

The Prevalence of Intimate Partner Violence Among Women in North Cyprus and Related Risk Factors and Psychological Symptoms

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Abstract

BACKGROUND/AIMS: Intimate partner violence (IPV) is the most common type of violence applied to women and it causes significant health problems. The aim of this study is to show the prevalence of IPV against women in North Cyprus (NC), and to investigate related risk factors and psychological symptoms with the ultimate objective of forming data for future preventative studies.

MATERIALS AND METHODS: The present study included 497 female participants from North Cyprus who were all older than 18 years of age. The Women Abuse Screening Tool (WAST) was used to assess intimate partner violence against women and the Symptom Checklist Revised form (SCL-90-R) was used to assess the psychological symptoms.

RESULTS: The prevalence of IPV was found to be 14.3%. Women who were younger than 35, who were separated or divorced, who had secondary education or literate, and who were employed, were exposed to IPV more frequently. However, partners' age and educational level did not demonstrate significant associations with the women's IPV scores. Women exposed to IPV had significantly higher scores for all subscales of SCL-90-R, except for somatization.

CONCLUSION: This study revealed the extent of IPV against women in the TRNC and its negative consequences on women's health. Prevention programs should be planned to increase public awareness and to implement precautionary measures.

Keywords: Women, intimate partner violence, risk factors, psychological symptoms, Northern Cyprus, prevalence

INTRODUCTION

Cyprus is an island located in the Mediterranean. Since the war in 1974, a cease fire has been in operation, with the island separated into north and south regions by a buffer zone under the control of the United Nations. The northern part of the island is predominantly inhabited by Turkish Cypriots, who speak the Turkish language and are largely Muslim. The southern region is populated by Greek Cypriots, who are mainly Orthodox. The Greek section of the island is governed by the Cyprus Republic,

which is a member of the European Union, while the northern section is not a part of the EU *acquiscommunautaire*.¹

Intimate Partner Violence (IPV) is a self-reported experience involving sexual or/and physical violence once or more action of by a partner who previous or current against women over the age of 15 years. IPV is a significant global health problem. However, it has been observed that people prefer not to talk openly about this and they frequently prefer to treat it as a private issue. IPV can be experienced not only in formal partner relationships

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such as marriage but also in informal partner relationships such as flirtatious (dating) relationships and unmarried sexual relationships.^{2,3} IPV has different subtypes such as economic, social, physical, sexual, and psychological.

The rate of IPV changes within a wide range at different culture as there are many different risk factors that can be effective. Secondary education and formal marriage are found to be protective factors. However, young age, alcohol abuse, cohabitation, approval of spousal abuse, having sexual partners outside, growing up with domestic violence, and experiencing or observing other forms of violence in adulthood, a history of childhood abuse increase risks of IPV.⁴⁻⁸ There are varied causes and effects of different forms of violence on women. Numerous studies have shown that for experiencing violence the major risk factor is being a woman and particularly being a pregnant woman.⁹

Victims of IPV suffer from various psychological and behavioural problems. Mental and psychological problems after violence were also examined. Some researchers reported higher chronic stress, depression, anxiety, sleep disorder (insomnia; hypersomnia), suicidal tendency, post-traumatic stress disorder (PTSD) and chronic mental problems. Additionally, these women feel less self-confidence and less social trust. Additionally, this violence can lead to substance abuse, especially triggering alcohol dependence.¹⁰

This research aims to investigate the IPV prevalence against women in Turkish Republic North Cyprus (TRNC), as well as the related risk factors and psychological symptoms. It is hypothesized that some demographic features like an increase the risk of IPV and women exposed to IPV is more likely to show psychological symptoms as a consequence.

MATERIALS AND METHODS

Participants

The sample of the research includes 497 female participants older than 18 years. In order to provide a representative sample, stratified random sampling was applied. The study was conducted as a household survey study. The data of the previous census was used and the sample was formed at the same proportions as the population according to the geographical regions (from every city Kyrenia, Morphou, Famagusta, Iskele and Nicosia), age (18–25, 26–35, 36–45, 46–55, 56 and above) and urban and rural areas. Participants were all residents of Northern Cyprus and speak Turkish.

Instruments

Socio-demographic variables

At the first part of the questionnaire socio-demographic characteristics of the participants were investigated. Questions

about the participants' family of origin like where they live (whether in NC or not), how often they meet, if they get financial and emotional support from them were asked.

The Symptom Checklist-90-Revised (SCL-90-R)

SCL-90-R is a widely used instrument developed by Leonard R. Derogatis to evaluate common psychiatric symptomatology. It has 90-items and it is a self-report inventory. It has subscales evaluating somatization, obsessive-compulsive disorder, depression, anxiety, phobic anxiety, hostility, interpersonal sensitivity, paranoid ideation, and psychoticism. There are also Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total. Items are graded on a five-point Likert style ranging from "not at all" (0) to "extremely" (4). Dağ¹¹ conducted the Turkish adaptation of the scale, Cronbach's alpha was found as 0.97.

Women Abuse Screening Tool (WAST)

WAST, which was developed by Brown and his colleagues, has eight-items with 3 possible answers, ranging from a lot (1) to nothing (3). Possible responses to the first and second items are as 'no tension/difficulty' or 'NA tension/difficulty'. Items 3 through to 8 rate the frequency of the situations described in each item, as 'never', 'sometimes' and 'often'. The scores of WAST and the Abuse Risk Inventory have a high correlation ($r=0.96$). Original form of WAST has a high internal consistency (Cronbach's alpha: 0.95). The Cronbach's alpha for the Turkish version was found 0.81 and revealed to have two factors, which are emotional abuse (questions 1,2,3,5,7,) and physical abuse (questions 4,6,8).¹²

The first two WAST questions are used as a screening tool and are called WAST-short. In this study WAST-short results were used to allocate participants into two groups as abused or non-abused. The most negative choice for these two questions was scored 1 and the other choices as 0; participants with a total score of 1 and higher were categorized within the abused subgroup.

The total score was computed as the sum of eight items (ranging between 8–24); subscores for physical abuse (questions 4,6), sexual abuse (question 8), and emotional abuse (questions 3,5,7) were computed as the sum of the related questions.

Questions Investigating Abuse in Previous Generations

Two questions were added in WAST about the familial abuse history of the participants. The participants were asked if their father abused their mother and at the second question if their father-in-law abused their mother-in-law.

Data Collection

Cross-sectional research design was used in this research. Thirty survey workers and a field supervisor collected the data. The

researchers were given education about the administration of survey before data collected phase. The starting points in the urban areas were the streets randomly determined by the researchers and the starting point for rural areas were the centre of the village. Survey workers cover squares, i.e., they began at the lowest numbered house on the right-hand side of a street and visited every third house. At their first turn, they turned right and continued contacting households on the right-hand side of the street until they completed the square. Then, they crossed to the next square and continued in the same manner. This uniformity of 'pacing' eliminates interviewer bias. The questionnaires were applied face-to-face to the participants by the survey workers. If there was more than one candidate at the house who was eligible for the research, the woman whose birthday was last was included in the sample. In order to minimize interviewer bias, each survey worker only conducted twenty interviews.

The survey workers gave informed consent form before applying the survey form. The data was collected in 2014.

Ethical Considerations

The study was approved by the Social and Science Institute Ethics Board at the Near East University of NC and was conducted according to the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. Written informed consent from all participants was also obtained.

Statistical Analysis

The data obtained in the study were analyzed by a computer using Statistical Package for Social Science (SPSS) 21 software package program. Descriptive statistical methods were used in the study and chi-square statistical method was used in abuse-non abuse comparison of socio-demographic characteristics. Additionally, WAST total and its subscales for physical, psychological and sexual abuse and SCL-90 were compared between the groups through t-test analysis. Logistic regression analysis was used to determine the relationship between risk factors such as, age, marital status, education and employment (independent variables) and abused (dependent variables).

RESULTS

The distribution of participants of demographic characteristics the is given at Table 1. The mean age of the participants was 37.80 ± 14.31 (18–82). The participants were divided into two groups (abused and non-abused) according to the WAST-short scores as defined in the materials and methods. We observed that the participants reported to have been exposed to IPV were more under 35 years old, who divorced and separated, employed and literate and secondary school graduate (Table 2).

When the mean scores of the WAST total and its subscales for physical, psychological and sexual abuse were compared between

the groups through t-test analysis, a significant difference was found. The abused group had significantly lower mean scores than the non-abused group, indicating a higher frequency of abuse ($p < 0.001$) (Table 3). When the mean scores of the WAST-Factor 1 (Emotional Abuse; questions 1,2,3,5,7) and WAST-Factor 2 (Physically Abuse; questions 4,6,8) for the two groups were compared with t-test analysis, a significant difference was found. The abused group had significantly lower mean scores than the non-abused group, indicating a higher frequency of verbal abuse ($p \leq 0.001$). When the mean scores of the SCL-90 subscales for the abused and non-abused women were compared with t-test analysis for all subscales of SCL-90, other than somatization subscale the abused group had significantly higher mean scores than the non-abused group ($p < 0.05$) (Table 4).

Odds ratio analysis showed that IPV was experienced more among participants who are under 35 years old, non-cohabiting, whose education level is secondary school and higher and who are employed (Table 5).

DISCUSSION

This study demonstrates that the rate of IPV against women in the TRNC is 14.3%. At a study in Spain where WAST scale was used IPV rate was found as 18%.¹⁰ Another research in USA among 1,152 women participants aged 18–65 years revealed that 53.6% of the participants had ever suffered from IPV.¹³ The reports show that the most common type of VAW is IPV that affects about 30% of women and is the cause of 38% of murders involving women in the world.^{2,3}

In this study, women who are younger than 35 declared to suffer from IPV more often than the others. According to the special report of the US Bureau of Justice about 671,110 violent crimes that women have been subjected to by their current or previous partners younger women reported more IPV.^{14,15} WHO report shows that even at the ages 15–19 if the women have a partner, the rate of IPV is high. The result of this study with respect to age is parallel with other countries.²

In this study, 348 (70.3%) of the participants were from TRNC, 28.7% (142) from Turkey, 1.0% (5) from other nationalities and 1.0% (5) did not answer the question of their nationality. The rate of IPV did not differ between the participants from Turkey and the TRNC. This finding is similar to the results of another domestic violence study conducted in TRNC.¹⁶ The rates of IPV would be expected to be higher among women from Turkey in this study as VAW is generally shown to be higher among immigrants in literature related to economic problems and weak social support system. This unexpected result might be related to a limitation of this study as it was not asked how long the participants from other places have been living in TRNC. Some might be living for many years in TRNC and have established a good standard of life.¹⁷

Table 1. Demographics of non-abused and abused in North Cyprus

Demographic variables	Non-abused		Abused		Total		x ²	p-value
	n	%	n	%	n	%		
Age								
18–25	102	82.3	22	17.7	124	100	9.704	0.046*
26–35	99	82.5	21	17.5*	120	100		
36–45	92	86.8	14	13.2	106	100		
46–55	61	84.7	11	15.3	72	100		
56 and above	67	97.1	2	2.9	69	100		
Country of birth								
Cyprus	293	85.7		14.3	342	100		
Turkey	121	85.2		14.8	142	100		
Marital status								
Married	258	90.8	26	9.2	284	100		
Separated	2	33.3	4	66.7*	6	100		
Divorce	10	45.5	12	54.5*	22	100		
Widowed	22	81.5	5	18.5	27	100		
Engaged	30	93.8	2	6.3	32	100		
In a relationship	58	85.3	10	14.7	68	100		
Not in a relationship	41	78.8	11	21.2	52	100		
Education								
Illiterate	13	86.7	2	13.3	15	100		
Literate	3	75	1	25*	4	100		
Elementary school	81	94.2	5	5.8	86	100		
Secondary school	32	72.7	12	27.3*	44	100		
High school	141	84.4	26	15.6	167	100		
University	150	86.2	24	13.8	174	100		
Employment								
Employed	166	79.8	42	20.2*	208	100		
Unemployed	255	90	28	9.9	283	100		

*Statistically significant at the p<0.05.

This study indicates marital status as an important factor effecting IPV rate. Women divorced or separated reported to have suffered from IPV more than in other relationships. Literature from other countries supports this finding. A study conducted in the USA showed that being divorced or separated rather than other relationship status is related to higher IPV among 1,152 female participants aged 18 to 65 years.¹³ Also, US Bureau of Justice at their report in 1999 show that about 671,110 crimes, which about violent, indicated that separated women suffer from to IPV more often.¹⁴ In a study of violence against women in North America covering 100,000 respondents, it was shown that respondents who were living separated from their partners suffer IPV three times more than the divorced and 25 times more than the married

women. A research report from Mozambique on 1,442 women also shows that divorce and separation are factors related with sustained IPV.¹⁸

In this study IPV rate did not differ with the age or education level of the partner of the participants. A study conducted among 333 Spanish women showed similar results to this study¹⁰ whereas other research in Philippines include 2,050 participants showed that not partner's level of education but partner's age being lower than forty years old significantly increased IPV.¹⁹⁻²¹

The participants of this research who were literate or graduates of secondary school reported to have suffer from IPV more than the ones graduated from elementary school, high school or

Table 2. Women Abuse Tool (WAST) item responses (in percentages) and overall test score			
WAST item	Non-abused (n=420)	Abused (n=70)	Total (n=490)
In general, how would like to describe your relationship?			
A lot of tension	0	72.9*	10.4
Some tension	46.8	21.4	43.2
No Tension	53.2	5.7	46.2
Do you and your partner work out arguments with?			
Great difficulty	0	72.9*	10.4
Some difficulty	51.8	18.6	47.0
No difficulty	48.2	8.6	42.6
Do arguments ever result in you feeling down or bad about yourself?			
Often	2.4	41.4	8.0
Sometimes	36.4	42.9*	37.3
Never	61.2	15.7	54.7
Do arguments ever result in you hitting, kicking, or pushing?			
Often	0	14.3	2.0
Sometimes	3.3	24.3	6.3
Never	96.7	61.4*	91.6
Do you ever feel frightened by what your partner says or does?			
Often	0.7	20.0	3.5
Sometimes	15.7	35.7	18.5
Never	83.6	44.3*	78.0
Has your partner ever abused you physically?			
Often	0	11.4	1.6
Sometimes	3.8	24.3	6.7
Never	96.2	64.3*	91.6
Has your partner ever abused you emotionally?			
Often	2.9	31.4	6.9
Sometimes	23.5	40.0*	25.9
Never	73.6	28.6	67.2
Has your partner ever abused you sexually?			
Often	0.2	5.7	1.0
Sometimes	2.1	18.6	4.5
Never	97.6	75.7*	94.5
To your knowledge, did your father abuse your mother?			
Yes	12.1	24.3	13.8
No	73.6	52.9*	70.7
I do not know	14.3	22.9	15.5
To your knowledge, did your father abuse your mother?			
Yes	0.2	31.4	13.2
No	51.8	27.1	48.3
I do not know	38.0	41.4*	38.5

*Statistically significant at the $p < 0.05$, n: Number.

Table 3. Comparison of WAST subscores between abused and non-abused participants

	Abused	Non-abused	tdfp
WAST-Total	16.34±3.50 (n=70)	22.04±1.75 (n=420)	-13.348 74.817 0.000*
WAST-Physical	5.00±1.35 (n=70)	5.92±0.31 (n=421)	-5.724 70,257 0.000*
WAST-Psychological	5.95±1.74 (n=70)	8.12±1.06 (n=420)	-10.063 77.757 0.000*
WAST-Sexual	2.70±0.57 (n=70)	2.97±0.17 (n=421)	-3.965 71.124 0.000*
WAST-Factor 1	8.64±2.16 (n=70)	13.13±1.62 (n=420)	-16.591 82.488 0.000*
WAST-Factor 2	7.70±1.71 (n=70)	8.90±0.38 (n=421)	-5.846 70.176 0.000*

*p<0.00, WAST: women abuse tool, n: number.

university, or who were illiterate. Another study in Nigeria among 373 women also found that graduates of secondary school suffer from IPV more than women from other levels of education.²² Also, some studies showed no influence of education level on IPV like the study in Malawi among 8,291 participants.²³ In the TRNC literacy rate is high and this study represents a limited sample size of illiterate participants.

Employment enables economic independence and is expected to protect women from IPV, but studies show contradicting results. In this study and in some other studies employed women report having been victim of IPV more often than unemployed women.^{6,22}

This research shows that there was no significant association between IPV and monthly income. Similarly, some researchers found no relationship between monthly income and partner violence.²⁴ However, some studies show that women with economic disadvantages are at higher risk of partner abuse than women with economic advantages.^{25,26}

This study showed no relationship between IPV and child number and people number in the household. In some studies, increased number of children is correlated with increased rate of IPV.²² Some other research show that no significant association between IPV and the number of people in the household.¹⁰

In this study, the relationship with the family of origin, how often they visit each other, perceived emotional or financial support

Table 4. Comparison of SCL-90 subscores between abused and non-abused participants

	Abused	Non-abused	tdfp
SOM	0.94±0.82 (n=70)	0.76±0.63 (n=417)	1.742 83.221 0.085
OC	1.23±0.75 (n=70)	0.91±0.60 (n=419)	3.268 84.457 0.002*
INS	1.05±0.87 (n=70)	0.77±0.67 (n=416)	2.543 83.370 0.013*
DEP	1.17±0.84 (n=70)	0.83±0.67 (n=419)	3.243 84.456 0.002*
ANX	0.81±0.73 (n=70)	0.59±0.61 (n=417)	2.336 85.807 0.022*
HOS	1.12±0.95 (n=70)	0.66±0.66 (n=421)	3.898 80.715 0.000**
PHO	0.57±0.67 (n=70)	0.36±0.51 (n=419)	2.407 82.983 0.018*
PAR	1.24±0.75 (n=70)	0.93±0.69 (n=421)	3.371 489 0.001*
PSY	0.61±0.65 (n=69)	0.38±0.49 (n=416)	2.862 81.644 0.005*
Additional items	1.08±0.76 (n=70)	0.86±0.63 (n=415)	2.292 85.884 0.024*
GSI	0.97±0.66 (n=69)	0.71±0.52 (n=397)	3.155 83.282 0.002*
PST	43.01±22.27 (n=69)	35.85±20.11 (n=397)	2.684 464 0.008*
PSDI	1.93±0.55 (n=69)	1.69±0.47 (n=397)	3.831 464 0.000**

*p<0.05 **p<0.001, SCL-90: Symptom Checklist Revised form, SOM: somatization, OC: obsessive-compulsive, INS: interpersonal sensibility, DEP: depression, ANX: anxiety, HOS: hostility, PHO: phobic-anxiety, PAR: paranoid ideation, PSY: psychoticism, GSI: global severity index, PST: positive symptom total, PSDI: positive symptom distress index, n: number.

from the family of origin were assessed but these variables did not correlate with rate of IPV. A research conducted that women who do not receive social, financial or emotional support from

Table 5. Odds ratio of the risk factors

Demographic variable	Abused/non-abused women	
	Odds ratio	%95 CI
Age (35 and under/over 35)	1.61	(1.03–2.52)*
Marital status (non-cohabiting/ married)	2.67	(1.58–4.51)*
Education (secondary-school and over/below)	2.32	(1.07-5.02)*
Employment (employed/ un-employed)	2.04	(1.31– 3.18)*

*p<0.05 significance levels, CI: confidence interval.

their family or friends were at a higher risk of victimization.^{24,27-30} Çakıcı et al.¹⁷ showed qualitative research that in TRNC in some areas, family VAW seems to be normalized. The neighbours do not react to such incidents and even the attitude of the police is to calm the situation and to return the couple to their homes without any legal procedure.³¹

In this study, the abused/non-abused group was formed according to WAST Short. The findings reveal that there was a significant associated in every item of WAST between these two groups. Furthermore, there was a significant difference in the subscales of WAST between abused and non-abused women. This supports WAST-short as a good screening tool for IPV.

In this study women exposed to IPV reported both their mothers and partner's mothers to be abused by their partners more often. Turkish culture has strong family bonds and people are inclined to model their behaviour on their family members, particularly their father and mother.¹⁷ IPV practiced between parents may become a role model for resolving conflicts for their children.³¹

CONCLUSION

This study showed that women suffer from IPV had higher scores for psychiatric symptoms. It can be included that IPV is a source of stress and psychopathology. There are researches that also show significant relationship between SCL-90 and IPV³² and which report significant relationship between physical and psychological symptoms and with IPV for both men or women victims.^{13,33} The groups in this study did not differ for somatization score. However, Zacarias et al.³⁴ was conducted in Maputo City, Mozambique among 1,442 women participants, somatization was significantly more prevalent among women suffer from IPV. Depression, anxiety, health problems, such as injury, chronic pain, gastrointestinal problems, post-traumatic stress disorder are related to partner violence in different studies.¹⁵

In this study IPV status was self-reported and this may result with over or under reporting related to recall bias and social desirability bias. Another limitation of this study is, women who do not speak Turkish could not be involved in this study. Future studies, should choose the sample in psychiatry hospital and

should focus on not only IPV but also violence against women from other family members.

MAIN POINTS

- This study demonstrates that the rate of IPV against women in the TRNC is 14.3%.
- Women who were younger than 35, who were separated or divorced, who had secondary education or literate, and who were employed, were exposed to IPV more frequently.
- Partners' age and educational level did not demonstrate significant associations with the women's IPV scores.
- Women exposed to IPV had significantly higher scores for all subscales of SCL-90-R, except for somatization.
- This study revealed the extent of IPV against women in the TRNC and its negative consequences on women's health. Prevention programs should be planned to increase public awareness and to implement precautionary measures.

ETHICS

Ethics Committee Approval: The study was approved by the Social and Science Institute Ethical Board at the Near East University Ethics Committee (decision no:99, date: 09.01.2014).

Informed Consent: Written informed consent from all participants was also obtained.

Peer-review: Externally-peer reviewed.

Authorship Contributions

Concept: M.K., E.T., Design: M.K., E.T., Supervision: E.T., Data Collection and/or Processing: M.K., Analysis and Interpretation: M.K., E.T., Literature Search: M.K., Writing: M.K., Critical Review: E.T.

DISCLOSURES

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