Review Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2024; 16(2):210-224
doi: 10.18863/pgy.1291007

Violence Against Women: A Persistent and Rising Problem

Kadına Yönelik Şiddet: Kalıcı ve Yükselen Bir Sorun

Tuğba Türkkan[1], Hatice Odacı[2]

[1]Gümüşhane University, Gümüşhane
[2]Karadeniz Technical University, Trabzon

ABSTRACT

Violence against women is a widespread global public health problem. It is also a serious violation of women's human rights. Violence has traumatic effects on the health and well-being of women and the children who witness it. Violence against women is associated with physical, mental, emotional, sexual health, reproductive health problems and death. Violence and gender norms, which are one of the risk factors causing the continuation of violence; also have significant effects on families and societies, and these negative effects cross social and economic boundaries. However, it is also clear that current prevention initiatives and policy responses are insufficient. Mental health professionals have an important role to play in identifying, preventing and responding appropriately to violence against women and may take primary, secondary and tertiary measures to reduce the risk of violence against women. While providing mental health services, İt is very important to be aware of interpersonal violence and to provide gender-sensitive services. When providing these services, the impact of violence against women on mental health and knowledge of potential treatments are considered as a prerequisite. Along with the knowledge about the dynamics of violence, it is considered extremely important to take measures against the risks that weaken women who are disadvantaged due to problems such as gender inequality. For this reason, in this review, the concept of violence against women and the types of violence are explained and in this context, the initiatives that can be made in the field of mental health are included. It is thought that this review will contribute to the awareness of professionals working in the field about the seriousness of the problem and how violence affects women's mental health. It is also hoped that the present study will provide insight into the complex relationship between violence and health outcomes to help improve health policies and prevention responses in the relevant field.
Keywords: Women, violence, mental health, prevention.

ÖZ

Kadına yönelik şiddet, yaygın olarak gerçekleşen küresel bir halk sağlığı sorunudur. Aynı zamanda kadının insan haklarının da ağır bir ihlalidir. Şiddet, kadınların ve buna tanık olan çocukların sağlığı ve refahı üzerinde travmatik etkilere sahiptir. Kadına yönelik şiddet olayları fiziksel, zihinsel, duygusal, cinsel sağlık, üreme sağlığı sorunları ve ölüm ile ilişkilidir. Şiddet ve şiddetin sürmesine neden olan risk faktörlerinden biri olan toplumsal cinsiyet normlarının, aileler ve toplumlar üzerinde de önemli etkileri bulunmakta ve bu olumsuz etkiler sosyal ve ekonomik sınırları aşmaktadır. Bununla birlikte mevcut önleme girişimlerinin ve politika yanıtlarının yetersiz kaldığı da açıktır. Ruh sağlığı uzmanlarının kadına yönelik şiddeti belirlemede, önlemede ve uygun şekilde yanıt vermede önemli rolü vardır ve kadına yönelik şiddet riskini azaltmak için birincil, ikincil ve üçüncül önlemler alabilirler. Ruh sağlığı hizmetleri sunulurken kişilerarası şiddetin farkında olunması ve cinsiyete duyarlı hizmetlerin sağlanması oldukça önemlidir. Bu hizmetler sunulurken kadına yönelik şiddetin ruh sağlığı üzerindeki etkisi ve potansiyel tedavilerin bilinmesi ön koşul olarak değerlendirilmektedir. Şiddetin dinamiklerine ilişkin bilgi birikimi ile birlikte, cinsiyet eşitsizliği gibi sorunlar nedeniyle dezavantajlı durumda olan kadınları güçsüzleştiren risklere karşı da önlemlerin alınması son derece önemli görülmektedir. Bu nedenle bu derlemede kadına yönelik şiddet kavramı ve şiddetin türleri açıklanmakta ve bu kapsamda ruh sağlığı alanında yapılabilecek girişimlere yer verilmektedir. Bu derlemenin alanda çalışan profesyonellerin sorunun ciddiyeti ve şiddetin kadın ruh sağlığını nasıl etkilediği konusunda farkındalığının artmasına katkı sunacağı düşünülmektedir. Buna ek olarak, mevcut çalışmanın ilgili alanda sağlık politikalarının ve önleme yanıtlarının geliştirilmesine yardımcı olmak için şiddet ve sağlık sonuçları arasındaki karmaşık ilişki hakkında içgörü sağlayacağı ümit edilmektedir.
Anahtar sözcükler: Kadın, şiddet, ruh sağlığı, önleme

Address for Correspondence: Tuğba Türkkan, Gümüşhane University Faculty of Health Sciences, Department of Social Work, Gümüşhane, Turkiye **E-mail:** turkkan83@hotmail.com
Received: 02.05.2023 | **Accepted:** 09.08.2023

Introduction

Violence against women is a widespread yet historically overlooked phenomenon worldwide (World Health Organization [WHO] 2013a). Violence against women is recognized as a "global epidemic" (United Nations Secretariat-General 2018) and described as "perhaps the most shameful human rights violation" (Garcia-Moreno et al. 2013, Obreja 2019). Combating violence against women and empowering women through prevention efforts is a security issue of utmost importance. Despite these recognitions, preventive efforts and investments in services for victims are unfortunately insufficient to avoid the problem.

It is estimated that 10-53% of women worldwide have experienced intimate partner violence at least once in their lifetime, and more than 30% have experienced physical or sexual violence by their partners (WHO 2018). Although men also experience incidents of intimate partner violence, women are more likely to experience repeated violence (WHO 2013c). Worldwide, 39% of femicides are committed by intimate partners or ex-partners (Stöckl et al. 2013). Approximately 100-140 million girls and women worldwide have been subjected to female genital mutilation, and more than 3 million girls in Africa alone are at risk of being circumcised each year (Feldman-Jacobs and Clifton 2014). Approximately 70 million girls were married before the age of 18, and most marriages are arranged against their will (Loaiza and Wong 2012). An analysis of age-disaggregated data reveals that 24% of married girls aged 15-19 have experienced physical or sexual violence and that women are often exposed to violence from an early age (Sardinha et al. 2022). Exposure to intimate partner violence continues throughout life (Pathak et al. 2019).

As seen in the studies above, violence against women is a significant worldwide problem. Violence against women is strongly associated with physical, mental, emotional, sexual, and reproductive health problems and death (due to homicide and suicide). Gender norms, one of the risk factors for violence and its perpetuation, have significant impacts on families and communities (Ellsberg et al. 2008, Devries et al. 2013, Klugman et al. 2014), and these negative impacts transcend social and economic boundaries (WHO 2013c). Due to these impacts, national and international guidelines recognize that violence against women is an important determinant of health for women and children and call for health services to identify and address this important problem (WHO 2013b, 2016a). Therefore, being aware of interpersonal violence and providing gender-sensitive services while delivering mental health care is significant. While providing these services, understanding the impact of violence against women on mental health and potential treatments should be considered as a prerequisite.

Moreover, it is deemed vital to take precautions against the risks that disempower women who are disadvantaged by gender inequality as well as knowing the dynamics of violence. From this point of view, it is hoped that this study will contribute to raising awareness about violence against women and contribute to prevention efforts. In addition, this review aims to provide insights into the complex relationship between violence and mental health to help develop relevant health policies and mental health services.

Definition and Types of Violence Against Women

The United Nations Declaration on the Elimination of Violence against Women (UN 1993) defines violence against women as "any act of gender-based violence that inflicts or is likely to inflict physical, sexual or psychological harm or suffering on women, or threatens, coerces or arbitrarily deprives women of their liberty in public or private life ."While broad in scope, this statement defines violence as acts that cause or have the potential to cause harm and emphasizes that these acts are rooted in gender inequality. This emphasis on women does not, in principle, negate the fact that men are also subjected to violence. War, ethnic conflicts, gang and street violence, are major causes of male deaths. That said, when men are victims of interpersonal violence, it is more likely to be street fighting or gang violence perpetrated by other men. As the etiology and response strategies for violence against men often differ, it is included in a separate assessment (UNODC 2011, WHO 2014).

While violence against women is a reflection of gender inequality, it also serves to maintain the existing unequal balance of power. In some cases, perpetrators deliberately use violence as a mechanism for subjugation. For example, violence by intimate partners is typically used by a man to assert his position as the patriarch of the household or relationship. In other forms of violence, perpetrators may not have a clear motivation to subjugate women, but it is still a result of male actions. An example is a man who rapes a woman he judges to be sexually provocative, justifying the woman's behavior as an appropriate punishment for violating collectively established social rules. Communities also usually endorse these gender-specific behavioral norms. Thus, the unequal status of women contributes to their vulnerability to violence, thereby exacerbating violence against women (Watts and Zimmerman 2002, Manjoo 2012).

In practice, the term violence against women encompasses a range of abuses targeting women and girls. The term includes geographically or culturally specific forms of abuse, such as gender-based abortion and the killing of baby girls, female genital mutilation, early marriage, honor killings (the slaying of women who allegedly bring shame to their families), and acid throwing, as well as forms of violence prevalent worldwide, such as domestic violence, abuse, and rape. Many potential perpetrators exist, such as spouses and partners, parents, other family members, neighbors, teachers, employers, police, soldiers, and other government employees (Kalaiyarasi et al. 2015, Hossain 2016, AlQahtani 2023).

There are many forms of violence against women. However, violence types tend to share specific characteristics. Most forms of violence and abuse, particularly intimate partner violence and child sexual abuse persist over time, even for years. In most cases, the woman knows the perpetrator before the victimization occurs, lives with them, or interacts regularly (Polat 2016). Another aspect unique to most forms of violence against women is society's attribution of blame to female victims. For instance, women who experience intimate partner violence are commonly blamed for instigating the violence because of their disobedience, failure as partners, or infidelity. Girls or women who are sexually assaulted or raped, regardless of whether the victim is a child, are commonly implied to have "asked for it or deserved it" by their clothing and behavior (Watts and Zimmerman 2002). The studies in Turkey also reveal that marriage at a young age, low level of education, alcohol abuse, childhood trauma or history of abuse, multiple partners according to relationship level, deterioration of the marital relationship, low relationship satisfaction, forced marriage, poverty, lack of social support, lack of employment opportunities at the community level, cultural acceptance of men's superiority and dominance over women, acceptance of violence, cultural practices and poor legal sanctions at the social level are among the factors affecting violence against women (Karal and Aydemir 2012, Öyekçin et al. 2012, Tekkas et al. 2020).

Domestic Violence and Abuse

Many countries provide a gender-neutral definition of domestic violence and abuse. The UK Home Office defines domestic violence as "controlling, coercive or threatening behavior, violence or abuse, including but not limited to psychological, physical, sexual, emotional, financial abuse, between people aged 16 and over who are or have been intimate partners or family members, regardless of gender or sexuality". Similarly, the United States Department of Justice identifies domestic violence as "a pattern of abusive behavior used by one partner in any relationship to gain or maintain power and control over another partner ."Domestic violence is a person's aggressive behavior against their spouse, children, parents, siblings, or close relatives (General Directorate on the Status of Women 2009). Yet, it is overwhelmingly inflicted systematically on women by the men or husbands they live with (Yaman Efe and Ayaz 2010). This type of violence can take various forms, including physical violence ranging from slaps, punches, and kicks to armed assaults and murder; it can also take the form of sexual violence, rape, or forced participation in degrading sexual acts (Watts and Zimmerman 2002). These are frequently accompanied by emotionally abusive behaviors, such as prohibiting a woman from seeing her family and friends, constant belittling, humiliation, or intimidation; economic restrictions, such as preventing her from working or confiscating her earnings; and other patterns of controlling behaviors (Dağcı and Ören 2019). Moreover, it is recognized that domestic violence and abuse disproportionately affect women and express the power inequality between men and women. Therefore, domestic violence and abuse is a form of gender-based violence (Anifowose 2021).

Domestic violence, one of the most common forms of violence against women, is perpetrated by a partner or other family member. In domestic violence, perpetrators are close to their victims, and aggressive behavior takes place in private or public spaces (Watts and Zimmerman 2002). The reality is that women are often emotionally attached or economically dependent on their perpetrators. This violence, often perpetrated by intimate partners, can be observed in all countries, regardless of social, economic, religious, or cultural groups (Alhabib et al. 2010). However, some experts draw attention to the differences between situational violence (abuse that is less frequent within the family, less likely to escalate over time, and more likely to be reciprocal) and intimate partner violence (domestic violence and abuse characterized by a coercive pattern of physical violence, intimidation, and control) (Kelly and Johnson 2008).

Sexual Violence

Even though physical violence is the first thing that comes to mind when violence is mentioned, women can also be subjected to sexual violence by partners or non-partners (Polat 2016). Sexual violence is defined in the World Violence and Health Report (2021) as:: "Any sexual act, attempt to commit a sexual act, other acts of coercion, harassment or pressure directed against a person's sexuality, or acts of trafficking for sexual purposes, by any

person, regardless of their relationship to the victim and regardless of their identity, in any setting, including but not limited to the home and work environment." Sexual violence perpetrated by a spouse or romantic partner is described as "being physically forced to have sexual intercourse against one's will, having sexual intercourse because of fear of what one's partner might do, and being forced to perform a sexual act that is considered degrading" (WHO 2013d).

Acts of sexual violence can take place in many different conditions and settings. These acts include rape in marital or dating relationships; rape by acquaintances who are not romantic partners; sexual abuse by people in positions of trust, such as clergy, medical doctors, or teachers; rape by strangers; multiple perpetrator rape; sexual exploitation, including cheating, deception, blackmail or sexual abuse of persons who are incapacitated or too drugged or intoxicated to consent; rape during armed conflict; sexual exploitation, including demanding sexual intercourse in exchange for work, school grades or favors; unwanted sexual touching; sexual abuse of persons with mental or physical disabilities; sexual abuse of boys and girls; exposure to pornography and acts of violence against sexual integrity, including female genital mutilation, virginity examination, forced anal examination and trafficking for sexual exploitation (Dartnall and Jewkes 2013, Tatlıoğlu and Küçükköse 2015, Çiçek and Öncel 2018, Parra-Barrera 2021). The common denominator of these examples is that they are all sexual acts involving acts of male and female sexuality and that these acts occur in situations where consent is not obtained or not given in an accessible manner (Dartnall and Jewkes 2013).

The prevalence of sexual violence, widely regarded as shameful and stigmatizing, presents several challenges to quantify (Türkkan and Odacı 2022). Myths about sexual violence, such as women who drink alcohol or use drugs deserve to be raped, that women provoke rape by how they dress or behave, and that rape is a crime of passion, are widespread worldwide. By stigmatizing and blaming victims, such myths can be leveraged to reduce perpetrators' accountability (Dartnall and Jewkes 2013). In this context, many victims may simply opt not to report their experiences. However, this perpetuates sexual violence and obstructs access to support systems (Odacı and Türkkan 2021).

Child Sexual Abuse

Child sexual abuse is a global problem with significant public health consequences and has become a primary public concern in recent years. Sexually abused children risk developing behavioral, emotional, cognitive, and physical health problems. They are particularly vulnerable in their current situation when combined with other risk factors such as poverty (Putnam 2003, Papalia et al. 2017, Dillard et al. 2019). The World Health Organization (WHO 2008) defines child sexual abuse as:: "Involvement of a child in a sexual activity that the child does not fully understand, cannot give informed consent or is not developmentally ready for, or that violates the law or social taboos of society." In addition to this definition, it is emphasized that children can be sexually abused by adults and other children who - due to their age or stage of development - have responsibility, trust, or power over the victim.

According to 2017 United Nations Children's Fund (UNICEF) data, 17 million women in 38 low- and middle-income countries have experienced childhood sexual abuse. World Health Organization (WHO 2016b) figures reveal that 1 out of every five adult women has been exposed to childhood sexual abuse. Considering the current results, it is reasonable to conclude that sexual abuse against women and girls is a critical global public health problem for all countries.

Human Trafficking

Human trafficking is an urgent human rights and global health issue (Zimmerman and Kiss 2017). Human trafficking is the control and exploitation of people through force, coercion, fraud, duress, or deception (Shandro et al. 2016). Human trafficking can take many forms, such as moving victims within or between countries for different purposes, including sexual exploitation, sex work, organ harvesting, slavery, and exploitation in numerous other legal and illegal labor markets. Despite this diversity, the main focus of the field of trafficking has long been on sexual exploitation, particularly of women and girls (Cockbain and Bowers 2019).

While the accurate scale of trafficking is unknown, it is estimated that there are approximately 20.9 million victims of trafficking worldwide, of which more than half (an estimated 11.4 million) are women and girls. Human trafficking is a $150 billion-a-year criminal industry, with half of the victims coming from industrialized countries (United Nations International Labour Organization [ILO] 2012). In a study with victims of human trafficking who were in contact with support services in the UK, it was reported that 95% of women were victims of sexual exploitation, 54% of slavery and labor exploitation through domestic work, and 21% were forced to

work as sex workers (Oram et al. 2016). Besides, women who are victims of trafficking have been subjected to physical and sexual violence before trafficking, and therefore they are more vulnerable to exploitation and abuse (Ottisova et al. 2016).

Female Circumcision (Female Genital Mutilation)

The international literature recognizes female circumcision as one of the most harmful traditional practices (Liyew 2022). It was first classified as violence against women in a joint statement issued by the World Health Organization and the United Nations Children's Fund in 1997. A widely accepted definition of female circumcision reads: "It is a practice that encompasses all procedures involving partial or complete removal of the female external genitalia or other injuries to the female genitals for non-medical reasons ."Most girls undergo female circumcision between infancy and fifteen years of age, but the practice is sometimes performed on adult women (WHO 2008).

Today, an estimated 140 million women and girls are reported to have undergone female genital mutilation, and up to three million African girls are at risk each year (Serour 2013). Female circumcision is known to be practiced in twenty-nine countries in Sub-Saharan Africa and the Middle East and among isolated groups in Southeast Asia and some immigrant communities in North America and Western Europe (UNICEF 2013).

According to the World Health Organization (2008), female circumcision is internationally recognized as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes extreme discrimination against women. It is almost always practiced on minors and is, therefore, a violation of children's rights. The practice also violates a person's right to health, safety, and physical integrity; the right to be free from torture and cruel, inhuman, or degrading treatment; and the right to life when the procedure results in death. Although the United Nations and other international organizations have campaigned intensively in African communities to end the practice, there has been no change in the practices of female circumcision. This inaction is because this local practice is a social norm driven by cultural beliefs about gender and serves as a necessary step in the transition to adulthood (WHO 2008, Oztig 2022).

Forced and Early Marriage

Like female circumcision, early marriage is recognized as another traditional practice that is considered harmful in global literature (Ulusu Karataş 2020). Early marriage involves children and adolescents under eighteen (Tuna Uysal et al. 2019). Although boys are occasionally subjected to this practice, the overwhelming majority of early marriages are girls who are married to older men. Typically, there is a significant age difference between the husband and wife, and many early marriages are polygamous. In early marriage, the girl may be forced into the marriage or too young to make an informed decision about marriage and, therefore, too young to consent. Worldwide, more than 60 million women aged 20-24 have been forced into marriage before 18. About half of all girls in early marriage are reported to live in South Asia (WHO 2012a). International norms against female genital mutilation and early marriage are based on principles of health, gender equality, and human rights. Early marriage violates many of these rights and the right to consensual marriage (Ulusu Karataş 2020).

Local norms supporting early marriage are based on cultural and religious assumptions and economic justifications (Altun Aslan 2022). In impoverished regions, girls are often perceived as an economic burden, and these marriages may be sanctioned in exchange for bride price or other goods (Çakmak 2009). Moreover, stigma related to premarital sexual intercourse and pregnancy outside of marriage may lead parents to have their daughters married off at a young age (International Planned Parenthood Federation [IPPF] 2006).

Honor and Honor Killing

Femicide refers to the intentional act of killing women because they are women, but it can be defined more broadly to include any homicide against women or girls (Taştan and Küçüker Yıldız 2019). Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by husbands or ex-husbands and involve ongoing harassment, threats or intimidation at home, sexual violence, or situations where women have less power or resources than their partners (WHO 2012b). Femicide committed by a present or former husband or boyfriend is also known as intimate partner homicide. A study by the World Health Organization and the London School of Hygiene and Tropical Medicine found that more than 35% of all femicide worldwide is committed by an intimate partner (Stöckl et al. 2013).

Femicide is the most extreme consequence of intimate partner violence and has profound and long-lasting effects on women and their loved ones. The children of women whom their intimate partners kill, for instance, experience enduring effects (due to the murder of one parent and imprisonment of the other) and often have to move out of their homes and adapt to a new environment, as well as being labeled as the "child of the murderer" in the community (Lewandowski 2004).

Female honor killing is also a specific form of femicide committed by a family member or family members who disapprove of a woman's social behavior in general and sexual behavior in particular (Dayan 2021). 'Honor'-related killings involve the murder of a girl or woman by a male or female family member for an actual or presumed sexual or behavioral violation, including adultery, sexual intercourse, or extra-marital pregnancy (Hamzaoğlu and Konuralp 2019). Perpetrators often see this femicide as a way to protect family reputation, follow tradition, or comply with misinterpreted religious demands. Killings in the name of 'honor' can also cover up incest cases (United Nations Population Fund [UNFPA] 2009). An estimated 5,000 murders are committed worldwide yearly in the name of 'honor' (WHO 2012b). Honor killings of girls and women are reportedly committed by husbands, fathers, sons, brothers, siblings, uncles, and even other women in the family "in the name of protecting family honor" through strangulation, stabbing, burial alive, or by burning or forcing a woman to take poison (UN 2011, Taştan and Küçüker Yıldız 2019). These killings are reported to occur mainly in parts of the Middle East and South Asia but also among some migrant communities living in Australia, Europe, and North America (WHO 2012b).

Femicide to 'save family honor' is among the most tragic consequences and clear examples of entrenched, culturally accepted discrimination against women and girls. Due to the widespread acceptance of the practice and legal and judicial procedures that protect the killer, perpetrators often go unpunished (Patel and Gadit 2008). Research shows that social work and criminal justice systems generally characterize these killings as 'cultural traditions' rather than extreme violence against women (Schlytter and Linell 2010). This attitude has unfortunately led to legal and social vulnerability of girls and women in countries where femicides occur.

Prevalence of Violence Against Women

Violence against women, especially intimate partners, and sexual violence is a widespread public health problem (Bora and Gölge 2019). However, determining the prevalence rates of types of violence against women is difficult for a number of reasons. This difficulty can be due to differences in violence perpetrated between partners and cultural differences that influence research methods, violence definitions, sampling techniques, interviewer skills, and respondents' willingness to disclose intimate experiences (Fraga 2016). Therefore, it is impossible to make direct comparisons across cultures or countries or to make judgments about which society violence is more prevalent. Yet, prevalence rates can guide the effectiveness of preventive policies and intervention efforts.

The World Health Organization's prevalence analysis on violence against women, conducted in 161 countries and regions between 2000 and 2018, found that almost one-third (27%) of women aged 15-49 who are in a relationship have experienced either physical and sexual intimate partner violence or non-partner sexual violence during their lifetime. The prevalence rates of lifetime intimate partner violence were 20% in the Western Pacific, 22% in high-income countries and Europe, 25% in the Americas, 33% in Africa, 31% in the Eastern Mediterranean, and 33% in Southeast Asia. The survey also revealed that these forms of violence against women are perpetrated mainly by spouses or intimate partners (WHO 2018). According to the study, 38% of all femicides globally were committed by intimate partners. Globally, 6% of women have been sexually assaulted by a non-partner (WHO 2018).

Studies carried out to identify different types of violence against women in Turkey indicate that 38% of women in Turkey have been subjected to lifetime physical and sexual violence by their spouses and 11% have experienced physical and sexual violence by their spouses or partners in the last 12 months (Ministry of Family and Social Policies 2015b). Notably, there are no national statistics on the rate of sexual violence by strangers who are not spouses or partners. Additionally, the rate of child marriages in Turkey is at a considerable level and is reported to be 14.7% (UNICEF 2021).

Regional data are also available in the national literature to determine the prevalence rates of violence against women. For example, in a survey of 1178 women in Ankara, 31.3% of the participants stated that they had experienced sexual violence from their husbands at least once, while 25.8% claimed to have been physically forced to have sexual intercourse. Besides, it was determined that the rate of exposure to sexual violence increased by 15.9% compared to the previous year (Akar et al. 2010). A study in Konya revealed that approximately 38% of women were exposed to sexual violence (Alan Dikmen and Çankaya 2021). Another study

from Edirne reported the rate of exposure to sexual violence to be 6.3% (Alan Dikmen and Çankaya 2021). As part of domestic violence, verbal/psychological, physical, emotional, economic, and sexual violence were addressed in a study conducted in Isparta, and the rate of exposure to sexual violence by spouses was set at 38% (İzmirli et al. 2014). Research on domestic violence, including physical, verbal, economic, psychological, and sexual violence in Eskişehir, demonstrated a prevalence of 6.9% for sexual violence (Gökler et al. 2014).

As the results of the research show, violence against women is a global public health crisis of pandemic proportions. Moreover, violence has significant social and economic impacts on countries and societies. The World Health Organization (WHO 2021) emphasizes that governments should strengthen commitments and legal policies to eliminate violence against women and girls.

Turkey has taken significant steps in eliminating gender inequality and improving women's human rights through national and international conventions (Turkish Civil Code, Labor Law, Turkish Penal Code, Convention on the Elimination of All Forms of Discrimination against Women [CEDAW]) (Official Gazette 2001, 2003, 2004, 2006, 2012). There have been attempts to combat violence against women through a single-door system with the principle of zero tolerance to violence, especially with becoming a party to the Istanbul Convention and Law No. 6284. However, it is stated that Law No. 6284 and the 2006/17 Prime Ministry Circular mention the process of inter-institutional cooperation in the fight against violence against women. However, there is no clarity on how this cooperation will be ensured in practice, and significant differences exist between the cooperating institutions' approaches to combat the problem (Alican Şen 2018). It is also possible to argue that mental health services for preventing violence against women are limited. The Ministry of Health has critical roles in primary, secondary, and tertiary protection stages in preventing violence and has no policies for preventing violence against women. No mechanism has been established within the health system to mobilize health personnel to protect victims of violence. Therefore, health personnel only inform the security forces and do not take action beyond preparing a report when requested (Subaşı and Akın 2003). In summary, although there have been significant initiatives to prevent violence against women in Turkey, especially with the legal reforms realized in recent years, these regulations have not been reflected in social life and the provision of mental health services (Karal and Aydemir 2012).

Violence Against Women and Mental Health

Violence against women has been linked to the emergence of a range of psychological health problems with varying levels of impact on individuals' functioning (Dillon et al. 2013). All types of violence (physical, psychological, and sexual) are reported to be highly associated with psychiatric disorders in women (Umubyeyi 2014). In one study, for instance, a large proportion of women who were victims of violence were reported to have more negative psychological problems compared to women who were not victims of violence (Kamimura et al. 2014). Likewise, studies have emphasized that all forms of violence have a negative impact on individuals' mental health and happiness, and the severity of psychiatric symptoms gradually increases as the rate of exposure to violence increases (Ferrari et al. 2014, Taherkhani et al. 2014).

A review of the literature reveals that many recent studies have examined the effects of violence against women on the mental health of individuals (Ellsberg et al. 2008, Jina and Thomas 2013, WHO 2013a, 2013b, Ministry of Family and Social Policies 2015). Existing research relates various types of violence, including physical aggression, sexual assault, verbal, emotional, or psychological harassment, controlling behaviors, and coercive control, to mental health problems. However, it reports more severe mental health effects, especially when victimization is chronic and when the victim is exposed to more than one type of violence, especially sexual violence (Carbone-Lopez 2006, Potter et al. 2020). Indeed, the World Health Organization (WHO 2013) research shows that women subjected to violence are almost twice as likely to experience depression and develop alcohol use disorders than those who have not been victimized. In addition, violence negatively affects women's health, productivity, and ability to care for themselves and their families, all aspects of their lives (Lutgendorf 2019). Violence undermines women's sense of self-worth, self-confidence, and ability to think and act independently (Güler et al. 2022). Physical, psychological, and sexual abuse and violence can lead to a range of psychiatric disorders such as post-traumatic stress disorder (PTSD), depression, anxiety and low self-esteem, obsessive-compulsive disorder, substance abuse, multiple personality disorder, and psychosis (Garcia-Moreno et al. 2013, Khalifeh et al. 2015, Oram 2017, Gökler Danışman et al. 2018, Han Almış et al. 2020). There are also some significant correlations between domestic violence victimization, psychosomatic symptoms, and eating problems (WHO 2013c, Trevillion et al. 2014). In parallel with these findings, a meta-analysis reported a three-fold increase in the likelihood of developing depressive disorders, a four-fold increase in the likelihood of anxiety

disorders, and a seven-fold increase in the likelihood of post-traumatic stress disorder (PTSD) for women who experienced domestic violence and abuse (Trevillion et al. 2012).

For many women, domestic violence's psychological effects have more negative consequences than its physical effects (Han Almış et al. 2020). Research has shown that domestic violence is closely associated with depression and subsequent suicide. In particular, victims of sexual assault in childhood or adulthood are more likely to suffer from depression and attempt suicide than non-victims. Many cases of violence against women have in common the experience of harassment, torture, and violence, where women find themselves more vulnerable and experience negative mental health consequences such as depression, stress, fear, insecurity, and alienation (WHO 2013c). Among the factors that render women more vulnerable and have adverse mental health impacts are personal fears and anxiety about the consequences of having to leave home, care and custody of children, lack of support from parents, lack of social support, cultural forces, and lack of availability of physical, economic and social rehabilitation alternatives. Unfortunately, such problems can also lead women to take the drastic step of suicide (WHO 2013d).

Chronic abuse experiences can lead to complex trauma, especially if abuse was experienced in childhood, and recovery from these unpleasant experiences is not possible due to physical, psychological, familial, or social factors (Herman 1992). In the literature, mental health problems in women experiencing violence may overlap with trauma, complex trauma, and disability, making diagnosis and treatment difficult. In addition to diagnosing and treating psychiatric symptoms, mental health professionals should investigate the underlying causes of psychological symptoms, including violence (Trevillion et al. 2014). Failure to identify the psychosocial impact of abuse can lead to internalization of distress, reinforcement of feelings of self-blame, delays in access to mental health services, and increased potential for the victim to become trapped in the cycle of abuse (Trevillion et al. 2014). It is crucial for women who have experienced gender-based violence, including childhood sexual assault, to make sense of their past and present experiences, which constitute the basis of their psychological and social difficulties (Warner 2009). From a practical perspective, failure to identify the psychosocial impact of abuse may lead to adopting the patient role, increased feelings of hopelessness, helplessness, guilt, decreased functionality, and resistance to treatment.

The mental health impact of domestic violence and intimate partner violence may be worse in communities with gender inequalities and where it may be more challenging to access support or avoid destructive relationships. Studies show that the complex effects of violence on mental health are likely to be more severe and associated with adverse outcomes in societies with heteropatriarchy (the dominance of heterosexual and patriarchal norms in society), racism, transphobia, and poverty (Tsai 2013, Yerke and DeFeo 2016).

Sexual violence, one of the forms of violence against women, can lead to immediate and long-term psychological consequences. Immediate reactions include shock, denial, fear, confusion, anxiety, panic, phobias, withdrawal, guilt, or irritability. Sleep and eating disorders may also emerge (Bundock et al. 2013). Longer-term effects include anxiety, phobias, panic disorders, and depression (Dillon et al. 2013). Women experiencing sexual violence as part of intimate partner violence are reported to have a high risk of developing PTSD (Devries et al. 2013, Trevillion et al. 2014). Sexually abused women are also at risk of attempting or committing suicide (Devries et al. 2013). In a nationwide study with 627 women aged 15-54 in the USA, the age of first sexual assault was compared with the age of first suicide attempt, and both suicidal ideation and suicide attempt were estimated to be three times higher in victims (Ullman and Brecklin 2002). In another study, women who were sexually assaulted reported a significantly higher prevalence of suicidal tendencies (27.25%) compared to the non-victimized group. In the same study, victimized women had significantly higher rates of lifetime and past-year suicidal ideation and lifetime suicide attempts than women who were not victimized (Dworkin et al. 2022).

Sexual violence has also been associated with high-risk sexual behaviors such as unprotected sexual intercourse, having multiple sexual partners, and high-risk sexual partners (Basile et al. 2006). Sexual violence may increase smoking, substance use, and risky sexual behaviors, especially in childhood. A cross-sectional study reported significant correlations between sexual violence and drug and alcohol addiction (Jonas et al. 2011). A history of sexual violence is also significantly related to perpetrating violence (for men) and being a victim of violence again (for women) (WHO 2013c).

Violence against women can also pose physical health problems. Sexual violence can cause gynecological problems and sexually transmitted infections, including HIV. The World Health Organization (WHO 2013b) study on the health burden associated with violence against women revealed that women who have experienced physical or sexual abuse are 1.5 times more likely to contract a sexually transmitted infection and HIV than women who have not experienced partner violence. Victims are also twice as likely to have an abortion. Experiencing intimate partner violence during pregnancy also renders miscarriage, stillbirth, premature birth,

and low birth weight babies more likely (Leight 2022). Women who experience intimate partner violence are 16% more likely to have a miscarriage and 41% more likely to have a preterm birth (WHO 2013c). Besides, headaches, pain syndromes (back pain, abdominal pain, chronic pelvic pain), gastrointestinal disorders, reduced mobility, and poor general health are other health effects observed in women victims of violence (WHO 2013c).

There is limited evidence on the relationship between other forms of violence against women and mental health. In a study on human trafficking, women fleeing traffickers who were in contact with shelter services had high levels of psychological symptoms, including depression, anxiety, and PTSD symptoms (Oram et al. 2016). Psychotic and substance use disorders have also been reported in victims of human trafficking in contact with secondary mental health services (Ottisova et al. 2016).

The physical health problems caused by female circumcision (bleeding, urinary tract infection, dyspareunia, and obstetric complications) have been extensively documented. However, mental health consequences are less known (Berg et al. 2014). However, research shows that victims of female genital mutilation are more likely to receive a psychiatric diagnosis and experience symptoms of anxiety, depression, somatization, PTSD, and low self-esteem, and that type of female circumcision is related to psychopathology (Knipscheer et al. 2015).

Violence against women and related mental health problems can also have detrimental effects on parenting skills, damage the quality of the parent-child relationship, and affect the mental health of the child who witnesses violence (Kaspiew et al. 2017). Research confirms that children witnessing domestic violence are more likely to experience various health, developmental, and social problems (Watson et al. 2020). They are also at higher risk of being re-victimized in the future or becoming a perpetrator perpetuating the intergenerational transmission of violence (Webster et al. 2018). Salter and colleagues, therefore, emphasize the importance of sensitizing complex trauma cases to ensure that the intergenerational effects of childhood trauma are mitigated (Salter et al. 2020).

Existing research on the relationship between violence against women and mental health problems has several limitations that limit the conclusions that can be drawn. First, much of the research in this area is cross-sectional; therefore, it is unclear whether mental health problems are pre-existing or post-exposure to violence. Second, many studies do not control for potential confounders, such as a history of childhood maltreatment, shared genetic vulnerabilities, or prior psychopathology or behavioral problems. Third, the prevalence of exposure to violence is difficult to measure accurately due to the potential for individuals not to disclose their adverse experiences out of shame, fear of judgment or stigmatization, lack of awareness of available services, or victims not knowing that their adverse experience was abuse or violence (Oram et al. 2022). In addition, the generalizability of findings across regions will be limited by contextual factors such as cultural beliefs, social acceptance, and poverty, which may differ between and within countries.

What Can Mental Health Professionals Do Against Violence Against Women?

Proactive measures by mental health professionals, practitioners, and other stakeholders are critical to reducing the negative impacts of violence against women on mental health (WHO 2013d). Mental health professionals have an essential role in protecting women from gender-based violence and can take primary, secondary, and tertiary measures to reduce the risk of violence against women. Primary prevention aims to prevent violence by intervening before any form of violence occurs, which means reducing the rates of violence that may occur. To this end, mental health professionals can provide training to raise awareness among women and children on violence, its effects on mental health, and its intergenerational transmission, as well as support points where victims of violence can seek help, and organize programs and psycho-educational interventions that contribute to the empowerment of women and girls against social norms based on gender inequality. Furthermore, routine screening for violence and abuse by mental health professionals and other health professionals working in the field should become a standard of care (Oram et al. 2022). In addition to appropriate routine screening, a comprehensive assessment of physical, emotional, and sexual violence can be provided by mental health professionals. The World Health Organization (WHO 2013d) also recommends that mental health professionals facilitate disclosure of domestic violence and abuse, provide support and safety, and treat physical and mental disorders in the context of domestic violence and abuse as part of comprehensive clinical assessments. In general services such as primary care or emergency services, routine debriefing in mental health services is highlighted because of the high use rates of mental health services by victims of violence. It is underlined that routine debriefing should only be implemented when professionals are appropriately trained and have intervention protocols (WHO 2013d). Routine interviewing should be conducted in a secure manner, and professionals should know how to respond before practicing routine interviewing. When working with victims, mental health

professionals should ensure that women are assessed without partners, family members, or acquaintances, ensuring confidentiality and safety. Other essential points include providing access to independent interpreters; responding to disclosures in a sensitive, compassionate, and non-judgmental manner; reassuring women that they are believed; not blaming women for their experiences; and providing information and practical support that responds to women's concerns and respects their autonomy (WHO 2013d, Hemmings et al. 2016). However, several studies have noted barriers to routine investigations by professionals, including a lack of confidence and competence in facilitating and managing disclosures and a lack of knowledge and understanding of domestic violence and abuse (Trevillion et al. 2014). In line with this information, continuous training, support, and counseling programs on "violence against women" should be developed for professionals working in the field to help identify victims, provide appropriate interventions and facilitate disclosure in particular, and ensure that they intervene with victims most properly through continuous learning. Experts should address violence using gender-sensitive, trauma-informed approaches and co-produced with victims.

Secondary prevention of violence against women (e.g., reducing the impact and harm of violence against women that has already occurred) focuses on responding to violence immediately. Such work will include identifying, responding to, and treating forms of violence victims suffer. In this context, mental health professionals can improve the mental health of victims through interventions explicitly targeting women who have already experienced some form of violence to reduce re-victimization; or prevent future violence through interventions to treat perpetrators to prevent re-offending. It can also protect and support children who have witnessed violence against women, reducing the likelihood of their becoming future victims or perpetrators of violence and the risk of violence for future generations.

Tertiary prevention efforts focus on long-term care after violence has occurred. In this context, mental health professionals can advocate for domestic violence and abuse, contributing to funding for establishing crisis centers, clinics, support lines, counseling centers, and contact points for victims. Remedial interventions can also include providing support services such as counseling, rehabilitation, and mainstreaming efforts to help victims treat their mental health problems. Increased access to mental health services is an essential secondary and tertiary preventive measure. However, effective mental health treatments for violence are unavailable worldwide for most people (Oram et al. 2017).

Interventions for Victims and Perpetrators

An extensive research database on mental health interventions for all violence-related mental disorders exists. Studies have shown that trauma-focused cognitive behavioral therapy (CBT), and eye movement desensitization and reprocessing (EMDR) are effective in the treatment of psychological symptoms such as trauma and depression symptoms in women victims of violence (Bisson et al. 2013, Warshaw et al. 2013).

When the studies on perpetrators are evaluated, the importance of conveying that the abusive behavior is unacceptable is highlighted in the interventions implemented. One of the goals of treatment should be to ensure that perpetrators of violence take responsibility for their abusive behavior and assume accountability. At this point, motivational interviewing approaches yielded positive results. Motivational interviewing techniques allow people (who differ in terms of readiness for change) to weigh their situations and options and create action plans that meet their personal priorities and are appropriate for the stages of change (pre-contemplation, contemplation, preparation, and action) (Crane and Eckhardt 2013). When working with perpetrators, mental health professionals should also identify whether there are potentially modifiable clinical risk factors for violence. Potentially modifiable risk factors include emotional dysregulation, excessive jealousy, paranoia, delusions or hallucinations that may precipitate violence, irritability, hyperarousal, over-reactivity related to depression or PTSD, impulsivity, substance misuse, and alcohol misuse (Smith et al. 2012). Clinical treatments may include talk therapies for past traumas and emotion regulation, antipsychotics for delusional beliefs and hallucinations, and interventions for substance or alcohol abuse. Cognitive behavioral and motivational interviewing therapies delivered alongside alcohol treatment programs have been identified as promising interventions in high-income and low-income groups (Tarzia et al. 2020, Oram et al. 2022). Couples and family therapies to improve communication and conflict resolution skills can also yield positive results in reducing violence (Stern et al. 2020).

Conclusion

Violence against women is a highly complex phenomenon, so any single strategy to reduce the adverse effects of violence against women will not be sufficient on its own. Recognizing that violence against women is a mental health and human rights issue is crucial. For strategies to be effective, they should draw on a wide range of

expertise and resources with maximum possible community involvement, including policymakers and civil society organizations. Violence against women is a widespread social problem that stems from the unequal distribution of resources and power between men and women and is institutionalized through laws, policies, and social norms that give exclusive rights to men (WHO 2010). Strategies should, therefore, also aim to address cultural beliefs and social structures that harbor the drivers of gender inequality and other forms of discrimination. In this context, community and group interventions involving women and men can change discriminatory social norms to reduce the risk of violence. Legal, economic, and cultural structures that can fuel inequalities in women's and girls' access to education and social and political participation need to be transformed into mechanisms that promote women's rights. Initiatives to end violence against women will likely yield positive results if supported by coordinated action and strong political will.

References

Akar T, Aksakal FN, Demirel B, Durukan E, Özkan S (2010) The prevalence of domestic violence against women among a group woman: Ankara, Turkey: Domestic violence against women in Ankara. J Fam Violence, 25:449–460.

Alan Dikmen H, Cankaya S (2021) Associations between sexual violence and women's sexual attitudes, sexual self-consciousness, and sexual self-efficacy. J Interpers Violence, 36:11304–11326.

Alican Şen A (2018) Türkiye'de kadına yönelik şiddetle mücadelede kurumlar arası işbirliği süreci ve 6284 sayılı yasanın uygulanabilirliği. Motif Akademi Halkbilimi Dergisi, 22:141-161.

AlQahtani SM, Almutairi DS, BinAqeel EA, Almutairi RA, Al-Qahtani RD, Menezes RG (2023) Honor killings in the Eastern Mediterranean region: A narrative review. Healthcare (Basel), 11:74.

Altun Aslan E (2022) Evlilik nedeniyle okul terkinin toplumsal hareketlilik bağlamında değerlendirilmesi. Bitlis Eren Üniversitesi İktisadi ve İdari Bilimler Fakültesi Akademik İzdüşüm Dergisi, 7:84-102.

Anifowose O (2021) Ethical assessment of women and violence in Nigeria. Kampala International University Journal of Humanities, 5:129-138.

Basile KC, Black MC, Simon TR, Arias I, Brener ND, Saltzman LE (2006) The association between self-reported lifetime history of forced sexual intercourse and recent health-risk behaviors: Findings from the 2003 National Youth Risk Behavior Survey. J Adolesc Health, 39:e1–e7.

Berg RC, Underland V, Odgaard-Jensen J, Fretheim A, Vist GE (2014) Effects of female genital cutting on physical health outcomes: A systematic review and meta-analysis. BMJ Open, 4:e006316.

Bisson JI, Roberts NP, Andrew M, Cooper R, Lewis C (2013) Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. Cochrane Database Syst Rev, 2013(12):CD003388.

Bora A,Gölge ZB (2019). Evlilikte kadına yönelik şiddete ilişkin tutumların cinsiyet, eğitim durumu ve şiddet yaşantıları ile ilişkisinin incelenmesi. J Foren Sci Leg Med, 16:88-97.

Bundock L, Howard LM, Trevillion K, Malcolm E, Feder G, Oram S (2013) Prevalence and risk of experiences of intimate partner violence among people with eating disorders: A systematic review. J Psychiatr Res, 47:1134–1142.

Carbone-Lopez K, Kruttschnitt C, Macmillan R (2006) Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. Public Health Rep, 121:382–392.

Cockbain E, Bowers K (2019) Human trafficking for sex, labour and domestic servitude: How do key trafficking types compare and what are their predictors? Crime, Law Soc Change, 72:9–34.

Crane CA, Eckhardt CI (2013) Evaluation of a single-session brief motivational enhancement intervention for partner abusive men. J Couns Psychol, 60:180–187.

Çakmak D (2009). Türkiye'de çocuk gelinler. In Birinci Hukukun Gençleri Sempozyumu Hukuk Devletinde Kişisel Güvenlik, Bildiri Tam Metinler E-Kitabı. Ankara, Ankara Üniversitesi Hukuk Fakültesi.

Çiçek E, Öncel S (2018) Engelli kadına yönelik şiddetin diğer boyutu: Cinsel şiddet. Kadın Hastalıkları ve Anne Çocuk Sağlığı Dergisi, 13:126-146.

Dağcı S, Ören B (2019) Cinsiyet eşitsizliği, kadına yönelik şiddet ve sağlık çalışanlarının yaklaşımı. Zeynep Kamil Tıp Bülteni, 50:236-240.

Dartnall E, Jewkes R (2013) Sexual violence against women: The scope of the problem. Best Pract Res Clin Obstet Gynaecol, 27:3–13.

Dayan H (2021) Female honor killing: The role of low socio-economic status and rapid modernization. J Interpers Violence, 36:NP10393–NP10410.

Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, Petzold M et al. (2013) Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. PLoS Med, 10:e1001439.

Dillard R, Maguire-Jack K, Showalter K, Wolf KG, Letson MM (2019) Abuse disclosures of youth with problem sexualized behaviors and trauma symptomology. Child Abuse Negl, 88:201–211.

Dillon G, Hussain R, Loxton D, Rahman S (2013) Mental and physical health and ıntimate partner violence against women: A review of the literature. Int J Family Med, 2013:313909.

Dworkin ER, DeCou CR, Fitzpatrick S (2022) Associations between sexual assault and suicidal thoughts and behavior: A meta-analysis. Psychol Trauma, 14:1208–1211.

Ellsberg M, Jansen HAFM, Heise L, Watts CH, Garcia-Moreno C (2008) Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. Lancet, 371:1165–1172.

Feldman-Jacobs C, Clifton D (2014) Female Genital Mutilation/Cutting: Data and Trends, Update 2014. Washington, DC, Population Reference Bureau.

Ferrari G, Agnew-Davies R, Bailey J, Howard L, Howarth E, Peters TJ et al. (2016) Domestic violence and mental health: A cross-sectional survey of women seeking help from domestic violence support services. Glob Health Action, 9:29890.

Fraga S (2016) Methodological and ethical challenges in violence research. Porto Biomedical Journal, 1:77–80.

Garcia-Moreno C, Pallitto C, Devries K, Stöckl H, Watts C, Abrahams N (2013) Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. Geneva, World Health Organization.

Garcia-Moreno C, Zimmerman C, Morris-Gehring A, Heise L, Amin A, Abrahams N et al. (2015). Addressing violence against women: A call to action. Lancet, 385:1685-1695.

Gökler Danışman I, Tarhan Uçar C, Okay D (2018) Eş şiddeti nedeniyle kadın konukevlerinde kalmakta olan kadınlarda travma sonrası stres ve travma sonrası gelişimin incelenmesi. Anadolu Psikiyatri Derg, 19:537-544.

Gökler ME, Arslantas D, Unsal A (2014) Prevalence of domestic violence and associated factors among married women in a semi-rural area of western Turkey. Pak J Med Sci, 30:1088–1093.

Güler A, Bankston K, Smith CR(2022). Self-esteem in the context of intimate partner violence: A concept analysis. Nurs Forum (Auckl), 57:1484–1490.

Hamzaoğlu M, Konuralp E (2019) Geleneksel toplumlarda namus olgusu ve namus cinayeti: Türkiye örneği. İstanbul Üniversitesi Kadın Araştırmaları Dergisi, 1:51-65.

Han Almiş B, Gümüştaş F, Kütük EK (2020) Effects of domestic violence against women on mental health of women and children. Psikiyatride Güncel Yaklaşımlar, 12:232-242.

Hemmings S, Jakobowitz S, Abas MA, Bick D, Howard LM, Stanley N et al. (2016) Responding to the health needs of survivors of human trafficking: A systematic review. BMC Health Serv Res, 16:320.

Herman JL (1992) Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. J Trauma Stress, 5:377–391.

Home Office of United Kingdom (2013) Information for local areas on the change to the definition of domestic violence and abuse. London: Home Office. https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas (Accessed: 27.02.2023)

Hossain A (2016) The impact of domestic violence on women: A case study of rural Bangladesh. Sociology and Criminology-Open Access, 4:135-142.

ILO (2012). ILO Global Estimate of Forced Labour: Results and Methodology. Geneva, International Labour Office.

IPPF (2006) Ending Child Marriage: A Guide For Global Policy Action. London, International Planned Parenthood Federation.

İzmirli GO, Sonmez Y, Sezik M (2014) Prediction of domestic violence against married women in southwestern Turkey. J Psychosom Obstet Gynaecol, 127:288-292.

Jina R, Thomas LS (2013) Health consequences of sexual violence against women. Best Pract Res Clin Obstet Gynaecol, 27:15–26.

Jonas S, Bebbington P, McManus S, Meltzer H, Jenkins R, Kuipers E et al. (2011) Sexual abuse and psychiatric disorder in England: Results from the 2007 Adult Psychiatric Morbidity Survey. Psychol Med, 41:709–719.

Kalaiyarasi R (2015) Violence against women in India. Int J Humanit Soc Sci, 20:51-55.

Kamimura A, Christensen N, Tabler J, Ashby J, Olson LM (2014) Prevalence of intimate partner violence and its impact on health: Female and male patients using a free clinic. J Health Care Poor Underserved, 25:731–745.

Karal D, Aydemir E (2012) Türkiye'de Kadına Yönelik Şiddet. Ankara, Uluslararası Stratejik Araştırmalar Kurumu.

Kaspiew R, Horsfall B, Qu L, Nicholson JM, Humphreys C, Diemer K et al. (2017) Domestic and Family Violence and Parenting: Mixed Method Insights into Impact and Support Needs: Final Report (ANROWS Horizons 04/2017). Sydney, ANROWS.

Kelly JB, Johnson MP (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. Fam Court Rev, 46:476–499.

Khalifeh H, Moran P, Borschmann R, Dean K, Hart C, Hogg J et al. (2015). Domestic and sexual violence against patients with severe mental illness. Psychol Med, 45:875-886.

Klugman J, Hanmer L, Twigg S, Hasan T, McCleary-Sills J, Santamaria J (2014) Voice and Agency: Empowering Women and Girls for Shared Prosperity. Washington DC, World Bank.

Knipscheer J, Vloeberghs E, van der Kwaak A, van den Muijsenbergh M (2015) Mental health problems associated with female genital mutilation. BJPsych Bull, 39:273–277.

Leight J (2022) Intimate partner violence against women: A persistent and urgent challenge. Lancet, 399:770-771.

Lewandowski LA, McFarlane J, Campbell JC, Gary F, Barenski C (2004) "He killed my mommy!" Murder or attempted murder of a child's mother. J Fam Violence, 19:211–220.

Liyew EB (2022) Female genital mutilation in the Afar Community: A practice against female's human rights. J Hum Rights Soc Work, 7:322–330.

Loaiza E, Wong S (2012) Marrying Too Young, End Child Marriage. New York, UNFPA.

Lutgendorf MA (2019) Intimate partner violence and women's health. Obstet Gynecol, 134:470-480.

Manjoo R (2012) Special Rapporteur on violence against women and girls, its causes and consequences. United Nations Human Rights Council, A/HRC/17/26. https://www.un.org/womenwatch/daw/csw/csw56/statements/statement-spec-rap-manjoo.pdf (Accessed 27.02.2023)

Ministry of Family and Social Policies (2015) Research on Domestic Violence against Women in Turkey. Ankara, Hacettepe University Institute of Population Studies.

Obreja LD (2019) Human rights law and intimate partner violence: Towards an intersectional development of due diligence obligations. Nord J Hum Rights, 37:63–80.

Odacı H, Türkkan T (2021) Cinsel istismar şüphesi bulunan çocukla görüşme: Öğretmenler ve okul psikolojik danışmanları nasıl davranmalı ve neler yapmalı? Türk Eğitim Bilimleri Dergisi, 19:685-706 .

Official Gazette (2001) 4721 sayılı Türk Medeni Kanunu (2001). Ankara, TC Başbakanlık

Official Gazette (2003) 4857 sayılı İş Kanunu (2003) . Ankara, TC Başbakanlık

Official Gazette (2004) 5237 sayılı Türk Ceza Kanunu. Ankara, TC Başbakanlık.

Official Gazette (2006) Çocuk ve Kadınlara Yönelik Şiddet Hareketleriyle Töre ve Namus Cinayetlerinin Önlenmesi İçin Alınacak Tedbirler (2006/17 Başbakanlık Genelgesi (4.7.2006): 2006) Ankara, TC Başbakanlık.

Official Gazette (2012) 6284 sayılı Ailenin Korunması ve Kadına Karşı Şiddetin Önlenmesine Dair Kanun. Ankara, TC Başbakanlık.

Oram S, Abas M, Bick D, Boyle A, French R, Jakobowitz S et al. (2016) Human trafficking and health: A survey of male and female survivors in England. Am J Public Health Res, 106:1073–1078.

Oram S, Fisher HL, Minnis H, Seedat S, Walby S, Hegarty K et al. (2022) The Lancet Psychiatry Commission on intimate partner violence and mental health: Advancing mental health services, research, and policy. Lancet Psychiatry, 9:487–524

Oram S, Khalifeh H, Howard LM (2017) Violence against women and mental health. Lancet Psychiatry, 4:159–170.

Ottisova L, Hemmings S, Howard LM, Zimmerman C, Oram S (2016) Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated systematic review. Epidemiol Psychiatr Sci, 25:317–341.

Öyekçin D, Yetim D, Şahin EM (2012) Psychosocial factors affecting various types of intimate partner violence against women. Turk Psikiyatri Derg, 23:75–81.

Öztig Lİ (2022) Does local resistance impact the transnational normative environment? The case of female genital mutilation (FGM), Health Care Women Int, doi: 10.1080/07399332.2022.2129644.

Papalia NL, Luebbers S, Ogloff JRP, Cutajar M, Mullen PE, Mann E (2017) Further victimization of child sexual abuse victims: A latent class typology of re-victimization trajectories. Child Abuse Negl, 66:112–129.

Parra-Barrera SM, Moyano N, Boldova MÁ, Sánchez-Fuentes MM (2021) Protection against sexual violence in the Colombian legal framework: obstacles and consequences for women victims. Int J Environ Res Public Health, 18:4171.

Patel S, Gadit AM (2008) Karo-Kari: A form of honour killing in Pakistan. Transcult Psychiatry, 45:683–94.

Pathak N, Dhairyawan R, Tariq S (2019) The experience of intimate partner violence among older women: A narrative review. Maturitas, 121:63–75.

Polat O (2016) Şiddet. Marmara Üniversitesi Hukuk Fakültesi Hukuk Araştırmaları Dergisi, 22:15-34.

Putnam FW (2003) Ten-year research update review: Child sexual abuse. J Am Acad Child Adolesc Psychiatry, 42:269–278.

Salter M, Conroy E, Dragiewicz M, Burke J, Ussher J, Middleton W et al. (2020) "A deep wound under my heart": Constructions of complex trauma and implications for women's wellbeing and safety from violence (Research report, 12/2020). Sydney, ANROWS.

Sardinha L, Maheu-Giroux M, Stöckl H, Meyer SR, García-Moreno C (2022) Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. Lancet, 399:803–813.

Schlytter A, Linell H (2010) Girls with honour-related problems in a comparative perspective. Int J Soc Welf, 19:152–61.

Serour GI (2013) Medicalization of female genital mutilation/cutting. Afr J Urol, 19:145–149.

Shandro J, Chisolm-Straker M, Duber HC, Findlay SL, Munoz J, Schmitz G et al. (2016) Human trafficking: A guide to identification and approach for the emergency physician. Ann Emerg Med, 68:501–508.

Smith PH, Homish GG, Leonard KE, Cornelius JR (2012) Intimate partner violence and specific substance use disorders: Findings from the national epidemiologic survey on alcohol and related conditions. Psychol Addict Behav, 26:236–245.

Stern E, McGhee S, Ferguson G, Clark CJ (2020) A comparative case study of couples programming to support relationship quality in Nepal and Rwanda. J Soc Pers Relat, 37:393–413.

Stöckl H, Devries K, Rotstein A, Abrahams N, Campbell J, Watts C, Moreno CG (2013) The global prevalence of intimate partner homicide: A systematic review. Lancet, 382:859–865.

Subaşı N, Akın A (2003) Kadına yönelik şiddet: Nedenleri ve sonuçları. In Toplumsal Cinsiyet, Sağlık ve Kadın. Ankara, Hacettepe Üniversitesi Yayınları.

Taherkhani S, Negarandeh R, Simbar M, Ahmadi F (2014) Iranian women's experiences with ıntimate partner violence: A qualitative study. Health Promot Perspect, 4:230–239.

Tarzia L, Forsdike K, Feder G, Hegarty K (2020) Interventions in health settings for male perpetrators or victims of intimate partner violence. Trauma Violence Abuse, 21:123-137.

Taştan C, Küçüker Yıldız E (2019). Kadına Yönelik Ölümcül Şiddet. Ankara, Polis Akademisi Yayınları.

Tatlılıoğlu K, Küçükköse İ (2015) Türkiye'de kadına yönelik şiddet: Nedenleri, koruma, önleme ve müdahale hizmetleri. Dicle Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 7:194-209.

TC Başbakanlık Kadın Statüsü Genel Müdürlüğü (2009) Türkiye'de Kadına Yönelik Aile İçi Şiddet. Ankara, TC Başbakanlık .

Tekkas KK, Betrus P (2020) Violence against women in Turkey: A social ecological framework of determinants and prevention strategies. Trauma Violence Abuse, 21:510-526.

Trevillion K, Hughes B, Feder G, Borschmann R, Oram S, Howard M. (2014) Disclosure of domestic violence in mental health settings: A qualitative meta-synthesis. Int Rev Psychiatry, 26:430-444.

Trevillion K, Oram S, Feder G, Howard LM (2012). Experiences of domestic violence and mental disorders: A systematic review and meta-analysis. PloS One, 7:e51740.

Tsai AC (2013) Intimate partner violence and population mental health: Why poverty and gender inequities matter. Plos Med, 10:e1001440.

Tuna Uysal M, Eren T, Şimşek E (2019) Sosyo-kültürel özellikler bağlamında erken evlilikler: Ağrı örneği. Mediterranean Journal of Humanities, 9:349-375.

Türkkan T, Odacı H (2022) Söylemek mi gizlemek mi? Çocuk mağdurların cinsel istismarı açıklamalarını etkileyen faktörler. Toplum ve Sosyal Hizmet, 33:991-1008.

Ullman SE, Brecklin LR (2002) Sexual assault history and suicidal behavior in a national sample of women. Suicide Life Threat Behav, 32:117-130.

Ulusu Karataş AE (2020) Geçici koruma altındaki Suriye vatandaşlarının çocuk yaşta evliliklerinin mukayeseli hukuka ve türk hukukuna göre geçerliliği. İstanbul Hukuk Mecmuası, 78:21-81.

Umubyeyi A, Mogren I, Ntaganira J, Krantz G (2014) Intimate partner violence and its contribution to mental disorders in men and women in the post genocide Rwanda: Findings from a population based study. BMC Psychiatry, 14:315.

UN (1981) Kadınlara Karşı Her Türlü Ayrımcılığın Önlenmesi Sözleşmesi (CEDAW) (1981) . Geneva, United Nations.

UN (1993) Declaration on the Elimination of Violence Against Women. New York, United Nations General Assembly.

UN (2011) Impunity for Domestic Violence, 'Honour Killings' Cannot Continue – UN official. New York, UN News Center.

UNFPA (2009) Türkiye'de Ensest Sorununu Anlamak (Özet Rapor). Ankara, Birleşmiş Milletler Nüfus Fonu.

UNICEF (2013) Female Genital Mutilation/Cutting: A Statistical Overview And Exploration Of The Dynamics Of Change. New York, UNICEF.

UNICEF (2017) A Familiar Face: Violence in the lives of children and adolescents. New York,

UNICEF (2021) Percentage of Women Aged 20 to 24 years who were First Married or in Union Before Age 18. UNICEF Global Databases, 2021. New York, UNICEF.

United Nations Committee on the Rights of the Child (2011) General comment No. 13 on the right of the child to freedom from all forms of violence. http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx (Accessed 10.02.2023).

United Nations Secretary-General (2018) Remarks on International Day for the elimination of violence against women. https://www.un.org/sg/en/conte nt/sg/speec hes/2018-11-19/ inter natio nal-day-for-elimi natio n-of-viole nce-again st-women - remarks (Accessed 10.02.2023).

UNODC (2011) 2011 Global Study On Homicide: Trends, Contexts, Data (Global Study on Homicide: trends, Contexts, Data, 2011.). Vienna, United Nations Office on Drugs and Crime.

UNODC (2014) Global Report on Trafficking in Persons, 2014. Vienna, United Nations Office on Drugs and Crime.

Warshaw C, Sullivan C, Rivera E (2013) A Systematic Review of Trauma-Focused İnterventions for Domestic Violence Survivors. Chicago, IL, National Center on Domestic Violence, Trauma and Mental Health.

Watson J, Maylea C, Roberts R, Hill N, McCallum S (2020) Preventing Gender-Based Violence in Mental Health Inpatient Units. Sydney, Anrows.

Watts C, Zimmerman C (2002) Violence against women: Global scope and magnitude. Lancet, 359:1232–1237.

Webster K, Diemer K, Honey N, Mannix S, Mickle J, Morgan J et al. (2018) Australians' Attitudes To Violence Against Women And Gender Equality: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS). Sydney, ANROWS.

WHO (1997) Ad Hoc Committee On Health Research Relating To Future İntervention Options. Investing in Health Research and Development TDR/Gen/96•1. Geneva, World Health Organization.

WHO (2008) Fact Sheet No. 241: Female Genital Mutilation. Geneva, World Health Organization.

WHO (2010) Preventing Intimate Partner And Sexual Violence Against Women: Taking Action And Generating Evidence. Geneva, World Health Organization.

WHO (2012a) Sixty-fifth World Health Assembly, provisional agenda item 13.4: Early marriages, adolescent and young pregnancies: Report by the Secretariat. http://apps.who.int/gb/ebwha/pdf_ files/WHA65/A65_13-en.pdf adresinden erişildi (Erişim Tarihi: 22.02.2023).

WHO (2012b) Understanding and Addressing Violence Against Women. Geneva, World Health Organization..

WHO (2013) Global and Regional Estimates Of Violence Against Women: Prevalence And Health Eff Ects Of İntimate Partner Violence And Non-Partner Sexual Violence. Geneva: World Health Organization.

WHO (2013a) Violence Against Women: Global Picture Health Response. Geneva, World Health Organization.

WHO (2013b) Violence Against Women: The Health Sector Responds. Geneva, World Health Organization.

WHO (2013c) Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects Of İntimate Partner Violence and Non-Partner Sexual Violence. Geneva, World Health Organization.

WHO (2013d) Responding to Intimate Partner Violence and Sexual Violence Against Women: WHO Clinical and Policy Guidelines. Geneva, World Health Organization.

WHO (2014) Youth Violence. Geneva, World Health Organization.

WHO (2016a) WHO Global Plan of Action to Strengthen the Role of the Health System within A National Multisectoral Response to Address Interpersonal Violence, in Particular Against Women And Girls, And Against Children (document EB138/9). Geneva, World Health Organization.

WHO (2016b) Child maltreatment. http://www.who.int/mediacentre /factsheets/fs150/en/ (Accessed 06.11.2022)

WHO (2018) Violence Against Women Prevalence Estimates, 2018. Global, Regional And National Prevalence Estimates For Intimate Partner Violence Against Women And Global And Regional Prevalence Estimates For Non-Partner Sexual Violence Against Women. Geneva, World Health Organization..

WHO (2021) Violence against women. https://www.who.int/news-room/fact-sheets/detail/violence-against-women. (Accessed 23.01.2023).

Yaman-Efe Ş, Ayaz S (2010) Kadına yönelik aile içi şiddet ve kadının aile içi şiddete bakışı. Anadolu Psikiyatri Derg, 11:23-29.

Yerke AF, DeFeo J (2016) Redefining intimate partner violence beyond the binary to include transgender people. J Fam Violence, 31:975–979.

Zimmerman C, Kiss L (2017) Human trafficking and exploitation: A global health concern. PLoS Med, 14:e1002437.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.