

Effects of Domestic Violence Against Women on Mental Health of Women and Children

Kadına Yönelik Aile İçi Şiddetin Kadın ve Çocukların Ruh Sağlığına Etkileri

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Abstract

Domestic violence is violence or other abuse by one person against another in cohabitation or marriage. It isn't surprise that women and children are world's most victimized person due to domestic violence. Because, they are often powerless. In fact, domestic violence is not physical violence alone. Also women can be victimized by psychological, sexual or economical violence in marriage. Domestic violence, causes disturbance in mental health and life quality of women. Also exposure to violence increases use of medical services in these women, and even impairs long term mental development of their children. Children who witness to domestic violence may suffer from some behavioral and emotional disturbance. Furthermore these children may be the perpetration or experiencing of violence later in life. Domestic violence against women is risk factor for depression, anxiety, and posttraumatic stress disorder in these women. Therefore, questioning domestic violence in women who come to psychiatry clinic for getting help due to these reasons is crucial. The aim of this study was to review domestic violence against women, frequency, variables and the effect of domestic violence on women exposed to domestic violence and their children.

Keywords: Domestic violence, woman, child, mental disorder, violence

Öz

Aile içi şiddet, bir kişinin aynı evi paylaştığı veya evli olduğu diğer kişiye karşı uyguladığı şiddet veya kötüye kullanımdır. Kadınlar ve çocukların çoğu kez fiziksel olarak güçsüz ve savunmasız olması nedeniyle en çok onlar aile içi şiddetin mağduru olmaktadır. Aslında aile içi şiddet sadece fiziksel şiddeti içermez. Kadınlar aynı zamanda evlilikte psikolojik, cinsel ve ekonomik şiddetin de mağduru olabilir. Aile içi şiddet, kadınların ruh sağlığının ve yaşam kalitesinin bozulmasına yol açar. Ayrıca şiddete maruziyet bu kadınların tıbbi hizmet kullanımını artırır ve onların çocuklarının da uzun vadede ruhsal gelişimini bozar. Aile içi şiddete tanık olan çocuklar bazı davranışsal ve emosyonel bozulmalar yaşar. Daha da ötesi bu çocuklar sonraki yaşamında şiddetin mağduru veya uygulayıcısı olurlar. Kadına karşı aile içi şiddet bu kadınlarda depresyon, anksiyete ve posttravmatik stres bozukluğu için risk faktörüdür. Bundan dolayı psikiyatri polikliniklerine bu nedenlerle yardım almak için başvuran kadınlarda aile içi şiddetin sorgulanması kritik öneme sahiptir. Bu gözden geçirme yazısında kadına karşı aile içi şiddeti, sıklığını, aile içi şiddeti etkileyen değişkenleri incelenerek, aile içi şiddetin buna maruz kalan kadın ve onların çocukları üzerindeki etkisi gözden geçirilmiştir.

Anahtar sözcükler: Aile içi şiddet, kadın, çocuk, ruhsal bozukluk, şiddet

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VIOLENCE is still in existence in various ways from the story of Kabul and Abel to the present, almost as an old concept as human history. With the emergence of the concept of law in the history of humanity, violence is considered as a human rights problem but continues to be a universal problem affecting health, law, education and development areas (Ibiloglu 2012).

Violence, as defined by the World Health Organization, “ is the use of physical force as a threat for the purpose of physical harm, psychological harm, death, developmental problems, or deficiencies against itself, to others, to a group or community ”(World Health Organization 2014). In addition, the World Health Organization (2014) reported that violence was mostly committed in the family setting and against women. Domestic violence can be defined as “endangering the body, life, psychological integrity or freedom of a person within the family by force or coercion” (Stewart & Robinson 1998).

Women may be exposed to one or more forms of physical, sexual, psychological and economic violence within the family, sometimes even to all forms of violence (Zorrilla et al. 2010). Physical violence is defined as the use of brute force as a tool of intimidation and sanctions. Sexual violence can be defined as the use of sexuality on the other person as a tool of threat, intimidation and control. Psychological violence is a person's intimidation, control, and punishment with his/her behaviors and words against another person. Economic violence is defined as the use of money and economic resources as a means of sanction, threat and control over the other person (Coker et al. 2000, Watts and Zimmerman 2002).

Table 1. Rate of women exposed to domestic violence in the studies conducted in the last 5 years, in Turkey

Research	Location	Rate of domestic violence (%)	Sample Size (n)
Duran et al. (2019)	Edirne	26.6%	586
Han Almis et al. (2018)	Adiyaman	34.5%	400
Kurt et al. (2018)	Istanbul	73.8%	300
Sen et al. (2017)	Manisa	29.1%	1760
Turk et al. (2017)	Ankara	83.3%	24
Gokler et al. (2014)	Eskisehir	39.0%	800

Frequency of violence against women

Violence against women has a wide range of incidence in various parts of the world. Studies in different regions around the world have shown that women are exposed to physical violence by their spouses in a part of their lives, ranging from 4% to 49% (World Health Organization 2012).

The subject of violence against women in Turkey has started to come onto the agenda after the 1980s (Yildirim 1998). Although it is an issue that has been on the agenda about 39 years ago, the studies about domestic violence against women in our country mostly consist of studies conducted in the last 10-15 years (Guler et al. 2005, Vahip and Doğanavşargil 2006, Ozyurt and Devci 2011, Gulec et al. 2012, Gundogdu and Yavuzer 2013, Gokler et al. 2014, Sen and Bolsoy 2017, Turk et al. 2017, Han Almis et al. 2018, Kurt et al. 2018). In a community-based domestic violence study, the prevalence of physical violence was found to be 34.5% among women over the age of 18 (n = 400) and 85% of women who were exposed to violence were subjected to physical violence by their spouses (Han Almis et al. 2018). In a study conducted with 300 participants, the

rate of women who reported domestic violence was 73.8% (Kurt et al. 2018). Findings on the prevalence of domestic violence in some studies conducted in Turkey for the last five years are given in Table 1. Remarkably, the studies conducted by Kurt et al. (2018) and Turk et al. (2017) in the outpatient clinic found a higher prevalence of domestic violence than other studies.

Table 2. Variables affecting domestic violence

Variables Related to Women	Variables Related to Spouse	Variables Related to Marriage
Low income level (Lacey et al. 2016, Han Almis et al. 2018)	Unemployed spouse (Han Almis et al. 2018)	Early marriage age (Gulec et al. 2012, Gundogdu & Yavuzer 2013, Han Almis et al. 2018)
Low level of education (Lacey et al. 2016, Han Almis et al. 2018)	Presence of medical illness (Han Almis et al. 2018)	Traditional marriage (Gulec et al. 2012, Gundogdu & Yavuzer 2013, Han Almis et al. 2018)
Presence of psychiatric illness (Han Almis et al. 2018)	Presence of psychiatric illness (Han Almis et al. 2018)	Marriage duration (Gulec et al. 2012, Gundogdu & Yavuzer 2013)
The presence of thought accepting violence (Han Almis et al. 2018)	Alcohol use (Coker et al. 2000)	Economic income level of the family (Kurt et al. 2018)
History of depression (Jenning et al. 2017)	Substance use (Coker et al. 2000)	
Suicide attempts (Jenning et al. 2017)	Angry and aggressive personality structure (Eckhardt et al. 1997)	
Personality characteristics (Jenning et al. 2017)	Low level of education (Akyuz et al. 2002)	
Alcohol use (Jenning et al. 2017)	Low self esteem (Jenning et al. 2017)	
History of exposure to violence in childhood (Jenning et al. 2017)	Having more than one sexual partner (Jenning et al. 2017)	

Variables affecting domestic violence

Factors that may be related to domestic violence may be women-related, spouse-related and marital-related variables. In Table 2, variables that affect domestic violence are divided into groups. Violence in the family has been reported to be related to many psychological, social, cultural and economic factors (Garcia-Moreno et al. 2006). In previous studies, education, socioeconomic status, spouse's substance use disorder or mental disorder, history of violence in childhood, family structure were stated as the factors that increase the risk of violence (Thompson and Kingree 2004, Siever 2008, Uthman et al. 2009, McKinney et al. 2009).

Variables related to women

Studies show that having low income and low education levels of women are important risk factors for physical violence by their spouses (Lacey et al. 2016, Han Almis et al. 2018). Having a psychiatric disorder and an opinion that accepts violence as 'sometimes husbands can beat' has been shown to be factors predicting physical violence (Han Almis et al. 2018). An approach that accepts violence and normalizes it will lead to the continuation of violence in a vicious circle, creating awareness in this regard is critical at break this vicious circle.

Jennings et al. (2017) reported that depression, suicide attempts, low education level, low socioeconomic level, personality traits, alcohol use, and history of exposure to violence

ce in childhood are risk factors associated with violence. In fact, exposure to violence in childhood may cause women to normalize violence. In addition, the lack of a woman's own income and low level of education may lead to an approach that accepts violence due to helplessness. Accepting violence may also constitute a vicious circle for the continuation of violence.

Variables related to spouse

It was found that men who committed violence to their spouses were more angry and aggressive than men who did not commit violence (Eckhardt et al. 1997). Unemployment and having a medical or psychiatric illness have been shown to predict domestic physical violence associated with the spouse (Han Almis et al. 2018). Coker et al. (2000) reported that husband's history of alcohol use was highly related to violent behavior, and divorced or separated couples had two to three times more violent experiences than married couples. In fact, the results of these studies suggest that the socioeconomic and educational deficiencies of the perpetrator is an important cause of domestic violence. Particularly in patriarchal societies, acceptance of man as superior to woman and as the main figure of decision-making within the family has been shown as one of the important risk factors that play a role in the emergence of violence (Parrott and Zeichner 2003).

Variables related to marriage

Arranged marriage and marriage under the age of 18 increase the frequency of physical violence (Gulec et al. 2012, Gundogdu and Yavuzer 2013, Han Almis et al. 2018). It is also reported that physical violence is less common in couples with longer marriages (Gulec et al. 2012, Gundogdu and Yavuzer 2013). According to the results of a recent study, verbal and physical violence was found to be related to the income level of the family. In this study, it was reported that both physical and sexual violence increased as income level decreased (Kurt et al. 2018).

Effects of domestic violence on women's mental health

There is no doubt that domestic violence deteriorates the mental health and quality of life of women. Domestic violence leads to an increase in the rate of use of health services (Kernic et al. 2003, Bonomi et al. 2006). In a study conducted by Vahip and Doganavargil (2006) on women who applied to the psychiatry outpatient clinic, the rate of spousal violence was reported as 62%, and this rate is higher than the community based studies, indicating that women's need for psychological help due to spousal violence.

The effect of violence on women's mental health may vary depending on the type, size, duration of the violence, individual coping mechanisms, the life cycle at the time of the violence and the social support (Stewart and Robinson 1998). When violence is mentioned, physical and sexual violence comes to mind first. On the other hand, it is thought that especially psychological violence is extremely common and affects women's mental health more than expected (Ruiz-Pérez and Plazaola-Castaño 2005).

Women who have been subjected to domestic violence are generally thought to tend to react violently after the shock and denial, and then to show depression and self-blame. The thought of the possibility of similar experiences in the future may lead to a sense of fear. In chronic exposure to violence, women often have feelings of insecurity, loss of

control, feelings of guilt, self-esteem, hopelessness and helplessness (American Medical Association Council on Ethical and Judicial Affairs 1989, Stewart and Robinson 1998,). In women exposed to violence, post-traumatic stress disorder, depression, alcohol and substance abuse, suicide attempts and aggressive attitudes towards their children are common (World Health Organization 2014).

It is concluded that violence against woman by her spouse is a risk factor for mental disorders in women and psychiatric disorders are common in women exposed to domestic violence (Golding 1999). Trevillion et al. (2012) reported that women with depressive disorder, anxiety disorder and post-traumatic stress disorder had higher frequency of dating violence than those without mental disorder. Physical and sexual violence increases depression, anxiety, suicidal thoughts and suicidal behavior (Han Almiş et al. 2018). In addition, women who are exposed to physical violence have a higher rate of psychiatric diagnosis (Vahip and Doganavsargil 2006) and the most common diagnoses are post-traumatic stress disorder, depression and anxiety disorder (Ferrari et al. 2016).

In a study conducted on women who applied to the psychiatry outpatient clinic, it was reported that women who experienced verbal and physical violence had more psychiatric symptoms than women who did not. In this study, a positive relationship was reported between verbal violence and somatic and hostility symptoms, physical violence and phobic, somatic and hostility symptoms (Kurt et al. 2018).

The clinical setting where a good therapeutic relationship is established for the assessment of domestic violence is the best setting. However, Klap et al. (2007) investigated the rate of evaluation of domestic violence by health personnel and reported a low rate of 7%. The low rate indicates that the questioning of domestic violence by health professionals is neglected. It should not be forgotten to ask about domestic violence to women who apply to psychiatry outpatient clinic, especially diagnosed with depression, anxiety, suicidal thoughts and behaviors. It is necessary to encourage women who are victims of domestic violence for psychiatric support and to increase their awareness. As a result, any attempt to prevent domestic violence in women will also be a step towards protecting women's mental health.

Effects of domestic violence on child mental health

Domestic violence against women has a negative impact on the psychological development of children in the long run (Kernic et al. 2003, Bonomi et al. 2006). It is thought that being a child of a family in which domestic violence is experienced will increase the prevalence of mental problems during childhood and adolescence and also have negative reflections extending to adulthood (Chiesa et al. 2018).

Witnessing domestic violence or being exposed to violence has been a subject of research that will cause more serious mental problems in children and adolescents. On the other hand, the rate of violence against children is higher in families with a history of violence among parents (Tahiroglu et al. 2009, McMillan et al. 2013). Children and adolescents who witness domestic violence are also likely to be physically abused (Guler et al. 2005). Parental factors explaining physical violence against children are having children at a young age, lack of knowledge and experience about child rearing, low educational level, being exposed to violence in childhood, alcohol-substance abuse, personality disorders and psychiatric problems (Kara et al. 2004, Adali 2007, Wang et al. 2007). According to the data on physical abuse of the child abuse research group in İzmir, the

abuser is 72% father and 34% mother. In the same study, it was found that 66% of the abused cases had a history of severe conflict in the family and 59% had a history of domestic violence (Hanci 2008).

Domestic violence and mother's functionality

Marriage conflict and domestic violence both adversely affect parenting attitudes on a wide range. It can cause some parents to be too close and permissive to their children, and in others to show negative attitudes that can lead to violence (Chiesa 2018). It is suggested that conflict in one family system adversely affects another family system. According to this hypothesis, hostility and conflicts in the marital relationship negatively affect the parent-child relationship (Krishnakumar & Buehler 2000). Parenting behaviors of the mother mediate the effects of domestic violence on the externalizing behaviors of preschool and school age children (Levendosky & Graham-Bermann 2001). Parenting behavior is an important factor affecting child attachment style, which is associated with the child's social and emotional functioning (Levendovsky 2006).

Parenting is also about maternal mental health; parents with more mental health problems tend to exhibit worse parenting behaviors (Levendovsky 2006). It was stated that mother's mental health problems, stress and lack of social support as a result of domestic violence will adversely affect parenting skills (Murray 2012). Mothers' mental health problems, especially post-traumatic stress disorder symptoms, have been associated with negative parenting practices of mothers affected by domestic violence (Levendovsky 2006). A longitudinal study showed a significant relationship between domestic violence, maternal depression and overt aggression in children aged 2 to 8 years (Holmes 2017).

Effects of domestic violence on child mental health according to age

Negative effects of exposure to domestic violence on children can be severe and long-term (UNICEF 2006). It has been reported that 52% of children who witness violence in the family have behavioral problems, 39% have adaptation disorders, and 60% of children hold themselves responsible for domestic violence (Barran 2014). Although there are studies indicating that children are affected by domestic violence regardless of age (Wolfe et al. 2003, Evans et al. 2008), It has also been reported that children who are younger and exposed to long-term domestic violence will develop mental problems at an earlier stage (Holt et al. 2008). It was emphasized that witnessing domestic violence in young children causes delays in developmental stages such as language development and toilet training, sleep disorders and physical complaints (Osofsky 2005). According to Holt et al. (2008), symptoms such as anger, aggression, separation anxiety, and attachment problems are common in younger children due to the inability to express themselves verbally enough.

Witnessing and exposure to domestic violence in school-age children can lead to a wide range of mental problems, including attention problems, drop in school achievement, anxiety problems, social difficulties, oppositional and aggressive behaviors, and sleep disorders (Osofsky 2005).

In adolescents, although emotional and behavioral reactions to domestic violence are similar to school-age children, there is also an increased likelihood of engaging in risky behaviors such as deterioration in peer relationships, tendency to aggression, substance

abuse, suicide, and eviction from home (Ayan 2007, Holt et al. 2008, Espelage et al. 2013, Lok et al. 2016).

In a population-based study conducted in Turkey, the rate of witnessing domestic violence among young people between the ages of 12-21 was found to be 17%. In the same sample, problem behaviors were not described by the mothers of the adolescents whose teachers reported that they used violence at school, bullying their friends, and had attention and hyperactivity problems. It was emphasized that severe exposure to domestic violence may cause children and parents to perceive violence as a natural condition (Cuhadaroglu et al. 2004).

The effects of exposure to domestic violence in childhood and / or adolescence can be seen in adulthood as well as during the period of violence. It is reported that boys who witness domestic violence against women during childhood use violence as a response to stress and identify with the father who has committed violence against the mother, and witnesses are more likely to commit violence in the future than children who have experienced violence (Bandura 1977, Vahip 2002). It was found that men who witnessed violence between their parents in childhood expose 3.5 times more violence to their spouses than those who did not have such a history (Fonagy 1999). On the other hand, many men who use violence to their spouses do not have a history of witnessing domestic violence in childhood, this shows that the only reason for violence is not witnessing violence in childhood (Page and Ince 2008). The fact that girls witness and / or are exposed to violence increase the likelihood of being subjected to violence by their spouses during their adulthood and that they themselves will use violence to their children (Neugebauer 2000). Exposed to violence in childhood increases the likelihood of developing personality disorders and behavioral disorders in adulthood (Vahip 2002).

Considering the negative effects of domestic violence in every period of life, primary prevention programs such as raising awareness about violence targeting adolescents and developing positive coping methods for dealing with problems in relationships are important.

Domestic violence as a vicious circle and solutions

In a study (n=586) conducted by Duran and Eraslan (2019), 156 people (26.6%) reported domestic violence and 69 of them (44.2%) stated that they did not apply for any support. Particularly in patriarchal societies, the behavior of acceptance of violence by women and their environment arising from the perspective of women and marriage causes continuity of violence. If domestic violence is not accepted as a normal behavior by society and women, this continuity will be prevented. Thus, women's help-seeking behavior can be changed along with their perspective on violence. The acceptance of the distinction between men and women, the ignorance of women's personality, to regard women as the primary responsible for marital problems, the non-response of violence against women by the community, and the social norms that support women's submission to violence should be analyzed.

Establishing new norms to condemn domestic violence in society is one of the social measures to prevent violence. Social awareness will also help to increase women's psychosocial support. For these reasons, informing the society that there is no rightful violence to change the society's view of violence against women and that spouses do not actually have the right to strike will increase the behavior of people seeking help. Educa-

tion of women and society is important for women's perspective of violence and women's help seeking behavior (Ibiloglu 2012, Duran and Eraslan 2019).

There is no doubt that physical and sexual violence alone have a negative effect on female mental health. However, the low level of education of the woman appears to be the predictor of the psychological deterioration of the woman who is exposed to violence (Han Almis et al. 2018). Low levels of education may reduce women's ability to combat violence directly or affect indirectly by limiting job opportunities. This, strongly supports the importance of education in the prevention of violence against women and the women's struggle against this situation.

Ultimately, intervention to many areas including personal, psychosocial, economic and legal is required for prevention of domestic violence against women by being aware of the causes of domestic violence.

Conclusion

It is important to recognize domestic violence against women and to know its effects on women's and children's mental health. Women's exposure to domestic violence is an important risk factor for the development of mental disorders both in themselves and their children. The disorder of women's mental health also means the mental disorder of generations.

In fact, the first step should be to prevent violence in order to prevent the mental disorders caused by domestic violence. Psychosocial interventions to ensure the mental well-being of women who have been subjected to violence are also critical. Because domestic violence and the resulting mental disorder in women can increase each other mutually and this can lead to a vicious circle for violence. One of the key points is that mental health professionals should consider a common phenomenon in our society such as domestic violence in female patients. Mental health professionals should be aware of the variables that affect domestic violence. Thus, they will recognize risky situations for domestic violence against women and they will motivate women who are victims of domestic violence to talk about this issue and get support.

Women's normalization of violence, shame and fear of accusation prevent them from seeking help in domestic violence. Therefore, an empathic, unbiased, uncharged psychiatric interview will help women to share the issue of domestic violence during the psychiatric interview. In the presence of chronic and resistant anxiety, depressive and dissociative and somatic symptoms in psychiatric outpatient clinics, possible domestic violence should be questioned with this attitude. In addition to primary prevention programs for the triggers of violence, interventions for the treatment of negative mental consequences of violence, therapy and the development of social support programs are valuable in terms of mental health of society and preventing domestic violence from reflecting to future generations.

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