

Childhood Trauma, Type of Marriage and Self-Esteem as Correlates of Domestic Violence in Married Women in Turkey

Nevin Hotun Şahin · Sermin Timur ·
Ayla Berkiten Ergin · Ayten Taşpınar ·
Nevin Akdolun Balkaya · Sevd e Çubukçu

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Abstract The aim of this study is to determine childhood trauma, the type of marriage, and level of self-esteem as correlates of domestic violence in married women in Turkey. The study sample consisted of 750 women aged 20 and over, selected through face to face interviews. **Results** More than half the women were exposed to domestic violence, which increases with factors like lower economic status, teenage and arranged marriages and a large number of children. According to the logistic regression model, arranged marriages, sexual problems and physical abuse during childhood lead to an increase in the occurrence of domestic violence, while this decreases as the partners age. The Rosenberg Self-Esteem Scale scores were significantly lower in women subjected to domestic violence and this decrease became statistically significant as the level of abuse experienced during childhood increased.

Keywords Arranged marriage · Childhood Trauma Questionnaire (CTQ) · Domestic violence · Self-esteem · Rosenberg Self-Esteem Scale (RSES) · Women · Violence

Introduction

Domestic violence is defined as physical, psychological, or sexual violence within a family (Krug et al. 2002) and is often perpetrated against women. Incidence of violence, including sexual and domestic abuse against women and girls, varies widely across the population in Turkey (The Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008). Established theories of the etiology of violence span several levels of analysis, ranging from influence of societal norms and power inequality to interactions between family members in childhood and

N. H. Şahin (✉)
Department of Obstetric and Gynecologic Nursing,
Florence Nigthingale School of Nursing, Istanbul University,
Sisli, Istanbul 34387, Turkey
e-mail: nevinsahin34@yahoo.com
e-mail: nevinsah@istanbul.edu.tr

S. Timur
Department of Nursing, Malatya Health High School,
İnönü University,
Malatya, Turkey
e-mail: setimur@inonu.edu.tr

A. B. Ergin
Department of Midwifery, Health High School,
Kocaeli University,
Kocaeli, Turkey
e-mail: aergin@marmara.edu.tr

A. Taşpınar
Department of Midwifery, Manisa Health High School,
Celal Bayar University,
Manisa, Turkey
e-mail: aytaspınar@yahoo.com

N. A. Balkaya
Department of Nursing, Aydın Health High School,
Adnan Menderes University,
Aydın, Turkey
e-mail: nakdolun@yahoo.com

S. Çubukçu
Medical Faculty Hospital, Trakya University Edirne,
Edirne, Turkey
e-mail: sevde.c@gmail.com

adulthood and, finally, to individual characteristics that increase the likelihood of violence occurring (Whitaker and Lutzker 2009).

Domestic violence against women is an important problem in Turkey, as it is around the world. Patriarchal family structures and traditional norms and values are important elements that affect the role of women in Turkey. Externally motivated explanations for violence are most commonly expressed via sociobiological, social educational, subcultural and patriarchal theories (Neugebauer 2000). Evidence of the intergenerational transmission of violence has focused on the two main hypotheses of domestic violence, namely, the experience of growing up in an abusive home and the acculturation of patriarchal values (Alexander et al. 1991).

It is still the case that girls are forced into arranged marriages at a very young age, the incidence in Turkey being up to 36.2 percent according to Family Structure Research (T.C. Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü, Türkiye İstatistik Kurumu 2006). Some of the problems that arise in the field of reproductive health result from this. Practices such as early and arranged marriages, a second wife (kuma) and preplanned marriages that involve exchanging girls between families (berdel) can still be encountered in Turkey, although they are forbidden by law and are generally acknowledged to be a violation of human rights. When girls are subjected to such practices, they may be faced with physical violence and experience psychological health problems.

The characteristic of self-esteem not only makes an essential contribution to life satisfaction and is indispensable to normal and healthy self-development, but also has a bearing on survival. Development of an individual's self-esteem is adversely affected by exposure to, or witness of, violence and subsequent loss of confidence in others (Branden 2001). Healthcare professionals are expected to be at the center in terms of providing medical care, support and advice to those exposed to domestic violence (Bacchus and Bewley 2008; ICN 2001; WHO 1997b). However, most healthcare professionals do not have sufficient training to provide the services and help required by victims of violence (Akyüz et al. 2002; Garimella et al. 2000; Şahin et al. 2008; WHO 1997b). Although domestic violence and violence against women rank among the most serious problems in Turkey, studies in this area are limited.

Materials and Methods

Aims and Objectives

The purpose of the study was to determine:

- (a) the type of violence to which women were exposed during childhood and adulthood

- (b) the effect of the type of marriage on the self-esteem of Turkish women and their exposure to domestic violence.

Research Questions

1. Is there a relationship between childhood trauma and domestic violence, both of which women might be exposed to?
2. Is there a relationship between the type of marriage and domestic violence?
3. Is there a relationship between the exposure of women to violence and the use of violence against their own children?
4. Can domestic violence affect a woman's self-esteem level?

Design

The study was planned in a descriptive and cross-sectional design.

Participants

The study concentrated on married women in urban areas (Aydin, Edirne, Kocaeli, Manisa and Malatya- five big cities in Turkey). Written approval was obtained from the ethical review board of the health directorate.

The criteria for inclusion were as follows:

- Aged 20 years and above,
- not pregnant,
- not puerperant or breast feeding,
- not suffering from chronic health problems.

Nine hundred and forty women who met the inclusion criteria in these districts were invited to join the study and 750 who volunteered to participate were included. The study sample was determined using the stratified sampling technique according to age and residence. The women were informed about the aim of the study and issues such as anonymity, confidentiality and consent were explained. Rate of participation was 80%. One hundred and ninety women chose not to participate for various reasons such as lack of time, concerns about privacy, shyness or neglect. Since a large proportion of the women were housewives or had retired and the healthcare provider had close relations with the women residing in the study region, data could be collected during home visits.

Data Collection

The participant information form (PIF) (22 questions), Rosenberg Self-Esteem Scale (RSES) (10 questions), and

Childhood Trauma Questionnaire (40 questions) were used as tools for gathering data. The questionnaires were read to the women by the researchers and filled in accordingly. The average time for an interview was approximately 45 min.

The PIF contains 22 questions developed by the present authors. To investigate the level of violence against them, women were asked whether anyone had, over the past 12 months, verbally abused them or used physical violence of any sort, such as slapping, punching, pushing, and who the perpetrator was. The variables are presented in Table 1.

Since the sociocultural backgrounds were similar, not every resident was taken into consideration as an independent variable. No difference was observed in the bi-variability analysis test ($p < 0.05$). For this reason, no resident variable was used in the logistic regression analysis.

The Rosenberg Self-Esteem Scale (RSES), developed by Rosenberg (1965) and adapted for use in Turkey by Çuhadaroglu, included 10 questions. Possible answers were “strongly agree,” “agree,” “disagree,” and “strongly disagree.” Scale scores were between zero and 30, with 30 representing the maximum level of self-esteem (Çuhadaroglu 1986). The reliability coefficient of the tools was 0.71. In our samples, the Cronbach alpha was 0.89, showing that the RSES was reliable and valid for the group studied.

The Childhood Trauma Questionnaire (CTQ) comprised 40 questions in 5 Likerts. The scale was composed of 3 subscales: Emotional abuse, emotional neglect, physical abuse and sexual abuse. The format of a typical five-level Likert item was “strongly disagree,” “disagree,” “neither agree nor disagree,” “agree” and “strongly agree.” The total scores recorded were between 40 and 200. High scores indicated the level of abuse in that item during childhood or adolescence. The Cronbach alpha was between 0.79–0.94 in a study performed by Bernstein et al. (2003), while Aslan and Alparslan found that this factor ranged between 0.94–0.96 in Turkey (Aslan and Alparslan 1999). The CTQ Cronbach alpha lay between 0.74–0.90 in the present study. A reliability and validity analysis of the Cronbach Alpha values found indicated that the tools used can be applied to the group examined in this study.

Analysis of the Data

SPSS for Windows (Statistical Package for Social science for Windows, Version 10.0) was used to evaluate the data. Quantitative data were averaged (\bar{X}) first and then presented with the standard deviation (SD). Congruency of the data to the normal distribution was evaluated. Data that agreed with normal distribution was then reevaluated with t , ANOVA and post-hoc tests in Turkey. Logistic regression analysis was performed with variables that are reported to be risk factors for exposure to violence.

Table 1 Theoretical concepts in the study

Variables theoretical range	
Age	In year
Partner's age	In year
Education year	In year
Partner's education year	In year
Number of pregnancies	In number
Number of Miscarriages	In number
Number of children	In number
Age of marriage	In year
Years of marriage	In year
Employment	1 = Working 2 = Not working
Financial status	1 = Low income 2 = Middle income 3 = High income
Education level	1 = Primary school 2 = Middle school 3 = High School 4 = University
Family composition	1 = Nuclear family 2 = Extended family 3 = Broken family
Marital type	1 = With love 2 = Arranged Married
Level of satisfaction in marriage (self-reports)	0 = never10 = too much
The presence of sexual problems	1 = yes 2 = no
History of exposure to violence in marriage	1 = yes 2 = no
Type of violence	1 = Verbal 2 = Physical 3 = Emotional 4 = Sexual 5 = Misk
Her views about the violence against women.	1 = cannot be acceptable 2 = deserved in some cases 3 = a normal
History of exposure to violence in childhood	1 = yes 2 = no
Abuser	Open-ended
Use of violence against children	1 = yes 2 = no

Results

Women who participated in this study had a mean age of 39.25 ± 13.78 (min: 20; max:80), with an average of 2.37 ± 1.98 pregnancies. Their partners had a mean age of $42.11 \pm$

Table 2 Socio-demographic characteristics of participants (*n*=750)

Socio-demographic characteristics	N	%
Education level		
Primary school	402	53.6
High school	176	23.5
University	172	22.9
Partners' education level (<i>n</i> :684)		
Primary school	312	45.6
High school	204	29.8
University	168	24.6
Employment		
Yes	256	34.1
No	494	65.9
Economic status		
Low income	225	30.0
Middle income	434	57.9
High income	91	12.1
Family type		
Nuclear family	620	82.7
Large family	130	17.3
Marriage type		
With love	374	49.9
Arranged	376	50.1

16.58 (min:20; max:85), the average number of children being 1.2 ± 0.42 . Twenty eight percent were under 18 years of age on marriage and 44.5% had been married for more than 16 years. The socio-demographic characteristics of the study population are presented in Table 2.

While violence against women within the family was not found to be related to the education level of the partner (χ^2 :6.913 *p*:0.141) and family composition (χ^2 :0.731 *p*:0.694), it was found to be strongly related to lower economic status (χ^2 7.124 *p*:0.028), early marriage (χ^2 : 14.231 *p*:0.003) and arranged marriage (χ^2 :48.778; *p*: 0.000). In addition, the women who were exposed to violence were aged (*t*:2.662; *p*:0.008), had more children (*t*:2.217; *p*:0.027) and were less satisfied with their marriage (*t*:4.299; *p*:0.000).

Based on the average CTQ scores, the subscale scores were: PA (physical abuse) 28.85 ± 7.39 (min:16 max:80), EA (emotional abuse) 36.38 ± 11.17 (min:19 max:95), SA (sexual abuse) 5.54 ± 1.46 (min:5 max:25), the total CTQ scores being 70.66 ± 17.78 (min:40–max:200).

The mean RSES score was 19.23 ± 6.69 , and there was a significant decrease with increasing CTQ scores. The RSES were significantly low (*t*:−3.190; *p*:0.001), while the CTQ scores (*t*: 9.601; *p*:0.000), physical abuse subscale (*t*: 9.084; *p*:0.000) and emotional abuse subscale (*t*: 8.877; *p*:0.000) scores were significantly high.

In one -way analysis, logistic regression was used to examine the combined effect of independent variables

related to the violence problem. The results are presented in Tables 3, 4 and 5.

In the logistic regression model, violence within families increased in arranged marriages (Odds Ratio [OR]=1.610, 95% Confidence Interval [CI]=1.014–2.557), and with the presence of SA (OR=4.431, 95% CI=2.065–9.507), age (OR=1.063, 95% CI=1.001–1.129) and PA during childhood (OR=1.102, 95% CI=1.054–1.153) and decreased with the age of the partner (OR=0.939, 95% CI=0.885–0.996).

Discussion

Domestic violence is considered to be a social health problem (WHO 1997a), almost always perpetrated against a woman by her husband or close relative (Bacchus and Bewley 2008). Exposure to it is not only an important health care problem, but is also a violation of a woman's rights. Domestic violence is a manifestation of the historically unequal power relationship between men and women. In developing countries, violence against women and girls occurs in the family or within the home, where violence is often tolerated as a cultural norm. Tolerance to,

Table 3 History of domestic violence of participants

History of violence	N	%
Abused		
Yes	668	89.0
No	92	11.0
^a Type of violence (<i>n</i> =668)		
Verbal abuse	322	48.2
Physical abuse	198	29.6
Emotional abuse	119	17.8
Sexual abuse	21	3.2
Others	8	1.2
Abuser (<i>n</i> =658) ^a		
Mother	206	31.3
Father	169	25.7
Husband	143	21.7
Friend/relative	96	14.6
Husband's family	44	6.7
Views of domestic violence		
Violence cannot be acceptable	686	91.5
Violence is deserved in some cases	59	7.9
Violence is a normal behavior	5	0.7
Use of violence against children ^b		
Yes	154	21.5
No	563	78.5

^a More than one answer was given

^b *n*=71

Table 4 Relationship between CTQ subscale scores and total scores with RSES scores

Scales	Mean±SD	Min-Max	Median	RSES (r)	p
Emotional abuse subscale	36.38±11.17	19-81	35	-1.60*	<0.001
Sexual abuse subscale	5.42±1.46	5-17	5	-1.84*	<0.001
Physical abuse subscale	28.85±7.39	16-73	27	-1.17**	<0.001
Total CTQ	70.66±17.78	40-159	67	-1.64*	<0.001
RSES	19.23±6.69	0-30	20		

and acceptance of violence as a shared value, traditional gender roles and problems that arise in life can be listed among the factors contributing to domestic violence. (Whitaker and Lutzker 2009).

Krug et al. (2002) reported that 10 to 60 % of women around the globe are exposed to physical violence at the hands of their partner at least once in their lifetime. In

Turkey, an incidence of 34–97% was reported (Alper et al. 2005; Güler et al. 2005; Hıdıroğlu et al. 2006; Mayda and Akkuş 2004). Difference in numbers may stem from (1) the way the study was carried out (home or institution based), (2) differences in culture and (3) differences in defining “domestic violence” since women may express this in different ways.

Table 5 Analysis of the risk factors affecting exposure of women to violence

Risk factors affecting violence	B	S.E	SD	p	OR	% 95 CI	
						Low value	High value
Marriage type							
With love	(Ref.)				1		
Arranged	.476	.236	1	.044	1.610	1.014	2.557
Education level							
Primary school or below	-.057	.254	1	.822	.944	.573	1.555
Middle school or above	(Ref.)				1		
Employment							
Working	(Ref.)				1		
Not working	.222	.265	1	.401	1.249	.743	2.100
Financial status							
Low income	-.072	.363	2	.842	.930	.457	1.894
Middle income	-.306	.321	1	.339	.736	.393	1.380
High income	(Ref.)				1		
Sexual problems							
Yes	1.489	.390	1	.000	4.431	2.065	9.507
No	(Ref.)				1		
Use of violence against children							
Yes	.701	.258	1	.007	2.016	1.215	3.343
No	(Ref.)				1		
Age	.061	.031		.046	1.063	1.001	1.129
Partner's age	-.063	.030		.036	.939	.885	.996
Number of pregnancies	.282	.161		.079	1.326	.968	1.816
Number of Miscarriages	-.128	.190		.501	.880	.607	1.277
Number of children	-.268	.193		.165	.765	.524	1.116
Age of marriage	.195	.180		.277	1.215	.855	1.728
Years of marriage	.142	.138		.306	1.152	.878	1.512
Level of satisfaction in marriage	-.024	.048		.626	.977	.888	1.074
RSES	.026	.018		.153	1.027	.990	1.064
CTQ Physical abuse subscale	.097	.023		.000	1.102	1.054	1.153
CTQ Emotional abuse subscale	.025	.015		.088	1.025	.996	1.055
CTQ Sexual abuse subscale	.188	.124		.131	1.207	.946	1.541

Logistic regression analysis

Studies report a relationship between violence and family size (T.C. Başbakanlık Aile Araştırma Kurumu Başkanlığı 1995; Vahip and Doğanavşargil 2006). In Turkey, poor socioeconomic status, increased parity rate, marriage and pregnancies at an early age play a major role in the advent of domestic violence. In a study carried out in Iran, factors affecting financial status are reported to have a bearing on the incidence of domestic violence. An increase in the number of children, low income level and teenage and arranged marriages were seen to cause a significant increase in violence against women. Those who fail to benefit from their educational rights and do not have independent financial resources are more likely to become victims. Another contributory factor in domestic violence is a large number of children and over-crowding, along with low income level. (Dissiz and Sahin 2008). Arranged and teenage marriages are still important problems that need to be addressed in Turkey. There was a 1.6-fold increase in the risk of violence in arranged marriages. Other studies reported similar results with respect to low satisfaction levels in the marriages of women exposed to domestic violence (Jin et al. 2007; Karaçam et al. 2006; Erbek et al. 2004; Akyüz et al. 2002).

Among the factors that affect life satisfaction and happiness, development of self-esteem plays a pivotal role (Çecen 2008). As in the case of the participants in the present study, exposure to domestic violence during childhood has a negative effect on the development of a woman's self-esteem. Individuals whose self-esteem is low were reported to exhibit a low level of trust towards other people, hopelessness, difficulty in adjusting to society, guilt, embarrassment and a high level of worry, as well as displaying signs of psychosomatic and depressive behavior (Bacchus and Bewley 2008; Diaz et al. 2002). Low self-esteem, a characteristic of victims of violence, prevents women from seeking a solution to end the violence and, worse, contributes to the continuation of the violence. Women who looked for and found a solution to the problem on first being exposed to violence enjoyed greater self-esteem and were better able to cope (Bacchus and Bewley 2008; Diaz et al. 2002).

A democratic family atmosphere helps raise individuals who show self-confidence and self-esteem (Sarı 2007). On the other hand, trauma during childhood can lead to post-traumatic stress, low self-esteem, difficulty in protecting oneself and in cooperating with others, avoidance, various health problems and alcohol and drug abuse (Haj-Yahi and Tamish 2001; Vahip and Doğanavşargil 2006). Of the married women who presented at psychiatric clinics for the first time, 62% had been exposed to violence in their marriage, 63% in childhood and 51% used violence against their children (Vahip and Doğanavşargil 2006). Thirty percent of abused children subsequently used violence

against their own children in adulthood, while this rate is only 2 to 4% in adults not exposed to violence during childhood (Gelles 1995). CTQ scores among university students are 100.6 (Bostanci et al. 2006) despite the differences in education level of the subjects.

In parallel with the present findings, other studies have reported a strong correlation between exposure to domestic violence and the use of violence by the victim towards her child (Vahip and Doğanavşargil 2006; Neugebauer 2000; Hemenway et al. 1994; Simons et al. 1991; Zaidi et al. 1989; Kaufman and Zigler 1987). Individuals who had experienced violence in childhood exhibited serious behavioral disturbances, threatening their own children with anger and aggression. It is not simply the violence but also the associated emotional atmosphere that is being transferred from generation to generation. The internalized anger, fear and depression affect these individuals throughout their lives. Factors that prepare the ground for the abuse/neglect of the children include low socioeconomic status, large family size, the presence of the concept of migration and low levels of education and marriage satisfaction. It was found that many of these factors acted together in the study sample. Similarly, women who have a history of childhood abuse run a high risk of finding themselves in an abusive relationship as adults. Results of this study support the idea of such a vicious circle of violence. Social learning theory was used to explain the cycle of violence in individuals (Kwong et al. 2003). Those who were abused during childhood or adolescence accepted violence as a normal means of punishment (Akpınar 2003; Hıdıroğlu et al. 2006; Tas et al. 1993).

Research into domestic violence has shown that there is a correlation between exposure to violence in childhood and later involvement in an abusive relationship for both males and females. A recent meta-analysis examined the association between witnessing or experiencing domestic violence and engaging in subsequent marital violence as either a perpetrator or victim (Kwong et al. 2003). As in the present findings, other studies have reported that women who were abused by their partners went on to abuse their children. Another striking finding of this study was that, despite their rejection of violence and agreement that "violence cannot be acceptable under any circumstances", 1 out of 5 women used violence against their children. Such conflicting behavior can be explained by the fact that these individuals grew up in a family in which violence formed part of daily life. It is necessary to replace the anger and aggression of parents with a problem solving attitude. Such an approach would prevent violent behavior being transferred from one generation to another and become critical in preventing child abuse (Ateah and Durrant 2005; Frias-Armenta 2002).

Violence causes loss of self-esteem and leads to depression and a submissive attitude. An organism exposed to continuing stress and violence becomes unresponsive and women who are exposed to violence and suppressed over the years fail to blend in. In the long term, the feeling of hopelessness gives rise to symptoms of exhaustion (Mega et al. 2000; Nadelson 1996).

Limitations of the Study

There are limitations inherent in all studies of domestic violence, not least among them cultural factors such as differences in the perception of violence and tendency towards secrecy in family life. Another limiting factor in the present study is that some of the questions used to gather information referred to the past and it is highly likely that unreliable memories of childhood abuse affect the outcome. However, such limitations are inevitable in retrospective studies and it should be borne in mind that the results gained here using a nonrandomized sampling method are therefore limited to the study group used and cannot be directly generalized. The strength of this study lies in the participation of experienced researchers who were able to gain the trust of the women who took part and thereby overcome the cultural limitations. Another advantage of this study was that it was home-based and the data was collected via home visits.

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