

Evaluation of the Socio-Demographic Characteristics of Persecutors According to Female Victims: A Community-Based Study in Konya

ŞİDDETE MARUZ KALAN KADINLARA GÖRE ŞİDDET UYGULAYANLARIN SOSYO-DEMOGRAFİK ÖZELLİKLERİ: KONYA'DA TOPLUM BAZLI BİR ÇALIŞMA

Nazan KARAOĞLU, MD,^a Selma ÇİVİ, MD,^a Ruşen KUTLU, MD,^a Kamile MARAKOĞLU, MD^a

^aDepartment of Family Physician, Selçuk University, Meram Faculty of Medicine, KONYA

Abstract

Objective: This study aimed to determine the socio-demographic and personality characteristics of persecutors from the victims' point of view.

Material and Methods: This descriptive study was performed in two randomly selected primary health centers in Konya. Four hundred and five women were asked about domestic violence by a questionnaire and the responses of 84 women who were subject to violence were evaluated. Victims of violence were inquired about their persecutors' socio-demographic characteristics, substance abuse, personality, organic diseases and the obligatory drugs.

Results: We found that 84 out of 405 women (20.7%) were subject to violence. The persecutor was male in 83.3% (n= 70) and was the victim's husband (77.4%, n= 65). The median age was 40.0 years. Seventy-three (86.9%) subjects had an occupation, 27.4% (n= 23) were ignorant, 14.3% (n= 12) had alcohol abuse and 52.4% (n= 44) were smokers. The personality of the persecutor was defined as aggressive in 53.6% of cases (n= 45) by the victims. There was no organic disease in 60 persecutors (71.4%). Questions about violence experience showed that 61.9% (n= 52) of the aggressors faced with violence in their own families.

Conclusion: There are many factors affecting domestic violence. Mainly, being male gender, primary school education, being self-employed, having an aggressive and jealous personality, substance abuse like tobacco and alcohol, and psychiatric disorders seem to be affecting factors of violence in the study.

Key Words: Female, family, domestic violence

Türkiye Klinikleri J Med Sci 2006, 26:522-526

Özet

Amaç: Bu çalışmada, şiddete uğrayanların gözüyle şiddet uygulayanların sosyo-demografik ve kişilik özelliklerinin belirlenmesi amaçlanmıştır.

Gereç ve Yöntemler: Bu tanımlayıcı çalışma Konya'da randomize yöntemle seçilen 2 sağlık ocağında yapılmıştır. Dört yüz beş kadına anket uygulanarak aile içi şiddet sorulmuş ve şiddete maruz kalan 84 kadının cevapları değerlendirilmiştir. Şiddete maruz kalanlara şiddet uygulayanın sosyo-demografik özellikleri, madde kullanımı, kişilik yapısı, mevcut organik hastalığı ve kullanmak zorunda olduğu ilaçlar sorulmuştur.

Bulgular: Dört yüz beş kadından 84 (%20.7)'ü şiddete maruz kalmıştı. Şiddet uygulayanların %83.3 (n= 70) erkekti ve kadının eşi idi (%77.4, n= 65). Ortanca yaş 40.0 idi. Yetmiş üçü (%86.9) bir işte çalışıyordu, %27.4 (n= 23)'ü eğitimsizdi ve %14.3 (n= 12)'ü alkol ve %52.4 (n= 44)'ü sigara kullanmaktaydı. Olguların %53.6 (n= 45)'sında şiddet uygulayanlar kadın tarafından 'saldırgan' olarak tanımlanmıştı. Şiddet uygulayanların 60 (%71.4)'ünde herhangi bir organik hastalık yoktu. Saldırganın geçmişteki şiddet deneyimi sorgulandığında %61.9 (n= 52)'unun ailesinde şiddetle karşılaştığı görüldü.

Sonuç: Aile içi şiddeti etkileyen birçok faktör vardır. Erkek cinsiyet, 5 yıllık ilköğretim, kendi işini yapmak, saldırgan ve kıskanç kişilik yapısı, sigara gibi bir alışkanlığı olmak ve psikiyatrik hastalıklar şiddetin ortaya çıkmasında etkili faktörlerdir.

Anahtar Kelimeler: Kadın, aile, aile içi şiddet

Partner abuse may be defined as a maladaptive behavioral pattern whereby an individual willfully harms his or her intimate part-

ner as a means of gaining or preserving power and control within the relationship.¹ In Turkey, physical violence at least once in lifetime for a woman was 50.9% and physical violence during marriage by husband was reported as 41.4% by female victims.² There is no excuse for this. Although once viewed as primarily a private family matter, intimate partner violence (IPV) has become increasingly recognized as a significant public health concern during the last 20 years.³

Geliş Tarihi/Received: 12.12.2005 **Kabul Tarihi/Accepted:** 17.08.2006

This study was represented as a poster in '11th Conference of the European Society of General Practice/Family Medicine 2005' in Cos Island, Greece.

Yazışma Adresi/Correspondence: Nazan KARAOĞLU, MD
Selçuk University, Meram Faculty of Medicine,
Department of Family Physician, KONYA
dnkaraoglu@yahoo.com

Copyright © 2006 by Türkiye Klinikleri

A domestic violence story begins with the members of a family: A father, a mother and children although the family is supposed to provide love, affirmation, respect, support, discipline and guidelines for appropriate behavior for all of its members. Men, women and children can all be victims, as well as perpetrators of violence. Families are the most violent institutions because they are usually more tolerant of violence than the society.⁴ This suggests that the myth of the warm home may be a great lie. The life time prevalence of physical IPV alone was 13.3% and the prevalence of psychological IPV alone was 12.1%.⁵ Nationally representative surveys of couples in the United States indicate that 15-20% of couples experience an incident of IPV each year.³ Violence against women has become a research priority for a wide variety of disciplines because of its broad scope and negative health consequences for its victims.⁶ Poverty, alcohol or substance abuse, mental illness, and childhood exposure to violence have all been postulated to play significant roles in relationship violence. Regarding socioeconomic factors, less education and lower occupational status or income were found to increase the risk of violence.⁷ Interpersonal violence, especially spousal violence, remains hidden and underreported not least because it occurs within the family- precisely the institution that is conventionally assumed to be driven by altruism, and instrumental in enhancing rather than diminishing human well-being.⁸ The association between drinking and male-to-female IPV is frequently described in the anecdotal and empirical literatures on IPV.⁹ Substance abuse, mostly alcohol consumption takes place in many reports as a contributing factor of violence.^{3,10-13} Blame for 'evil' behavior is ascribed to drinking by either the actor or other people. One can turn this upside down and ask why an offender used alcohol before offending.¹⁰ Victims of partner abuse, however, will often be told (by the batterer) that being exposed to violence was their fault or that they have somehow provoked violence through an offensive action or inaction.¹ What has been learned over the last several decades is that the processes and circumstances, by which family violence can

occur, are complex, multidimensional, and cut across gender, race, and class.⁴

In this study, we aimed to evaluate the socio-demographic characteristics, personality, and substance abuse and violence experiences of persecutors from the point of view of their victims.

Material and Methods

This descriptive study was conducted between January 10th and March 11th, 2005 as a part of another study examining the prevalence and affecting factors of domestic violence. Women were recruited from the waiting room of randomly selected two primary care units in Konya. The interviewers recruited potential participants 5 days per week, between the hours of 09.00 a.m and 16.00 p.m, when most patients arrive at the primary care unit. If the woman gave consent to participation, she was invited to a private room and a questionnaire of 64 parameters was filed via face-to-face interviews. This study was approved by the ethical committee of the Selçuk University, Meram Medical Faculty and informed consent was obtained from each participant. To be eligible, women had to be at least 15 years old and had to accept participation. Overall, 405 women were inquired about domestic violence and 84 who were exposed to violence were evaluated.

Questionnaire items about perpetrators of violence covered demographics, alcohol and drug abuse, and recent and past history of violence. Domestic violence was defined as any incident of physical or physiological abuse of an intimate partner or another person from the family. In addition to the variables of our main interest (substance abuse, socio-economic status (SES), violence experience, personality), we obtained information on demographics and childhood victimization to describe the characteristic of our study sample as well as for purposes of control. Demographics included age, gender, education level and occupation status. Aggressors were categorized as retired, unemployed, and employed. The employed ones were classified as civil servant, worker, and self employed. In this part of the country, self employment generally means seller in streets or bazaars.

Education status was classified as uneducated, reading and writing only, primary school, high school, and university education. Respondents were also asked to identify their persecutors' type and status of health conditions: heart disease, hypertension, diabetes, cancer, psychiatric disorders etc. In addition, the drugs taken related to these diseases were noted. Moreover, the presence of violent behaviors directed to participant women, to children of their own or others, to animals or to the society in the past or recently was inquired. Childhood victimization and the personality of the aggressor were the remaining questions. We categorized personality as, aggressive, conciliatory, jealous and rude according to the definitions of victims. Data were analyzed with SPSS (Version 10.0). Frequencies of all demographics were calculated.

Results

The median age was 40.0 years (min.= 17.0, max.= 85.0). Seventy (83.3%) persecutors were male. The socio-demographic characteristics are shown in Table 1. The occupation rate of the aggressor was 86.9% (n= 73), and 58.3% (n= 49) were self-employed. Overall, 67.9% (n= 57) had primary school education. The persecutor was the husband in most violent events (77.4%, n= 65). Father (3.6%, n= 3), mother (2.4%, n= 2), and other members of the family (16.7%, n= 14), brother, brother in law, father and mother in law etc. were the other violent persons in the study. Although nearly one third of the persecutors (29.8%, n= 25) had no addiction, over half of them (52.4%, n= 44) were using tobacco. Forty-five (53.6%) persecutors were aggressive, and 22 (26.2%) were jealous. Respondents indicated that 52 (61.9%) were exposed to violence in their own family and 32 (38.1%) were not. When the response of one victim indicating that she had no idea was eliminated, 33 (39.3%) aggressors exerted violence on children and 50 (59.5%) did not. A small number of persecutors (4.8%, n= 4) had a problem with animals and they exerted violence on them. Social violent events were performed by 14 (16.7%), and the others were reported as respectful individuals to the society. Overall, 28.6% (n= 24)

Table 1. Demographics of persecutors.

Characteristics	n	%
Age		
24 and below	5	6
25-44	49	58.6
45-64	27	32.4
65 and above	3	3.6
Gender		
Female	14	16.7
Male	70	83.3
Education Level		
Uneducated	19	22.6
Reading and writing only	4	4.8
Primary school	57	67.9
High school	3	3.6
University education	1	1.2
Occupation		
Civil servant	10	11.9
Worker	13	15.5
Retired	1	1.2
Self-employed	49	58.3
Unemployed	11	13.1
Personality		
Aggressive	45	53.6
Conciliatory	9	10.7
Jealous	22	26.2
Rude	8	9.5
Substance Abuse		
No addiction	25	29.8
Tobacco	44	52.4
Alcohol	2	2.4
Other addictive substances	2	2.4
Tobacco and alcohol	10	11.9
Tobacco with other addictive substance	1	1.2
Diseases		
Heart disease	5	6.0
Psychiatric disorders	9	10.7
Chronic obstructive lung disease	5	6.0
Cancer	2	2.4
Cerebro vascular disease	2	2.4
Migraine	1	1.2

had organic diseases like psychiatric disorders (10.7%, n= 9), chronic obstructive pulmonary disease (6.0%, n= 5) etc. All aggressors except 2 (26.2%, n= 22) were taking medical therapy and had to use drugs for these illnesses. In summary, 22 (26.2%) of all persecutors had to take medical therapy for their organic diseases. Participants reported 30 (35.7%) physiological, 1 (1.2%) physical, and 53 (63.1%) physical and physiological abuse.

Discussion

With the exception of poverty, most demographic and social characteristics of men and women documented in the survey research were not associated with increased risk of IPV. Domestic violence has social institutions that legitimize, obscure, and deny abuse. There are more than a dozen current theories that attempt to explain partner violence.^{1,10,11,13} What has been learned over the last several decades is that the processes and circumstances by which family violence can occur are complex, multidimensional, and cut across gender, race, and class.⁴ The education status of the persecutors was neither excellent nor dreadful in this study. While 22.6% were uneducated, 67.9% had a primary school education. Although reports suggest that socio-economic factors may promote violence, this study shows that generally the persecutors had a job to support their family.^{4,7}

Eriksson et al. found that testosterone was positively related to severe and violent expression of physical alcohol-related aggression.¹³ Whereas steroid hormones may be intrinsic factors involved in aggression, alcohol is clearly an important external factor associated with the expression of human aggression.¹³ In this study, most of the aggressors were male (77.4% husband, 3.6% father). Although this result may be related to testosterone, we did not test it in the laboratory.

Studies demonstrated an acute effect of alcohol on violent behavior. Alcohol was thought to loosen behavioral constraints by affecting specific brain centers or intellectual capacities.¹⁰ Female and male alcohol-related problems and female drug abuse were associated with increased risk of moderate and severe male IPV.¹⁵ Despite these reports, the total alcohol consumption in our study was 14.3% (n= 12) similar to the rate in the study of Leonard.¹⁴ Nearly one third of the persecutors (29.8%) had no addiction. Over half of them (52.4%) were using tobacco and the percentage of only alcohol addiction was 2.4%. Leonard reports that, although the literature is not entirely consistent, and there are some gaps in our knowledge, it does seem clear that some people believe that alcohol causes violence.¹⁴ According the results of

our study, we cannot take alcohol as an affecting factor of violence.

For low-income fathers, the reasons for family and community violence are often different from the reasons of other fathers who engage in family and community violence.⁴ A leading reason is lack of sufficient financial resources and the choices that these resources would provide for a meaningful way of life, the difference between living versus merely existing.^{4,15} One of the prevailing challenges that many low-income fathers face is the stigma of being a 'deadbeat dad'.⁴ Low levels of education, low skill levels, and little job experience inhibit the ability to keep up with rising costs of living.¹⁵ In this study, the education level of persecutors was low. Thus, it seems to be an effecting factor in violence. Cunradi et al reported that low SES was associated with increased risk of IPV, and income made a greater contribution to the probability of IPV than education or employment status category.¹⁵ The occupation rate of the persecutors was 86.9%, and 13.1% (n= 11) were unemployed in this study. Thus, we cannot say that low SES contributes to violence, because having a job is an important condition for an individual in less-developed countries like Turkey. However, being self-employed may be an affecting factor.

According to a study, jealousy was a factor affecting IPV and 26.2% of the aggressors were identified as jealous by the victims. If this may be a reason, how can we explain jealous women? Are they all perpetrating their husbands and the other women?

Organic diseases may influence a person's decisions, affects and behaviors.¹⁵ We found that, of the total sample, 28.6% had organic diseases such as heart disease, psychiatric disorders, chronic obstructive pulmonary disease, cancer, cerebrovascular disease, and migraine.

Most often, the abuser is a member of the victim's own family in violence events.^{1,2,4,5,12} In this study, we found that 88.2% (n= 74) of respondents faced with violence after their marriage. In most cases, the persecutors were husbands and the remaining perpetrators were all family members.

According to Cunradi et al., although IPV is known to occur among all social classes, individuals from lower SES strata may have had greater exposure to childhood violence, have higher rates of depression, experience more alcohol-related problems, have poorer coping mechanisms, and more commonly endorse the use of physical aggression as a tactic in marital disputes.¹⁵ By the means of education status and occupation classes of our persecutors we can say that they are in low SES and this supports the theory of Cunradi et.al. with the high percentage of childhood victimization (61.9%).

Witnessing family violence was uniquely associated with psychological spouse abuse.¹⁷ Supporting this theory, violence experience of aggressors was 61.9% in this study. Participants reported 30 (35.7%) physiological, 1 (1.2%) physical and 53 (63.1%) physical and physiological abuses.

Conclusion

There are many factors affecting domestic violence. Being male gender, primary school education, being self-employed, having an aggressive and jealous personality, substance abuse such as tobacco, and psychiatric disorders seem to have an impact on violence. In order to define these contributing factors evaluated in this descriptive study, new analytic studies should be performed.

Acknowledgement

We sincerely thank to the Provincial Health Administration for contribution to our study in the study place and the permission to study. We also thank to Mustafa Taş-bent who is a lecturer of Selçuk University.

REFERENCES

1. Meit SS. Partner Abuse. In: Rakel RE, ed. Textbook of Family Practice. 6th ed. Philadelphia: WB Saunders; 2002. p.74-8.
2. Mayda AS, Akkus D. Domestic violence against 116 Turkish housewives: A field study. *Women Health* 2004;40:95-108.
3. Fals-Stewart W, Golden J, Schumacher JA. Intimate partner violence and substance use: A longitudinal day-to-day examination. *Addict Behav* 2003;28:1555-74.
4. Brown III RM. Development of family violence as a field of study and contributors to family and community violence among low-income fathers. *Aggression and Violent Behavior* 2002;7:499-511.
5. Coker AL, Davis KE, Arias I, et al. Physical and mental health effects of intimate partner violence for men and women. *Am J Prev Med* 2002;23:260-8.
6. Castro R, Peek-Asa C, Garcia L, Ruiz A, Kraus JF. Risks for abuse against pregnant Hispanic women: Morelos, Mexico and Los Angeles County, California. *Am J Prev Med* 2003;25:325-32.
7. Bachman R, Saltzman LE. Violence against women: Estimates from the redesigned survey. National Crime Victimization Survey. Washington DC: US Department of Justice; 1995. p.1-8.
8. Panda P, Agarwal B. Marital violence, human development and women's property status in India. *World Development* 2005 (Article in press).
9. O'Leary KD, Schumacher JA. The association between alcohol use and intimate partner violence: Linear effect, threshold effect, or both? *Addict Behav* 2003;28:1575-85.
10. Zhang L, Welte JW, Wieczorek WW. The role of aggression-related alcohol expectancies in explaining the link between alcohol and violent behavior. *Subst Use Misuse* 2002;37:457-71.
11. Brecklin LR. The role of perpetrator alcohol use in the injury outcomes of intimate assaults. *J Fam Violence* 2002;17:185-97.
12. Cunradi CB, Caetano R, Schafer J. Alcohol-related problems, drug use, and male intimate partner violence severity among US couples. *Alcohol Clin Exp Res* 2002;26:493-500.
13. Eriksson CJ, von der Pahlen B, Sarkola T, Seppa K. Oestradiol and human male alcohol-related aggression. *Alcohol Alcohol* 2003;38:589-96.
14. Leonard KE. Alcohol's role in domestic violence: A contributing cause or an excuse? *Acta Psychiatr Scand Suppl* 2002;(412):9-14.
15. Cunradi CB, Caetano R, Schafer J. Socioeconomic predictors of intimate partner violence among white, black, and Hispanic couples in the United States. *J Fam Violence* 2002;17:377-89.
16. Jewkes R. Intimate partner violence: Causes and prevention. *Lancet* 2002;359:1423-9.
17. Bevan E, Higgins DJ. Is domestic violence learned? The contribution of five forms of child maltreatment to men's violence and adjustment. *J Fam Violence* 2002;17:223-45.