

# Associations Between Sexual Violence and Women's Sexual Attitudes, Sexual Self-Consciousness, and Sexual Self-Efficacy

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## Abstract

Sexual violence, a public health problem, can be seen in all societies and among individuals from all levels of educational background. It is important to be aware of the social and individual factors associated with sexual violence to prevent and fight sexual violence. In this study, it was aimed to determine the associations between sexual violence and women's sexual attitudes, sexual self-consciousness, and sexual self-efficacy. This is a descriptive study. The data were collected from 469 women admitted to three family health centers in Turkey between May and September 2018. Data were collected using a data collection form and three scales (the Sexual Self-Consciousness Scale, the Sexual Self-efficacy Scale, and the Hendrick Brief Sexual Attitudes Scale). The data were analyzed using descriptive statistics as well as the independent-sample *t* test and logistic regression analysis. It was found that 37.7% of the women were exposed to sexual violence. The most frequent response of the women against sexual violence was "crying" with 61%. The first reason why the women maintained the marriage despite sexual violence was to avoid their children growing up without a father (43.3%). There was a statistically significant difference between sexual violence and sexual

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embarrassment, sexual self-focus, sexual self-consciousness, and sexual self-efficacy scores of the women ( $p < .001$ ). No significant difference between the means of the women's sexual attitude scores and their sexual violence experiences was observed ( $p = .526$ ). There was an association between sexual violence and sexual self-efficacy ( $p = .036$ ; odds ratio [OR] = 1.030, 95% confidence interval [CI] = [1.002, 1.059]). Health professionals may provide sexuality education programs at family health centers, especially for couples preparing for marriage to increase sexual efficacy. Moreover, education may be provided identifying sexual violence acts in marriage and informative awareness programs may be offered regarding sexual violence.

### **Keywords**

sexual violence, sexual attitude, sexual embarrassment, sexual self-consciousness, sexual self-efficacy, sexual self-focus

## **Introduction**

Sexual violence is a public health problem with a significant impact on the mental, physical, and sexual health of the victims and their social welfare (Basile, 2005; Basile & Smith, 2011; Campbell & Townsend, 2010; Sommers, 2007). Sexual violence is seen in all societies and it is a profound human right violation (Dartnall & Jewkes, 2013). As stated by Jewkes et al. (2002), in the World Report on Violence and Health published by the World Health Organization (WHO), sexual violence is defined as:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Coercion may mean quite a lot of varying levels of force, including but not limited to physical force, psychological intimidation, and several types of threats, such as blackmailing, physical harm, firing from a job, or not hiring for a job applied. Coercion does not necessarily occur while the victim is conscious enough to give consent for several reasons, such as being under influence of alcohol/narcotics, being asleep, or being mentally not fit. (Jewkes et al., 2002). Rape is among the sexual violence crimes and involves any degree of physically coerced penetration of the vulva or anus with any body parts or an object. When the penetration does not occur following an attempt, it is called as

attempted rape. Sexual violence does not have to involve the penis, that is, any contact of a body part with a sexual organ is defined as sexual violence, such as a contact between the mouth and vulva or anus (Jewkes et al., 2002).

In different countries of the world, 6% to 59% of women are exposed to sexual violence in their lifetime (WHO, 2005). According to WHO, one third of the women experience physical or sexual violence throughout their lives (WHO, 2010). In Turkey, 12% of the women have been exposed to sexual violence from their partners or women at any time throughout their lives, and this rate was 5.3% within the previous 12 months (Hacettepe University, Institute of Population Studies, 2014).

Sexual violence is affected by gender roles, as in all forms of violence (Antai, 2011; Jewkes, 2002). Gender roles and norms play an important role in sexual behaviors and attitudes as well as in sexual violence (Sanchez et al., 2006). Common occurrence of violence in the environment in which women are raised, especially the occurrence of violence in their families, as well as gender roles of the women in the Turkish society result in women's acceptance of violence (Hacettepe University, Institute of Population Studies, 2008). In Turkey, in a survey conducted in 2008 in 12,795 women, 14.2% of the women agreed with this statement "husbands may beat their wives in some conditions," 30.5% agreed with this statement "women, even if they do not desire, should have sex with their husbands." In the same study, 35.3% of the women agreed with this statement: "physical violence can sometimes be used to teach manners and discipline children" (Hacettepe University, Institute of Population Studies, 2008). In another study conducted nationwide in Turkey in 7,462 women, 43% of the women agreed with the statement that "women should not argue with their husbands in the event that they do not agree with them on a subject" (Hacettepe University, Institute of Population Studies, 2014). These answers, which may mean approval or normalization of violence against women, also explain the relationship between violence and social attitude.

In studies conducted in Turkey, women's reactions to violence were found to be "crying, verbal response, or keeping completely silent." In a study, 74% of the women stated that they "cried and did not give another response" in case of a violence (Alan et al., 2016b), in another study, 44% of the women who were a victim of a sexual violence stated that "they did not tell about the incident to anybody or any institution" (Hacettepe University, Institute of Population Studies, 2014). When the women were asked about the reasons for maintaining the marriage despite sexual violence, 60% stated that "they did not see violence as a serious problem," 23% to 55% stated that "due to reasons related to the children" (Alan et al., 2016a, 2016b; Hacettepe University, Institute of Population Studies, 2008, 2014), and 16% to 44% stated that "they love their husbands/they believe their husbands will end this

violent behavior" (Alan et al., 2016b; Hacettepe University, Institute of Population Studies, 2008, 2014), and therefore they did not divorce.

In the Turkish society, while boys are raised in a way allowing them more freedom and privileges in sexuality compared to girls, who are generally raised under pressure and control and expected to meet traditional roles involving several limitations, such as abstinence until marriage (Bilgili & Vural, 2011; Civil & Yıldız, 2010; Tahincioglu, 2010). Suppressed sexuality or the negative attitudes toward it may lead to a decrease in sexual self-consciousness, lack of sexual self-confidence, and, consequently, lack of sexual self-efficacy (Celik, 2012).

Sexual self-consciousness consists of various components, such as the tendency to think and reflect about the nature of sexuality, the perspective on sexual life, and feelings about the social pressure regarding sexual behaviors (Salisbury, 2004). Sexual embarrassment is a subdomain of sexual consciousness and defined as being unable to talk about sexual issues, not being comfortable about sexual issues, not being able to express himself or herself in sexual terms, and sexual shyness (van Lankveld et al., 2007). Individuals with sexual embarrassment remain silent rather than sharing their sexual feelings and thoughts and tend to hide their sexual problems (Celik, 2012, 2013b). Sexual self-efficacy is defined as individuals' belief that they are able to perform their emotional reactions and behaviors successfully in a sexual context (Bailes et al., 1998). In other words, it is one's belief in his or her own sufficiency about sexuality. In a study by Reissing et al. (2005), it was found that sexual self-efficacy had an intermediary effect between sexual self-schemes and sexual adjustment. Behaviors, attitudes, and sexual problems of individuals during sexual intercourse may vary based on their sexual self-efficacy level (Celik, 2013a). Based on these definitions, sexual self-consciousness, sexual embarrassment, and sexual self-efficacy are sexual behaviors or sexual behavior characteristics.

Sexual attitude is influenced by family, close environment, cultural and social structure, traditions, religious beliefs, and moral attitudes (Aras et al., 2007; Askun & Ataca, 2007). In this context, sexual attitude can shape one's sexual consciousness, sexual embarrassment, and sexual self-efficacy, because before a person performs a behavior, he or she has a positive or negative attitude toward that action and acts according to this attitude.

The number of studies in Turkey investigating sexuality, sexual behavior, and the dynamics affecting sexuality has increased only in the last 10 to 15 years. The most important reason for this delay is that sexual issues are still largely characterized by concepts such as sin and shame, and perceived as embarrassment (Karacam et al., 2012). The number of studies focusing only on sexual violence and evaluating factors related to sexual violence is quite limited. Sexual violence is a social problem with significant negative consequences

for women's physical and psychological health. Sexual violence is influenced by gender roles and patriarchal social dynamics and studies on the prevalence of sexual violence and related factors are also important and necessary, especially in countries with a patriarchal society like Turkey. Determining sexual violence rates and related factors can be determinative and directive for measures to be taken to fight sexual violence, social awareness programs to be organized, and all kinds of laws, regulations, and new strategies to be developed. In this sense, it is considered that it is important to determine the relationship between sexual violence and sexual self-consciousness and sexual self-efficacy, which defines sexual behavior and characteristics of an individual, as well as sexual attitude, as shaped by social roles. There are very limited studies investigating the relationship between sexual violence and these factors. To the best of our knowledge, there exist no study investigating women's sexual attitudes, sexual self-consciousness, and sexual self-efficacy in relation with sexual violence in a large sample group. When the conceptual framework of the study was formed in light of this foundation, it was aimed to determine the sexual attitudes, sexual self-consciousness, and sexual self-efficacy levels of women in Konya universe, which has a patriarchal society structure, and investigate the associations between these variables and sexual violence in women. It is considered that this study makes an important contribution to the literature in this respect.

### ***Research Questions***

1. How many women suffer from sexual violence?
2. What are the reactions given by the women to sexual violence?
3. What are the reasons for maintaining marriage despite sexual violence?
4. Is there an association between sexual violence and the sexual attitudes of women?
5. Is there an association between sexual violence and the sexual self-consciousness of women?
6. Is there an association between sexual violence and the sexual self-efficacy of women?

### **Method**

#### ***Participants***

This descriptive study was performed with the women admitted to three family health centers (FHCs) between May 2018 and September 2018 in Konya

city center. Konya is a province that is located in Central Anatolia with the largest land area in Turkey. The FHCs were selected randomly in equal numbers from each district in the city. Each FHC had different socioeconomic characteristics. FHCs are the primary health care centers each of which provides services for around 3,000 people with health care staff including doctors, nurses, and midwives.

The sample of the study was calculated by the G \* Power program as 434 women with a 1-point deviation and 90% strength from the known average sexual self-efficacy score ( $23.31 \pm 6.26$ ) obtained from the study of Celik (2012) and Faul et al. (2007). It was decided to increase the calculated sample size (434 women) by 10% considering the probable non-responses, which made the sample size 477.

The inclusion criteria were living with a partner/husband, being heterosexual, being at least 18 years old or over (mean age  $\pm$ ), being literate, being not pregnant, being not puerperant, not breastfeeding, and having no chronic health problems or mental disorders. The researcher first introduced herself to the women who were presented to the FHC and gave information about the study. Then, the women who met the inclusion criteria and volunteered to participate were taken to an empty room one by one, and they were asked to complete the data collection forms. The researcher did not leave the room until the data collection form was completed to provide explanations, if needed. After completing the form, the participant left the room, and another participant was invited in. A total of 656 women admitted to these three FHCs within the aforementioned time period. Of these 656 women, 122 were excluded because of pregnancy, 53 were excluded because they were puerperal, and 12 were excluded because they rejected to participate. The study was completed with 469 women. Ethical (IRB = 2018/124) and institutional permits from related FHCs were obtained before the study.

## Measures

Data were collected with a data collected form and three scales, namely, the Sexual Self-Consciousness Scale, the Sexual Self-efficacy Scale, and the Hendrick Brief Sexual Attitudes Scale. While the participant filled out the data collection form and the scales, the researcher waited with them and explained the sections that the participant did not understand. The participants completed the data collection form and three scales in 15 to 20 min. In addition; it was piloted in 47 participants (10%) to obtain the final version. The participants involved in this pilot study were excluded from the study.

**Data collection form.** The sociodemographic characteristics, smoking and alcohol use status, exposure to sexual violence, responses to partners when exposed to sexual violence, and the reasons for sustaining marriage despite sexual violence were evaluated with questions and items prepared based on the literature (Alan et al., 2016a, 2016b; Hacettepe University, Institute of Population Studies, 2014). The statements evaluating the sexual violence incidence, their responses to their partners when they were exposed to sexual violence, and the reasons for sustaining the marriage despite sexual violence were itemized and women were asked to mark the yes box for the items that applied to them and no to those that did not.

There were 34 closed-ended items in the data collection form. The data collection form comprised five sections, namely, women's sociodemographic characteristics (nine items); women and their partners'/husbands' undesired habits, such as smoking or alcohol use (four items); status of exposure to sexual violence (seven items); women's responses to sexual violence (eight items); and reasons for sustaining marriage despite sexual violence (six items).

**Sociodemographic characteristics.** This includes nine questions about sociodemographic characteristics, such as the participant's age, partner's/husband's age, duration of marriage, location where resided longest, and education status.

**Women and their partners'/husbands' undesired habits.** There are four questions in this section, namely, women's smoking status, partners'/husbands' smoking status, women's alcohol use status, and partners'/husbands' alcohol use status.

**Status of exposure to sexual violence.** In this section, there are seven items regarding sexual violence experienced during the current marriage. The women were asked to mark the yes/no boxes regarding the items about sexual violence. Sexual violence items are presented in Table 2. Some of the items in this section were "My partner/husband treats me bad in case I reject sexual intercourse," "Marital rape," "Unwanted pregnancy," and "My partner/husband talks about sexual contents that I don't like." While answering the items inquiring about sexual violence, the researcher explained the points they did not understand.

**Women's responses to sexual violence.** In this section, there are eight items regarding the women's responses to sexual violence and they were asked to mark the item describing their response most accurately. Some of the items

describing the women's responses to sexual violence are as follows: crying, verbal response, no reaction, contacting the police, and so on.

**Reasons for maintaining marriage in the context of sexual violence.** In this section, there are six items inquiring about the reasons why the women are sustaining their marriage despite sexual violence and they were asked to mark the item describing their feeling best. Some of the items describing reasons for sustaining marriage despite violence are as follows: for the children not to grow up without a father, due to financial reasons, due to being in love with the partner/husband, to avoid stigmatization as a widowed mother, and so on.

**Sexual Self-Consciousness Scale.** The scale was developed by van Lankveld et al. (2007) and adapted to Turkish by Celik (2013b). It is a 5-point Likert-type scale (0 = *Strongly disagree* to 4 = *Strongly agree*) with 12 items. This self-report scale was designed to evaluate individuals' self-consciousness, sexual embarrassment, and sexual self-focus (Celik, 2013b; van Lankveld, et al., 2007). The higher the scores in sexual embarrassment (items 1–6) and sexual self-focus (items 7–12) subdomains, the higher the individuals' level of sexual embarrassment and sexual self-focus. The total score of the scale is obtained by adding up the scores obtained from each subdomain, and the higher the total score in the scale (min = 0, max = 48), the higher the level of sexual self-consciousness. Some of the items inquiring about sexual embarrassment are as follows: I am easily ashamed in sexual matters, I find it difficult to sexually let myself go in front of the other person, and I think that my partner is observing me throughout sexual intercourse. Some of the items about sexual focus are as follows: I pay attention to my bodily changes during sexual intercourse, I feel anxious during sexual behaviors, and generally, I wonder what my partner thinks about me during sexual intercourse.

Validity and reliability studies of the Turkish version of the scale resulted in Cronbach's alpha values of .84, .83, and .79 for the total score of the scale, and sexual embarrassment and sexual self-focus subdomains, respectively (Celik, 2013b). Permission was obtained to use the scale. In this study, Cronbach's alpha values were found to be .83, .81, and .78 for the total of the scale, and sexual embarrassment and sexual self-focus subdomains, respectively.

**Sexual Self-Efficacy Scale.** This self-report scale was developed by Humphreys and Kennett (2010) to evaluate sexual self-efficacy. Validity and reliability of the scale was studied by Celik (2013a). This 9-point (0 = *Not at all like me* to 8 = *Very much like me*) Likert-type scale has five items. The higher the score (min = 5, max = 40), the higher the level of sexual self-efficacy (Celik,

2013a). The Turkish adaptation of the scale was shown to have a Cronbach's alpha level of .71 (Celik, 2013a). Permission was obtained to use the scale. Cronbach's alpha value was found to be .73 in this study.

**Hendrick Brief Sexual Attitudes Scale.** This 21-item 5-point Likert-type scale (1 = *Strongly disagree*, 5 = *Totally agree*) was developed by Hendrick and Hendrick (1987) to evaluate individuals' attitudes toward various aspects of sexuality. The scale has four subdomains: Permissiveness (items 1–10), Birth Control (items 11–13), Communion (items 14–18), and Instrumentality (items 19–23). The total score is between 23 and 115.. Higher scores indicate that the person sees sexuality as a need, confirms that sexuality should be in human life, feels responsible for birth control, respects the ideas of the partner/husband, gives importance to the wishes of his or her partner/husband without centering himself or herself in sexual life, and accepts sexuality based on gender equality and free from gender discrimination (Karacam et al., 2012). Cronbach's alpha values of the Turkish version of the scale were found to be .85, .86, .84, .69, and .69 for the total score, and the Permissiveness, Birth Control, Communion, and Instrumentality subdomains, respectively (Karacam et al., 2012). Permission was obtained to use the scale. In line with the objectives of the study, the total score of the scale was included in analyses, and Cronbach's alpha value was calculated as .71.

### **Data Analysis**

To analyze the data, Statistical Package for the Social Sciences for Windows, version 20.0 (SPSS) was used (IBM, New York, USA). In descriptive statistical analyses, percentages, means, and standard deviation values were used. The association between independent variables and sexual violence was analyzed using the bivariate tests, such as the chi-square and independent-sample *t* tests (Tabachnick & Fidell, 2013). Characteristics such as women's and partner's/husband's age, duration of marriage, location where women resided the longest, educational status of women and their partners/husbands, family type, relationship of partner/husband, perceived level of income, smoking status of women and their partner/husband, alcohol use status of women and their partner/husband, means of sexual embarrassment, sexual self-focus, sexual self-consciousness, sexual self-efficacy, and sexual attitudes scores were inserted into bivariate analyses as independent variables. As to independent variables found as significant after performing bivariate analyses, several variables, such as women's age ( $p < .001$ ), partner's/husband's age ( $p < .001$ ), duration of marriage ( $p = .001$ ), location where women resided the longest (1 = *District/village* and 0 = *city*;  $p = .034$ ), educational status of

women (1 = *primary school* and 0 = *high school and over*;  $p < .001$ ), relationship of partner/husband (1 = *poor* and 0 = *good/fair*;  $p < .001$ ), perceived level of income (1 = *poor* and 0 = *good/fair*;  $p = .020$ ), smoking status of women (1 = *yes* and 0 = *no*;  $p = .028$ ), smoking status of their partner/husband (1 = *yes* and 0 = *no*;  $p = .001$ ), alcohol use status of women (1 = *yes* and 0 = *no*;  $p = .001$ ), alcohol use status of their partners/husbands (1 = *yes* and 0 = *no*;  $p < .001$ ), mean sexual embarrassment score ( $p < .001$ ), mean sexual self-focus score ( $p < .001$ ), mean sexual self-consciousness score ( $p < .001$ ), and mean sexual self-efficacy score ( $p < .001$ ) all of which were found significant in bivariate analyses, were included in the model in logistic regression analysis. Logistic regression analysis was performed using the enter method to determine the associations with sexual violence. The condition in which women were exposed to sexual violence was accepted as a dependent variable. The assessment was based on women experiencing sexual violence (1 = *yes*) and those not experiencing sexual violence (0 = *no*). In the study, two-tailed tests were used, and significance was accepted as  $p < .05$ .

## Results

### Description of the Sample

The mean age of the women was  $34 \pm 9.696$  years, and the mean duration of marriage was  $13.29 \pm 10.39$  years. Of the participants, 62% lived in the city most, 57.8% were primary school graduates, 80% were living in a nuclear family, 94.7% described their relationship with their partners/husbands as good/fair, and 95.9% perceived their income level as good/fair (Table 1).

### *Sexual Violence History of the Women, Reactions Demonstrated Against Sexual Violence, and Reasons for Marriage in the Context of Sexual Violence*

It was found that 37.7% (177) of the women were exposed to sexual violence. The characteristics of sexual violence sub-dimensions are presented in Table 2. An investigation of the women's responses to against sexual violence showed that the most frequent response type was "crying" (61%). An investigation of the reasons for maintaining marriage despite sexual violence showed that 43.3% did not divorce because they did not want their children to be deprived of their father. The other reasons are presented in Table 3.

**Table 1.** Description of the Sample ( $N = 469$ ).

Sociodemographic Characteristics of Women	$M \pm SD$
Age	34 ± 9.696
Partner's/husband's age	37.74 ± 9.879
Duration of marriage	13.29 ± 10.39
	% (n)
Location where resided longest	
City	62 (291)
District/village	38 (178)
Education status	
Primary school	57.8 (271)
High school/above	42.2 (198)
Partner's/husband's education status	
Primary school	48.4 (227)
High school/above	51.6 (242)
Family type	
Nuclear family	80 (375)
Extended family	20 (94)
Relationship with partner/husband	
Good/fair	94.7 (444)
Poor	5.3 (25)
Income level	
Good/fair	95.9 (450)
Poor	4.1 (19)
Smoking status (yes)	21.7 (102)
Partner's/husband's smoking status (yes)	62 (291)
Alcohol use status (yes)	2.6 (12)
Partner's/husband's alcohol use status (yes)	14.1 (66)

*The Relationship Between Sexual Violence and Sexual Embarrassment, Sexual Self-Focus, Sexual Self-Consciousness, Sexual Self-Efficacy, and Sexual Attitudes*

In this study, there was a statistical difference between those who were exposed to sexual violence and those who were not in terms of sexual embarrassment, sexual self-focus, self-consciousness, and sexual self-efficacy mean scores ( $p < .001$ ). There was no statistical difference between these two groups in terms of sexual attitude mean scores ( $p = .526$ ) (Table 4).

**Table 2.** Distribution of Characteristics of Sexual Violence Sub-Dimensions.

Types of Sexual Violence	Number (%) Yes	95% Confidence Interval	
		Lower	Upper
Sexual Violence <sup>a</sup>	177 (37.7)	33.1	42.2
My partner/husband treats me bad in case I reject sexual intercourse	134 (28.6)	24.3	33
Marital rape	84 (17.9)	14.5	21.5
Unwanted pregnancy <sup>b</sup>	63 (13.4)	10.4	16.6
My partner/husband talks about sexual contents that I don't like	59 (12.6)	9.8	15.6
My partner/husband makes sexual jokes that I don't like	51 (10.9)	8.1	13.9
My partner/husband makes fun of my sexuality/my sexual organs	41 (8.7)	6.4	11.5
My partner/husband harms/tries to harm my sexual organs	15 (3.2)	1.7	4.9

<sup>a</sup>The total of the answers is higher than the number of participants because the participants were allowed to select more than one option.

<sup>b</sup>Which refers to unwanted pregnancy as it relates to reproductive coercion, for example, being forced to continue an unwanted pregnancy or being unable to obtain birth control.

### *Logistic Regression Analysis Between Sexual Violence, Some Sociodemographic Variables, Sexual Embarrassment, Sexual Self-Focus, and Sexual Self-Efficacy of Women*

Table 5 presents the results of the regression analyses. Due to the high correlation between sexual embarrassment, sexual self-focus, and sexual self-consciousness, the model eliminated sexual self-focus and calculated the association factor of the others (sexual embarrassment and sexual self-focus are subdomains of sexual self-consciousness). There was an association between sexual violence and sexual self-efficacy ( $p = .036$ ; odds ratio [OR] = 1.030, 95% confidence interval [CI] = [1.002, 1.059]).

Association factors for women experiencing sexual violence during their current marriages were composed of the following: education status of women ( $p = .006$ ; odds ratio [OR] = 2.051, 95% CI = [1.227, 3.430]) and partner's/husband's alcohol use status ( $p < .001$ ; OR = 4.634, 95% CI = [2.210, 9.716]).

In light of the findings of the regression analysis, sexual violence experienced by women during current marriages increased up to 2.051-fold by low education

**Table 3.** Reactions Demonstrated Against Sexual Violence and Reasons for Marriage in the Context of Sexual Violence.

Reactions Demonstrated Against Violence	N (%)
Crying	286 (61)
Verbal response	217 (46.3)
Sharing the incident with the family	146 (31)
No reaction	123 (26.2)
Physical response	93 (20)
Referring to a health institution	74 (16)
Blaming herself for the sexual violence experienced	71 (15)
Contacting the police	65 (14)
Reasons for Maintaining Marriage in the Context of Sexual Violence	N (%)
For the children not to grow up without a father	203 (43.3)
Expectation that the violence would end	177 (38)
Due to being in love with the partner/husband	158 (33.7)
Due to financial reasons	134 (28.6)
To avoid stigmatization as a widowed mother	118 (25)
The idea that the women would not be accepted back to their parents' home	109 (23)

Note. Women replied "yes" to one or more items for each of these two sections.

**Table 4.** The Relationship Between Sexual Violence and Sexual Embarrassment, Sexual Self-Focus, Sexual Self-Consciousness, Sexual Self-Efficacy, and Sexual Attitudes.

Variables	Sexual Violence		
	Yes ( $M \pm SD$ )	No ( $M \pm SD$ )	Analysis Result
Mean of sexual embarrassment score	$14.35 \pm 5.76$	$11.82 \pm 5.81$	$t = 4.578$ $p < .001$
Mean of sexual self-focus score	$24.27 \pm 8.61$	$27.37 \pm 7.98$	$t = -3.964$ $p < .001$
Mean sexual self-consciousness score	$29.59 \pm 8.62$	$25.57 \pm 9.70$	$t = 4.530$ $p < .001$
Mean sexual self-efficacy score	$24.27 \pm 8.61$	$27.37 \pm 7.98$	$t = -3.964$ $p < .001$
Mean sexual attitudes score	$85.10 \pm 7.13$	$85.57 \pm 8.24$	$t = -0.634$ $p = .526$

Note. Independent sample t test was used. Bold values:  $p < 0.05$  is statistically significance value.

**Table 5.** Logistic Regression Analysis Between Sexual Violence, Some Sociodemographic Variables, Sexual Embarrassment, Sexual Self-Focus, and Sexual Self-Efficacy of Women.

Associated Factors With Sexual Violence	<i>p</i>	Odds Ratio	95% Confidence Interval	
			Low Value	High Value
Age	.062	0.927	0.927	1.004
Partner's/husband's age	.950	0.998	0.927	1.074
Duration of marriage	.137	1.042	0.987	1.101
Location where resided longest (district/village)	.302	1.274	0.804	2.020
Education status (primary school)	<b>.006</b>	2.051	1.227	3.430
Relationship with partner/husband (poor)	.061	0.339	0.110	1.050
Perceived level of income (poor)	.830	1.137	0.352	3.668
Smoking status (yes)	.616	1.159	0.651	2.065
Partner's/husband's smoking status (yes)	.317	1.273	0.793	2.044
Alcohol use status (yes)	.228	2.873	0.517	15.980
Partner's/husband's alcohol use status (yes)	<b>.000</b>	4.634	2.210	9.716
Sexual embarrassment	.983	0.999	0.926	1.078
Sexual self-consciousness	.106	0.962	0.918	1.008
Sexual self-efficacy	<b>.036</b>	1.030	1.002	1.059

Note. Bold values: *p* < 0.05 is statistically significance value.

status (primary school) and up to 4.634-fold by partner's/husband's alcohol use status, and up to 1.030-fold by the women's sexual self-efficacy level.

## Discussion

In this study, the rate of women who were exposed to sexual violence by their current husbands/partners was found to be quite higher (37.7%) than the average of Turkey (12%) (Hacettepe University, Institute of Population Studies, 2014). Alan et al. (2016a) reported the rate of sexual violence against women as 13.5% in a study carried out in Konya. High rates of sexual violence reported for the province of Konya are noteworthy. Konya is a risky region for sexual violence against women. It is also possible that this dramatic increase may have occurred because women can express their experiences of sexual

violence more easily compared to the previous years. This difference could be because of the measures a more inclusive measure/definition of sexual violence was used in this study (e.g., unwanted pregnancy, sexual insults). In addition, the high rate of sexual violence in this study may be related to the data collection form used to determine sexual violence. In this study, to determine sexual violence, women were asked to tick the "yes" box for any of the seven items containing sexual violence if they experienced them from their current husbands or partners. Sexual violence is an intimate matter in private relationships. Women may find it difficult to answer questions about sexual violence. In addition, sexual violence is ignored in research on violence against women. There are difficulties in identifying, defining, and measuring sexual violence in private relationships. There is no consistency in terminology and measurement. Therefore, sexual violence rates of similar studies may also vary (Bagwell-Gray et al., 2015).

In this study, approximately 18% of the women were exposed to marital rape from their husbands. The Turkish Penal Code states that the rape of the spouse is a crime and that investigation and prosecution are initiated based on the complaint of the victim (woman) (Turkish Criminal Law, 2014). Despite the fact that there exists such a law, the rate of women's going to relevant authorities to seek for justice is very low in Turkey. In our study, only 14% of women reported the incident to the police in case of sexual violence. The rates in other studies conducted in Turkey do not exceed 10% (Alan et al., 2016a; Hacettepe University, Institute of Population Studies, 2008, 2014). The fact that marital rape is an intimate matter or that women do not know about this law may prevent them from reporting the crime to the police. Informing women about the laws about violence and teaching them about the legal institutions to which they can apply can increase their awareness and reduce the incidents of violence.

In this study, women's main responses to sexual violence were crying (61%), verbal response (46.3%), sharing it with family members (31%), or not responding at all (26.2%) (Table 3). Response types to violence have been similar in other studies (Alan et al., 2016a, 2016b; Hacettepe University, Institute of Population Studies, 2014). These results indicate that women do not have sufficient knowledge about fighting violence and that they do not know the ways of defending their rights.

The top three reasons for maintaining marriage despite sexual violence stated by the participants were for the children not to grow up without a father (43.3%), the expectation that the violence would end (38%), and due to being in love with the partner/husband (28.6%) (Table 3). Responses of the women in other studies conducted in Turkey are almost identical with the ones obtained in this study (Alan et al., 2016a, 2016b; Hacettepe University,

Institute of Population Studies, 2014). The general perspective of the Turkish society is to keep the family together no matter what (Hacettepe University, Institute of Population Studies, 2008). As women grow up with this perspective, they do not tend to end their marriages easily.

It is notable that a substantial portion of women identified genuine hope and belief that their husband will change as a reason for maintaining their marriage. Therefore, instead of blaming women for maintaining marriage despite violence, the society should hold the perpetrators responsible and force them to change and end violence. It may be recommended to include men in efforts to stop violence against women, to determine the causes of violence by men, to develop various ways to fight it, and to prepare training, counseling, and rehabilitation programs.

In this study, sexual embarrassment and sexual self-consciousness mean scores of the women who experienced sexual violence was significantly higher, and sexual self-focus and sexual self-efficacy scores were significantly lower (Table 4). To the best of our knowledge, there are very limited studies in the literature comparing sexual violence against women and these variables. Exposure to sexual violence can increase the level of sexual embarrassment, and women who experience sexual embarrassment may be subjected to more sexual violence. As a matter of fact, it is not known whether these women had been subjected to sexual violence in their childhood or youth. Women exposed to sexual violence in their childhood or youth may also develop sexual embarrassment due to their trauma. Therefore, it can be said that there is a two-way relationship. Similarly, exposure to sexual violence may reduce sexual self-focus and sexual self-efficacy, or women may be exposed to sexual violence due to low levels of sexual self-focus and sexual self-efficacy. Women with high levels of sexual self-consciousness were found to be aware of sexual acts of violence, and sexual violence rate was found to be higher in them may be because they defined sexual violence better.

No relationship was found between sexual attitude and sexual violence in this study (Table 4). Negative attitudes and behaviors toward women, myths of rape, and gender discrimination in the society are related factors for sexual violence (Brown & Messman-Moore, 2010; Eker & Erdener, 2011; Loh et al., 2005; McMahon & Banyard, 2012). A society's attitude toward sexuality is influenced by the basic beliefs and value systems of the society and the view of gender (Bilgili & Vural, 2011; Bozdemir & Özcan, 2011; Civil & Yıldız, 2010; Tahincioglu, 2010). Reevaluation of the relationship between sexual attitude and sexual violence in further studies with larger samples is warranted.

In this study, in the logistic regression analysis, among the women's sociodemographic characteristics, the level of education and the status of

alcohol use of the partner/husband were found to be related to sexual violence (Table 5). In some studies, alcohol use of the husband was found to be a related factor in terms of domestic violence similar to our study (Alan et al., 2016a; Djikanovic et al., 2009; Tumwesigye et al., 2012). Alcohol consumption adversely affects anger management and cognitive functions and increase violence against women by causing economic problems and behavioral disorders (Tumwesigye et al., 2012).

Another variable associated with sexual violence in logistic regression analysis is sexual self-efficacy (Table 5). Sexual self-efficacy is the belief of individuals in their ability to perform successful sexual behaviors and to give impressive sexual responses. In other words, sexual self-efficacy is individuals' beliefs and thoughts that they have control and power in all matters concerning their sexuality (Celik, 2013a; Kennett et al., 2009). It is reported in the literature that sexual empowerment also corresponds to sexual self-efficacy (Bowman, 2014; Peterson, 2010; Zimmerman, 1995). Sexual empowerment is an individual's belief in how to enjoy sexual pleasure, and their clarity about sexual needs and desires and how to communicate their sexual needs and desires to their husbands/partners (Bowman, 2014; Peterson, 2010; Zimmerman, 1995). In other words, sexual empowerment or sexual self-efficacy is the power of an individual to know what he or she wants about sexuality and to act as he or she wishes in this direction. In a study, it was found that women exposed to sexual violence experienced fear of sexual weakness (Zerubavel & Messman-Moore, 2013). Sexual weakness can lead to sexual violence; however, the trauma, injury, and fear experienced by a woman with a history of sexual violence may diminish her belief that she is sexually powerful and sufficient, and thus her level of sexual self-efficacy may be low. Therefore, we can say that the relationship between sexual violence and sexual self-sufficiency is reciprocal.

## **Limitations**

The data were collected from women admitted to FHCs during working hours. Therefore, the study was unable to include women who worked in full-time jobs, which may mean a limitation. The researchers evaluated women's history of sexual violence based on their own reports; thus, some of the sexual violence acts that the women experienced may not have been reported during the study, which may have prevented us from revealing the true rates of sexual violence. Our findings cannot be generalized to the entire population in Turkey, so further research with larger population is needed especially in different regions of Turkey. Although this study has some limitations, the researchers believe that it provides a framework for investigating women's

sexual embarrassment, sexual self-focus, sexual self-consciousness, sexual self-efficacy, and sexual violence.

## Conclusion

According to our study, one out of every three women experienced sexual violence from their partner/husband. The most frequent reaction given by the women to sexual violence was crying and the first reason for maintaining marriage despite sexual violence was for the children not to grow up without a father. While a significant relationship was found between sexual violence and sexual embarrassment, sexual self-focus, sexual self-consciousness, and sexual self-efficacy, no significant difference was found between sexual violence and sexual attitude.

## Implications for Practice

Health care professionals can organize awareness-raising programs starting from the pre-marriage period to reduce sexual violence by teaching them which actions are considered sexual violence. It is also important to make available the contact information of the authorities that they need to contact in case of sexual violence.

To reduce the sexual embarrassment and to increase sexual self-efficacy, FHCs may provide sexual education programs especially for couples preparing for marriage. These programs should be designed considering the cultural characteristics of the society, and they may be composed of educational programs to prepare the participants for possible sexual problems and their solutions, and to challenge their misconceptions about sexuality.

Health care professionals can take the anamnesis of married couples' sexual problems and refer them to the relevant clinics or sexual therapy specialist. In addition, to rebuild the women's sexual respect and increase their sexual self-efficacy levels after sexual violence, health professionals can provide psychological counseling or refer them to a sexual therapist to help them regain confidence in interpersonal relationships. Activities such as breathing and relaxation exercises to deal with post-traumatic stress, listening to music, and having new hobbies can be recommended to reduce their stress levels. Women's support groups can be formed by creating environments in which the women who experienced sexual violence and returned to their daily lives strongly and those who have experienced sexual violence recently meet with each other.

The relationship between sexual violence and sexual self-consciousness, sexual self-focus, sexual embarrassment, sexual self-efficacy, and sexual

attitude can be evaluated in further studies with larger sample groups. An investigation of the relationship between sexual violence and sexual self-consciousness, sexual self-focus, sexual embarrassment, sexual self-efficacy, and sexual attitude may contribute to the literature by planning further studies also involving pregnant women.

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### **Author Contributions**

H.A.D. designed and planned the study. She also revised the related literature and collected the data. She wrote the manuscript and submitted the journal. S.C. contributed to the planning of the study. She also revised the related literature.

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