

Psychological and Physical Problems Faced by the Pregnant Women Who Were Subjected to Violence by Their Husbands in Turkey

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Abstract

Aim: *This study was conducted to determine physical and psychological problems faced by the pregnant women who were subjected to violence by their husbands.*

Method: *The population of the research was consisted of 200 pregnant women who visited Pregnant Women Follow-up Polyclinics of Çorum State Hospital and were selected using simple random sampling method between May 2011 and July 2011. The data were gathered using Data Collection Tool for Descriptive Characteristics of Pregnant Women, Form of Identification of Domestic Violence and Beck Depression Inventory and were analyzed using percentages and Chi-square Test in a computerized environment.*

Findings: *It was found out in the study that one of the ten pregnant women was subjected to violence by their husbands. It was observed that all of the women suffered from physical problems and most of them (88.0%) experienced psychological problems due to physical/sexual violence undergone. The analysis performed demonstrated that there was a statistically significant correlation between violence-experience during pregnancy and depression-experience.*

Result: *It was seen in the study that all of the women who were subjected to physical/sexual violence by their husbands suffered from physical problems and most of them (88.0%) experienced psychological problems.*

Key Words: Pregnancy, Violence by Husband, Psychological and Physical Problems

1. Introduction and Objectives

The term violence against women has been described by Beijing Platform for Action that “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” (United Nations, 1993). Today, violence against women is a serious problem seen both all over the world and in Turkey. The studies conducted point out that women are exposed to violence especially by their husbands or by the family members (United Nations, 1993; Muhajarine & D'Arcy, 1999, Irion, Boulvain, Straccia, & Bonnet, 2000). Most of the women who experience domestic violence consider it as a situation that should be kept secret or deny it. According to the findings of the Domestic Violence Against Women Research in Turkey (2009); nearly four of the ten women were subjected to physical and/or sexual violence by their husbands or ex-husbands and experience emotional violence at any time during their lives. According to the findings of the same research, one of the ten women who became pregnant at least once was subjected to physical violence by their husbands or by those with whom they lived during pregnancy.

According to the World of Health Organization (WHO) (2001), the incidence of physical and psychological problems among those women who are subjected to violence is higher. Besides, women who are subjected to physical and sexual violence experience such complications as bleeding, miscarriage, preterm labor more. Also, it is reported that women who do not get enough social support and are subjected to violence experience psychological problems more. These psychological problems are depression, anxiety and anxiety disorders. It is known that extreme anxiety experienced during the pregnancy increases depression and suicide risk.

According to the findings of the Domestic Violence Against Women Research in Turkey (2009); Nearly three of the ten women who have suffered from sexual and physical violence have thought about suicide and one of the ten women has tried to kill herself. In this respect, it may be suggested that women who are subjected to violence during pregnancy are indirectly risk-groups for psychological problems. Psychological problems faced during pregnancy may generally cause not only severe somatic problems but also miscarriage, preterm labor or other stress-induced pregnancy complications (Kelly, Russo, & Katon, 2001; Heron, O'Connor, Evans, Golding, & Glover, 2004). When the literature was examined, it was seen that there were a limited number of studies concerning domestic violence during pregnancy in Turkey (Ayrançi, Günay, & Ünlüoğlu, 2002; Şahin & Şahin, 2003; Deveci, Acik, Gulbayrak, Tokdemir, & Ayar, 2007, Topbaş, Ünsal, Can, Bacak, & Özgün, 2008). Also, there were not any studies that investigated physical and psychological problems experienced by the pregnant women who suffered from violence; which was the determinant factor of our study. Our study was conducted to determine physical and psychological effects of being subjected to violence by husbands of the pregnant women.

2. Tools and Methods

2.1. Model of the Research

This study was a descriptive study conducted to determine physical and psychological effects of being subjected to violence by husbands of the pregnant women.

2.2. Population and Sample of the Research

The population of the research was consisted of pregnant women who visited Pregnant Women Follow-up Polyclinics of Çorum State Hospital between May 2011 and July 2011.

Sample group was consisted of 200 pregnant women who were selected using simple random sampling method between May 2011 and July 2011.

2.3. Data Collection Tools

The data were gathered using Data Collection Tool for Descriptive Characteristics of Pregnant Women, Form of Identification of Domestic Violence (these two tools were designed by the researcher using the information in the literature) and Beck Depression Inventory and were analyzed using percentages and Chi-square Test in a computerized environment.

2.3.1. Data Collection Tool for Descriptive Characteristics of Pregnant Women

Data Collection Tool for Descriptive Characteristics of Pregnant Women included 12 questions that addressed information about socio demographic characteristics such as age of the pregnant women, educational status, employment status, family type, economical status, marriage type, marriage length, harmony with spouse and about obstetric information such as the number of pregnancy, parity, time spent between two pregnancies, pregnancy month, state of pregnancy (desired or undesired pregnancy).

2.3.2. Form of Identification of Domestic Violence

Form of Identification of Domestic Violence included 13 questions that addressed information about whether or not being subjected to violence by husband before and during pregnancy, type of violence, economical/psychological/sexual/physical violence, the number of physical/sexual violence, the reason for violence from women's perspectives, whether or not experiencing physical problems after physical/sexual violence, physical problems experienced after physical/sexual violence, whether or not experiencing psychological problems after physical/sexual violence, emotional and psychological problems experienced after physical/sexual violence, gender-based violence perspective, confiding violence in others, report of violence to government agencies and nongovernmental organizations after violence.

2.3.3. Beck Depression Inventory

Beck Depression Inventory, developed by Beck (1960), is used for people aged between 13 and 80 and is one of the most commonly utilized instruments in researches and clinics. Being consisted of 21 questions, the objective of the inventory is to assess the degree of the depression and to evaluate physical, emotional, cognitive and motivational symptoms caused by depression objectively. Validity and reliability coefficients of the inventory reported by Hisli (1988) who made the Turkish translation and examined psycho-metric properties of the inventory are rather satisfactory. It was found out that test-retest reliability coefficient was 0.65, two split half reliability coefficients were 0.78 for the student group and 0.61 for the depressive patients.

For each question in the inventory, there are four different answer options with points between 0 and 3. Depression score is obtained by adding points obtained from the 21 questions. The highest score to be obtained from the inventory is 63 (21x3). A higher total score indicates a high level of depression or a severe depression. The scores obtained from the scale are assessed as follows:

Evaluation of the Scores

- 0-9 Normal
- 10-15 Mild Depression
- 16-23 Moderate Depression
- 24-63 Severe Depression

2.4. Analysis of the Data

The data obtained from the research were analyzed in a computerized environment using SPSS 17.0 statistical package program. Percentages, chi-square tests were used for the data analysis.

2.5. Research Ethics

For the pre test and test phases which were performed at Çorum State Hospital, the necessary official permissions were obtained from the hospital directorate. The participant women were told that the data of the research would be kept confidential and their oral informed consents were obtained and those who were voluntary for the research were included in the study.

3. Findings

Three of the four participant women were aged between 26 and 33. One fifth of the women had primary or secondary school degree. Three of the five women were employed in a profession and their economical status was at a moderate level. Three of the four participant women had Nuclear family type. Nearly three of the five women were married through arranged marriages by their families and their marriage length was between 5 and 10 years. Also, four of the five participant women told that they were living with their husbands in harmony (Table 1.).

Table 1. Distribution of Some Socio Demographic Characteristics

Characteristics	N	%
Age		
18-25	50	25.0
26-33	150	75.0
Educational Status		
Primary School	80	40.0
Secondary School	85	42.5
High School and Higher	35	17.5
Employment Status		
Employed	120	60.0
Unemployed	80	40.0
Family Type		
Nuclear	150	75.0
Extended	50	25.0
Economical Status		
Poor	25	12.5
Moderate	125	62.5
Good	50	25.0
Marriage Type		
Arranged marriages by their families	120	60.0
Dating	80	40.0
Marriage Length		
Less than 5 years	70	35.0
5- 10 years	130	65.0
Harmony with husband		
Yes	160	80.0
No	40	20.0
Total	200	100.0

When the findings relating the obstetric properties of the participant women were analyzed; although not shown in the table, it was noted that nearly more than three of the five women were multigravida and multipara. Four of the five women were in the second and third trimester of their pregnancy. Also, four of the five women had desired pregnancy. When some findings relating to being subjected to violence were analyzed; it was noted that one of the ten pregnant women were subjected to violence by their husbands during pregnancy. All of the women who were subjected to violence by their husbands during pregnancy suffered from economical and physical violence whereas one of the two women suffered from psychological violence and one of the four women faced sexual violence (Table 2). All of the women who were subjected to economical violence were prevented from working by their husbands and were left penniless. Half of the women were subjected to psychological violence were threatened by their husbands and all of these women were subjected to psychological violence such as “humiliating/insulting and not showing affection”. Three of the five women who suffered from sexual violence were forced “sexual intercourse”, two of the five women were subjected to “physical violence during sexual intercourse”, one of the five women was forced to have “sexual intercourse in a position that she did not want”. All of the women who faced physical violence were subjected to “being slapped in the face”, half of the women were subjected to “being pushed-kicked” and one fourth was subjected to “pulling by hair-arm twisted” by their husbands (Table 2).

Four of the five women who suffered from violence were subjected to violence by their husbands at least once during their pregnancy. Nearly one of the two women explained the reason for violence by husband in terms of psychological state and behavior mode of the husbands whereas one of the four women explained the reason for violence by husband in terms of “undesired pregnancy” and “unwanted sex of the babies”. Three fourth of the women who were subjected to violence told it to others but none applied to any government agencies nor nongovernmental organizations (Table 2). When the findings relating to gender-based violence perspective were analyzed, it was noted that all of the women expressed the idea that “Violence cannot be a divorce reason alone” and three fourth agreed with the idea that “**no harm if it (violence) is done once**”. Also, 15% of the women supported the idea that “men may both beat and love.” And one of the ten women blamed herself on violence because they thought they had provoked the husbands (Table 2).

Table 2. Distribution of Some Properties about Pregnant Women's Violence

Properties	N	%
Being subjected to violence by husband during pregnancy	N= 200	
Yes	20	10.0
No	180	90.0
Type of violence	n= 20*	
Economical Violence	20	100.0
Psychological Violence	10	50.0
Sexual Violence	5	25.0
Physical Violence	20	100.0
Type of Economical Violence	n = 20*	
Preventing women from working	20	100.0
Not giving money	20	100.0
Type of Psychological Violence	n = 10*	
Humiliating/insulting	10	100.0
Showing affection	10	100.0
Threatening	5	50.0
Type of Sexual Violence	n= 5*	
Being forced for sexual intercourse	3	60.0
Being forced for sexual intercourse in an unwanted position	1	20.0
Being subjected to physical violence during sexual intercourse a	2	40.0
Type of Physical Violence	n= 20*	
Being pushed-kicked	10	50.0
Being slapped in the face	20	100.0
Pulling by hair-arm twisted	5	25.0
The number of physical / sexual Violence	n= 20*	
Once during pregnancy	16	80.0
2-4 times during pregnancy	3	12.0
≥ 5 times during pregnancy	1	8.0
Reason for Violence from Women's perspective	n= 20*	
Undesired pregnancy	5	25.0
Unwanted sex of the babies	5	25.0
Lack of sexual appetite/refusing sexual intercourse	1	5.0
Psychological state and behavior mode of the husbands	9	45.0
Gender-based Violence Perspective	N: 200	
Men may both beat and love	30	15.0
No harm if it is done once	150	75.0
I was to blame, I provoked him	20	10.0
Violence cannot be a divorce reason alone	200	100.0
Confiding violence in others	n= 20*	
Yes	15	75.0
No	5	25.0
Application to any government agencies or nongovernmental organizations after violence	n= 20*	
Yes	0	0.0
No	20	100.0

* This group was made of only those women who were subjected to violence. Because women gave answers more than one, percentages were calculated with n.

When the findings relating the distribution of physical and psychological problems experienced by pregnant women were analyzed, it was found out that all of the women experienced physical problems and also most of them (88.0%) faced psychological problems after physical/sexual violence. All of the women had "bruises on their faces and bodies". Moreover, four of the ten women had "uterus cramp/pain in pubic area", Three of the ten women had risk for "vaginal bleeding/miscarriage or preterm pregnancy".

All of the women suffered from oversensitiveness/sensitiveness and most of the women had anger outbursts/anger (85.0%) after being subjected to violence. Also, two of the five women suffered from shame/introversion/social isolation (40.0%). When psychiatric diagnosis of the pregnant women who were subjected to violence were analyzed, one of the two women experienced depression, anxiety disorder and conversion disorder and conversion disorder and one of the four women had panic attacks (Table 3).

Table 3. Distribution of Pregnant Women In Terms Of Physical and Psychological Problems Faced

Properties	N	%
Whether or not Physical Problems were experienced after Physical/Sexual Violence	n=20*	
Yes	20	100.0
No	0	0.0
Physical Problems experienced after Physical/Sexual Violence	n=20*	
Bruises on face and body	20	100.0
Broken teeth/falling of teeth	1	5.0
Strains/breaking of wrist and ankles	1	5.0
Hair loss	2	10.0
Nose bleeding	1	5.0
Uterus cramp/pain in pubic area	10	50.0
Vaginal Bleeding/Miscarriage or Preterm Labor Risk	8	40.0
Whether or not Psychological Problems were experienced after Physical/Sexual Violence	n = 20*	
Yes	17	88.0
No	3	12.0
Emotional Symptoms experienced after physical /sexual violence**	n = 20*	
Oversensitiveness / Sensitiveness	20	100.0
Crying spells	15	75.0
Shame/introversion/social isolation	8	40.0
Anger outbursts / anger	17	85.0
Psychiatric Diagnosis***	n = 20*	
Depression	10	50.0
Anxiety Disorder	10	50.0
Conversion disorder	10	50.0
Panic Attack	5	25.0

* This group was made of only by those women who were subjected to violence. Because women gave answers more than one, percentages were calculated with n.

** Emotional problems faced after violence were based on oral explanations of the women.

***Psychiatric diagnosis was determined after analysis of files of medical examination of women at a health institution.

When the distribution of depression status and depression level of pregnant women who were subjected to violence was analyzed, Beck Depression Inventory indicated that two of the five women who were subjected to violence experienced depression, three fourth of women who had depression had mild depression (Table 4). Besides, women who were subjected to violence by husbands during pregnancy had higher level of depression. The analysis performed pointed out that there was a statistically significant correlation between being subjected to violence during pregnancy and depression-experience ($p < 0.05$) (Table 5).

Table 4. Distribution of Depression-Experience And Depression Level Of Pregnant Women Subjected To Violence By Husbands

Depression	N	%
	N: 20*	
Yes	8	40.0
No	12	60.0
Depression level	N: 8**	
	Mild Depression	6
Moderate Depression	2	25.0
Severe Depression	0	0.0

* This group was made of only by those women who were subjected to violence.

** This group was made of by those women who had depression according to Beck Depression Inventory

Table 5. Distribution of Effect of Women's Being Subjected to Violence During Pregnancy on Depression

Being subjected to violence	Depression (%)		%	Chi-Square	P
	Yes	No			
Yes	90.5	9.5	100.0	1.898	0.03
No	45.8	54.2	100.0		

4. Discussion

The Declaration on the Elimination of Violence against Women (1993) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” (United Nations. Centre for Social Development and Humanitarian Affairs, 2000). Women are exposed to violence by their husbands or by the person with whom they live most. The physical violence may be physical, psychological, sexual or economical as well as these violences may occur concomitantly (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Violence against women is not only human rights violation but also such an important health problem of 20th century that its prevalence and its role in diseases etiology have been increasing more and more (Jewkes, 2000). Particularly, mothers and their babies who are exposed to violence during pregnancy face numerous physical/psychological health problems. On the other hand, violence increases the risk of miscarriage and preterm labor by causing pregnancy complications (Hedin & Janson, 2000).

In the literature, there are studies that report that women are exposed to violence less during pregnancy whereas there are other studies that report that women are exposed to violence by their husbands during this period more due to biopsychological problems caused by pregnancy. According to a review, the prevalence of women experiencing violence during pregnancy has been estimated to be between 0.9% and 20.1%, while the prevalence of violence at any time ranges from 9.7% to 29.7%. Prevalence of physical violence during pregnancy has been reported from 0.9% to 20% (Hedin & Janson, 2000; Bacchus, Mezey, & Bewley 2004). According to the findings of the Domestic Violence Against Women Research in Turkey, (2009); it was reported that nearly one of the ten women were subjected to physical violence by their husbands or by the person with whom they lived during pregnancy. Similarly, our study demonstrated that one of the ten pregnant women was exposed to physical/economical violence by their husbands. Also, it was found out in our study that one of the two women who were subjected to violence faced psychological violence and one of the four women who were subjected to violence faced sexual violence. Studies that investigated this topic pointed out that women were subjected to psychological violence more and to physical/sexual violence less. Our findings differed from the findings of other studies. In addition, we are of the opinion that the fact that women do not perceive “psychological violence” as violence and they consider sexual violence as a “natural result of having sex with husband” affects these findings. Therefore, based on these findings, it may be suggested that women of the Turkish society commonly know about psychological violence and other violences are not regarded as violence.

In our study, it was noted that all of the women who faced physical violence were subjected to “being slapped in the face” and half of the women were subjected to “being pushed-kicked”. Besides, it was found out that three fourth of the women who were subjected to violence confided it in others but none applied to any government agencies nor nongovernmental organizations after violence; the reason of which may be that women may have been afraid or ashamed to report it. Also, it may be concluded in terms of the findings about the attitudes and beliefs regarding violence that the participant women are not trained or do not perceive “husband violence” as a crime against humanity or as a human rights violation.

Nearly one of the two women exposed to violence described the reason for violence in terms of “psychological state and behavior mode of the husbands”. Moreover, all of the women agreed with the idea that “Violence cannot be a divorce reason alone” and three fourth had the idea that “**no harm if it (violence) is done once**”; which may be considered as normalization of violence by women which is still regarded the same as masculinity in the structure of patriarchal society. In addition, according to the findings of the study, one of the four women were subjected to violence due to the “undesired pregnancy” and “babies of unwanted sex”; which uncovered the fact that women are still blamed, accused and subjected to violence due to such biological matters as conception or for the determination of the sex of babies. The present study showed that all of the pregnant women undergo physical problems after physical/sexual violence. According to the findings, four of the ten women had “uterus cramp/pain in pubic area” and three of the ten women had risk for “vaginal bleeding/miscarriage or preterm pregnancy”. The study of Nojomi and Akrami (2006) pointed out that preterm labor, kidney infections, premature rupture of membranes and vaginal bleeding with pain and nausea and vomiting were associated with physical violence during pregnancy. Other studies that were made about the same topic indicated that traumas to the abdominal site increased the risk for premature labor or delivery. These findings were in line with ours. According to the findings of our study, it may be concluded that physical traumas undergone during may increase the risk for premature labor or delivery. Yet, we are of the opinion that the future researches should be designed with bigger sample size in order to generalize this finding and to understand the effects of violence upon pregnancy in a more appropriate way.

The studies report that pregnancy is a period when stressful life events occur more (Kelly, Russo, &Katon, 2001; Heron, O’Connor, Evans, Gol- ding, & Glover, 2004). According to the literature, social support is one of the crucial factors to decrease the effect of anxiety and stress during the pregnancy. Support from the significant others in the social environment, especially support from the husband or from the person with whom women live, has a positive effect on pregnancy (Okanlı, Tortumluoğlu, & Kırpınar, 2003). On the other hand, lack of social support or being subjected to violence by husband causes such emotional reactions as fear, anxiety and depression during pregnancy (Kelly, Russo, &Katon, 2001; Heron, O’Connor, Evans, Gol- ding, & Glover, 2004). According to what literature reports, depression is generally the most commonly seen psychiatric disorder and is mostly accompanied by anxiety. Similar to the literature, our study found out that one of the two women who were exposed to violence were diagnosed as depression, anxiety disorder and conversion disorder and one of the four women had panic-attack diagnosis. Also, according to Beck Depression Inventory, it was detected that two of the five women who suffered from violence were still depressive. In the analysis performed, it was noted a positive correlation between being exposed to violence during pregnancy and depression-experience.

Accordingly, our study showed that the pregnant women who were subjected to violence by their husbands had depression more. In the studies of Ayrancı, Günay and Ünlüoğlu (2002) most of the pregnant women (85.5%) who were exposed to violence received medical or psychological treatments. According to the findings of the Domestic Violence Against Women Research in Turkey (2009), it was noted that women who suffered from physical/sexual violence attempted suicide more or thought about suicide more in Türkiye; which was in agreement with our findings.

As a conclusion; it was detected in the study that one of the ten pregnant women was subjected to violence by their husbands. All of these women suffered from economical and physical problems. One of the two women was subjected to psychological violence and one of the four women underwent sexual violence. But, none of the women went to government agencies/nongovernmental organizations after violence. After physical/sexual violence, all of the women had physical problems and most of them suffered from psychological problems. Besides, it was observed that women who were subjected to violence by their husbands during pregnancy suffered from depression more compared to other women.

Based on the findings obtained from the study, the following recommendations were presented:

- Risk factors for violence should be detected among the women who go to the health centers during pregnancy period and the women under risk should be trained and counseled by the nurses of public health and other health care personnel about the description of violence, protection of violence and actions to be taken against violence.
- The future studies should be conducted with a larger sample size and a control group so that the results can be more reliable.
- Studies that aim at the effect of violence during pregnancy on the health of fetus and newborn should be planned.

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