physical violence during childhood.

It was found that 188 of 306 (61.4%) participants were exposed to some kind of violence. Regarding types of violence, 167 of the women (54.6%) were exposed to psychological violence, 93 (30.4%) to physical violence, 59 (19.3%) to economic violence and 19 (6.3%) to sexual violence.

Factors effecting intimate partner violence against women were examined in a logistic regression model that have an accuracy rate of 76.7%. Model results are given in Table 1. A logistic regression model that examines the factors effecting women's physical, psychological, economic and sexual violence and its results are respectively given in Tables 2, 3, 4 and 5. The factors effecting physical intimate partner violence against women that is reported to have a continuous nature in 64 (20.9%) women were examined in a separate logistic regression model (Table 6).

DISCUSSION

A search in 1997 by the Institution of Family Research in Turkey on the frequency of physical violence against women discovered that 16.5% of women were exposed to this type and 12.3% were exposed to verbal violence in 2578 households throughout the country (Turkish Republic The Prime

Table 1. Logistic regression analysis results of intimate partner violence

	P	Odds Ratio	95% confidence interval	
			Lower limit	Upper limit
Age of spouse	0,009	0,909	0,847	0,977
Duration of last marriage (year)	0,027	0,924	0,861	0,991
MMQ-M score*	<0,001	1,176	1,114	1,240
Marriage pattern (1)	0,014	2,551	1,240	5,376
Marriage pattern (2)	0,049	3,984	1,003	15,87
Violence against women in spouse's family (1)	0,042	2,136	1,029	4,444
Constant	0,610			

Marriage pattern: compromisingly =0, arranged =1, against parental consent or abducted =2; Violence against women in spouse's family: no=0, yes=1.

* MMQ-M: Maudsley Marital Questionnaire, marriage subscale

Ministry 1997). The study by Akyüz et.al (2002) determined that at a psychiatry clinic in the province of Sivas, the percentage of the women exposed to violence from their husbands was 57%. Vahip et.al (2006) determined by their research with 100 married women admitted to the psychiatry outpatient department that 62% of these women were exposed to physical violence at at least one time during their marriage and those who were already exposed to family violence had a higher probability for being engaged in violence to their children. According to research performed, the prevalence of violence against women is given at different rates and the risk factors affecting the violence against women are varied. Differences in study design are effective in the identification of different types of risk factors. Studies that examined variables affecting the violence on a representative sample of the community are less prevalent. In our research, in general, factors affecting the violence against women and the risk factors which are effective in different types of violence were analyzed.

According to our study the presence of intimate partner violence increased according to the increasing score of the MMQ-M scale, corresponding to the denigration of the marital relationship. Intimate partner violence was 2.5 times more prevalent in women that had arranged marriages, and 4 times more prevalent in women married against parental consent than women married compromisingly. Husband's age and marriage duration were found as protective factors; type of marriage and the presence of violence against women in the husband's family were also found as significant risk factors.

The presence of a violent history in the husband's childhood increased the physical violence against women by 3.5 times. Each 1-point increase on the MMQ-M scale represented the denigration of the marital relationship and increased physical violence 1.2 times. Whilst the increase in the duration of the marriage had a protective effect against violence when considering all types of violence together, it was found to increase

Table 2. Logistic regression analysis results of physical intimate partner violence

	P	Odds Ratio	95% confidence interval	
			Lower limit	Upper limit
Age of spouse	0,080			
Duration of last marriage (year)	0,035	1,112	1,007	1,228
MMQ-M score*	0,032	1,033	1,003	1,065
SDF family score**	0,096			
History of exposure to physical violence in spouses childhood (1)	0,002	3,523	1,596	7,776
Violence against women in spouse's family (1)	0,060			
Constant	0,569			

History of exposure to physical violence in spouses childhood: no=0, yes=1; Violence against women in spouse's family: no=0, yes=1.

* MMQ-M: Maudsley Marital Questionnaire, marriage subscale

** Multidimensional Perceived Social Support Form, family subscale

Table 3. Logistic regression analysis results of psychological intimate partner violence

	P	Odds Ratio	95% confidence interval	
			Lower limit	Upper limit
Age of first marriage	0,080			
Duration of last marriage (year)	0,053			
Working status (1)	0,102			
SDF private person*	0,062			
History of exposure to physical violence in spouses childhood (1)	0,007	5,427	1,596	18,451
Constant	0,685			

Working status: not working=0, working=1, History of exposure to physical violence in spouses childhood: no=0, yes=1.

* Multidimensional Perceived Social Support Form, private person subscale.

physical violence. Due to the way individuals were questioned, the presence of physical violence during the whole relationship, and the extended duration of marriage may have had an effect of detecting past times with higher rates of physical partner violence in public. From another perspective, because the physical violence had a more traumatic characteristic than other types, and despite the erosive effects of time, it may have been easier to remember the experiences of the violence at different times of the marriage, and this may have contributed to this difference.

It was determined that the presence of continuous physical violence is 5 times more likely in cases where a violent history against women in husband's family was present and is 3 times more likely in cases of physical violence by the husband to the child. The most important risk factor of continuous physical violence is history of violent exposure during their childhoods. These findings indicate how spread the violence was among the environment containing violence and to those who witnessed or experienced it.

Having a physical violent history in a spouse's childhood increased the physical violence against women 6 times. Economic violence was linked to low-income. Sexual violence was increased with the reduction of social support and the deterioration of the marital relationship that was expressed with increased MMQ-M point.

When intimate partner violence was evaluated in general, the risk of encountering violence has increased in women who married against parental consent or in abduction marriages.

Taking positive parental support for the individual's upbringing and the perception of family integrity are effective in the development of problem-solving skills (Leidy et.al. 2010) In the case of poor social support and problem-solving skills, the violence continued (Eisikovits et.al. 1993) Therefore, positive family support can help the development of healthy problem-solving skills and prevent the violence, while perhaps confronting it.

A decrease of violence against women by increasing the duration of marriage can be understood by the development of different coping-methods. Avoidance, taking social support or problem-solving are the most basic methods (Sullivan et.al. 2010) Avoidance especially was reported to have a reinforcing and enhancing effect on violence; however the women who have/receive social support practiced problem-solving more often than not (Snow et.al. 2003). Time may help couples to develop these skills described for problem solving.

The deterioration of the marital relationship measured by increasing MMQ-M points stands out as the most powerful associated factor with the violence. It was detected as a risk factor because it increased the sexual, physical, continuous physical and in general intimate partner violence. The nature of the marital relationship as explained in detail by Heru et.al. (2007) on the introductory chapter of their article is determined by many factors such as communication skills, problem-solving skills, presence/absence of psychological problems of the individual, and whether emotional and behavioral control are present. Sexual and physical violence may

Table 4. Logistic regression analysis results of economical intimate partner violence

	P	Odds Ratio	95% confidence interval	
			Lower limit	Upper limit
Income (YTL)	0,020	0,999	0,999	1,000
Gambling habit of spouse	0,089			
Constant	0,502			

Table 5. Logistic regression analysis results of sexual intimate partner violence

	P	Odds Ratio	95% confidence interval	
			Lower limit	Upper limit
MMQ-M score*	<0,001	1,072	1,033	1,112
SDF score**	0,017	0,908	0,839	0,982
SDF private person score***	0,020	0,815	0,686	0,969
Constant	0,002			

* MMQ-M: Maudsley Marital Questionnaire, marriage subscale

** Multidimensional Perceived Social Support Form

*** Multidimensional Perceived Social Support Form, private person subscale.

result from deterioration or being involved in a bad marital relationship.

Abramski et.al. (2011) reanalyzed study data from the World Health Organization carried out in 10 different countries about intimate partner violence against women, then identified the common risk factors for the different placements. Increasing education, a high socioeconomic level and official marriage were protective factors, while alcohol utilization, living in a large-family, young age, childhood abuse, growth in a family containing violence and exhibiting violent behaviour in adulthood were increasing risk factors. Similarly in our study, having a history of physical violence in husband's childhood and growing up with violence in the family are risk factors increasing continuous physical violence and psychological violence. Children exposed to and/or who witnessed violence in childhood have similar long-term and short-term effects of childhood trauma such as aggression, anxiety, depression symptoms and suicide attempts. Also, the children may encounter various problems in adolescence

and during adulthood (Margolin et.al. 2009). In addition, children who had witnessed violence oblige to take mental or even physical care of a scarred parent who needs help (Vahip 2002) Therefore, children faced with or who had witnessed violence can be a future spouse that engages in violence or may be a woman who will become exposed to violence in the long-term.

As a result, identification and understanding of psychosocial risk factors in the emergence of violence will help us to take necessary precautions in order to prevent violent behavior. It is important to understand that there are different types of intimate partner violence against women and these have a cause-effect relation. Environments that feed violence and witnessing the violence enhance the violent behaviours, and these effects will determine the direction of anti-violence efforts. Especially investigating the different types of violence separately, determining the risk factors, maintaining and recognizing the protective factors should be the goal of studies in this area.

Table 6. Logistic regression analysis results of continuous physical intimate partner violence

	P	Odds Ratio	95% confidence interval	
			Lower limit	Upper limit
Age of first marriage	0,002	0,791	0,683	0,915
Income (YTL)	0,012	1,000	1,000	1,001
MMQ-M score*	0,001	1,057	1,022	1,094
SDF score**	0,011	0,951	0,915	0,989
SDF private person score ***	0,105			
Violence against women in spouse's family (1)	<0,001	4,915	2,191	11,024
Spouses violent behaviour against his children (1)	0,016	2,901	1,224	6,876
Constant	0,350			

Violence against women in spouse's family: no=0, yes=1, Spouses violent behaviour against his children: no=0, yes=1.

* MMQ-M: Maudsley Marital Questionnaire, marriage subscale

** Multidimensional Perceived Social Support Form

*** Multidimensional Perceived Social Support Form, private person subscale.

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