

REVICTIMIZATION AMONG SURVIVORS OF  
CHILDHOOD MALTREATMENT: ABUSE AND  
NEGLECT

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REVICTIMIZATION AMONG SURVIVORS OF CHILDHOOD  
MALTREATMENT: ABUSE AND NEGLECT

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Cansu Ece KONURALP

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*This thesis is dedicated to my family.*

## ABSTRACT

### REVICTIMIZATION AMONG SURVIVORS OF CHILDHOOD

#### MALTREATMENT: ABUSE AND NEGLECT

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The present study was conducted with a sample of 218 young adult women with a mean age of 25.75 ( $SD = 4.79$ ) who are/have been in a romantic relationship for at least 6 months. Participation in the survey was voluntary and data were collected via self-administered questionnaires that were distributed online. Turkish version of Childhood Trauma Questionnaire (CTQ) (Bernstein, 2002; Şar, Öztürk, İkikardeş, 2012), Romantic Relationship Assessment Scale (Kılınçer, 2012) were employed and demographic information was collected. It was aimed to explore the predictive variables for partner abuse. The stepwise multiple regression analysis indicated that childhood maltreatment, education of father and education of partner were significant predictors partner abuse. Presence of childhood maltreatment, combined with having higher educated fathers, and lower educated partners altogether predict the occurrences of partner abuse (73 %). Detailed inquiry on the data revealed that partner abuse was predicted particularly by childhood physical neglect, education of father, place of origin and childhood emotional abuse. Specifically being subjected to physical neglect, having higher educated fathers, living in towns and counties, and experiences of childhood emotional abuse altogether predict revictimization (75 %). In conclusion, the findings of the present research were discussed in the existing literature on the revictimization of adult survivors who experienced childhood maltreatment.

*Key words:* Childhood maltreatment, abuse, neglect, partner abuse

## ÖZET

### ÇOCUKLUK DÖNEMİ İSTİSMAR VE İHMAL MAĞDURLARI ARASINDA REVİKTİMİZASYON (YENİDEN MAĞDURİYET)

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Araştırma, erken yetişkinlik dönemindeki ve en az 6 ay bir romantik ilişkide bulunmuş, yaşları ortalaması 25.75 olan 218 kadının katılımıyla gerçekleşti. Araştırmaya katılım gönüllülük esasına dayalı olarak, kişinin kendi kendisine uyguladığı ve internet üzerinden tamamlanan bir anket ile yapıldı. Çocukluk Çağı Travmaları Ölçeği'nin Türkçe versiyonu (Bernstein, 2002; Şar, Öztürk, İkikardeş, 2012) ve Romantik İlişkiyi Değerlendirme Ölçeği-RİDÖ (Kılınçer, 2012) kullanıldı ve katılımcıların demografik bilgileri alındı. Araştırmanın amacı, partner istismarının yordayıcı faktörlerini keşfetmekti. Stepwise Çoklu Regresyon analizi, çocukluk dönemi kötü muamele, babanın eğitim seviyesi ve partnerin eğitim seviyesinin yetişkin partner istismarının anlamlı yordayıcıları olduğu sonucunu gösterdi. Çocukluk dönemi kötü muamelenin varlığı, yüksek eğitim seviyesine sahip baba ile düşük eğitim seviyesine sahip partner ile birleşince yetişkin ilişkide görülen istismarı % 73 oranında açıkladığı görüldü. Veriler üzerine detaylı sorgulamayla ise, partner istismarının ayrıntılı olarak çocukluk çağı fiziksel ihmal, babanın eğitim seviyesi, en fazla yaşanan yer ve çocukluk çağı duygusal istismar ile yordandığı sonucuna varıldı. Özel olarak, fiziksel ihmale maruz kalmak, yüksek eğitimdeki bir babaya sahip olmak, ilçe ve kasaba gibi küçük yerlerde yaşamak ve çocuklukta duygusal istismar deneyimleri hepsi bir arada yetişkin ilişkileri içinde yeniden mağduriyeti %75 oranında yordamaktadır. Sonuç olarak, bu çalışmanın bulguları, çocukluk çağı kötü muamele mağdurlarının reviktimizasyonu (yeniden mağduriyet) hakkında mevcut olan literatür ile tartışıldı.

*Anahtar Kelimeler:* Çocukluk dönemi kötü muamele, istismar, ihmal, partner istismarı

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## ABBREVIATIONS

CTQ	: Childhood Trauma Questionnaire
GSB	: Gold, Sinclair & Balge Model (1999)
WHO	: World Health Organization
RİDÖ	: Romantic Relationship Assessment Scale
SHÇEK	: The Social Services and Child Protection Agency
TCK	: Turkish Criminal Code (Türk Ceza Kanunu)
UNESCO	: United Nations Educational Scientific and Cultural Organization
UNICEF	: United Nations International Children's Emergency Fund

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## **CHAPTER 1**

### **INTRODUCTION**

The World Health Organization (WHO, 1999) defines the child abuse as overall harm to a child's well-being which is related to their health, development, trust, responsibilities and skills. Based on the existing literature it is evident that being subjected to violence, abuse and neglect during childhood affect mental and psychological health negatively and harms deeply the child's psychological, mental, physical, social and emotional development (UNICEF Türkiye & SHÇEK, 2010). As it is known, the affected development of child leads to relationship problems and interpersonal difficulties in adult life (Briere & Elliot, 1994). These problems are difficulties may occur due to the victim and perpetrator dynamic. Several researches are focused on the childhood abuse victims' potential of being perpetrator when they become adult (Wilcox, Richards, & O'Keeffe, 2004). In order to prevent revictimization, there is a deeper understanding of the relationship between childhood maltreatment and partner abuse. Individuals, who experienced childhood maltreatment, may learn self-protection methods in the way they manage adult relationships and partner selection (Davies & Frawley, 1994). Moreover, understanding such a link between childhood abuse and later victimization in intimate relationships will have valuable implications for both individual and couple psychotherapy practice, as well. It is expected that the proposed study will be a significant contribution to the literature.

The proposed research aims to address the following questions:

- i) Is there a link between childhood abuse experiences and later victimization in adult romantic relationships?
- ii) What are the predictors of victimization in adult romantic relationships?

The proposed research questions will be investigated within the population of young adults in their twenties, living in Istanbul, and having a committed relationship, at least for the last 6 months. The first research question is exploratory in nature, however based on the reviewed literature a number of hypotheses will be presented in the upcoming sections.

## **1.1. Theoretical Framework and Literature Review**

### **1.1.1. Child Maltreatment: Abuse & Neglect**

Although the child maltreatment is a universal problem, the definitional comparison between countries is quite challenging due to cultural differences. The concepts of childhood abuse and neglect vary across cultures and they are shaped by social changes throughout the history. The position is that the children are currently accepted as individuals who own their rights and freedom (Kozcu, 1989; Crosson-Tower, 1999).

Child abuse and neglect have various definitions according to a variety of disciplines, such as social services, law, health and psychology based on own theories and point of views (Weltman & Browne, 41). Generally speaking, the definitions focus on three different variables: the acts of parents, the harm of child's suffering or both.

Even though there are three variables of abuse, the severity levels which are suffered by child and done by an adult, are also crucial. Different variables and various severities of childhood abuse make hard to define implicitly. However, an operational definition of childhood abuse has to include all variables and severity levels in order to clarify cases (Trocmé, MacMillan, Fallon, & De Marco, 2003).

It is impossible to claim that there is a standard care for children all over the world. According to Polansky, Ammons and Weathersby, the sufficient care for child had to consist of socio-cultural practices, personal beliefs and attitudes (Polansky, Ammons & Weathersby, 1983). Unfortunately, cultural point of view for child maltreatment may cause inhumane behaviors toward children which are judged as a part of cultural practices of child raising.

Therefore, it is difficult to claim that there is an absolute standard of the child maltreatment that is valid in every culture. The most inclusive and general principles are mentioned in the Declaration on the Rights of Children by United Nations (1989). The governments who have accepted the Declaration are obliged to make necessary changes and regulations in their internal laws and regulations. Turkey has signed the Declaration on the Rights of Children by United Nations in 1994. Yet, every society assigns its own term of childhood maltreatment (abuse and neglect) based on their own conceptions and traditions (Parke & Colimer, 1975; Ferrari, 2002). However, it is necessary that child maltreatment (abuse and neglect) must have a global and inclusive definition; the concrete damage must be evaluated. Otherwise such this consideration can be harmful for children and their care standards (Korbin, 1991).

According to World Health Organization (WHO), *child maltreatment* is defined as all forms of childhood abuse and neglect which includes physical, emotional and sexual acts that causes actual and potential harm to the child's development, psychological health and dignity. This definition includes the cases where the child or the parents do not perceive the act of maltreatment as abusive. Moreover, intent of the adult who engaged in abusive acts is not treated as a criterion of maltreatment (WHO, 2013).

The both intentional and unintentional behaviors of an adult or a community which influence negatively the child's health, physical development, are accepted as *childhood abuse and neglect* (Bariş, 2010). In other words, abusive acts cover that all physical, emotional, sexual acts, neglect, and the commercial purposes and actions of parents out of child's labor. The perpetrators of child abuse are not limited to parents; but include their supervisors, trainers, foreigners (who are thought to be trusted by the child and have a certain degree of power over the child). The abusive acts are defined as physically/psychologically detrimental and socially harmful for the child (Çocuk İstismarını ve İhmalini Önleme Derneği, n.d.).

The child rights and freedom are arranged by United Nations in the Declaration on the Rights of Children. The articles of Convention are accepted as coordinator about childhood abuse and neglect due to international law and its obligations among the insiders (countries). In the Convention, everyone under the age of 18 has all the rights in the Convention; the articles of 19, 32, 33, 34, 35, and 36 determine the child protection from abuse and neglect:

“Article 19. Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and mistreatment by their parents or anyone else who looks after them.

Article 32. Governments must protect children from work that is dangerous or might harm their health or education.

Article 33. Governments must protect children from the use of illegal drugs.

Article 34. Governments must protect children from sexual abuse and exploitation.

Article 35. Governments must ensure that children are not abducted or sold.

Article 36. Governments must protect children from all other forms of exploitation that might harm them.” (UNESCO, 2014)

According to Kay (1999), childhood abuse and neglect occur; when a child’s physical, cognitive and emotional states are negatively influenced as a result of evitable events or failures (Kay, 1999). As considering Gil’s definition of child abuse, the responsibility of community and child’s rights are added in order to reach a broader definition. In this definition, the child abuse appears in the case of that all intentional or unintentional behaviors which cause to lack of fairness for child and affect optimal development negatively (Gill, 1975).

Additionally, The World Health Organization (WHO) defines the child abuse as overall harm to a child’s well-being which is related to their health, physiological growth, psychosocial development, trust, responsibilities and skills (1999). It is not important whether the harm is intentional or unintentional and also it does not matter for literature or law that a child or an adult do not define those acts as abusive

(WHO). Besides, Polat (1997) added that the harmful and abusive behaviors without traditions are performed by the people who have to look after a child (0-18 age) (as cited in, Akdaş, 2005). Kempe and Helfer stated different perspective the definition of the child abuse and neglect. According to them, child abuse and neglect occurs when a child is injured by an adult who is responsible of him/her as a result of actions which are intentional or of actions that are neglected to be taken (Kempe & Helfer, 1972).

According to the Kozcu (1989), acts of childhood abuse and neglect are summarized as being active and passive. The active acts result in physical, emotional and sexual abuse, whereas, the passive acts are cause neglect. Moreover areas of neglect are observed in physical, emotional and sexual domains.

In this study, the childhood abuse is considered in three dimensions; physical, emotional, sexual and the childhood neglect are treated as one single dimension.

### **1.1.2. Types of Childhood Maltreatment**

#### **1.1.2.1. Physical Abuse**

Considering the literature, the classical and well-known definition of physical abuse is Kempe's "Battered Child Syndrome" (Kempe, Silverman, Steele, Droegemuller & Silver, 1962). Kempe clarifies that it is a clinical condition for child who has received serious physical maltreatment which is a frequent cause of permanent injury or death. The syndrome should be considered in a child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising or in a child who dies suddenly.



According to a more recent definition, physical abuse is defined as the child's non-accidental injuries as results of the events like beatings, burning, biting, shaking, and scalding with boiling water by parents, teachers, and caregivers (Colman & Widom, 2004). WHO does not restrict the definition with the acts exclusively to be performed by a familiar person or someone responsible of the child. The situation is called abuse, if a child is damaged by a powerful adult; the situation may occurred one time or several times by the same person; the abuse can be planned or within control of the adult or not. Besides, possibility and threat of damage of injury; not only intended harmful acts, are included in the definition (WHO, 2014).

According to the definitions that consider the damage, the physical abuse consists of injuries which are inflicted non-accidentally by parents or caregivers. Physical abuse consists of the acts that are performed intentionally for harming or murdering a child (Shapiro & Baxter, 2014). The acts of physical abuse can be hitting, kicking, slapping, shaking, burning, pinching, hair pulling, biting, choking, throwing, shoving, and whipping (Bonner, 2003).

The physical signs and indicators of abuse can be listed as follows: black eyes, broken bones that are unusual and unexplained, bruise marks shaped like hands, fingers, or objects (such as a belt), bulginess in a child's skull, burn (scalding) marks, choke marks around the neck and unexplained loss of consciousness in an infant (Bonner, 2003). Akdaş (2005) listed other acts of abuse as well: wounds and scratches on skin, lacerations and abrasions, failure-to-thrive syndrome (weight faltering) and malnutrition, condition that threatens the health and welfare of child.

In this study, the common points across a variety of definitions constitute the borders of the definition of physical abuse, that is employed in the present study.

Physical abuse is the act that;

Is performed towards a child from an adult (parent or companion)

Requires medical help/or not, causes observable injuries/or not

Can be inflicted by a tool or an object/ or not

Is non-accidental

For the aim of punishment or discipline

Includes physical violence (Akdaş, 2005).

#### **1.1.2.2. Emotional Abuse**

Emotional abuse is an inseparable type of abuse from other types of child abuse namely physical and sexual abuse. The emotional abuse is harder to detect and measure than other childhood abuse types (Kozcu, 1989; Erkman, 1991). As Garbarino (1978) puts it, emotional abuse is a crime that is challenging to be arrested.

The emotional abuse includes the acts which affect a child's emotional well being and sense of efficacy. The child's sense of efficacy is an ability which a child gains in developmental process. Child's sense of efficacy is composed of communication skills, delay of gratification, setting goals and ego strength occur the. Based on this definition, the parents' emotionally abusive behaviors may lead to damage the sense of efficacy by performing acts such as but not restricted to, humiliation, labeling, unrealistic expectations, scolding, scapegoating, name-calling, serious responsibilities, terrorizing, acting inconsistently, ignore, denying (Garbarino,

1978). Another definition of emotional abuse is explained as child's chronic exposure to words and behaviors claiming rejection, insults, threats, and accusations. It disrupts the child's mental health, and emotional development and these kinds of acts are often accompanied by other forms of abuse (Riggs & Kaminski, 2010).

The broader definition of emotional abuse is provided by World Health Organization (WHO, 2014)). Emotional abuse encompass all the acts result in a failure to provide a sufficient and appropriate environment for the child's psychological, social, mental and intellectual development. The childhood emotional abuse includes chronic behaviors that cause psychological damage. However, the behaviors not always has to be chronic, sometimes just a behavior affect child's psychology negatively. According to Utah's Division of Child and Family Services, the insulting and humiliating acts affect child's self development and social competence abilities; whereas threatening and denying utterances influence emotions of child (Utah's Division of Child and Family Services, 2003). Besides, child's witnessing to domestic violence is also accepted as child maltreatment (Akdaş, 2005). The emotional abuse can also be defined as psychological violence. The psychological violence is chronic in nature and includes severe exposure to insulting, isolating and manipulating a child's behaviors by frightening or deprived. Besides, emotional abuse includes also the violent acts which cause discontinuity, inhibition and regression in child development (Akdaş, 2005).

According to Erkman and Alantar (1988), the emotional abuse is observed mostly in the families demonstrate strict and rigid authority, using beating as a method of

discipline, overprotection, excessive criticism, excessive interest, extreme neglect (Erkman & Alantar, 1988).

In the present study, the operational definition of emotional abuse is considered as a child's suffering of behaviors like insulting, humiliating, mocking, discriminating, frightening, isolating, giving responsibilities disproportionate with the child's developmental level, having unrealistic expectations, threats of harm and witnessing to domestic violence by parents.

### **1.1.2.3. Sexual Abuse**

*The sexual abuse* is another form of childhood abuse that has various definitions in the literature based on cultural, social, psychiatric, psychological and legal perspectives.

Childhood sexual abuse is defined as using the child for sexual stimulation or gratification of an adult or an older person than the child (Finkelhor, 1979). According to WHO (2014) child sexual abuse consists of sexual acts which the child can not completely comprehend, and his/her consent is impossible. Moreover, the sexual acts are accepted as taboo by the society.

In other words, the sexual acts cannot be fully understood by the child and, thereby consent of the child is irrelevant. The acts of sexual abuse are also against the laws and are in conflict with the acceptable childrearing practices in a given culture or society (Finkelhor, 1979). The incidents of sexual abuse can occur between a child and a familiar adult or a child and another child who is older and in position of

power. The sexual abuse acts have the aim of the perpetrator's sexual stimulation and gratification (Akdaş, 1998).

In the literature, sexual abuse is discussed based on three different criterions: the upper age limit of the child, the age difference between the child and the perpetrator, and the content of abusive act (Finkelhor, 1979; Wyatt, 1985; Goldman & Goldman, 1988; Wyatt & Peters, 1986, Akdaş, 1998).

Firstly, as considering researches, the upper limit of age is not agreed exactly. Although the upper limit is accepted 18 by the Declaration on the Rights of Children (1989), some researches use the upper age limit of 15 (Greenwald, Leitenberg, Cado & Tarran, 1990); some 16 (Finkelhor, 1979; Finkelhor, 1984; Martin, Anderson, Romans, Mullen & O'Shea, 1993), and 17 have been used in some studies on child sexual abuse (Kelly, Regan, & Burton, 1991; Finkelhor, Hotaling, Lewis, & Smith, 1990; Collings, 1995). In Turkey, since the Turkish Parliament accepted the UN's the Declaration on the Rights of Children, for the laws under the age of 18 is considered as child, therefore the abusive acts and intentions towards a child who is under the age of 18, are judged by abuse (Resmi Gazete, 1995, January 27). However, Turkish Penal Law accepts the age limit of 15 in the legal definition of child sexual (TCK, 103) and defines any sexual acts inflicted to a minor between the ages of 15 and 18 as sexual intercourse with minors by another code in the penal law (TCK, 104) ([www.turkhukuksitesi.com/mevzuat.php](http://www.turkhukuksitesi.com/mevzuat.php))

TCK 103 states that:

“1) Any person who sexually abuses a minor shall be sentenced to a penalty of imprisonment for a term of three to eight years. Sexual abuse means

- a) Any act of a sexual nature against a minor who has not completed fifteen years of age or, though having completed fifteen years, lacks the competence to understand the meaning and consequences of such acts
- b) Sexual acts conducted against any other minor with the use of force, threat, deception or any other method which affects the willingness of the child
- 2) Where the sexual abuse occurs as a result of the insertion of an organ or a similar object into the body, a penalty of imprisonment for a term of eight to fifteen years shall be imposed.
- 3) Where the sexual assault is committed by the direct ascendant, second or third degree blood relative, step father, the adoptive parent, guardian, tutor, teacher, carer, other persons in charge of providing health services or who bears the obligation for protection or supervision, or through abuse of the influence derived from a working relationship or is committed together by more than one person; the penalty to be imposed in accordance with the above sections shall be increased by half.
- 4) Where the sexual assault is committed against a minor described in section one (a) by force or threat, the penalty to be imposed in accordance with the above sections shall be increased by half.
- 5) Where any force or violence, used with the aim of sexual assault leads to any aggravated injury on account of its consequences, the provisions of that offence shall apply in addition.
- 6) Where the offence results in the impairment of the physical or mental health of the victim, a penalty of imprisonment for a term of not less than fifteen years shall be imposed.
- 7) Where the offence leads the victim to enter a vegetative state or die, a penalty of aggravated life imprisonment shall be imposed.”

TCK 104 states that:

“Any person who enters; without any force, threat, or deceit; into sexual intercourse with a minor who has completed fifteen years of age shall be sentenced to a penalty of imprisonment for a term of six months to two years upon complaint.”

Secondly, the age difference between child and perpetrator which is the most used criterion of child sexual abuse definition is accepted as five years of difference. As the definitions based on this criterion, when there is at least five years of age difference between the child and the perpetrator the incident is considered as child sexual abuse (Browne & Finkelhor, 1986). On the other hand, there are other definitions which do not depend on the age difference. As Browne and Finkelhor mentioned, if the age difference is not a criterion to define abuse, the intention of perpetrator and the existence of coercion are treated as discriminating factors (Browne and Finkelhor, 1986). When this is the case, according to the pressure and coercion for sexual intercourse and other sexual experiences of the child with peers are considered as abuse as well (Wyatt, 1985; Akdaş, 2005).

As considering last criterion, the child sexual abuse is also defined based on the characteristics of the abusive acts. According to Leventhal (1988), the sexual acts are defined as “sexual touching of the breasts or genitalia and attempted or actual oral, anal, vaginal intercourse between an adult and child or between an adolescent and a child” based on the most common operational definition (as cited in, Akdaş, 1998). Moreover, these acts are not limited to but consist of the following: asking of or pushing the child to engage in sexual activities, physical and sexual contact with a child, using a child in pornography and indecent exposure of genital and sexual

organs (Finkelhor, 1979). In addition, the important point is about the definitions that sexual encounters do not necessarily include physical contact between the perpetrator and the child (Finkelhor, 1984). However, it is harder to distinguish the sexual acts when there is no actual physical contact (Ussher & Dewberry, 1995). In other words, the acts are accepted as sexual whether physical contact existed or not, and when there is the aim of sexual gratification of an adult (Gillham, 1991).

Sexual abuse is classified into two based on the criterion of the existence of physical contact: *non-contact abuse* and *contact abuse*. According to Wyatt, non-contact abuse includes exhibitionism, voyeurism and sexual invitations; on the other hand contact abuse is embodied as touching or fondling of the genitalia or breasts, kissing, simulated or actual vaginal intercourse, anal intercourse, fellatio and cunnilingus (Wyatt, 1985, as cited in Akdas, 1998).

In the present study, the operational definition of child sexual abuse consists of both contact and non-contact behaviors that are directed to a child or an adolescent who is younger than 18, for sexual stimulation or sexual gratification of someone at least five years older than the child or the adolescent.”

#### **1.1.2.4. Childhood Neglect**

Childhood neglect is accepted as a type of maltreatment which is observed various fields like development, health, education, nutrition, psychology, etc... It consists of more passive acts in contrast to abuse where active acts of the adult result in physical and sexual damage to the child (Kozcu, 1989).



In general, neglect is the failure to provide a child's basic needs by parents, family, institutions and community (Polansky, Holly, & Polansky, 1975). More specifically, the childhood neglect is displayed by an adult who is responsible of the child's caretaking and result in damaging the optimal growth of child due to intentional or extraordinary negligent acts. Childhood neglect is observed when the child's basic needs are not provided, basic rights and freedom are prevented, medical care is inaccessible, behaviors which endanger the physical, intellectual, emotional development are shown towards the child (Trocne, 1996; Aral & Gürsoy, 2001).

According to WHO, the childhood neglect is defined as an extreme failure of parent or caretaker to provide physical and emotional basic needs like adequate food, clothing, shelter, protection, love and medical attention to the child. It affects children's health and development negatively (Colman & Widom, 2004). There are two separate implications of the medical neglect. Firstly, the medical neglect is considered when child is not provided with any medical treatments and mental health care which are necessary for the child. Secondly, when the disabled children and children with special needs do not receive the necessary medical treatment and malnutrition (Child Welfare Information Gateway, 2011).

An important point to mention is that neglect is evaluated in proportion to the family's resources (Colman & Widom, 2004). In other words, "the parental failure to provide" varies across cases to define the situation as neglect. Poverty is a frequent condition where responding to child's basic needs is not possible. Therefore, it has to be examined the situations before labeling the behaviors as neglectful; since the

circumstances and intentionality is the key to define (Maggiolo, 1998; Colman & Widom, 2004).

### **1.1.3. Prevalence of Childhood Maltreatment**

The studies on the prevalence of abuse show that the phenomenon of abuse is not uncommon in the society. Moreover, it is believed that the true rates of abuse and neglect are more than the numbers claimed by the studies in the field (Gelles, 1987). The childhood abuse and neglect is a difficult topic of study due to its nature, and reasons like privacy of domestic affairs, pressure of confidentiality within the family, feeling guilty on the part of the child, (Akdas, 2005). Yet the epidemiological studies of child abuse and neglect aim to show incidence rates, types of abuse and neglect, and to bring the topic to the agenda of public. Such studies also provide us with multiple explanations for the problem based on the social, economic, cultural, demographic characteristics of the abused children, their families, and the society in which the child maltreatment takes place.

In societies where there is a registration system that is mandatory for institutions like hospitals, police and social services for child abuse and neglect, researchers reach out more common estimates about the rate of the problem (Yılmaz Irmak, 2008).

The research on the prevalence of child maltreatment is becoming widespread because of the traumatic and long-term effects on victims. However, variations in definitions that were employed by various studies and difficulties in defining child abuse result in various prevalence estimates of abuse (Colman & Widom, 2004).

The prevalence information is provided as dividing the number of individuals who are exposed to child abuse and neglect in the population by the general population. When the child abuse and neglect has been experienced during the previous year, it is called annual prevalence rate. Whereas, life time prevalence rates refer to the experiences that has taken place at least once in a life time of the individual. Besides, the rate of cases is a proportion of new cases which are appealed to hospital, police and social services in the time set, to general population. The chronic and recurrent cases are not included in the rate of case (Helie, Clement, & Larrivee, 2003, Goldman & Padayachi, 2000).

Based on worldwide statistical data held by WHO, approximately 5–10 % of men and 20 % of women report of being sexually abused during childhood.. Besides, it is reported that 25–50 % of all children abused physically, all over the world. Additionally, the project of World Studies of Abuse in the Family Environment (WorldSAFE) which is the worldwide research about familial abuse displayed prevalence rates for a large number of countries; the frequency of parental discipline behaviors, without labeling harsh discipline as abusive were measured. Physical abuse prevalence rates which were evaluated as considering severe physical punishment for some of the countries which participated in the survey are as follows: 4 % in Chile, 26 % in Egypt, 36 % in India, 21 % in Philippines and 4 % in USA stated that hit the child with and object; besides the kicking percentage for India was 10 % (Runyan, Wattam, Ikeda, Hassan ve Ramiro, 2002). The observed difference in rates is explained by the different prevalence rates for different types of abuse and the fact that understanding of abuse varies based on moral and traditional conceptions of a given culture (Yılmaz Irmak, 2008).

In the United States, Child Protection Services by the Department of Health and Human Services claimed that 2.8 million children are subjected to any type of abuse. It was indicated that 23 % of them has been physical abused, 54 % of them has been neglected, 12 % of them has been sexually abused, and 6% of them has been emotionally abused (U. S. Department of Health and Human Services, 2000; Kolko, 2002).

According to US Department of Health and Human Services, Administration on Children, Youth and Families' report, child neglect is the most common type of child maltreatment in the United States. Moreover, it was stated that in 2007, over 794,000 cases of child victimization have been substantiated. Specifically, more than half of them (59 %) were cases of neglected children (US Department of Health and Human Services, Administration on Children, Youth and Families, 2009). Although neglect is the most common type of childhood maltreatment all over the world, it is less known than other types of maltreatment (Yılmaz-Irmak, 2008).

Having said the prevalence rates based on data from a number of countries, a special emphasis on child maltreatment in Turkey has to be put. In Turkish family, the child-rearing is generally based on patriarchal authority which leads to restricted and protective attitudes. However, the child and child rights are accepted significant and sensitive in Turkish culture. In Turkey, the research of child maltreatment is congregated around definition, prevalence and the relationship with pathological symptoms (Öztürk Kılıç, 1993; Zoroğlu, Tüzün, Şar, Öztürk, Eröcal Kora, & Alyanak, 1996; Kars, 1996).

It is known that many cases of childhood abuse are not reported or not disclosed by the child for many years (UNICEF Türkiye & SHÇEK, 2010). In the Turkey, the clear country-wide ideas about the incidence rate and prevalence of childhood maltreatment were not collected for all types of abuse and neglect. However, the local studies in Turkey gave some information about incidence such as Ankara, Izmir and Istanbul (1985-1986). The information were collected from the courts which included the prosecution from various parts of country, not just these capital cities. According to the results, it is displayed that the 1.46 percent of the appeals were substantiated as child abuse and neglect (Konanç, Zeytinoğlu, & Kozcu, 1988). Another study, between 1987-1999 showed that 0.3 % of patients who were treated in Şişli Etfal Child Surgery Clinic and Policlinic were diagnosed as sexually and/or physically abuse (Baskın, Yalbaz, Evciler, Serim, Çevik, & Gaffarizonoz, 2000).

In Turkey, prevalence rates across researches are quite different from each other due to varied research methods and varied definitions of abuse (Aksel & Yılmaz Irmak, 2005). Nonetheless, a common conclusion can be derived from those research is the extensiveness of childhood physical abuse. In 1980s, a study with the mothers of 50.473 children in 16 cities of Turkey has been conducted and it was indicated that the 62 % of children who are between 4-12 ages were punished physically (Bilir, Arı, Dönmez, & Güneysu, 1991) In the study it was also stated that for all the age groups, the numbers of physical punished children were higher than the non-punished children (; Bilir, Arı, Dönmez, Atik, & San, 1991).

Another study in Izmir, the experiences of abuse are investigated and results showed that physical violence was experienced mostly from teacher (32,5 %), father (28,5 %), mother (25,4 %) and friend (13,8 %). On the other hand, based on emotional

violence data the ranking has changed as mother (41,7 %), father (38,3 %), teacher (31,5 %) and friend (21,2). In conclusion, it was mentioned that the children were at risk of being abused by both school and family (Göregenli, 2004).

In parallel with the aforementioned studies, Family Research Foundation (1997), indicated that, among the adolescents 22,4 % were exposed to violence at school and 10,5 % at home . Moreover, Celtikci, Oktay and Çetin (1999) stated that 85 % of physically abused adolescents experienced the abuse at school by spanking and 65 percent of them experienced it at home. Besides, they were also exposed emotional abuse at school (85 %) and at home (65 %).

Some current estimates on the prevalence of child abuse in Turkey are provided by an epidemiological study conducted by UNICEF in collaboration with SHÇEK (UNICEF Türkiye & SHÇEK, 2010). Considering this study, 56 % of children between the 7-18 years of age are physically abused in Turkey. Moreover, 49 % of them were emotionally abused by friends, teachers, father and mothers, and 10 % of them were sexually abused. Twenty-five percent of these abused children were also emotionally neglected by their parents. The most commonly experienced type of neglect by the children between the 7-18 years of age was being left alone.

Having said these, it must be kept in mind that the studies of childhood abuse and neglect are not enough to define true rates of abuse and neglect. However, a study based on the estimate rates from a research about abuse with 1607 participants was stated as follows: 48 % of them abused physically, 8 % of them abused sexually, 60 % of them abused emotionally and 17 % of them neglected; besides 55 % of participants were witnessed of domestic violence (Yılmaz-Irmak, 2008).

Another study (Hortaçsu, Kalaycıoğlu, Rittersberger Tılıç, 2003) shed light upon the context of physical abuse in Turkey; it was found that physical abuse generally occurs in the relationship between mother and child; the abuse was believed to be an acceptable in mother-child relationship in Turkish culture where obedience and control are the basics of parent-child relationship dynamics. The study also indicated that there was no significant difference in the rates of abuse and neglect between urban/rural areas and as a function of socio-economic status (UNICEF Türkiye & SHÇEK, 2010).

Moreover, Erkman added that the emotional abuse was observed towards child and adolescents in the families, but there was a link between family and school (Erkman, 1991). The most frequent methods of discipline were mentioned to be frightening and threatening the child, humiliation and rejection which of all were accepted under the same construct (Yavuz, Kablamacı, Atamer, & Gölge, 2003).

#### **1.1.4. The Long Term Psycho-Social Effects of Childhood Maltreatment**

Since most of the abuse cases are not disclosed by the child, the victim does not receive appropriate treatment or does not attain the resolution of the childhood trauma (Colman & Widom, 2004). However, as the abused child becomes older, the maltreatment is manifested with long-term psycho-social effects.

Child maltreatment is linked to social functioning in early and middle childhood which the maltreated children perceive the interpersonal relationships as threatening, challenging and hostile (Colman & Widom, 2004). The effects of childhood abuse

and neglect last throughout adulthood in relationships. The relationship problems and interpersonal difficulties are experienced as long term effects of abuse and neglect in adult intimate relationship. In other words, childhood maltreatment triggers a variety of difficulties, both in the short term and in later adult life (Briere & Elliot, 1994). Various emotions like distrust, fear, anger, and concerns about abandonment and abuse accompany different responses such as avoidance, passivity and over-sexualization. These emotions, concerns and responses last during the adult survivors' lives (Briere & Elliott, 1994).

Several studies showed that both child victims and adult survivors have more symptoms of depression than non-abused children. Individuals, who experienced child maltreatment, are more likely to meet the criteria of generalized anxiety disorder, phobias, panic disorder, and obsessive compulsive disorder (Briere, 1992). As a result of several studies, even though childhood physical abuse damages child's physical appearance and development; it also has influences on adult's mental and psychological functioning; they are more likely to be diagnosed with physical illnesses and psychological disorders like depression, anxiety disorders and anger problems (Larsen, Sandberg, Harper, Roy Bean, 2011). Although identification of long-term effects of childhood abuse are challenging, there is no doubt that the childhood abuse is harmful and according to Riggs and Kaminsky (2010) emotional abuse is no exception. Emotional abuse can be accepted as "core of child maltreatment", since a child's psychological integrity is violated, and the child is damaged emotionally due to experiences of degradation, fear and exploitation (Bernstein, 2002). Moreover, as Ney (1987) stated, the acts of berating and rejecting influence the child's self-esteem negatively more than physically harmful actions



since these acts directly damage the development of self-worth of child (Riggs & Kaminsky, 2010). Consequently, another study reveals that non-physically abused adults, who did not experience genuine parental love and care during childhood, demonstrate high risk for depression and they display lower self-esteem than adults who suffered only physical abuse during childhood (Wind & Silvern, 1994).

In sum, the reviewed literature supports the idea that emotionally abused children experience the effects of abuse in life-time. Emotionally maltreated children display several problems in adolescence and adulthood more frequently, such as depression (Clemmons, 2005), interpersonal sensitivity and relationship difficulties (Riggs & Kaminsky, 2010).

When it comes to the long-term effects of sexual abuse, several studies have focused on the relationship between childhood sexual abuse and sexual problems in adulthood. It is stated that sexually abused children may have intimacy problems which cause dating aggression, sexual anxieties, and dysfunctional risky sexual behaviors (Feiring, Simon, & Cleland, 2009). Additionally, sexually abused children may have sexual problems in adult life, because of the fact that they have experienced the incident during stages of sexual development where the sexual contact interfered with the normal sequence of development. Besides, they are at high risk for dating aggression due to challenges in monitoring negative feelings like hostility or helplessness. The survivors of sexual abuse may be helped to build satisfying relationships in treatment (Feiring, Simon, & Cleland, 2009).

According to Briere and Elliott (1994), childhood sexual abuse has three main psychological impacts on victim which can be accepted as stages:

1. Initial reactions to victimization
2. Adaptation to ongoing abuse
3. Long-term consequences.

Initial reactions are displayed themselves as posttraumatic stress, disruptions of normal psychological development, distressing emotions, and cognitive distortions. Also, adaptation to the ongoing abuse causes development of coping behaviors in order to increase safety and decrease pain. Finally, the long-term consequences are reflecting the effects of initial reactions and abuse-related accommodations in victim's psychological and personality development (Briere and Elliott, 1994).

The cognitive distortions of childhood maltreatment, especially sexual abuse, which include helplessness, hopelessness, impaired trust and self-blaming, can continue throughout adolescence and adulthood. The adult sexual abuse survivors may still underestimate their own self-efficacy and self-worth, and overestimate the risks and dangers in the world which may lead to further victimization (Briere and Elliott, 1994). As similarly with childhood physical abuse, sexual abuse also affects adult's psychology and also has influence in relational life. They may be enforced to form healthy relationships. Besides, it is reported that individuals who experienced both of the sexual and physical abuse in their childhood, have more psychological distress and are unsuccessful to build secure attachments due to feelings of self-blame than non-abused individuals (Larsen, Sandberg, Harper, Roy Bean, 2011).

Additionally, the relationship problems and interpersonal difficulties are experienced as long term effects of abuse and neglect in adult intimate relationship. Harter, Alexander, & Neimeyer (1988) reported that, women who report childhood abuse history, reported of feeling socially isolated and having less marital involvement

(Colman & Widom, 2004). As Gold mentioned (1986), childhood sexual abuse survivors are more likely to remain single and they display higher rates of divorce and break up history, fewer friends because of their sense of insecurity, discomfort, dissatisfaction, and oversensitivity (Briere & Elliott, 1994). Similarly, McCarthy and Taylor (1999) mentioned that it is challenging to build and sustain a relationship for survivors of childhood emotional abuse because they are tend to connect with insecure attachment. Insecure attachment is characterized by fear and avoidance which are implications of damaged emotional competence and negative self-identity (Kapeleris & Paivio, 2011).

Given that the most of the research have confirmed further victimization and later difficulties that the survivors of childhood victimization experienced, some authors have focused on the childhood abuse victims' potential as perpetrators in both romantic relationships and parenting (Wilcox, Richards, & O'Keeffe, 2004; Griffing, Ragin, Morrison, Sage, Madry, & Primm 2005; Lawson, 2011). These findings will be discussed in detail in the upcoming sections.

### **1.1.5. Romantic Relationships and Partner Abuse**

The term "romantic or intimate relationships" is used to explain overall romantic and/or sexual relationships between two non-biologically-related people. It includes dating or courtship relationships, cohabiting (living together), marital and engaged relationships. Although the intimate relationships have to be based on love and respect; sometimes partners may engaged in emotional, physical or sexual abusive and harmful acts (Mouradian, 2000).

As Merrell (2001) defined abuse in romantic relationships as behaviors and attitudes which are mutually applied by emotionally bonded partners in order to maintain control and power upon other via using psychological, physical and sexual coercion. In another definition, the partner abuse is defined as the damages of physical, sexual and emotional in romantic involvements by each of the mate (Saltzman, Fanslow, McMahon & Shelley, 2002).

In the relevant literature, the term of partner abuse is used interchangeably with intimate partner violence, intimate partner abuse, spousal abuse, spousal violence and domestic violence, in various studies. Although it is difficult to separate violence and abuse, there is a conceptual difference between the two, as stipulated by Kılınçer & Tuzgöl-Dost (2013). Despite the fact that physical abuse and physical violence are used interchangeably, when the act is performed with the aim of attaining power and control, and harm psychologically/emotionally, the term “abuse” has to be preferred to define actions in consideration.

The violence has come into prominence across the world for the last twenty years. Currently, it is accepted as one of the public health problems. Although there are several preventative laws in order to protect women who suffer of domestic violence in Turkey, there is not a common database for partner violence, especially towards women (Aslan, Vefikuluçay, Zeyneloğlu, Erdost, Temel, 2008).

Although there are theories explaining violence in biological terms, the partner violence is more than biological-based; it is shaped due to cultural values and

traditions. Consequently, the violence is not considered as abusive frequently because of these beliefs which are learned, taught and transferred generation to generation. The cultural definitions usually lead to ignore the severity of violence. For example, sometimes jealousy is not accepted as violence; but as indicator of love (Aslan, Vefikuluçay, Zeyneloğlu, Erdost, Temel, 2008).

When it comes to partner abuse, there is a wide variety of studies in the current literature, focusing on different aspects of violence and its correlates. Many studies indicate that married couples used physical aggression as a conflict resolution tactic; and violent partners have more hostile attitudes and aggressive behaviors when angry during an argument (Linder & Collins, 2005). The use of force in quarrels is accepted as an indicator of poor communication skills and weak problem solving skills (Larsen, C.D., Sandberg, Harper & Bean, 2011). Additionally, longitudinal studies elucidate the fact that the quality of parent-child interaction affects communication skills and emotion regulation in later adult life (Larsen, C.D., Sandberg, Harper & Bean, 2011). According to Conger, Cui, Bryant and Elder (2000), parental hostility and coercion in childhood and adolescence may cause keeping the individual emotionally distant from one's partner and exhibiting higher levels of hostility in conflicts and arguments in early adulthood (as cited in, Linder & Collins, 2005).

#### **1.1.6. Types of Partner Abuse**

Although the partner abuse can be divided into three as physical, emotional and sexual, there are not absolute borders between them to differ. The term of partner abuse is also called as physical aggression, intimate partner violence, conjugal,

domestic, spousal, or dating or courtship violence. The types of violence are known to overlap with one another and they feed and intensify each other. Even though emotional abuse is challenging to distinguish and define, the negative influences on victims must not be underestimated (Aslan, Vefikuluçay, Zeyneloğlu, Erdost, Temel, 2008).

Several authors have emphasized that the partner violence has a cyclical nature which includes three phases: tension, violence and honeymoon. This cycle of violence towards woman continues as long as that perpetrator accepts the violence as legitimate or woman who exposed to violence can not resist. In the tension phase; abused woman is aware of her husband is nervous, small issues considered as a problem; woman do not regard her husband's anger seriously or woman retreats herself due to prevent husband's anger. In second phase of partner violence cycle which is violence; woman can not control anger of husband, husband does not intent to injure her, just wants to punish her, physical violence can arise, generally woman does not take seriously the situation and disregarded severity, woman tries to protect herself when also tries her husband to calm down. In the final phase of partner violence cycle which is called honeymoon; husband apologize to her and tries to fix mistakes, he is afraid of that she wants to break up, he acts like friendly and sympathetic, he convinces his wife of making up, woman often prefers to believe him, she does not remember the violence and abuse. The phase of honeymoon in partner abuse makes be harder to separated partners and raise the hope of remission. However, generally these three phases lasts towards a more serious picture eventually (Aslan, Vefikuluçay, Zeyneloğlu, Erdost, Temel, 2008).

It was claimed that the victimization risk for women increases with the several circumstances such as, dating period, sexual experiences at an early age, witnessing to interfamilial violence, and depending on the gender roles within the given culture. On the other hand, the reasons of men's perpetration were listed as alcohol and drug dependency, poor communication skills, earlier victimization of interpersonal violence and once again, gender roles in the given culture (Subaşı & Akın, 2003).

Here, the types of abuse have to be discussed in detail. *Physical Abuse* in the context of adult relationships is defined as behaviors, which are carried out intentionally, or perceived intentionally; lead to harm physically another person (Straus & Gelles, 1986). According to Saltzman and friends (2002), physical abuse is the intentional use of force which has the potential of death, mutilation, injury or damage between spouses (Kılınçer & Tuzgöl-Dost, 2013). Mouradian (2000) described the acts of physical abuse in romantic relationships as slapping each other, pulling hair, throwing objects, scratching, and kicking.

*Emotional Abuse* is defined as the use of verbal and nonverbal acts which symbolically hurt the other or the use of threats to hurt the other (Straus, 1979). The emotional abuse behaviors do not include physical force; but they affect victim's well-being, inner self, psychological health. They include acts such as yelling, insulting the partner, swearing at one's partner or calling him or her names, belittling or ridiculing the partner (usually but not restricted to in front of others) (Shepard & Campbell, 1992). *Economic abuse* can be considered as a subcategory of emotional abuse; because it has emotional effects on victims together with the economical effects. The economic abuse is about preventing the person from possessing or

maintaining financial self-sufficiency and lead to material dependency of the victim on the perpetrator. Another subcategory of emotional abuse is *social isolation* which is observed when prohibiting, restricting and destroying or impairing the victim's social environments. In sum, the aforementioned abusive acts influence the victim's independency, social interaction and satisfaction of emotional needs.

*Sexual abuse* is defined as behaviors which are unwanted and undesired by the victim. It includes legal definition of rape, physical assaults to the sexual parts of a person's body, and making sexual demands (Marshall, 1992; Shepard & Campbell, 1992). Marital, dating, cohabiting partner sex without consent are accepted as sexual abuse in intimate relationships. In unwilling sexual intercourse, perpetrator may demand sex, coerce the partner to engage in sexual activities, use finger or object on partner's sexual organs, force for sexual activity (in the presence of others, prostitution, sex with animals or others, participation in pornography are also included) (Koss & Gidycz, 1985).

### **1.1.7. Prevalence of Partner Abuse**

Partner violence is a type of abuse which is preferred to stay hidden in partners because of the confidentiality and privacy of relationships. Besides, it can be experienced in all socioeconomic levels in a given society.

A large-scale study which was conducted by The National Violence Against Women (NVAW) in United States with various races about women's experiences with violent victimization in 1995. Results showed that, 22.1 % of women were physically



assaulted by spouse, cohabiting partner, date partner; besides 1.3 percent of abused women experienced the violence last one year. As numerically, 1.3 million women who live in United States were physically abused by romantic partner. Additionally, another survey of NVAW was conducted with 8000 women who were age 18 years and older and living in United States. Data showed that, 17.6 % of the participants who never married were abused, 51.9 % of participants were assaulted physically. It was reported that 15 % of women was raped, since 3 percent of women experienced an attempted rape in an intimate relationship (National Youth Violence Prevention Resource Center, 2001). When the current literature in Turkey on violence by partners was reviewed it was found that, the most comprehensive study (in terms of sampling strategy) has been conducted by Kadının Statüsü Genel Müdürlüğü (General Management of Woman Status) (2008), named “Family Violence against Women in Turkey” . This research was conducted with 12.795 women all over the Turkey, via face-to-face interviews. Findings showed that 25 % of the married women have been abused by their partners. Besides, 1 out of every 10 women experienced physical abuse in the last 12 months, and almost half of the married women reported of emotional abuse by their husbands.

Aluede, Imhonde, and Eduavoen (2006) found that 22 % of university students who applied for help to psychological counseling centers have experienced relationship problems and 7.4 percent of them reported of having been abused sexually (Kılınçer & Tuzgöl-Dost, 2013). Another research stated that 45.7 % of the university students who have emotional problems and consulted to counselling center, and among those 4.3 % reported of childhood sexual abuse (as cited in, Kılınçer & Tuzgöl-Dost, 2013).

Based on the reviewed literature, it can be thought that the victims who experienced childhood maltreatment are at high risk for revictimization in later adult relationships. However, the relationship between childhood victimization and revictimization in intimate partner violence has been investigated by only a limited number of research and the research on the mechanisms explaining such a linkage is quite scarce. Kuijpers, Van der Knaap, and Winkel (2012) conducted a study with 74 female victims of partner violence in order to investigate the psychological factors which explain revictimization. The results showed that avoidant attachment style can be a predictor for victim's anger levels and revictimization. Surprisingly, a detailed review of the literature revealed that the factors of revictimization have not been studied sufficiently. Yet, there are a number of theories of revictimization.

#### **1.1.8. Revictimization and Revictimization Theories**

A review of the literature for the present study revealed that there are a limited number of researches that have focused on the link between the childhood maltreatment and the quality of adult survivors' romantic relationships, as well as the long-term effects of abuse on intimate relationships (Larsen, Sandberg, Harper, & Bean, 2011).

Revictimization is defined as adult victimization of individuals who were sexually abused in childhood; even though the definition of revictimization is varied among different studies (Bundrick, 1999).

Based on the reviewed literature, it was observed that, the revictimization studies are usually generated within the framework of childhood sexual abuse; and other abuse

types are not often included as independent variables. Researchers added that childhood sexual abuse survivors can experience the phenomenon of revictimization as long-term effects (Russell, 1986). Besides, it is thought that childhood sexual abuse is a contributor of revictimization, especially once again sexually in their later relationships (Finkelhor & Browne, 1985).

Several studies stated that women who experienced sexual abuse, are more likely to become victims of sexual assault and battering in adulthood than non-victimized women (Aberle, 2001). According to Arata (2002), sexually abused women in childhood are more likely to be sexually revictimized in adulthood than non-abused women. His research data demonstrated that women who had been sexually abused during childhood were 1.5 to 2.5 times more likely to be revictimized in their adult relationships in comparison to women who have never been sexually abused (Arata, 2002).

An earlier study by Gidycz, Coble, Latham and Layman (1993) supports the parallelism between adult sexual abuse and childhood sexual abuse, where they interviewed 857 female college students who have experienced childhood sexual abuse. The data revealed that sexually abused women in their childhood were two times more likely to experience sexual victimization in adulthood than non-abused college women. Besides, it was reported that they decided to extend their study by following over a 6 months period. After 6 months period, victimized women tripled the revictimization rate. They concluded the results as that childhood sexual abuse has influences on adult revictimization than the adult sexual abuse (Gidycz, Coble, Latham and Layman, 1993).

Some authors stated that complex traumas like child abuse influence the psychological functioning deeply and lead to a distinct type of psychopathology. Therefore, individuals who were subjected to revictimization have the risk of displaying several psychopathological symptoms. According to Horowitz's (1995) who studied the prevalence of Post-Traumatic Stress Disorder (PTSD), the probability and severity of PTSD was linked to the number of violent events that the individual has experienced in past. In other words, as the number of prior experiences of violence increases, the risk of developing PTSD increase as well as its severity. Other authors have also stated parallel findings; Norris and Kaniasty (1994) showed that the duration of individual's psychological distress prolongs when the individual is victimized repeatedly. Similarly, Ellis, Atkeson and Colhoun (1982) studied 117 female survivors of abuse and claimed that multiple-abused women displayed more psychological problems like greater hostility, fewer social and sexual relationships, depression and anxiety than single-incident victims. Also, they added based on the results that the multiple-incident survivors have the experiences of childhood physical abuse more frequently (as cited in, Aberle, 2001).

Several models of psychology have been hypothesized to explain how psychological processes triggered by sexual abuse increase risk of future victimization. However, specifically most of these theories explain the childhood abuse short term and long term consequences for victim, also the revictimization risks in adulthood based on these consequences (Davis, Guthrie, Ross, and O'Sullivan, 2006). These theories about the relationship between early sexual abuse and adult sexual abuse can be generalized for all types of abuse.

Early learning about self, others and the world makes the basis of core beliefs, schemas that one keeps. The children who were abused and neglected these core beliefs are usually quite negative in content, such as self as worthless and helpless, others as cruel, not to be trusted, world as unpredictable and uncontrollable, etc... Since these core beliefs imply inner pain, anxiety, and insecurity, the individual generates certain rules and assumptions in order to cope with her daily life. Yet, these assumptions are usually dysfunctional if the individual has been seriously traumatized, such as, “never trust on anyone”, “if someone loves you, you should not say to him/her”, “if you do not agree it makes the others angry with you”, “if you do not comply, you will be all alone”. Usually these imply either to be distant in the relationships or to find someone and depend on him like an ultimate rescuer. These patterns of information processing influence the way the person when he/she makes decisions, solves problem and deal with conflicts, in general in every kind of interpretation that one makes. When it comes to romantic relationships, these core beliefs and assumptions operate in such a way that either the person chooses certain type of men or are not able to be assertive enough to protect themselves from further victimization (Beck, 1995; Beck & Weishaar, 2005, as cited in Corsini & Wedding, 2008; Akdaş-Mitrani, in personal communication, May, 2014).

As regarded in the model of sexual revictimization by Gold, Sinclair and Balge (GSB model, 1999), a victim’s cognitive attributions and coping display a direct effect on sexual revictimization with indirect effects of delinquent subculture, use of alcohol, drugs and number of sex partners. The cognitive attributions are explained as individual’s internal, stable and global ideas. In this manner, they suggested that person who experienced negative life events such as childhood abuse, is more likely

to report psychological distress and low self-esteem. Victim believes the abuse was because of unchangeable characteristics of her that will affect rest of the life. The negative life events are accepted as victim' fault, never changed, persistent and would be continue during victim's life. Also, GSB model stated that sexually abused women have greater risk for sexual revictimization, since they accepted these negative beliefs which are internal, stable and global and also engage passive aggression behaviors towards self (Bundrick, 1999).

Additionally, coping strategies are explained as “efforts made in response to stimuli experienced as threatening or stressful efforts aimed at reducing the anxiety that those stimuli create and at reducing the interference of stimuli with one's capacity to function” (p.345, Burt & Katz, 1988, as cited in Bundrick, 1999). Even though especially negative coping styles like denial, avoidance and emotional suppression provide short-term benefits, in the long term several psychological symptoms will emerge. In this manner of abuse, sexually abused women will respond to life events with thoughts of self-blame as like in the GSB model and their trust of others will get lost. They engage the negative coping strategies like suppression of negative experiences, cognitive avoidance and symbolic control. Consequently, the victims of childhood abuse, who defend themselves by using negative coping styles such as denial, avoidance and suppression, are more likely to experience anxiety and interpersonal conflict in regarding romantic relationships (Chaffin, et.al, 1997).

Another explanation of revictimization is based on learning theories. Gelinias (as cited in Aberle, 2001) suggested that significant contributor of childhood abuse is defection in interpersonal relationships which is also affect the revictimization in adult relationships. Especially individuals, who were abused by parents, believe that

they have no rights and the responsibility of abuse was their fault; because people learn how to build relationships in childhood interacting with their parents. These beliefs result in negative attributions about self and negative coping styles like avoiding. They may become more vulnerable to harm in adult relationships as well; since, they accept that they have no sense of entitlement and no control over decisions like partner selection; and because they learned that the violence and abuse are ways of building relationships. Regarding the learning theory, childhood abuse survivors have intense need to gain trust and love within relationships due to feelings of self-blaming. Therefore, they take part in abusive relationships in adulthood, because their expectations are in parallel with their distorted cognitive attributions (Aberle, 2001).

Browne and Finkelhor demonstrated the “traumogenic” model in order to explain the reflections of early sexual abuse to later abuse in adult relationships. It is determined that, firstly, “through traumatic sexualization, child sexual abuse results in the association of sex with affection or attention, thereby promoting promiscuity or compulsive sexual behavior” (p.11, Davis, Guthrie, Ross & O’Sullivan, 2006). Secondly, they added that the victims have poor judgment skills about individuals’ trustworthiness. However, they developed feelings of reestablish trust of others due to self-guilt of childhood abuse. Moreover, Browne and Finkelhor stated that, sexual abuse survivors develop negative self-image as a result of “stigmatization” which is accepted by own. Stigmatization can cause victims’ risky sexual behaviors throughout their lives. As variously, due to concerns about stigmatization by society, early childhood abuse may be hidden over a long period and can lead to social isolation. In other words, the excessive feelings of shame, guilt and sense of being

different can cause increase in low self-esteem and self-acceptance; because the groups of diseased, prostitutes and criminals are stigmatized by society. It also contributes to victimize again, because the abused victim internalize the blaming of perpetrator. Finally, the sexual abuse victims accepted the abuse was experienced because of their powerlessness which would also lasts throughout their adult relationships (Browne & Finkelhor, 1985). As similarly in the theory of learned helplessness which was established by Seligman for depression, the sexual abuse victims can not prevent themselves from unwanted sexual acts due to the acceptance of powerlessness. They accept the revictimization as a part of their lives (Aberle, 2001).

According to the schema theory which was developed by Young, the individual develops attributions about life events as organized patterns of thought and behavior based on person's early life experiences; and s/he makes meaning of the world through these schemas. If the life experiences are negative, the schemas organized as maladaptive which will be used throughout person's life. As a result of using maladaptive schemas, individual may block his/her feelings, prefers avoidance and self-isolation. The maladaptive schemas may also be related with traumas like abuse. In this manner, the abuse victim may develop schemas about mistrust and abuse; they expect that others will hurt, abuse, humiliate, deceive, manipulate and take advantage from her. Generally, these beliefs include that the damage was intentional and due to unjustified and extreme neglect. The abuse victims interpret the relationship through a lense suggesting that the close relationships always end up with being cheated and manipulated. Besides, they also develop the schema of punitiveness; people who make mistakes have to be punished and should not be



forgiven. The abused victims, who believe that early experiences of abuse were their fault, may put themselves in situations where there is further victimization as they feel responsible of the earlier incident (Young, 2009).

Aside from cognitive and cognitive-behavioral models that explain revictimization, the classical psychodynamic and object relations theories present other explanations for revictimization. To begin with, revictimization is discussed based upon the childhood sexual abuse victims' course of development that was affected negatively, considering their poor psychological functioning and quality of relationships. The revictimization treats childhood sexual abuse as a possible antecedent and risk factor for victimization again (Bundrick, 2004).

In object relations theory of Melanie Klein (as cited in Mitchell & Black, 2012), it was mentioned that the developing child interprets the world based on the relationships with "objects" and fantasies about them which are full of love and hate. According to Klein this is the reason why the child's world is split into two: the love of the good breast (good internal part) which is protecting and reparative and the hate of the bad breast (bad internal part) which demonstrates fatal destructiveness. The good breast (object) had to be separated from the bad breast (object) in order to perceive the relationship with the object as a safer place. The bad object representations can be assigned as a result of delaying physical and psychological needs. Thereby, early childhood experiences shape the child's perceptions about the world and affect the later relationships depending on whether the needs of his/her were supplied as a baby.

According to Chewning-Korpach (as cited in Aberle, 2001), revictimized individuals contribute the repetition of their abuse unconsciously. Additionally, she stated that childhood abuse survivors are more likely to get involved in high-risk situations unconsciously, in order to be victimized once again. In this context, Davies and Frawley (1994) clarified the Freud's term of "repetition compulsion" which was defined by him that the individual acts in some way which can not be remembered due to repression without any idea of why she was acting like that and repeating over and over again. Especially, the individual re-lives the traumatic event like childhood abuse in some manner as patterns of life.

Object relation theories explain the phenomenon of revictimization more in detailed. As Fairbairn demonstrated (as cited in Davies & Frawley, 1994), child's psychological development is based on the contacts with caretakers. According to his assumptions about abused children, the relationship between them can be exploitative for child. The relationship with a bad object is not only painful for the abused or neglected child, but also shameful. Because if the parents are abusive or neglectful, children admits themselves as bad based on the identifications that were shaped in the early object relationships. Abused and neglected children cannot reject their bad parent, therefore they internalize the badness. In the end, parent is good where the child is bad and this is the reason why abuse has taken place according to the distorted object representations of a maltreated child.

In parallel with Fairbairn's explanations, Carey (1997) stated that, if a child is abused by a parent, he/she will try to keep the attachment with the parent, no matter what, since the child needs the parent in order to survive. Simply, even if the child is

abused by the attachment figure, he/she will keep the bond with the abusive parent, because it is believed to be safer than outside. Similarly, Kernberg (as cited in Corsini and Wedding, 2008) demonstrated that, in order to keep the bond between the parent and oneself, the child first splits the parent as good and bad into two; good as nourishing, and bad as punishing and devouring. Consequently, the child internalizes the bad side of the parent, causing a self-representation as bad-me. It is this “bad-me” which is subjected to abuse by the parent. Otherwise “good-parent” is out there when the child is “good”. This distorted reality is called as splitting, because when the abusive parent is the good, the bad one is the child him/herself.

Additionally, the abused child has an assumption that he/she has to be blamed. The abused child develops the relationships in adulthood which can keep the sense of self which was developed as a result of parent-child relationship. In other words, abuse survivor seeks out the similar conditions with victimized relationships in new adult relationships which would cause victimization again (Carey, 1997).

Similarly, Celani (1999) denoted that childhood abuse survivors can be victim of battering in adulthood. He explained the idea that child uses the defense mechanism of splitting due to protection of self from abusive parent and accept them as safe. Abused child internalized the badness, since negative representations of the parent harms the sense of security needed by the child. Besides, victimized child hides their anger and rage towards the perpetrator due to fear of abandonment and loss of the relationship (Aberle, 2001). That’s why, he/she tries to find a new object which means an abusive partner in adult relationships and a relationship that has the similar patterns of victimization and can express the rage safer following the revictimization. The abused and neglected children attached their parents in the contact forms that

were served by parents. These forms become the patterns of attachment and connected to others throughout their lives. In other words, the basics of relations are internalized in early childhood and they are carried towards into adult relationships. In the case of abusive relationships, the individual tries to build violence patterned relations (Fairbairn, as cited in Mitchell and Black, 2012)

### **1.1.9. Purpose and Hypotheses**

The purpose of the present study is to examine the relationship between the childhood abuse and neglect, and intimate partner abuse. Moreover it is aimed to develop a predictive model for intimate partner abuse, covering experiences of childhood abuse and neglect. It is aimed to test whether the adult survivors of childhood abuse lay themselves to revictimization in their later adult romantic relationships. The hypotheses based on the existing literature are as follows:

1. Experiences of childhood abuse predict adult victimization due to partner abuse.
2. In spite of the fact that, emotional abuse has been defined as “core of child maltreatment” (Bernstein, 2002), emotional abuse will be a predictor variable of intimate partner abuse.
3. In the present study, it was hypothesized that multiple types of abused women in their childhood, who were subjected to more than one type of abuse, will report more serious victimization in their adult relationships.

## CHAPTER 2

### METHOD

#### 2.1. Participants

Data were collected from people who are young adults in their twenties, living in Istanbul, and having a committed relationship which lasts at least 6 months. The relationship can be included being married, engaged and romantic partner. The study was conducted on 218 women who participated in the study on voluntary basis. Participants' ages ranged from 20 to 52 years ( $M_{age} = 25.75$ , S.D. = 4.79). The participants between the ages of 20 and 29 displayed cumulatively 92.5 percent of total sample. Various demographic features of the participants were identified by using percentage and frequency. The findings about education level of participants were displayed in Table 2.1 (p. 45).

Demographic information about participants' families is summarized as follows: high majority of the families consisted of mother, father and children (83 %), and the rest were in various compositions such as, mother and children (4.1 %), father and children (0.9 %), mother, father, children and parents of parents (2.3 %), and 6 % were reported as 'other' and 3.7 % of the participants did not indicate. Seventy-three percent of participants' parents were still married. Seventy-seven percent of the

participants lived in cities and metropolitan areas and 21.6 % of them were of county/town origin.

**Table 2.1: Demographic Characteristics of Participants**

	Frequency	%	Cumulative %
Education level of participant			
High School	8	3.7	3.7
University	142	65.1	68.8
Master Degree	64	29.4	98.2
Doctorate	4	1.8	100.0
Total	218		
Place of origin			
Metropolitan/city	168	77.1	77.4
County/town	47	21.6	99.1
Village	2	.9	100.0
Total	217		
Relationship status			
Not in relationship	63	28.9	30.7
Married	38	17.4	49.3
In a romantic relationship	104	47.7	100.0
Total	218		
Sexuality			
Active	122	56.0	85.9
Not-active	20	9.2	100.0
Total	218		
Education of mother			
Illiterate	2	.9	19
Primary school	52	23.9	25.6
High school	90	41.3	68.2
University/higher degree	67	30.7	100.0
Total	211		
Education of father			
Primary school	41	18.8	19.5
High school	54	24.8	45.2
University/higher degree	115	52.8	100.0
Total	210		

The information about the presence of romantic relationship indicated that the mean duration of the relationship was 39.81 months ( $SD = 29.53$ ) with a range of 6 to 144 months. Partners' age range was between 20 and 57 ( $M = 28.45$ ,  $SD = 6.00$ ). Fifty-six percent of the participants stated that they were sexually active with their

partners, whereas 9.2 % of them were not active, 35 % of participant did not state their sexual status because of the sensitivity of the question.

## **2.2. Instruments**

Demographic Information Sheet was developed for the present study to gather basic demographic information such as age, education, family income level, the place that they mostly lived, family members, parent's education level, in addition to presence of the romantic relationship, age of partner, duration of the romantic relationship, and presence of sexual activity (APPENDIX D).

The Childhood Trauma Questionnaire (CTQ) is a retrospective self-report questionnaire which includes 28-items (Bernstein & Fink, 1998). It was designed to assess childhood or adolescent (before the age of 20) abuse and neglect. The CTQ consists of five subscales: physical abuse, emotional abuse, sexual abuse, emotional neglect and physical neglect. 28-items are rated on a 5-point scale, ranging from 1 (never true) to 5 (very often true). The test-retest reliability coefficients range from  $r = .79$  to  $.86$  for the subscales. Turkish version of CTQ revealed high internal consistencies (.93) and test-retest reliability ( $r = .90$ ) for the clinical and non-clinical sample (Şar, Öztürk, İkikardeş, 2012). Coefficients of internal consistencies (Cronbach's  $\alpha$  (alpha)) for both the original and Turkish versions of CTQ are presented in Table 2.2. The questionnaire is presented in APPENDIX B.

**Table 2.2: Reliability Coefficients of CTQ (Bernstein & Fink, 1998) and Turkish form of CTQ (Şar, Öztürk, İkikardeş, 2012)**

Scale	Cronbach's alpha (original scale)	Cronbach's alpha (Turkish version)
Physical abuse	.79	.90
Emotional abuse	.89	.90
Sexual abuse	.94	.73
Emotional neglect	.91	.85
Physical neglect	.79	.77

Romantic Relationship Assessment Scale (Romantik İlişkiyi Değerlendirme Ölçeği (RİDÖ)) is developed by Kılınçer (2012) for assessing the abuse in romantic relationship. It was designed based on the items in existing scales developed by the same purpose in the literature. The originally extracted 112-item scale has been reduced to 70 items based on the results of preliminary analysis. See RİDÖ that was employed in the present study in APPENDIX C. Exploratory Factor Analysis revealed that RİDÖ is a unidimensional assessment tool demonstrating high internal consistency (.97). Seventy items of the final scale are rated on a 5-point scale, ranging from 1 (never true) to 5 (very often true). The test-retest reliability coefficient is  $r = .89$ . There are no any reverse items in the scale. The lowest score on the scale is 70 and the highest score is 350. Higher scores indicate increased exposure to violence in the romantic relationship. The time involved in completing the online survey took approximately 20 minutes.



### **2.3. Procedure**

The study was performed after the approval of Ethical Committee of Bahçeşehir University was obtained.

The data was collected via self-administered questionnaire as presented in the previous section. The instruments were presented to participants online. The participants were reached in convenience. The criteria of inclusion in the sample and the purpose of the study were presented before the participants proceed to complete the questionnaires. They were informed that the research project is a master dissertation that focused specifically on women in their twenties, and childhood maltreatment and adult relationship violence experiences would be investigated. Their participation was on voluntary basis. Anonymity and confidentiality of their responses were reassured. They were also told that they could quit the questionnaires any time if they found the questions disturbing or distressing (APPENDIX A).

## CHAPTER 3

### RESULTS

Descriptive analyses about the participants were summarized in the Method section. It was found that eighty-four women (38.5 % of the total sample) reported of having experienced childhood maltreatment (abuse and/or neglect). In detail, the frequencies of childhood maltreatment types of participants were displayed in Table 3.1 which is about the frequency and percentage of sample's childhood maltreatment, the total percentages do not add up to 100 % since participants reported of experiencing more than one type of abuse.

**Table 3.1: Frequencies and Percentages for the Experiences of Childhood Maltreatment**

	Frequency	Percent (%)
Physical abuse	57	26 %
Emotional abuse	88	40.4 %
Sexual abuse	64	29.4 %
Physical neglect	46	21.1 %
Emotional neglect	53	24.3 %
Total	218	

One hundred ninety-five subjects (89.4 % of total sample) reported that they experienced abuse in adult relationships; whereas 1.8 % of participants did not answer the questions. Adding the two percentages together, 8.8 % of the sample group reported of having no abuse in their romantic relationship.

In order to investigate the relationship between childhood maltreatment scores and the violence in adult relationship scores, Pearson's correlations were computed. It was found that RİDÖ total score was highly correlated with CTQ total, CTQ physical, CTQ emotional, CTQ sexual, CTQ physical neglect and CTQ emotional neglect. Results of the Pearson's correlations are presented in Table 3.2 (p.52).

As Table 4.2 shows, Pearson correlation coefficients for the data revealed that total scores of RİDÖ and CTQ were significantly related and showed positively high correlation ( $r = .704, n = 214, p < .01$ ). Even though moderate correlations were observed between RİDÖ and CTQ five-subcales; each CTQ subcales were significantly and positively correlated with total score of RİDÖ ( $r > .469, p < .01$ ).

The numeric data on childhood abuse experiences and adult abuse incidents were converted into categorical data using the cut-off scores as suggested by the authors of the each scale, CTQ and RİDÖ (Şar, Öztürk, İkikardeş, 2012; Kılınçer 2012). To study the relationships among the categorical variables, such as, demographic information and childhood and adulthood abuse, Chi-Square tests were employed.

The relationship between the place of origin and physical abuse ( $\chi^2 (2, N= 217) = 22.83, p < .05$ ), emotional abuse ( $\chi^2 (2, N=217) = 33.11, p < .05$ ), sexual abuse ( $\chi^2 (2, N=217) = 34.41, p < .05$ ), physical neglect ( $\chi^2 (2, N= 217) = 32.24, p < .05$ ) and emotional neglect ( $\chi^2 (2, N=217) = 68.30, p < .05$ ) in childhood were statistically

significant. Results showed that distribution of childhood maltreatment varied significantly over categories of place of origin (See Table 3.3, p. 52).

**Table 3.2: Correlations between RİDÖ total scores, CTQ total scores and CTQ subscales' scores**

	RİDÖ total	CTQ total	CTQ physical	CTQ emotional	CTQ sexual	CTQ physical neglect	CTQ emotional neglect
RİDÖ total	1.00						
CTQ total	.704**	1.00					
CTQ physical	.590**	.762**	1.00				
CTQ emotional	.666**	.913**	.683**	1.00			
CTQ sexual	.617**	.825**	.468**	.677**	1.00		
CTQ phy.neglect	.651**	.894**	.631**	.756**	.772**	1.00	
CTQ emo.neglect	.469**	.818**	.564**	.706**	.514**	.625**	1.00

\*\* $p < .01$ .

**Table 3.3: Distribution of 5 Types of Childhood Maltreatment among Categories of Place of Origin of the Participant**

Place of origin	Childhood Maltreatment		$\chi^2$	$\Phi$
	No N (%)	Yes N (%)		
	<b>Physical Abuse</b>		<b>22.83</b>	<b>.000*</b>
Metropolitan/city	136 (81 %)	32 (19 %)		
County/town	22 (46.8 %)	25 (53.2 %)		
Village	2 ( 100 %)	0		
Total	160 (73.7 %)	57 (26.3 %)		
	<b>Emotional Abuse</b>		<b>33.11</b>	<b>.000*</b>
Metropolitan/city	116 (69 %)	52 (31 %)		
County/town	11 (23.4 %)	36 (76.6 %)		
Village	2 (100 %)	0		
Total	129 (59.4 %)	88 (40.6 %)		
	<b>Sexual Abuse</b>		<b>34.41</b>	<b>.000*</b>
Metropolitan/city	134 (79.8 %)	34 (20.2 %)		
County/town	17 (36.2 %)	30 (63.8 %)		
Village	2 (100 %)	0		
Total	153 (70.5 %)	64 (29.5 %)		
	<b>Physical Neglect</b>		<b>32.24</b>	<b>.000*</b>
Metropolitan/city	146 (86.9 %)	22 (13.1 %)		
County/town	23 (48.9 %)	24 (51.1 %)		
Village	2 (100 %)	0		
Total	171 (78.8 %)	46 (21.2 %)		
	<b>Emotional Neglect</b>		<b>68.30</b>	<b>.000*</b>
Metropolitan/city	148 (88.1 %)	20 (11.9 %)		
County/town	14 (29.8 %)	33 (70.2 %)		
Village	2 (100 %)	0		
Total	164 (75.6 %)	53 (24.4 %)		

Note. \*  $p < .05$

Chi Square analysis showed that the presence of emotional abuse ( $X^2(3, N= 211) =12.89, p <.05$ ), sexual abuse ( $X^2(3, N= 211) =8.69, p <.05$ ) and emotional neglect ( $X^2(3, N= 211) =10.13, p <.05$ ) was found to vary significantly as a function of mothers' level of education. The distribution of abuse and neglect incidents over mother's level of education is displayed in Table 3.4 (p. 54). Chi Square analysis showed that physical abuse and physical neglect did not vary significantly as a function of education level of mother ( $p > .05$ ).

Chi Square test showed that presence of emotional neglect varied significantly as a function of relationship status of parents ( $X^2(2, N=211) =7.15, p <.05$ ). Forty one percent of participants, whose parents were divorced, were emotionally abused in childhood; whereas 21.4 % of participants, whose parents were still married, reported of being emotionally abused in childhood.

The relationships between among other categorical variables were not found statistically significant based on Chi Square analysis. The childhood and adulthood abuse did not vary significantly as a function of the education level of participant, education level of father and education of partner ( $p > .05$ ). Results showed that distribution of adulthood abuse did not differ significantly over categories of place of origin, members of participants' families, education level of mother, relationship of parents ( $p > .05$ ). Chi Square analysis showed that the presence of childhood and adulthood was found that they did not vary significantly as a function of the status of sexuality and current relationship of participants ( $p > .05$ ).

**Table 3.4: Distribution of 5 Types of Childhood Maltreatment among Categories of Mothers' Level of Education**

Education of mother	Childhood Maltreatment		$\chi^2$	$\Phi$
	No	Yes		
	N (%)	N (%)		
Emotional abuse			12.89	.005*
Primary school	22 (42.3 %)	30 (57.7 %)		
High school	52 (57.8 %)	38 (42.2 %)		
University/Higher degree	50 (74.6 %)	17 (25.4 %)		
Total	124 (59.2 %)	86 (40.8 %)		
Sexual abuse			8.69	.034*
Primary school	31 (59.6 %)	21 (40.4 %)		
High school	60 (66.7 %)	30 (33.3 %)		
University/Higher degree	55 (82.1 %)	12 (17.9 %)		
Total	146 (70 %)	63 (30 %)		
Emotional Neglect			10.13	.017*
Primary school	34 (65.4 %)	18 (34.6 %)		
High school	64 (71.1 %)	26 (28.9 %)		
University/Higher degree	59 (88.1 %)	8 (11.9 %)		
Total	157 (75.4 %)	52 (24.6 %)		

Note. \*  $p < .05$

In order to detect pairwise significant differences, the relationship between experiences of childhood maltreatment and place of origin was explored. One-Way

ANOVA showed that; mean CTQ total score varied significantly as a function of place of origin ( $F(2, 216) = 59.68, p = .000$ ). Following the analysis of variance, Tukey's HSD was applied to detect significant pairwise differences. It was found that, mean CTQ-total score of the participants who reported of living in metropolitan/city ( $M = 33.09, SD = 9.19$ ) was significantly lower than the mean CTQ-total score of the participants who reported of being from county/town origin ( $M = 55.68, SD = 20.70$ ) ( $p < .05$ ).

One-Way ANOVA was used to test the variance in mean partner abuse scores as a function of place of origin among abused in adulthood. It was found that, mean partner abuse score was found to vary significantly depending on the place of origin of the participant ( $F(2, 212) = 25.12, p = .000$ ). Living in metropolitan/city ( $M = 100.40, SD = 39.05$ ) differs from living in county/town ( $M = 155.74, SD = 71.28$ ) in regarding experience adulthood abuse ( $p < .05$ ), as stated in Table 3.5.

**Table 3.5: The Mean RIDÖ Score Differences in regard to Place of Origin of the Participant**

	M (SD)	95 % CI	
		LL	UL
Metropolitan/city	100.40 (39.05)	94.40	106.40
County/town	155.74 (71.28)	134.57	176.91
Village	166.00 (73.54)	-494.72	826.72
Total	112.97	105.78	120.15

*Note.* CI: confidential interval; LL= lower limit, UL = upper limit



In order to detect the pairwise significant differences in mean scores for CTQ subscales One-Way ANOVA and post hoc analyses were applied. Confirming the results obtained by Chi-Square analysis, results showed that; mean physical abuse score ( $F_{physical\ abuse}(3, 210) = 3.60, p = .015$ ), mean emotional abuse score ( $F_{emotional\ abuse}(3, 210) = 5.24, p = .002$ ) and mean emotional neglect score ( $F_{emotional\ neglect}(3, 210) = 5.25, p = .002$ ) varied significantly across mothers' level of education. The post-hoc analysis (Tukey's HSD) revealed that, there is a significant difference between high school-graduates graduated from high school to university/higher degree in regarding of physical abuse, emotional abuse, and neglect (physical and emotional) in childhood ( $p < .05$ ). The difference between primary school graduation and university/higher degree was also significant in the case of emotionally abused in childhood (see Table 3.6, p. 57). One-Way ANOVA was performed to explore the relationship between education level of mother and adulthood abuse. The mean differences between university/higher degree ( $M = 100.70, SD = 45.94$ ) and high school graduated ( $M = 127.31, SD = 63.15$ ) on total scores of adulthood abuse were found significant ( $F(3, 206) = 4.658, p = .004$ ).

One-Way ANOVA was used to test the variance in mean partner abuse scores as a function of education of partner among abused in adulthood. It was found that, mean partner abuse score was found to vary significantly depending on the education of the partner ( $F(2, 212) = 25.12, p = .000$ ). As displayed in Table 3.7 (p.58), graduated from higher level education of partner differs from lower educated partner in regarding experience adulthood abuse ( $p < .05$ ).

**Table 3.6: One-Way ANOVA Results Showing the Mean CTQ-subtests' Scores Differences in regard to Mother's Education Level**

	N	M (SD)	95 % CI		Df (between, within)	F	Sig.
			LL	UL			
<hr/>							
Physical abuse					3, 207	3.595	.015*
Primary school	52	5.98 (2.12)	5.39	6.57			
High school	90	6.83 (3.35)	6.13	7.53			
University/higher degree	67	5.49 (1.79)	5.06	5.93			
Emotional abuse					3, 207	5.235	.002*
Primary school	52	8.90 (3.80)	7.85	9.96			
High school	90	9.23 (5.30)	8.12	10.34			
University/higher degree	67	6.69 (2.39)	6.10	7.27			
Physical neglect					3, 207	4.149	.007*
Primary school	52	6.83 (2.29)	6.19	7.46			
High school	90	7.86 (4.65)	6.88	8.83			
University/higher degree	67	5.97 (1.68)	5.56	6.38			
Emotional neglect					3, 207	5.247	.002*
Primary school	52	11.40 (4.21)	10.23	12.58			
High school	90	9.97 (4.15)	9.10	10.84			
University/higher degree	67	8.54 (3.44)	7.70	9.38			
<hr/>							

Note. CI: confidential interval; LL= lower limit, UL = upper limit

\*  $p < .05$

**Table 3.7: One-Way ANOVA Results Showing the Mean RİDÖ Scores Differences in regard to Partner’s Education Level**

	N	M (SD)	95 % CI	
			LL	UL
High school	16	123.87 (68.24)	87.51	160.24
Vocational school	2	179.00 (140.00)	-1078.91	1436.91
University	156	114.82 (50.37)	106.85	122.79
Postgraduate	36	92.53 (39.64)	79.12	105.94
Total	210	112.3 (51.94)	105.23	119.37

*Note.* CI: confidential interval; LL= lower limit, UL = upper limit

One-Way ANOVA was performed to explore the relationship between the multiple types of abuse of victim and severity of adult victimization. The mean differences among non-abused, single type of abuse and multiple types of abuse of participants on total scores of adulthood abuse were found significant ( $F(2, 213) = 20.864, p = .000$ ). The mean differences of number of childhood abuse were stated in Table 3.8 (p. 59). Results of the Post-Hoc analysis (Tukey’s HSD) displayed that the severity of adulthood abuse for victims who are abused by multiple forms of childhood abuse is significantly different than non-abused and single type of abuse victims ( $p < .05$ ).

**Table 3.8: One-Way ANOVA Results Showing the mean RİDÖ score differences in regard to Being Non-Abused, Being subjected to Single Type of Childhood Abuse and Being Subjected to Multiple Types of Childhood Abuse**

	M (SD)	95 % CI	
		LL	UL
Non-abused	95.2 (29.09)	88.72	101.67
Single type of abuse	97.80 (35.54)	88.10	107.50
Multiple types of abuse	140.69 (68.21)	125.51	155.87
Total	112.86 (53.10)	105.71	120.01

*Note.* CI: confidential interval; LL= lower limit, UL = upper limit

A stepwise multiple Regression analysis was conducted to obtain a prediction equation to explain the variance in partner abuse scores (RİDÖ). The stepwise multiple regression analysis was performed two times with different combination of childhood abuse. In the first application, the following variables have been entered in the analysis: total scores of childhood maltreatment (CTQ total scores), participants' age, education, place of origin, parents' education level, current relationship status, sexual status, education and age of partner. It was found that, childhood maltreatment, education of father and education of partner were significantly related to adulthood abuse ( $F(3, 123) = 109.71, p < .001$ ) Childhood maltreatment, education of father and education of partner explained 73 % of the total variance in RİDÖ scores with 95 % confidence limit ( $R^2 = .228, R^2_{Adjusted} = .726$ ). In the coefficient table most powerful predictor was displayed as the childhood abuse ( $\beta = .805, t(213) = 16.74, p < .001$ ). The other significant predictors that explain the variance in RİDÖ scores are shown in Table 3.9 (p. 60).

**Table 3.9: Summary of Stepwise Multiple Regression Analyses Testing the Predictor Variables of Adulthood Abuse**

**Dependent Variable: RİDÖ (partner abuse scores)**

	B	SE(B)	$\beta$	t	R <sup>2</sup>	$\Delta R^2$	F change
Model 1					.701	.699**	286.45
Constant	3.55						
Childhood abuse total	2.69	.159	.837	16.93			
Model 2					.717	.713**	6.80
Constant	-33.73						
Childhood abuse total	2.66	.155	.828	17.07			
Education of father	7.07	2.71	.126	2.61			
Model 3					.733	.726**	7.02
Constant	1.15						
Childhood abuse total	2.59	.155	.805	16.74			
Education of father	-11.74	4.43	-.128	-2.65			
Education of partner							

Note. Child abuse was entered into the analysis as a single variable \*\*p < .001

A second application of Stepwise Multiple Regression analysis was applied to study the effect of different types of childhood maltreatment separately on the partner abuse (RİDÖ scores). The variables that were entered in the analysis to investigate the variance in RİDÖ are as follows: CTQ-physical, CTQ-emotional, CTQ-sexual,

CTQ-physical neglect, CTQ-emotional neglect, participant's age, education, place of origin, parents' education level, current relationship status, sexual status, education and age of partner. Results showed that, childhood physical neglect, education of father, place of origin and childhood emotional abuse were significant predictors of partner abuse ( $F(4, 123) = 95.09, p < .001$ ). These four predictors explained 75 % of the total variance in RİDÖ scores ( $R^2 = .762, R^2_{Adjusted} = .754$ ). In the coefficient table, childhood physical neglect was displayed as the most powerful predictor ( $\beta = .583, t(213) = 7.25, p < .001$ ). The other significant predictors that explain the variance in RİDÖ scores are shown in Table 3.10 (p. 62).

**Table 3.10: Summary of Stepwise Multiple Regression Analyses Testing the Predictor Variables of Adulthood Abuse**

**Dependent Variable: RİDÖ (partner abuse scores)**

	B	SE(B)	$\beta$	t	R <sup>2</sup>	$\Delta R^2$	F change
Model 1					.702	.700**	287.39
Constant	22.24						
Childhood physical neglect	11.99	.707	.838	16.95			
Model 2					.727	.723**	11.168
Constant	-25.54						
Childhood physical neglect	11.91	.680	.832	17.51			
Education of father	8.88	2.65	.159	3.34			
Model 3					.747	.741**	9.650
Constant	-35.95						
Childhood physical neglect	10.66	.770	.745	13.84			
Education of father	8.84	2.56	.158	3.44			
Place of origin	-14.81	4.76	-.167	-3.11			
Model 4					.762	.754***	7.093
Constant	-33.82						
Childhood physical neglect	8.34	1.15	.58	7.25			
Education of father	7.87	2.53	.14	3.11			
Place of origin	13.51	4.68	.15	2.89			
Childhood emotional abuse	2.55	.96	.21	2.66			

Note. Childhood physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect have been entered into the analysis as separate variables indicating separate types of childhood maltreatment; \*\*p < .001 (two-tailed)

## **CHAPTER 4**

### **DISCUSSION, LIMITATIONS and CONCLUSION**

Childhood abuse is a serious problem due to its both short- and long-term consequences on victims throughout their lives. Based on the existing literature, it is evident that maltreated children's development has been affected psychologically and physically (UNICEF Türkiye & SHÇEK, 2010). The reflections of these traumatic experiences are observed on the interpersonal relationships in adulthood (Briere & Elliot, 1994). Usually, the studies about child maltreatment have remained limited to prevalence studies, especially in Turkey. The abuse and neglect have been studied to determine the descriptive characteristics by surveys with regional samples (Öztürk Kılıç, 1993). Even though the short- and long-term influences of childhood maltreatment on victims' adult lives have been investigated by several researches; the reasons and antecedents of maltreatment, which was experienced in both childhood and adulthood, have not become a popular research subject. Based on an exhaustive review of the existing literature, present study proposed to test the link between childhood abuse experiences and later victimization in adult romantic relationships and attempted to identify the predictors of victimization in adult romantic relationships.

In Turkey partner abuse and family violence are topics which are highly significant in public agenda and in government programs in the last decade. There are recent changes in the law which aims to protect the family members from violence and



abuse (Code 6284, <http://www.resmigazete.gov.tr/eskiler/2012/03/20120320-16.htm>). Based on the law there are Violence Monitoring Centers to be opened up bound to Ministry for Family and Social Policies. These centers will be responsible of monitor the measures that were taken to protect victims of violence or family members who were at risk of domestic violence. At the same time, in the law these centers were said to be responsible of developing educational material and conducting research as well as gathering the existing research on domestic violence, victim and perpetrator characteristics. The findings of the present study shed a light upon the predictors of partner abuse, which are important to detect women under risk and taking preemptive measures.

Although several explanation models of revictimization state the continuity of victimization from childhood to adulthood, in the reviewed literature, a limited number of empirical researches on the issue were found (Arata, 2002; Bundrick, 1999; Larsen, Sandberg, Harper, & Bean, 2011; Finkelhor & Browne, 1985). One of the main purposes of the study was to test the prediction that whether abused children grow up to be abused adults in their romantic relationships. Analysis of the present data supported the earlier findings (Arata, 2002) as showing a strong association between childhood maltreatment and adult victimization. Arata (2002), also demonstrated associations among all forms of childhood maltreatment and adult victimization and claimed that the women who had been sexually abused during childhood were 1.5 to 2.5 times more likely to be revictimized in their adult relationships in comparison to women who have never been sexually abused. The present study demonstrated a parallel finding in a sample group of women in their twenties, from Turkey. Demonstrating the relationship between childhood abuse and

partner abuse in adulthood, other predictors of partner abuse were explored in the present study. Amongst a number of variables, childhood maltreatment was the most powerful predictor of partner abuse in adulthood. It, alone, explains 70 % of variance in being subjected to partner abuse. This strong association can be explained from the theoretical perspective of cognitive schemas model (Young, 2009). The maltreated individuals in childhood, who have blamed themselves for abuse or neglect, may put themselves in situations which lead to revictimization in adulthood. As discussed earlier, the schemas of abused victims were cognitively distorted in the direction of mistrust, abuse and punitiveness. According to these cognitive distortions, they expect that others will hurt, abuse, humiliate, deceive, manipulate and take advantage from them intentionally as like in childhood. The abuse victims interpret the relationship as eventually end up with abandonment due to partner's cheatings and manipulations. Another schema that is possible held by maltreated children is about punishment; people who make mistakes have to be punished and do not deserve to be forgiven. Considering these maladaptive schemas, the revictimization can be inevitable for childhood abuse survivors in their adult relationships. Moreover, the childhood abuse victims develop the sense of helplessness and hopelessness following after the trauma, and therefore the trust of others and self-worth were impaired due to self-blaming and underestimating their self-efficacy (Briere & Elliott, 1994). Then, if the survivor of childhood trauma is revictimized by her romantic partner, she probably will adapt to the situation as perceiving oneself as powerless and helpless just like she was when childhood abuse has taken place.

Aberle (2001) explained his findings with Seligman's learned helplessness model as discussed earlier in the present study. Aberle (2001) argued that childhood abuse and neglect victims can not protect themselves from unwanted and violent acts due to their acknowledgement of powerlessness even when they are adults. Findings of the present study can be explained with a similar line of thought survivors of child abuse and neglect possibly see the revictimization as a part of their lives (Aberle, 2001).

In addition to childhood maltreatment, education of father and education of partner, altogether, were found to explain 73 % of the total variance in being subjected to partner violence. Although these two variables have a little impact on the prediction equation, they are still needs to be explained. In the reviewed literature, crime is usually said to be the problem of lower socio-economical groups within a given society. Abuse and violence, as antisocial acts, can be explained in line with the existing research on the relationship between socio-economical status and criminal conduct (Howitt, 2006). Lower education is associated with having less paid jobs, and facing with more challenging economical and social stressors. Life stressors are linked to the quality of parenting as well as domestic violence (Harrower, 2003). In parallel, Nelson (1984) has suggested that child abuse is a social problem and cannot be understood without its social context.

Considering the existing literature, another explanation for the similarity of father's and partner's education may be provided by "early learning theory" which was mentioned by Gelinas (as cited in Aberle, 2001). As discussed earlier, difficulties in interpersonal relationships can be caused by early childhood abuse, which affect the revictimization in adult relationships. Abused individuals learn how to build and

maintain relationships from parents, even though they are abusive. In this case, negative attributions about self, world and future lead to become more vulnerable to abuse again in adult relationships; because they learned once that the violence and abuse is one of the ways of building relationships (Aberle, 2001).

Additionally, it was demonstrated that if their fathers' and partners' education levels are similar, the childhood abuse survivors are more likely to be revictimized in their romantic relationships; since education level of person can be thought as effective in individuals' characteristics and behaviors. However, the selection of partner with similar qualities with the abusive parent can be explained by the theory of repetition compulsion, as well (Freud, as cited in Davies and Frawley, 1994). The individual, who experienced the traumatic events like abuse in childhood which has been repressed, repeats the same patterns in adult relationships unconsciously or finding irrelevant explanations.

Finding both father's and partner's level of education is effective in the presence of abuse; but the results did not support completely the earlier research about socioeconomic class and violence; likewise psychoanalytic theories did not support the recent results. It was expected based on the reviewed literature that, girls have been abused in families who have less income and experiencing more stressful life conditions on the side of the parents and consequently they selected or were selected by men with similar conditions. In other words, based on the association between the recent significant results and theoretical perspective of psychoanalysis, it can not be possible to declare as like Carey (1997) stated that abuse survivor seeks out the

similar conditions with earlier negative experiences in their later adult relationships which would cause victimization once again.

Inconsistent with the existing literature as summarized above, this is a remarkable finding that as the education level of father higher, individual's victimization becomes more severe. In the contrary, as the partner's education degree gets lower, the severity of individual's victimization becomes higher. It was possible to further investigate the relationship between father's education level of victim and partner abuse as using a stratified sample to detect possible different patterns of partner abuse for various socioeconomic levels. Besides, an important limitation of the study has to be underlined here; it is possible that most of the participants and their partners are still students and are not economically independent of their own parents. If there were more participants who were married in the sample group, it would have been possible to rely upon the explanation about socioeconomic status and partner abuse. On the other hand it should be kept in mind that, abuse and violence are known to be problems of all segments in society (Bartol & Bartol, 2008; Harrower, 2003, Howitt, 2006, Pelletier & Handy, 1999).

In the next stage of analyses, types of childhood maltreatment were explored separately with respect to their prediction value on partner abuse. Results showed that, childhood physical neglect, education of father, place of origin and childhood emotional abuse altogether explained 76 % of the variance in partner abuse scores. Moreover, physical neglect was the strongest predictor of partner abuse, It, alone, explains 70% of variance in being subjected to partner abuse. The other predictors of partner abuse gave considerable contributions in sequence of education of father,

place of origin and childhood emotional abuse. As supported to the psychodynamic theories (Klein, as cited in Mitchell & Black, 2012), childhood physical neglect was displayed as most powerful predictor of adulthood abuse in recent results. The physically neglected children internalized the bad objects, who did not supply the children's basic needs, and then they accept the negligent parents as good object and take the responsibility of badness on self. As additionally to Klein's theory, Fairbairn developed the idea of splitting the good and bad (as cited in Mitchell and Black, 2012). The neglected children attached other people like romantic and sexual partner as the way of learned from negligent parents. In other words, the basics of relations are internalized in early childhood, even though they were abusive and neglectful; and they are carried towards into adult relationships. In the case of abusive relationships, the individual tries to build violence patterned relations as like in childhood (Fairbairn, as cited in Mitchell and Black, 2012).

Finding emotional abuse as one of the significant predictors of partner abuse is a remarkable finding. Bernstein (2002) has claimed that emotional abuse is the "core of child maltreatment". In the current research, it was shown that childhood maltreatment displays continuity through adult victimization. Furthermore, it was hypothesized that, if the emotional abuse is the core of maltreatment, then it would predict the partner abuse confidently. Although it was found to affect the variance in partner abuse scores, its impact was found to be much less than physical neglect. Emotional abuse explains 75 % of the variance in partner abuse with physical neglect, education level of father and place of origin. Despite its lower but significant effect on partner abuse, it deserves a short discussion in this section. World Health Organization (WHO, 2014) defined emotional abuse as all acts that result in a failure

to provide a sufficient and appropriate environment for the child's psychological, social, mental and intellectual development. The acts of rejecting and berating damage directly the child's self-esteem and self-worth (Ney, 1987, as cited in Riggs & Kaminsky, 2010). As demonstrated by several authors, (Garbarino, 1978; Riggs & Kaminski, 2010), the childhood emotional abuse affects the child's emotional well being and sense of efficacy; also emotionally maltreated children display problems such as interpersonal sensitivity and relationship difficulties in adulthood. In an earlier study by Wind & Silvern (1994), it was reported that emotional abuse survivors displayed low self-esteem in adulthood. Consistent with the aforementioned findings on the long term consequences of emotional abuse, present results showed that childhood emotional abuse is an important antecedent of victimization in adult romantic relationships. The findings on the long-term consequences of emotional abuse, including the findings of the present research may be explained by the model proposed by Gold, Sinclair and Balge (1999). According to the model, known as GSB model, abused individuals are at greater risk for revictimization in adulthood, because they use the negative cognitive attributions that were formed as a result of earlier negative life events, like abuse and neglect. These distorted attributions last throughout their lives, unless treated.

As considering the results, the childhood victims who were living in county/town experienced the childhood abuse more severe than who were living in metropolitan/city. This result supports the cultural and sociological explanations. The concepts of childhood abuse and neglect vary across cultures and every society assigns its own term of childhood maltreatment based on their own conceptions and traditions (Kozcu, 1989; Parke & Colimer, 1975; Ferrari, 2002). As considering the

study which was conducted with participants who came from Turkey's different regions; another study would be consisted with recent results. Hortaçsu, Kalaycıoğlu, Rittersberger Tılıç (2003) stated that childhood maltreatment generally occurs in the relationship between mother and child; the abuse was believed to be an acceptable in mother-child relationship in Turkish culture where obedience and control are the basics of parent-child relationship dynamics. The emotional abuse is observed mostly in the families demonstrate strict and rigid authority, using beating as a method of discipline, overprotection, excessive criticism, excessive interest, extreme neglect (Erkman & Alantar, 1988). In smaller towns, the cultural norms are more conserved than bigger cities. Based on the association between recent results and perspective of learning theory (Gelinas, as cited in Aberle, 2001), it is possible to indicate that the victim accepts almost all the cultural norms and moral practices in childhood throughout the adulthood. For this reason, childhood maltreatment can predict the later victimization in adulthood more possibility based on victims' place of origin.

In the present study the third hypotheses to be tested was whether women who were subjected to multiple types of childhood abuse would display higher scores of partner abuse indicating more severe/more incidents of partner abuse. In the present study, the term of multiple types of abuse was defined as being subjected to more than one type of childhood abuse. Earlier, Ellis, Atkeson and Colhoun (as cited in, Aberle, 2001) has demonstrated that multiple types of abused women displayed more psychological problems like greater hostility, fewer social and sexual relationships, depression and anxiety than single type-incident victims. In line with Ellis and colleagues findings, we expected that women who were subjected to different types of maltreatment would be in a more victimized situation with their romantic partners,



more than the victims of only one type of abuse. Similar with the earlier findings, present study revealed that multiple types of abuse survivors not only display more serious intrapersonal and interpersonal problems, they are in a more victimized position with their adult partners. This finding is important in order to screen out the women who are at higher risk of being victimized by their partners. Some preventive measures can be taken by the authorities and professionals who work with women and children who were victims of violence.

Finally, the limitations in the present study should be mentioned and the recent results have to be considered within the context of these limitations. In spite of the fact that, childhood maltreatment and adulthood abuse are considered to be sensitive and private issues, self-administered questionnaires may not provide accurate answers. Such inaccuracies could be a result of unconscious defenses which was determined based on the theory of psychoanalysis like denial and repression. Besides, the inaccurate answers could cause by social desirability bias and cultural norms. At the same time, the participants might have also subjective biases in reporting childhood maltreatment, due to retrospective measurements. The memories about childhood, even if they were unpleasant and abusive, could be partially or totally distorted, due to false remembering or being afraid of self-disclosure.

Another limitation of the present study can be about the data collection method. As the survey's internet link was presented in a variety of public forums including women forums, it is possible that some women who are sensitive to issues like partner abuse more than an "average citizen" have responded the questionnaires. Although the present study does not claim any descriptive or epidemiological

features about childhood maltreatment and partner abuse, such uncontrollable (by the researcher) characteristics of the sample group might have yielded biased responses. Another limitation of the study is about generalizability of the sample that included the young women in their twenties and having a committed relationship at least 6 months. Majority of the sample were students and assumed to be not having economical independence from their families. Having professional and/or married older women in the sample would have resulted in quite different findings.

In the future studies, limitations of recent study should be considered; since the further studies have to be enriched and their arguments will be extended. Specifically, as mentioned in limitations, other instruments would be added into the instruments to study the psychological defense mechanisms. In the assessment of partner abuse open-ended questions would provide more enriched data.

Moreover, the recent study investigated the hypotheses with participation of young adult women. As the romantic relationships are experienced during all stages of life, future researches could be conducted with other age groups as well. Besides, another important point for future studies would be the gender theme. Male aggression and abuse would be inquired with samples consisting of men. Additionally, for supporting the current results about place of origin, the study would be reshaped by comprehensive samples from different regions of the country.

*Romantic Relationship Assessment Scale* (Romantik İlişkiyi Değerlendirme Ölçeği, RİDÖ, Kılınçer, 2012) is a unidimensional assessment tool which measures the presence of partner abuse and its severity. There is a need for multi-dimensional

scales which measures various types of partner abuse separately. Thus, direct and specific relationships among all forms of childhood and adulthood abuse will be understood more in detail.

In conclusion, present study showed that childhood abuse and neglect was strongly associated with partner abuse. Specifically, partner abuse was predicted by childhood maltreatment. When the predictors were studied in detail, physical neglect, education level of father, education level of partner, place of origin and emotional abuse predicted partner abuse, as well. When these findings were interpreted in line with the existing literature, a different pattern that requires further research has emerged; higher education of the fathers is associated with more serious partner abuse. This is a finding to be clarified with further research. Finally, experiences of multiple types of childhood abuse result in more serious partner abuse, and this is a finding that has possible implications for the identification of risk groups for domestic violence. The findings of the present study, together with the aforementioned limitations are hoped to shed a light upon a currently popular subject of public agenda.

## CHAPTER 5

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## **APPENDICES**

## APPENDIX A: THE INFORMED CONSENT FORM OF SURVEY

Değerli Katılımcı,

Bu çalışma, Bahçeşehir Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi olan C. Ece Konuralp tarafından, Doç. Dr. Aslı Akdaş Mitrani danışmanlığında yüksek lisans tezi kapsamında yürütülmektedir. Çalışmanın amacı, çocukluk çağı şiddet deneyimlerinin yetişkin romantik ilişkilerinde tekrarlama ihtimalini araştırmaktır.

Çalışma üç bölümden oluşmaktadır. İlk bölümde 18 yaşından önceki çocukluk ve ergenlik dönemi deneyimleriniz ile ilgili sorular bulunmaktadır. Bu soruları cevaplarken o döneminizi göz önünde bulundurmanız önemlidir. İkinci bölümdeki sorular, içinde bulunduğunuz romantik ilişkinizdeki yaşantılarınız ile ilgili olup; flört, nişanlılık, evlilik durumlarını içermektedir. En az 6 aylık ilişkinizi göz önünde bulundurmanız gerekmektedir. Son bölümde ise, sizinle ilgili bazı demografik bilgiler istenecektir.

Bu çalışma kapsamında verecek olduğunuz bilgiler tamamen gizli kalacaktır. Çalışmaya katılım tamamen gönüllülük esasına dayalıdır. Araştırma konusu itibariyle hassas sorular içerebilir. Bu nedenle cevaplamak istemediğiniz sorular ile karşılaşılırsanız, soruları cevaplamayı durdurabilir veya bu soruları atlayabilirsiniz. Ancak, yarım kalmış ya da çoğu soruların cevapsız bırakıldığı anketlerden elde edilen verilerin kullanılması mümkün olmadığından, anketi elinizden geldiğince boş bırakmadan tamamlamanız çok önemlidir.

Araştırma hakkında daha fazla bilgi almak isterseniz ya da anket ile ilgili sormak istedikleriniz olursa [cekonuralp@gmail.com](mailto:cekonuralp@gmail.com) mail adresinden çalışmayı yürüten Psikolog C. Ece Konuralp'e ulaşabilirsiniz.

Katılımınız için teşekkür ederiz.



## APPENDIX B: THE CHILDHOOD TRAUMA QUESTIONNAIRE (CTQ)

Bu sorular **çocukluğunuzda ve ilk gençliğinizde (18 yaşından önce)** başınıza gelmiş olabilecek bazı olaylar hakkındadır. Her bir soru için sizin durumunuza uyan rakamı daire içersine alarak işaretleyiniz. Sorulardan bazıları özel yaşamınızla ilgilidir; lütfen elinizden geldiğince gerçeğe uygun yanıt veriniz. Değerlendirme 1 (Hiçbir zaman) ile 5 (Çok sık) arasındadır. Yanıtlarınız gizli tutulacaktır.

1. Hiç Bir Zaman      2. Nadiren      3. Kimi zaman      4. Sık olarak      5. Çok sık

Çocukluğumda ya da ilk gençliğimde...

1. Evde yeterli yemek olmadığından aç kalırdım.	1	2	3	4	5
2. Benim bakımımı ve güvenliğimi üstlenen birinin olduğunu biliyordum.	1	2	3	4	5
3. Ailemdelikler bana “salak”, “beceriksiz” ya da “tipsiz” gibi sıfatlarla seslenirlerdi	1	2	3	4	5
4. Anne ve babam ailelerine bakamayacak kadar sıklıkla sarhoş olur ya da uyuşturucu alırlardı.	1	2	3	4	5
5. Ailemde önemli ve özel biri olduğum duygusunu hissetmeme yardımcı olan biri vardı.	1	2	3	4	5
6. Yırtık, sökük ya da kirli giysiler içersinde dolaşmak zorunda kalırdım.	1	2	3	4	5
7. Sevdiğimi hissediyordum.	1	2	3	4	5
8. Anne ve babamın benim doğmuş olmamı istemediklerini düşünüyordum.	1	2	3	4	5
9. Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.	1	2	3	4	5
10. Ailemde başka türlü olmasını istediğim bir şey yoktu.	1	2	3	4	5

11. Ailemdelikler bana o kadar Őiddetle vuruyorlardı ki vucudumda morartı ya da sıyrıklar oluyordu.	1	2	3	4	5
12. KayıŐ, sopa, kordon ya da baŐka sert bir cisimle vurularak cezalandırılıyordum.	1	2	3	4	5
13. Ailemdelikler birbirlerine ilgi gosterirlerdi.	1	2	3	4	5
14. Ailemdelikler bana kırıcı ya da saldırganca Őzler Őylerlerdi.	1	2	3	4	5
15. Vucutça kŐtuye kullanılmıŐ olduĐuma (dŐvulme, itilip kakılma vb.) inanıyorum.	1	2	3	4	5
16. ŐocukluĐum mükemmeldi.	1	2	3	4	5
17. Bana o kadar kŐtŐ vuruluyor ya da dŐvŐluyordum ki ŐĐretmen, komŐu ya da bir doktorun bunu fark ettiĐi oluyordu.	1	2	3	4	5
18. Ailemde birisi benden nefret ederdi.	1	2	3	4	5
19. Ailemdelikler kendilerini birbirlerine yakın hissederlerdi.	1	2	3	4	5
20. Birisi bana cinsel amaçla dokundu ya da kendisine dokunmamı istedi.	1	2	3	4	5
21. Kendisi ile cinsel temas kurmadıĐım takdirde beni yaralamakla ya da benim hakkımda yalanlar Őylemekle tehdit eden birisi vardı.	1	2	3	4	5
22. Benim ailem dŐnyanın en iyisiydi.	1	2	3	4	5
23. Birisi beni cinsel Őeyler yapmaya ya da cinsel Őeylere bakmaya zorladı.	1	2	3	4	5
24. Birisi bana cinsel tacizde bulundu.	1	2	3	4	5
25. Duygusal bakımdan kŐtuye kullanılmıŐ olduĐuma (hakaret, aŐaĐılama vb.) inanıyorum.	1	2	3	4	5
26. İhtiyacım olduĐunda beni doktora gŐtŐrecek birisi vardı.	1	2	3	4	5
27. Cinsel bakımdan kŐtuye kullanılmıŐ olduĐuma inanıyorum.	1	2	3	4	5
28. Ailem benim iĐin bir gŐç ve destek kaynaĐı idi.	1	2	3	4	5

## APPENDIX C: ROMANTIC RELATIONSHIP ASSESSMENT SCALE

### (RİDÖ)

Aşağıda **romantik ilişki** yaşadığımız kız / erkek arkadaşımızın size yönelik davranışlarına ilişkin ifadeler bulunmaktadır. Aşağıdaki soruları **en az 6 aydır birlikte** olduğunuz; kişiyi düşünerek cevaplandırınız. **Eğer şu andaki ilişkiniz 6 aydan daha kısa süredir devam ediyorsa; en az 6 ay sürmüş bir ilişkinizi göz önüne alınız.**

Lütfen kız / erkek arkadaşımızın size bu davranışları hangi sıklıkta yaptığını düşününüz. Maddede yer alan davranışa hiç maruz kalmıyorsanız “hiçbir zaman” seçeneğini işaretleyiniz. Maddedeki davranışa maruz kalıyorsanız, bunun sıklığını düşünerek “nadiren, bazen, sıklıkla ve çok Sık” seçeneklerinden uygun olanı işaretleyiniz. Lütfen içten ve samimi olarak yanıt veriniz ve **hiçbir maddeyi boş bırakmayınız.**

MADDELER	HIÇBİR ZAMAN	NADİREN	BAZEN	SIKLIKLA	ÇOK SIK
1. Başkalarının yanında beni küçümser.	( )	( )	( )	( )	( )
2. Aldığım kararları eleştirir.	( )	( )	( )	( )	( )
3. Fiziksel özelliklerimle alay eder.	( )	( )	( )	( )	( )
4. Bana hoşlanmadığım isimler (kilolu, kısa vb.) takar.	( )	( )	( )	( )	( )
5. Bana tokat atar.	( )	( )	( )	( )	( )
6. İstemediğim cinsel davranışlarda bulunmam için beni zorlar.	( )	( )	( )	( )	( )
7. Çekici olmadığımı söyler.	( )	( )	( )	( )	( )
8. İsteklerini yerine getirmezssem ilişkiyi bitirmekle tehdit eder.	( )	( )	( )	( )	( )

9. Arkadaşlarımla sosyal etkinliklere katılmamdan rahatsız olur.	( )	( )	( )	( )	( )
10. Görüşlerini kabul etmediğim zaman çok sinirlenir.	( )	( )	( )	( )	( )
11. Herhangi bir nesneyle canımı acıtır.	( )	( )	( )	( )	( )
12. Cinsel olarak yaşadıklarımızı aileme söylemekle tehdit eder.	( )	( )	( )	( )	( )
13. Başarılarımı takdir etmez.	( )	( )	( )	( )	( )
14. Bana sevgi sözcükleri kullanmaktan kaçınır.	( )	( )	( )	( )	( )
15. Bana küfreder.	( )	( )	( )	( )	( )
16. Bana hakaret eder.	( )	( )	( )	( )	( )
17. Beni şiddetle iter.	( )	( )	( )	( )	( )
18. Ona bağlanmam için cinselliği bir araç olarak kullanır.	( )	( )	( )	( )	( )
19. İsteklerini koşulsuz olarak kabul etmemi bekler.	( )	( )	( )	( )	( )
20. İzin almadan özel eşyalarımı (çanta, günlük vb.) karıştırır.	( )	( )	( )	( )	( )
21. Benim için en iyisini kendisinin bildiğini savunur.	( )	( )	( )	( )	( )
22. Cinsel sınırlarıma saygı duymaz.	( )	( )	( )	( )	( )
23. Yeteneklerimi küçümser.	( )	( )	( )	( )	( )
24. Kapalı bir mekânda beni zorla alıkoyar.	( )	( )	( )	( )	( )
25. Beni başkalarına şikâyet eder.	( )	( )	( )	( )	( )
26. Onun onaylamadığı bir karar verdiğimde sinirlenir.	( )	( )	( )	( )	( )
27. Beni yumruklar.	( )	( )	( )	( )	( )
28. Rahatsız edici cinsel içerikli mesaj veya e-posta gönderir.	( )	( )	( )	( )	( )
29. Bana bağırır.	( )	( )	( )	( )	( )
30. Beni dövmele tehdit eder.	( )	( )	( )	( )	( )
31. Beni hemcinslerimle kıyaslar.	( )	( )	( )	( )	( )
32. Bana emreder.	( )	( )	( )	( )	( )

33. Beni şiddetli bir şekilde sarsar.	( )	( )	( )	( )	( )
34. Gizlice özel görüntülerimizi kaydeder.	( )	( )	( )	( )	( )
35. Fikirlerini kabul ettirmek için baskı kurar.	( )	( )	( )	( )	( )
36. Sorunlarıma ilgi göstermez.	( )	( )	( )	( )	( )
37. Bana kızdığında sevgi göstermeyerek cezalandırır.	( )	( )	( )	( )	( )
38. Kişisel planlarıma müdahale eder.	( )	( )	( )	( )	( )
39. Beni cinsel bir obje gibi görür.	( )	( )	( )	( )	( )
40. Bilgisayarımı veya kişisel iletişim araçlarımı (MSN-facebook-cep telefonu) kontrol eder.	( )	( )	( )	( )	( )
41. Kendime ait sırlarım olmasına tahammül edemez.	( )	( )	( )	( )	( )
42. Karşı cinsle arkadaşlık kurmamdan rahatsız olur.	( )	( )	( )	( )	( )
43. Kendisinin olmadığı bir sosyal etkinliğe katılmamı sorun eder.	( )	( )	( )	( )	( )
44. Boğazımı sıkar.	( )	( )	( )	( )	( )
45. Kıyafet-saç veya makyajıma karışır.	( )	( )	( )	( )	( )
46. Başarısızlıklarımı yüzüme vurur.	( )	( )	( )	( )	( )
47. Arkadaşlarımla görüşmemi engeller.	( )	( )	( )	( )	( )
48. Tüm serbest zamanlarımı onunla geçirmem için beni zorlar.	( )	( )	( )	( )	( )
49. Silah veya bıçakla zarar vermeye kalkışır.	( )	( )	( )	( )	( )
50. İstemediğim halde pornografik görüntüler izlememizi talep eder.	( )	( )	( )	( )	( )
51. Hakkımda bildiklerini başkalarına söylemekle tehdit eder.	( )	( )	( )	( )	( )
52. Onsuz hiçbir şey yapamayacağımı söyler.	( )	( )	( )	( )	( )
53. Bilgi yönünden beni küçümser.	( )	( )	( )	( )	( )
54. Başkalarının yanında beni eleştirir.	( )	( )	( )	( )	( )
55. Bana tehlikeli maddeler fırlatır.	( )	( )	( )	( )	( )

56. İstemediğim halde cinsel bölgelerime dokunur.	( )	( )	( )	( )	( )
57. Hoşlandığım etkinlikleri yapmaktan alıkoyar.	( )	( )	( )	( )	( )
58. Ayrılırsam kendine zarar vereceğini söyler.	( )	( )	( )	( )	( )
59. Arkadaş ortamında ben yokmuşum gibi davranır.	( )	( )	( )	( )	( )
60. Beni yeterince takdir etmez.	( )	( )	( )	( )	( )
61. Parmaklarımı veya kollarımı büker.	( )	( )	( )	( )	( )
62. Özel görüntülerimizi beni tehdit etmek için kullanır.	( )	( )	( )	( )	( )
63. Bana verdiği sözleri yerine getirmeye çalışmaz.	( )	( )	( )	( )	( )
64. Beni aldatır.	( )	( )	( )	( )	( )
65. Ailemi bana kötüler.	( )	( )	( )	( )	( )
66. Arkadaşlarımı beğenmez.	( )	( )	( )	( )	( )
67. Beni öldürmek ister gibi davranır.	( )	( )	( )	( )	( )
68. Beni sevdiğini göstermez.	( )	( )	( )	( )	( )
69. Bana yalan söyler.	( )	( )	( )	( )	( )
70. Benim için önemli olan eşyalara zarar verir.	( )	( )	( )	( )	( )

## APPENDIX D: THE BACKGROUND INFORMATION QUESTIONNAIRE

A. CİNSİYETİNİZ KADIN \_\_\_\_ ERKEK \_\_\_\_

B. DOĞUM YILINIZ \_\_\_\_

C. EĞİTİM DURUMUNUZ

Okur yazar		Meslek yüksekokulu	
İlkokul		Üniversite (lisans)	
Ortaokul		Yüksek Lisans	
Lise		Doktora	
Diğer			

D. HAYATINIZDA EN ÇOK YAŞADIĞINIZ YER

Büyük şehir	Kasaba
İlçe	Köy

E. AİLENİZİN KİMLERDEN OLUŞTUĞUNU BELİRTİNİZ

Anne, baba, çocuklar		Baba, çocuklar	
Anne, çocuklar		Anne, baba, çocuklar, ebeveynlerin ebeveynleri	
Diğer			

F. EĞİTİM DURUMLARI

	Anne	Baba
Okur/yazar değil		
Okur/yazar		
İlkokul		

Ortaokul		
Lise		
Üniversite		
Yüksek Lisans		
Doktora		

#### G. ANNE VE BABANIZIN BİRLİKTELİK DURUMU

Evli ve birlikte	
Evli ama ayrı yaşıyor	(ne zamandır?)
Boşanmış	(ne zaman?)
Anne veya babadan biri hayatta değil	( Ne zaman? )
İkisi de hayatta değil	(Ne zamandır?)

#### H. İLİŞKİ DURUMUNUZ

Evliyim ( _____ zamandır)	
Çocuğum var / yok.	
Boşandım / boşanma sürecindeyim.	
Devam etmekte olan romantik bir ilişkim var.	
Devam etmekte olan romantik bir ilişkim yok.	
Hiç ilişkim olmadı.	

#### İ. Romantik bir ilişki içindeyseniz;

Birlikte olduğunuz kişinin cinsiyeti nedir?

Kadın  Erkek

Ne kadar zamandır birliktesiniz?

Birlikteliğinizde seksüel açıdan aktif misiniz? E / H

Partnerinizin eğitim durumu nedir? \_\_\_\_\_

Partnerinizin yaşı kaçtır?



## CURRICULUM VITAE (ÖZGEÇMİŞ)

**Adı Soyadı :** Cansu Ece Konuralp

**Sürekli Adresi :** Mehmet Akif Mah., Ümraniye, İstanbul

**Doğum Yeri ve Yılı :** İstanbul, 17.04.1990

Yabancı Dili : İngilizce

**İlk Öğretim ve Orta Öğretim :** Göztepe İlköğretim Okulu (2004)

**Lise :** Üsküdar Anadolu Lisesi (2008)

**Lisans :** Bahçeşehir Üniversitesi Fen-Edebiyat Fakültesi Psikoloji Bölümü (2012)

**Yüksek Lisans :** Bahçeşehir Üniversitesi Sosyal Bilimler Enstitüsü Klinik Psikoloji

Programı (tahmini mezuniyet yılı 2014)

**Çalışma Hayatı :**

Be Positive (B+) Bireysel Danışmanlık Merkezi (2014 - ...)

Surp Pırgıç Ermeni Hastanesi, Psikiyatri ve Psikoloji Kliniği, Saatçi ve Tarver Servisleri (Klinik Psikolog Stajyeri, Eylül 2013-...)

Dokuz Nokta Danışmanlık Merkezi (Psikolog, 2012 – 2014)

Doğa Koleji Bostancı ve Ataşehir Kampüsleri Lise Kademesi (Psikolog, 2012-2013 Eğitim Yılı)

Empati Özel Eğitim ve Rehabilitasyon Merkezi (Ağustos 2012 - Aralık 2012)

Arkabahçe Psikolojik Gelişim, Eğitim ve Danışmanlık Merkezi (Stajyer Psikolog, Ocak 2012 – Nisan 2012)