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Effects of Intimate Partner Violence on General Health Status

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**Abstract**

The main purpose of this study how intimate partner violence affect women's health. Negative health consequences to the women directly or indirectly associated with women health. The women who had a romantic relationship in some part of lifetime were selected from the data set using raw data from the Turkish Statistical Institute's "Domestic Violence Survey for women in Turkey in 2008". Using ordered regression analyses, associations between age, working status, education, witnessed ipv as a child, abused as a child, relationship status, type of IPV, on women general health status were explored. As a result of analysis all type of violence negatively associate with general health status. Unexpectedly, abuse as child and witnessing to ipv are not statistically significant.

*Keywords:* Domestic Violence, Intimate Partner Violence, Health Outcomes, General Health, Women

*JEL Codes:* J12, I10, I14

## **Introduction**

Violence against women deeply affects not only individuals but also social structures. The prevention of violence against women is also part of the aims of sustainable development. (UN,2012) For these purposes, countries try to solve the problem with various legal regulations and protective organizations such as Istanbul Convention, 6284 Law to Protect Family and Prevent Violence against Woman at Civil Law at Turkey.

According to WHO (1996) , violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." Although domestic violence and intimate partner violence are used in like synonym, there is a difference between them. In the literature, Domestic violence can be explained as violence in the family such as father, mother, brothers-sisters, husband, wife and so on. Intimate partner violence means violence applied by a close relationship partner. At this point, close partner violence is used to describe dating, engaged, and not only heterosexual relationships, but also homosexual relationships.

Categorization of violence against the women typically divided to four: physical violence, psychological violence, sexual violence, economic violence. Physical violence against women by husband(s) or intimate partner(s) includes: Slapped her or threw something at her that could hurt her, Pushed or shoved her or pulled her hair, Hit her with fist or something else that could hurt her, Kicked, Choked or burned her, Threatened to use or actually use a gun, knife or other weapons against her. Sexual violence against women by husband(s) or intimate partner(s) includes: Physically forced her to have sexual intercourse, Had sexual intercourse when she did not want to because she was afraid of what partner might do, Forced her to do something sexual that she found degrading or humiliating. Psychological

violence/abuse against women by husband(s) or intimate partner(s) includes: Insulted her or swore at her, Belittled or humiliated her in front of other people, Scared or threatened her, Threatened to hurt her or someone that she cared about. Economic violence/abuse against women by husband(s) or intimate partner(s) includes: Prevented her from working or caused her to quit her job, Not giving her money for household expenses, Deprived her of her income (HNE,2008).

38% of murders of women globally were reported as being committed by their intimate partners (WHO,2013). According to the report of the world bank, rape and domestic violence constitute 5 percent of the reproductive age of women in developing countries IPV is a problem for all around the world (Heise,1994). Globally 30% of women age 15 and over experienced psychological and/or sexual IPV during lifetime. Especially 65% of women have been exposed to psychological and/or sexual IPV who live in Sub-Saharan. This ratio drops to 28% in regions where the income level is higher (Devries, et al. 2013). In Turkey at any time during the life of 39,3% of the female population have been exposed to physical violence, 43,9% have been exposed to psychological violence, 15,3% have been exposed to economic violence, 26,7% have been exposed to sexual violence. Additionally, 9,7% have been exposed to physical violence during pregnancy (NSDVW, 2008).

Various studies have been conducted on the causes of being a victim of IPV by psychologists and sociologists. Studies on the long-term effects of IPV are limited. The consequences of violence are associated not only with fatality but also life-long non-fatal health problems. Studies focused mostly on physical or psychological effects only. In this study, both physical and psychological effects of violence have been studied together and the effects on the general health of women are studied. The main purpose of this study how IPV affect women's general health status. This study is aimed at helping us have given detailed

information about how it affected policy-makers and health policies to be implemented for women in Turkey. This area is the first study that represent of Turkey's women.

According to WHO (1948), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The risk factors of health can be listed as follows: Behavioral risk factors(smoking tobacco, drinking too much alcohol, nutritional choices, physical inactivity, not having certain vaccinations, unprotected sex), Physiological risk factors (being overweight or obese, high blood pressure, high blood cholesterol, high blood sugar (glucose)), Demographic risk factors (age, gender, occupation, religion, or income), Environmental risk factors (access to clean water and sanitation, risks in the workplace, air ,pollution, social settings), Genetic risk factors (Mathers, Stevens & Mascarenhas, 2009). Health is evaluated on health outcomes. It is known that violence affects women's health deeply. The health outcomes of women who have been subjected to violence are measured not only by the number of injuries but also how many times they applied to the hospital, the number of days they stayed in the hospital, the use of medicines, chronic conditions, persistent and temporary physical and psychological symptoms, live and complete births, the use of birth control methods and so on.

According to the WHO report, IPV victim is twice as likely to be depression, almost twice likely to have alcohol use disorders,16% of victim is more likely to have a low birth weight baby, IPV victim is 1,5 as likely to be HIV (WHO, 2013). IPV victim shows some of physical symptom; developing a chronic disease (Coker et all., 2002), vaginal infection/vaginal bleeding/urinary tract infection (Campbell,2002), epilepsy and trigeminal neuralgia (Díaz-Olavarrieta,1999), headache (Domino,1987; Golding,1999; Sharp,2001; Gerber,2012), migraine (Cripe,2011; Stokes,2011), abdominal pain (Campbell,2002), arthritis, hypertension, heart disease (Council on Scientific Affairs,1992). Also IPV victim shows some of psychological symptom; depressive symptoms(Kimerling,2000); anxiety and

phobia (Mullen,1988),chronic fatigue, sleeping and eating disturbance, alcohol and substance use (Amaro,1990; Stark,1981), obsessive-compulsive disorder, multiple personality disorder, chronic mental illness; stress related problem (Coker et al., 2002; Campbell,2002;). In addition, studies have shown that women who are victims of IPV experience more than one symptom.

Pregnant women who are exposed to physical violence are generally known to deliver by cesarean compare to non-victim of physical violence pregnant women and hospitalize before delivery because of kidney infection, premature labor, and trauma due to falls or blows to the abdomen (Cokkinides et al.,1999).

*Hypothesis 1:* Women general health status is negatively associated with IPV.

*Hypothesis 2:* The relationship status of women who have experienced ipv has a different impact on their general health.

*Hypothesis 3:* Women general health status is negatively associated with witnessed ipv as a child.

*Hypothesis 4:* Women general health status is negatively associated with abused as a child.

*Hypothesis 5:* Working status and education has directly and indirectly impact on women health status.

## Method

### Data

The women who had a relationship were selected from the data set using raw data from the Turkish Statistical Institute's "National Survey on Domestic Violence against Women in Turkey (NSDVW 2008)".

The data was collected from 12,795 women and the inclusion criteria for data analysis was to be in a romantic relationship once in a lifetime. 1,056 women had no romantic relationship at least one time in lifetime and were excluded from the main data analyses; therefore, the final dataset consisted of 11,739 women. The results of the analysis were made with those who had a romantic relationship at least once in a lifetime, and then they were divided into two categories to understand whether there is a difference. The first category consists of those who have a romantic relationship currently. The second category consists of women who are not currently romantic relationship but who have had any kind of romantic relationship at least once.

Table 1: Descriptive Statistics

Age	15 to 59 (M=35,99 SD=11,196)
Residence	
Rural	3033 (25,8)
Urban	8706 (74,2)
Marital Status	
Currently having a relationship	537(4,6)
Currently Married	10102(86,1)
Not Currently Married/Have a relationship	21(0,2)
Currently not having a relationship	404(3,4)
Not Currently Married/Have a ended relationship	22(0,2)
Not Currently Married/Did not have a relationship	653(5,6)
Education	
<High School	8945(76,2)



High School	1842(15,7)
University	919 (7,8)
Master's Degree/PhD	33 (0,3)
Social Security	
Yes	9811(83,6)
No	1928(16,4)
Abused as Child	
Yes	492(4,2)
No	11247(95,8)
Witness to IPV as child	
Yes	366 (3,1)
No	2682 (22,8)

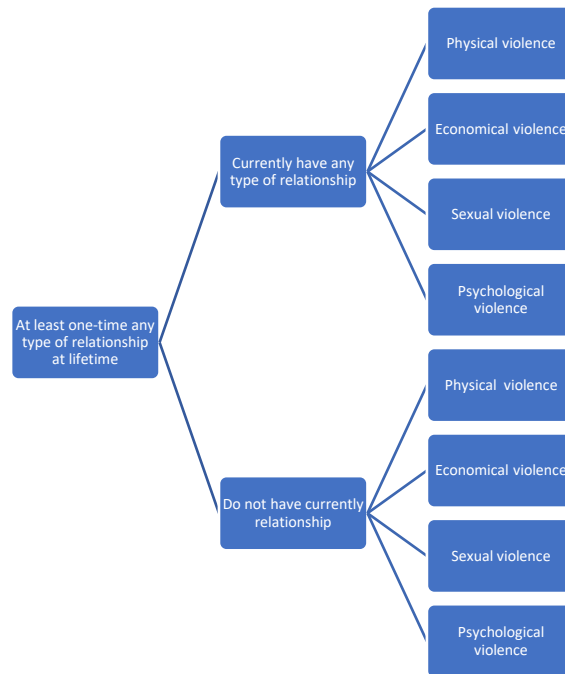
The ages of the participants ranged from 15 to 59 with a mean of 35,99 (SD = 11,196). The majority of the sample consists of married women (%86,1). In the final sample, %74,2 of women lives in cities and %25,8 live in villages. The education of the participants ranged from primary school to master's degree/PhD %76,2 graduated from before high school, %15,7 graduated from high school, %7,8 graduated from university and %0,3 graduated from master's degree/PhD.

### **Model**

We use ordered logistic regression model for explaining how to interconnect to age, working status, education, witnessed ipv as a child, abused as a child, relationship status, type of IPV, on women general health status.

In this study we use dummy variables for types of ipv. If it has not been subjected to violence, it has a value of 0, and if it has been subjected to at least one type of violence indicator behavior, it has a value of 1. If she has been working in the last week it has a value of 1, it has a value of 0 if she is not working. But here we do not know how long she worked regularly in the last 12 months. For regular work, the same model will be reconstructed, and it will be checked whether there is a difference. There are 4 categories for the education

variable. It takes 1, if it is illiterate, primary school, secondary school, secondary education or primary education; it takes 2 if it is a high school education; it takes 3 if it is an undergraduate education; it gets 4 if it is a graduate education.



Model 1: Main model

$$Y = B_0 + B_1x + B_2x + B_3x + B_4x + B_5x + B_6x + B_7x + B_8x + e$$

$B_0 = \text{Constant}$

$B_1 = \text{Last Week Working status}$

$B_2 = \text{Education}$

$B_3 = \text{Age}$

$B_4 = \text{Witnessed IPV as a Child}$

$B_5 = \text{Abused as a Child}$

$B_6 = \text{Type of IPV}$

$B_7 = \text{Age\_Square}$

$B_8 = \text{Social Security}$

$Y = \text{General Health Status}$

## Results

Dependent Variable: General Health Status  
Method: ML - Ordered Probit (Newton-Raphson / Marquardt steps)

Sample: 1 10660  
Included observations: 10660  
Number of ordered indicator values: 6  
Convergence achieved after 3 iterations  
Coefficient covariance computed using observed Hessian

Variable	Coefficient	Std. Error	z-Statistic	Prob.
AGE	0.047229	0.006589	7.167377	0.0000
AGE_SQU	-0.000379	8.65E-05	-4.380569	0.0000
ECO_DUMMY	0.121494	0.025000	4.859722	0.0000
PSY_DUMMY	0.131805	0.025607	5.147286	0.0000
PHY_DUMMY	0.280618	0.026647	10.53093	0.0000
SEX_DUMMY	0.190182	0.032154	5.914804	0.0000
ABUSED_CHILD	-0.045674	0.055011	-0.830273	0.4064
EDU_LEVEL	-0.313824	0.018607	-16.86617	0.0000
Limit Points				
LIMIT_2:C(9)	-1.159190	0.132318	-8.760609	0.0000
LIMIT_3:C(10)	0.726511	0.131470	5.526072	0.0000
LIMIT_4:C(11)	2.050643	0.132259	15.50481	0.0000
LIMIT_5:C(12)	2.964714	0.133974	22.12897	0.0000
LIMIT_8:C(13)	4.726398	0.228028	20.72731	0.0000
Pseudo R-squared	0.058069	Akaike info criterion	2.248957	
Schwarz criterion	2.257828	Log likelihood	-11973.94	
Hannan-Quinn criter.	2.251951	Restr. log likelihood	-12712.12	
LR statistic	1476.356	Avg. log likelihood	-1.123259	
Prob(LR statistic)	0.000000			

During this analysis we used women' data who have currently romantic relationship. When variables were added to the model(social security, last week working status and witnessing the violence of their mother), these variables were removed from the model and analyzed because the results were not statistically significant. Also abuse as child were not statistically significant. Coefficient is not important in Ordered logistic regression analysis.  $R^2$  is also not expected to be at high values, as it is an assessment of health conditions.

## **Discussion**

The relationship between income level and violence has been studied in the existing literature (Bloom, Tavrow, 2018). In the case of lower or absenteeism of income level, the possibility of the woman to separation is to decrease (Gelles,1976). In this study, we do not have any information about the income levels of women or their spouses / partners, but since it is an important owner of having a say in family management, it is used only whether it works in the last week. Like literature, working status is important for women health, we did not differentiate effect of reason or result on women health. It can be important maybe women working status directly effect on health. This question can be searched for future studies.

Contrary to what was expected in terms of violence as a child or witnessing the violence of her mother, no effect was found. Due to cultural differences, in the Turkish sample, there may be no relationship between the permanent effect of violence as a child on health. Studies were found that witnessing violence as child has adverse effect on child's health (Levendosky et al.,2002 ) It can not affect women's health in the long term, as violence can be legitimized in a cultural context, spare the rod spoil the child, as the twig is bent, so grows the tree, and nip in the bud etc.

There is a break in the transition from high school to university among the prevalence of violence among women with the increase in the level of education. While it is not a factor to increase the level of education alone, it is known that the violence decreases due to the increase in education and labor force participation and qualification (Erten, 2018). Education level is therefore included in the model as one of the variables.

## **Conclusion**

The aim of this study is to explain how close partner violence affects women's general health. It is known that environmental factors as well as biological factors are important for health. Prevention of violence against women, which is one of the development goals, is also important in this context. Among the policy makers' plans for women's health, women's health can be promoted by regulating basic situations related to violence. Previous studies are often on the determining causes of violence, but the effects of violence have not been much focused on, except for attacks that result in injury and death. The contribution of this study to the literature explains how violence affects women's health for the Turkish sample. Along with the studies carried out, women who have been subjected to violence evaluated their health worse and had more health problems. As a result, unlike other country samples, cultural differences were observed in the Turkish sample and there was no significant effect of being exposed to violence as a child. Also witnessing violence, when they were child, loses its effect in the life of adult women. Although it is not known when this effect disappeared, witnessing the violence of the mother or her husband/partner 'of mother is seen as a determinant of subjected the violence.

## **Limitation**

As one of the limitations of the study, the symptoms of women's health in the last month were collected, but the measurement of violence in the period of last 12 months was collected. Since the explanations of why these symptoms occurred in the reflection mechanism of violence in the last month are not sufficient, general health conditions are used, and variables such as headache, vomiting, crying crises etc., which are its sub-variables, could not be included in the study. Also, research shows as the violence of women decreases, their physical symptoms gradually decrease. (Sutherland,1998)

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