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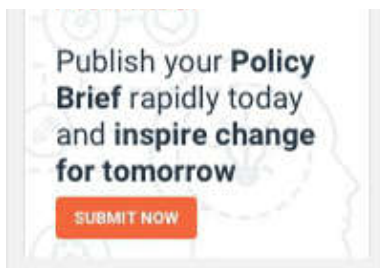
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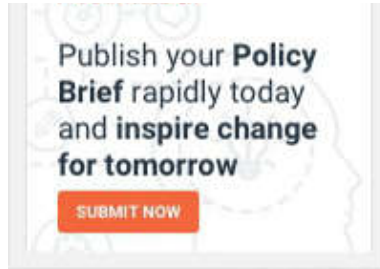
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Funda Evcili & **Gulbahtiyar Demirel**

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From the perspective of Turkish women: intimate partner violence and perceived stress level in the Covid-19 pandemic

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ABSTRACT

Pandemic process increase the vulnerability of women to intimate partner violence (IPV). IPV is one of the greatest stress sources a woman can face. This study's purpose to determine effects of the Covid-19 pandemic process on the IPV status and perceived stress levels of women. The population of the descriptive study consisted 834 women working at a state university in Turkey's. 452 women who with intimate partner relationships were included in the sample. Data collection tools were applied via online survey link. The mean age of the women was 30.6 ± 4.20 . The The Perceived Stress Scale mean scores of the women were 40.18 ± 3.20 . They are not able to cope with stress effectively. It was determined that women participated the study were exposed to more IPV during the pandemic process. It was found that as the frequency of IPV increased, women's perception of stress also increased. Research such as this can be used to help inform decision-makers as they grapple with the adverse negative effects of public health safety measures related to Covid-19.

ARTICLE HISTORY

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Covid-19; intimate partner violence; pandemic; perceived stress

Introduction

Intimate Partner Violence (IPV) is a global phenomenon, and includes psychologically and financially controlling, and physically-sexually oppressive or challenging actions and behaviors. Women are disproportionately more affected from IPV compared to men, and almost one in three women are exposed to violence by their partners throughout their lives (WHO 2017). It was reported that there were increases in IPV frequency during the Covid-19 pandemic, which was caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). It is considered that the quarantine and social isolation conditions, which are among the measures implemented to reduce the risk of morbidity and mortality, which are caused by the pandemic, have increased the incidence of IPV (Alon et al., 2020; Ali, Herbst, and Makridis 2020; Hamermesh 2020; Payne, Morgan, and Piquero 2020). The media reports and reports from international organizations show that there is an increase in such violence. According to police records in China, domestic violence cases tripled during the pandemic period, and there was also an increase in the frequency of IPV reports in Italy, France, and Spain following the implementation of mandatory home quarantine (Euronews 2020; La Provincia 2020; Reuters 2020). The United Nations Population Fund estimates a 20% increase in IPV globally due to quarantines and lockdowns (Stanley 2020).

Although the quarantine and social isolation are effective ways to control infection, they increase the vulnerability of women to violence, and have negative social, economic, and psychological consequences. Social distancing also brings with it social isolation, which limits accessible and known support options, causing personal and social security problems. Nowadays, many women

have to live in the same house as violence practitioners because of quarantine conditions (Taub 2020; van Gelder et al. 2020; Vieira, Garcia, and Maciel 2020). The data reported about previous pandemics show that quarantine also increases the incidence of psychological problems, such as stress, frustration, anger, depression, anxiety disorders, substance abuse, and post-traumatic stress disorder. Economic difficulties and unemployment emerge as another factor that causes conflicts between couples. Despite all these data, the risk of IPV brought by the pandemic process is often ignored. Breakdowns in health and social services that were restructured because of the pandemic, and the reduced access to support facilities, such as shelters and helplines, affected the reporting of IPV's negatively (Alon et al., 2020; Ali, Herbst, and Makridis 2020; Armbruster and Klotzbucher 2020; Boserup, McKenney, and Elkbuli 2020; Brodeur et al. 2020; Hamermesh 2020; Payne, Morgan, and Piquero 2020; Tubadji, Boy, and Webber 2020).

IPV is one of the greatest stress sources a woman can face. It might be considered that the stress levels perceived by women increased parallel to the increase in IPV frequency. Perceived stress is understood here as the degree to which a person perceives a threat of a stressor and how capable they feel in behaviorally and cognitively adapting to it (Lazarus and Folkman 1984). However, although the effects of IPV on women are similar, the related stress levels perceived may show variations. Many factors, such as the sociocultural characteristics of the society in which women live, violent experiences during childhood, the type and the degree of the violence they face, the way they perceive and interpret violence, the functionality of the existing support mechanisms, and the personality traits of women affect their stress perceptions (Buttell et al. 2021; Khodabakhshi-Koolae, Bagherian, and Rahmatizadeh 2018). IPV victims report higher levels of perceived stress, psychological distress, and somatic complaints besides physical health problems. (Bonomi et al. 2006; Dillon et al. 2013; Williams et al. 2020).

It is necessary to take urgent measures to protect women against IPV and improve their ability to cope with stress during the quarantine process. Right at this point, it is important that the awareness of healthcare professionals regarding the IPV risk is increased during quarantine, they are motivated to provide information, guidance and counseling safely, and to assume more active responsibilities at the point of referring such women to relevant units. It is also required that relevant professionals are trained to recognize signs of violence, recognize individuals who are at risk, ensure the safety of survivors, and protect their privacy to manage the process accurately (WHO 2017). In this context, another priority initiative that must be taken is determining the conditions of women when they experience Intimate Partner Violence during the quarantine in Covid-19 pandemic, and to evaluate stress perceptions objectively. Studies evaluating intimate partner violence and stress level in the pandemic have been found in the international literature. However, no study could be found in this context in the Turkish literature. The purpose of this study was to determine the effects of the quarantine process during the Covid-19 pandemic on the IPV status and perceived stress levels of women.

Materials and methods

Type of study

This study is a descriptive research study.

Sampling and participants

This study was carried out at a state university in Turkey's Central Anatolia Region. The population of the study consisted 834 women working in this university. The sample size was calculated as 468 with the formula used to find the incidence of the event in the known population ($t = 1.96$, $p = .50$, $q = 0.50$, $d = 0.03$). And 452 women who with intimate partner relationships were included in the sample. The questionnaire was administered on an online survey platform, which participants accessed via

a designated link. The link was disseminated through the main means of communication and social networks, in order to reach a large number of subjects. Data were collected over 3 months (November–January 2020).

Instruments

The participants were administered the Personal Information Form, The Severity of Violence Against Women Scale (SVAWS) and The Perceived Stress Scale (PSS).

Personal information form

The form contains 12 questions related to some socio-demographic characteristics of the participants, the history of intimate partner violence, and the perceived stress level.

The Severity of Violence Against Women Scale (SVAWS)

The scale, which is used to evaluate participants in terms of exposure to violence, was developed by Marshall (1992), and was translated into Turkish by Tuz, Oksuz, and Tekiner (2015). The scale consists of 46 items with the options of Never (1), Once (2), Several times (3), and Many times (4) to be given to each item. The scale is based on the self-declaration of individuals. As the score received from the scale increases, the degree of violence also increases. The scale is used for scientific evaluation of physical and sexual aspect of violence. The internal reliability coefficient Cronbach Alpha of the scale was reported as 0.979. The Cronbach Alpha Reliability Coefficient of the scale was found as 0.848 in our study.

The Perceived Stress Scale (PSS)

This scale was developed by Cohen, Kamarck, and Mermelstein (1983) in the form of 5-Point Likert style, and consists of 14 items. The validity and reliability for Turkish was conducted by Eskin et al. (2013). The Cronbach Alpha Coefficient of the scale is 0.86. The scale consists of the options of Never (0), Almost never (1), Sometimes (2), Often (3), and Very Often (4). Items 4-5-6-7-9-10 and 13 are reverse scored in the scale. The lowest and highest scores a participant can receive from the scale are 0 and 56, respectively. High total scores mean high stress perception of the person. It can be argued that participants who received scores between 0 and 35 have positive stress levels, can cope with stress effectively, and the coping mechanisms they use are also functional. It can also be argued that the methods used by participants who receive a score between 36 and 56 in coping with stress are not functional; and therefore, they are not able to cope with stress effectively. The Cronbach Alpha Reliability Coefficient of the scale was found as 0.820 in our study.

Statistical analysis

Statistical analysis was performed by using IBM SPSS Statistics version 22.0 software program. Data was presented as mean \pm SD and percentage (%) for the descriptive variables. The normalization of the data was examined by using the Kolmogorov-Smirnov Test. For the data that met the parametric conditions, those with two groups were analyzed using independent samples t-tests, and those with more than two groups were analyzed using F tests (ANOVAs). The relationships were determined using the Spearman's correlation coefficient, and the error level was taken as 0.05.

Ethical approval

Prior to the study, ethics approval was obtained from the authors's university ethics board (2020–09/04), in conformity with the principles embodied in the Declaration of Helsinki. People who volunteering to participate in the study were informed about the purpose and scope of the study, and online consent were obtained for their participation. It was explained that the data would be used to scientific ends anonymously.

Results

Socio-demographic characteristics of the women

The mean age of the women was 30.6 ± 4.20 , and 86.7% had an educational level of high school and above. The mean age of the partners of the women was 35.3 ± 3.80 , 90.3% of them worked in an income-generating job, and 84.2% had an educational level of high school. The mean year of marriage of the spouses was 13.3 ± 2.80 , 86.7% had children, and 91.2% had elementary families.

Distribution of women according to IPV history before and during the pandemic

Only 2.7% of the women rated their marital adjustment as “bad.” A total of 43.4% of the participants said that they had never a history of violence in their marriages the pre-pandemic. The rate of women who said that they had never experienced violence in their marriage during the pandemic process was 12.8%. The pre-pandemic period, 82.1% of those who said that they faced violence said that this “rarely” happened, 90.6% of women threatened to divorce their partner, and only 10.1% applied to judicial authorities after the violence. Economic problems (77.6%) were among the problems that women thought to have caused violence during the pandemic process. A total of 39.4% of the women found their ability to cope with stress “insufficient,” and 97.4% said they did not have any knowledge on how to cope with stress (Table 1).

Scale mean scores of the women

The PSS mean scores of the women were 40.18 ± 3.20 . The SVAWS mean scores of the women were 126.25 ± 4.58 (Table 2).

Correlation scale total mean scores according to some characteristics of the women

The total mean scores of the women, who were ≤ 24 years old, who had high school and above educational levels, who had children, who rated marital adjustment as “bad,” were found to be higher at statistically significant levels in SVAWS and PSS ($p < .05$). The total mean scores of the women who described the frequency of violence as “constantly” and felt inadequate in coping with stress were higher at statistically significant levels in SVAWS and PSS ($p < .05$). No significant differences were detected between the total mean scores of the scale according to the marriage durations and family types ($p > .05$) (Table 3).

Correlation of scale total score means

A statistically positive and highly significant correlation was found between the PSS and SVAWS total score means (Table 4).

Discussion

IPV is one of the greatest stress sources for a woman. Quarantine practice in pandemic process increase the risk of IPV. This study’s purpose to determine the effects of the quarantine process during the Covid-19 pandemic on the IPV status and perceived stress levels of women. It was found in this study that the women who participated in our study were subjected to more IPV with the pandemic, and as the frequency of IPV increases, the perceived stress level also increases. The pandemic is a concept with social, economic, physiological and psychological dimensions (van Gelder et al. 2020). Violence against women is increasing rapidly around the world as a phenomenon that includes all these dimensions (WHO 2020). Implementations, such as staying at homes for longer durations to avoid the spread of the disease increase the probability of conflicts between intimate partners (WHO

Table 1. Distribution of women according to IPV history before and during the pandemic.

Characteristics	
<i>Marital Harmony (n=452)</i>	
Good	350 (77.4)
Neither good nor bad	90 (19.9)
Bad	12 (2.7)
<i>IPV Experience at Pre-Pandemic Period (n=452)</i>	
Yes	256 (56.6)
No	196 (43.4)
<i>IPV Frequency at Pre-Pandemic Period (n=256)</i>	
Sometimes	36 (14.0)
Rarely	210 (82.1)
Constantly	10 (3.9)
<i>Response to IPV at Pre-Pandemic Period * (n=256)</i>	
I threatened my partner with divorce.	232 (90.6)
I treated my partner the way he treated me.	202 (78.9)
I reflected my anger on my children.	182 (71.0)
I was offended, I did not speak.	180 (70.3)
I acted according to my partner's wishes.	176 (68.7)
I asked my family for help.	150 (58.5)
I questioned whether I was wrong.	146 (57.0)
I tried to solve it by talking.	142 (55.4)
I applied to the judicial authorities.	26 (10.1)
<i>IPV Experience at Pandemic Period (n=452)</i>	
Yes	394 (87.2)
No	58 (12.8)
<i>Reasons to IPV at Pandemic Period *(n=394)</i>	
Economical problems	306 (77.6)
Problems associated with housework	298 (75.6)
Problems with the education of children	248 (62.9)
Childcare related problems	242 (61.4)
Social isolation	240 (60.9)
The anxiety of quarantine life	236 (59.8)
<i>Competence to Cope with Self Stress (n=452) the title will be taken in the middle line</i>	
Sufficient	274 (60.6)
Insufficient	178 (39.4)
<i>Knowledge Level on Coping with Stress (n=452) the title will be taken in the middle line</i>	
Sufficient	12 (2.7)
Insufficient	440 (97.4)

*It was determined according to the statement of the pregnant woman; multiple options marked, percentages were taken over "n." Intimate Partner Violence, IPV.

Table 2. Scale total mean scores.

Scales	Scale Min – Max	Study Min – Max	m (sd)	Cronbach's Alpha
SVAWS	46–184	102–168	126.25 (4.58)	0.848
PSS	0–56	34–52	40.18 (3.20)	0.820

Abbreviations: The Perceived Stress Scale, PSS; The Severity of Violence Against Women Scale, SVAWS; mean, m; standart deviation, sd.

2019). According to in this study, it was observed that the incidence of intimate partner violence increased during the pandemic period according to the pre-pandemic. Various factors (economic problems, unemployment, social isolation, etc.) cause increased domestic partner violence in the pandemic process (Brooks et al. 2020; CDC 2020; Peterman et al. 2020; van Gelder et al. 2020). Economic difficulties (77.6%) are also among the factors that women thought to cause violence during the pandemic process in our study (Table 1).

Table 3. Distribution of scale total mean scores according to some characteristics of women (n = 452).

Characteristics		SVAWS m (sd)	PSS m (sd)
Age	≤ 24 age (n = 22)	107.62 (1.82)	37.22 (3.20)
	25–34 age (n = 168)	104.45 (4.49)	34.00 (2.80)
	≥ 35 age (n = 262)	102.16 (3.80)	33.90 (2.68)
	<i>Test value</i>	<i>F = 2.001</i>	<i>F = 3.120</i>
	<i>p</i>	<i>p = .004</i>	<i>p = .04</i>
Education Level	Middle school and lower (n = 60)	104.82 (3.29)	36.00 (2.68)
	High school and over (n = 392)	107.72 (4.37)	38.48 (2.20)
	<i>Test value</i>	<i>t = 1.523</i>	<i>t = 1.566</i>
	<i>p</i>	<i>p = .018</i>	<i>p = .020</i>
Total Duration Of Marriage	≤ 10 years (n = 228)	108.20 (3.93)	40.08 (4.10)
	Between 11–15 years (n = 104)	109.09 (3.88)	40.12 (3.12)
	≥ 16 years (n = 120)	108.46 (4.39)	39.21 (3.42)
	<i>Test value</i>	<i>F = 4.102</i>	<i>F = 2.812</i>
	<i>p</i>	<i>p = .422</i>	<i>p = .410</i>
Having Children	Yes (n = 392)	109.08 (5.46)	41.18 (5.61)
	No (n = 60)	104.16 (3.48)	39.00 (4.90)
	<i>Test value</i>	<i>t = 2.564</i>	<i>t = 1.542</i>
	<i>p</i>	<i>p = .003</i>	<i>p = .048</i>
Family Type	Nucleus family (n = 412)	109.02 (2.02)	39.20 (4.32)
	Extended family (n = 40)	110.00 (3.14)	39.16 (5.61)
	<i>Test value</i>	<i>t = 3.128</i>	<i>t = 6.120</i>
	<i>p</i>	<i>p = 1.140</i>	<i>p = 1.420</i>
Marital Harmony	Good (n = 350)	106.28 (2.48)	36.10 (3.31)
	Neither good nor bad (n = 90)	109.20 (3.43)	37.58 (4.08)
	Bad (n = 12)	110.26 (2.26)	40.10 (4.10)
	<i>Test value</i>	<i>F = 2.112</i>	<i>F = 3.940</i>
	<i>p</i>	<i>p = .003</i>	<i>p = .046</i>
IPV Experience at Pre-Pandemic Period	Yes (n = 256)	110.20 (2.40)	39.00 (4.70)
	No (n = 196)	108.24 (3.06)	36.24 (3.37)
	<i>Test value</i>	<i>t = 2.010</i>	<i>t = 3.112</i>
	<i>p</i>	<i>p = .002</i>	<i>p = .026</i>
IPV Frequency at Pre-Pandemic Period	Sometimes (n = 36)	108.76 (4.52)	38.39 (3.42)
	Rarely (n = 210)	108.10 (3.02)	38.24 (2.60)
	Constantly (n = 10)	110.28 (4.40)	40.02 (4.27)
	<i>Test value</i>	<i>F = 4.320</i>	<i>F = 3.104</i>
	<i>p</i>	<i>p = .032</i>	<i>p = .004</i>
IPV Experience at Pandemic Period	Yes (n = 394)	109.32 (2.26)	39.18 (4.54)
	No (n = 58)	106.08 (3.18)	38.28 (2.52)
	<i>Test value</i>	<i>t = 2.442</i>	<i>t = 2.580</i>
	<i>p</i>	<i>p = .006</i>	<i>p = .080</i>
Competence to Cope with Self Stress	Sufficient (n = 274)	106.02 (6.10)	36.10 (3.32)
	Insufficient (n = 178)	109.18 (3.10)	40.26 (2.52)
	<i>Test value</i>	<i>t = 2.400</i>	<i>t = 2.540</i>
	<i>p</i>	<i>p = .030</i>	<i>p = .002</i>
Knowledge Level on Coping with Stress	Sufficient (n = 12)	107.38 (2.06)	32.00 (2.68)
	Insufficient (n = 440)	107.00 (4.10)	36.00 (3.20)
	<i>Test value</i>	<i>t = 3.208</i>	<i>t = 1.542</i>
	<i>p</i>	<i>p = .600</i>	<i>p = .048</i>

Abbreviations: The Perceived Stress Scale, PSS; The Severity of Violence Against Women Scale, SVAWS; Intimate Partner Violence, IPV; Student's T test, t; One Way ANOVA, F; $p < .05$.

Table 4. Correlation of scale total mean scores.

	PSS	
	<i>r*</i>	<i>p</i>
SVAWS	0.658	.027

Abbreviations: The Perceived Stress Scale, PSS; The Severity of Violence Against Women Scale, SVAWS; Spearman's Correlation Analyses, *r*; $p < .05$.

It can be said that domestic violence cause perceived stress level increases, or high stress levels cause that domestic partner violence increases (Beland et al. 2020; Ferreira, Buttell, and Cannon 2020). Buttell et al. (2021) study indicated that those experiencing IPV reported lower resilience and greater perceived stress. In our study, positive and statistically significant relations were detected between the SVAWS and PSS total mean scores, which can be interpreted as the increase in the level of perceived stress also increases domestic partner violence. At the same time a total of 39.4% of women said that they were “insufficient” in coping with stress in our study, and 97.4% said that they did not have any knowledge on the methods of coping with stress. Also, in the present study, the perceived stress levels of women were 40.18 (3.20), which shows that the methods used by these mean participants in coping with stress are not functional. For this reason, it can be argued that the participants in our study could not cope with stress effectively. The total mean scores in the SVAWS was 126.25 (4.58). The mean score shows that the violence level is above the mean value. It was also found that the women who participated in our study were subjected to more partner violence with the pandemic.

The parallel results in terms of variables such as gender, education level, and being young in women who experienced partner violence during the pandemic period are noteworthy (Alves, de Oliveira, and de Oliveira 2020; Fu, Wang, and Zou 2020; Horesh, Rony Kapel Lev-Ari, and Hasson-Ohayon 2020; Wang et al. 2020). In a study conducted by Alves, de Oliveira, and de Oliveira (2020), it was emphasized that women who had low educational levels and young women were exposed to more partner violence during the pandemic. In the study conducted by Horesh, Rony Kapel Lev-Ari, and Hasson-Ohayon (2020), it was reported that being a woman, young age, corona-related loneliness, and preexisting chronic diseases increased the level of perceived stress, and all these factors were associated with poor quality of life. In another previous study, several variables such as being a woman, low monthly income, not doing exercise, etc. were found to increase exposure to partner violence (Fu, Wang, and Zou 2020). In this study, women who rated their marital adjustment as “bad,” who had a history of violence in pre-pandemic, who felt inadequate in own coping with stress were higher perceived stress level and the degree of intimate partner violence.

This study had a number of strengths. This study is important because it draws attention to the increase in domestic violence cases during Covid-19 quarantines, reminding that women often face dangers from people they know. These and similar studies can contribute to the review of measures that can be taken to protect women from intimate partner violence during the pandemic, and to the dissemination of practices that facilitate victims’ access to support services in times of crisis. This study had a number of limitations. This study was conducted on a group of Turkish women and cannot be generalized to other cultures. The another limitation of this study is its small sample size. Further studies with larger sample sizes are needed.

Conclusion

It was found in this study that the women who participated in our study were subjected to more IPV with the pandemic, and as the frequency of IPV increases, the perceived stress level also increases. Despite the data obtained from this and many other studies, due attention is not given to the increased risk of IPV during the pandemic process. Whereas a multidisciplinary team approach should be employed to diagnose the risk of IPV that threatens women, to protect those at risk, and to enable them to develop effective coping skills with stress. Health professionals are one of the most important parts of this team. Health professionals should evaluate the negative effects of the pandemic process on women’s health and use their consultancy roles effectively.

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