

The Correlation of Childhood Physical Abuse History and Later Abuse in a Group of Turkish Population

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Abstract

Domestic violence is passed from one generation to the next, and it affects not only the victim but also the psychological states of the witnesses, and especially the psychosocial development of children. Studies have reported that those who have been the victim of or witnessing violence during their childhood will use violence to a greater extent as adults in their own families. This research examines the relationships between a history of childhood physical abuse, likelihood of psychiatric diagnoses, and potential for being a perpetrator of childhood physical abuse in adulthood among women who received psychiatric treatment and in the healthy population from Turkey. Estimates of the prevalence of childhood physical abuse vary depending on definition and setting. The frequency of witnessing and undergoing physical

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abuse within the family during childhood is much higher in the psychiatrically disordered group than the healthy controls. Childhood physical abuse history is one of the major risk factors for being an abuser in adulthood. The best indicator of physically abusing one's own children was found to be as physical abuse during the childhood period rather than psychiatric diagnosis. There is a large body of research indicating that adults who have been abused as children are more likely to abuse their own children than adults without this history. This is an important study from the point of view that consequences of violence can span generations. Further studies with different risk factor and populations will help to identify different dimensions of the problem.

Keywords

childhood physical abuse, witnessing domestic violence, women, psychiatric patients, child abuse

Introduction

Childhood physical abuse history is accepted as a major risk factor for being an abuser in adulthood (Gelles, 1980; Vahip, 2002). On the other hand it could be a wrong hypothesis to accept all of the abusers as victims of any kind of abuse during their childhood years. Some investigators claim that being a witness of parents abusing each other, rather than the child himself, may be a significant risk factor for perpetrating abuse their children when they grow up and be parents themselves (Caykooylu, Ibiloglu, Potas, & Yılmaz, 2008; Coomaraswamy, 2000). Perpetuating factors are those that affect the family in a continuing or ongoing way. These include the characteristics and behavioral patterns of the parent or caregiver—lack of bonding with the baby, depression or other physical or mental health problems, alcohol/drug abuse, inadequate parenting skills, lack of impulse control, rigid thinking, low empathy, and unrealistic expectations of the child (World health organization [WHO], 2007).

Physical abuse has many short- and long-term negative consequences in the physical and psychological well-being of victims (Abbott, Johnson, Koziol-McLain, & Lowenstein, 1995; Coker, Smith, McKeown, & King, 2000; Graham-Bermann, & Seng, 2005; Stets, & Straus, 1990). The ratio of psychological disturbance was found to be as 59% in a group of women who were physical abuse victims (Altnay, & Arat, 2007). Family is the first holding and soothing environment of the children and its impact on the

personality development of human beings is a very well-known factor (WHO, 1999). The way of expressing ourselves is chiefly influenced by the way of the other family members toward each other. Any problem that is chronic and unsolved within the family could be a predictor of current and later psychological disturbances of the family members (Gelles, 1980; McCauley, Kern, Kolodner, Dill, & Schroeder, 1997). On the other hand, it would not be a perfect statement to believe that people grown in healthy families will not be later abusers in their adulthood (Caykoylu et al., 2008; Vahip, 2002).

Seventy-three percent of the South Asian and Middle Eastern sample, 65% of the East Asian sample, and 78% of the Latina sample reported experiencing at least one type of physical abuse. Significant differences in characteristics and perpetrators of abuse were found across groups (Maker, Shah, & Agha, 2005). Besides these, ratios are thought to be underestimated because of the difficulty of many families to report such an embarrassing event (Abbott et al., 1995; Caykoylu et al., 2008; Vahip, 2002). The finding that 55% of the families in Turkey report that physical abuse was never performed toward their children supports the former statement (Prime Ministry General Directorate of Women's Status, 2008).

A child growing up in an abusive household learns to solve his or her problems using violence, rather than through more peaceful means (Margolin, 1998). Some of the long-term effects may include copying his or her parental role models and behaving in similarly destructive ways in their adult relationships (Cohen, Hien, & Batchelder, 2008). Children may learn that it is acceptable to behave in a degrading way to other people, as they have seen this occur in the violent episodes they witnessed (Cohen et al., 2008; Gelles, 1980; Rivera, & Widom, 1990).

The behavioral and psychological consequences of growing up in a violent home can be just as devastating for children who are not directly abused themselves (Rivera, & Widom, 1990). Children who are exposed to violence often suffer symptoms of posttraumatic stress disorder, such as bed-wetting or nightmares and are at greater risk than their peers of suffering from depression and anxiety. They can be withdrawn or overly aggressive (Gover, 2004; Post et al., 1980). Kessler, Davis, and Kendler (1997) found that being "physically attacked" (the only act of physical abuse considered) was associated with a broad range of psychiatric disorders, including mood, anxiety, and addictive disorders.

Psychiatric patients have been seen as primary abuser candidates for a long time. Psychiatric disturbances may really be important predisposing factors for abusing the environment, and especially the family system (Post et al., 1980). However it may not be the case for most of the abusers, and having a

psychiatric diagnosis may simply just be a minor inducer for abuse. So the real contribution of psychiatric diagnosis to manifest abuse is a fact that should be studied (Caykoylu et al., 2008; Kramer, Lorenzon, & Mueller, 2004).

In the current study, we assess the relationships between a history of childhood physical abuse, likelihood of psychiatric diagnoses, and potential for being a perpetrator of childhood physical abuse in adulthood among women who received psychiatric treatment and in the healthy population from Turkey.

Materials and Method

The present study and its written consent form were approved by the local Research Ethics Committee. Data were collected among two groups of women: women in the healthy population and women who received psychiatric treatment at the Department for Psychiatry of the Ankara Atatürk Hospital, between January 2007 and December 2008.

The study was conducted with 902 women patients between ages 18 and 65, who have been, for at least 1 year, followed up in Ankara Atatürk Hospital, Department of Psychiatry, which is a public hospital in Ankara, the capital city of Turkey. The control group consisted of 300 age- and sex-matched healthy women volunteers who were followed up for nonpsychiatric health problems in two different public health centers.

Informed consent to participate in the study was obtained by all participants (Appendices A, B, and C). The data were gathered by having face-to-face interviews with women in the hospital. A sociodemographic data form that was prepared by the investigators was given to all of the participants. Another form was also required to be filled, which was prepared to investigate the childhood physical abuse history and current way of acting toward their children and performing physical abuse. We carried out the questionnaire in accordance with recommendations of WHO ethical and safety recommendations for domestic violence research (Ellsberg, & Heise, 2002).

Each question was meticulously worded and some cultural parameters were added in consideration of the prevalence of extended family structure in Turkey. Women were asked about age, level of education, occupation, marital status, annual income of the family, number of the children, childhood history involving exposure to violence, presence of violence in the women's parent's house, type of violence, the violent party, frequency of the violence, causes of the violence, type of the family, and socioeconomic level.

The interview lasted for an average of 45 min. Psychiatric interviews were carried out by two experienced psychiatrists with all the participants and the

diagnoses were made according to *Diagnostic and statistical manual of mental disorders* (4th ed., text rev. [*DSM-IV-TR*]) diagnostic criteria (American Psychiatric Association [APA], 2000).

Statistical analysis was made by using SPSS 16.0 evaluation version and data were analyzed by percentile ratios, chi-square and regression analysis. Statistical significance is defined as a $p < .05$; logistic regression models present 95% confidence intervals.

Definitions

Violence. The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. The definition used by the World Health Organization associates intentionality with the committing of the act itself, irrespective of the outcome it produces. Excluded from the definition are unintentional incidents—such as most road traffic injuries and burns (WHO, 1996).

Violent victimization was defined as any person who individually or collectively has suffered physical, mental, emotional, economic, or substantial harm to his or her fundamental rights, due to acts or omissions that violate the laws applying in the state (Rivera, & Widom, 1990).

Child victims of violence. Children may also be physically harmed or emotionally and developmentally damaged as a result of being used as weapons by the perpetrator against the abused party or as a result of being exposed to the violence (WHO, 1999).

Perpetrator. Person who inflicts violence or abuse or causes violence or abuse to be inflicted on the victim. (such behaviors include intimidation such as physical abuse, threats of physical violence; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002)

Physical abuse of a child is defined as the intentional use of physical force against a child that results in—or has a high likelihood of resulting in—harm for the child's health, survival, development, or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning, and suffocating. Much physical violence against children in the home is inflicted with the object of punishing (WHO, 1996).

Witnessing domestic violence refers to children who can be aware of parents' physical aggression not only by seeing or hearing violent interactions but also by hearing stories about the violence and by seeing evidence of the abuse (e.g., bruises on the mother's body; WHO, 1996).

Table 1. Psychiatric diagnoses of patients

Psychiatric Diagnoses	Psychiatric Patients	
	N = 902	%
Anxiety disorders		
Generalized anxiety disorder	136	15.1
Panic disorder	153	17.0
Obsessive-compulsive disorder	102	11.3
Posttraumatic stress disorder	111	12.3
Acute stress disorder	44	4.9
Social phobia	54	6.0
Agoraphobia	14	1.6
Recurrent minor depressive disorder	243	26.9
Somatiform disorders	45	5.0

Bottom economic level is defined as monthly earnings of under the US\$500.

Mean economic level is defined as monthly earnings of between the US\$500 and US\$1,000.

Results

The average age of the psychiatric patients and healthy group was 39.51 ± 16.81 and 38.46 ± 11.7 respectively. The average age at marriage of the psychiatric patients and healthy group was 19.68 ± 3.11 and 20.53 ± 3.42 respectively. The distribution of psychiatric patients with psychiatric diagnoses is shown in Table 1.

No significant relationship was found between any of the diagnostic categories and spousal physical abuse or history of physical abuse during childhood ($p > .05$).

The two groups have been found quite homogenous in terms of sociodemographic variables as there was no statistically significant difference between the mean age, age at marriage, marital status, educational level, alcohol and substance abuse, family structure (extended or nuclear family), and physical violence against own children between the two groups ($p > .05$).

There was statistically significant difference between number of children, economic level, domestic physical violence by spouse and being a witness or victim of abuse during the childhood period, between the two groups ($p < .05$), as shown in Table 2.

Table 2. Some factors that perpetuate domestic violence

Parameters		Perpetrating Physical Abuse to Child			
		Yes		No	
		Patients of psychiatry N = 236 (%)	Control Group N = 64 (%)	Patients of Psychiatry N = 666 (%)	Control Group N = 236 (%)
Childhood physical abuse history	No	68 (11.7)	45 (17.9)	512 (88.3)	207 (82.1)
	Yes, witnessing domestic violence	86 (44.3)	9 (31.0)	108 (55.7)	20 (69.0)
	Yes, exposure to domestic violence	82 (64.1)	10 (52.6)	46 (35.9)	9 (47.4)
Domestic physical violence (by spouse)	Yes	196 (33.2)	19 (32.2)	394 (66.8)	40 (67.8)
	No	40 (12.8)	45 (18.7)	272 (87.2)	196 (81.3)
Number of children	1 child	58 (23.0)	19 (22.4)	194 (77.0)	66 (77.6)
	2-3 children	162 (30.5)	41 (22.4)	369 (69.5)	142 (77.6)
	4 ≥ children	16 (13.4)	4 (12.5)	103 (86.6)	28 (87.5)
Economic level	Bottom = US\$500 (under)	208 (30.1)	3 (13.6)	484 (69.9)	19 (86.4)
	M = US\$ 500- US\$1000 (between)	28 (13.3)	61 (21.9)	182 (86.7)	217 (78.1)

The last variable that was correlated with physical abuse was economical problems. As the rate of economical problems increased, the rate of abusing children was seen to be increased (OR = 1.987, CI = [1.249, 3.162]).

A positive correlation was found in both groups in terms of past physical abuse by the parents and performing physical abuse toward own children (OR = 7.246, CI = [4.960, 10.586]), as shown in Figure I.

The frequency of witnessing physical abuse within the family during childhood was 21.5% for the psychiatrically disordered group, while the ratio was 9.7% for the control group. The history of being physically abused by the parents was 14.2% for the disordered and 6.3% for the control group. The best indicator of physically abusing one’s own children was found to be abuse history during the childhood period in both groups.

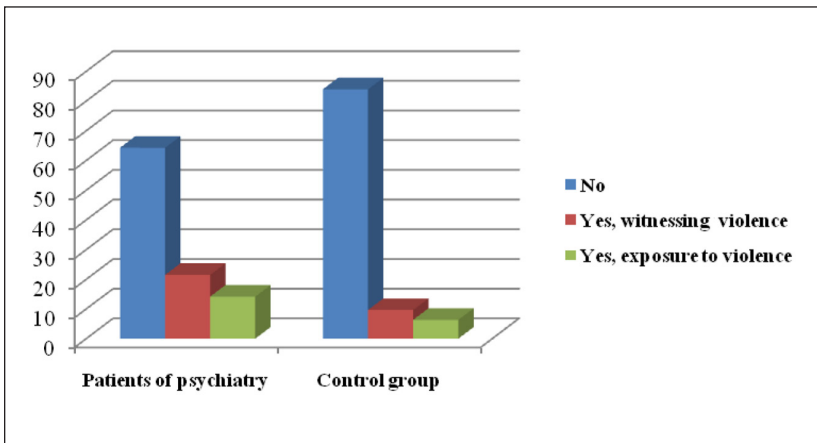


Figure 1. Childhood physical violence between parents (%)

The results of this study showed that number of children within the family was positively correlated with abuser ratios (OR = 1.416, CI = [454, 1.872]).

In terms of educational level of the sample, there was no statistically significant correlation between the level of education and physical abuse of children in the control and psychiatrically disturbed groups.

Discussion

The nature of child abusers had been the topic of interest in many studies for a long period of time. The results of the former investigations had pointed out some features of abusers; the mostly repeated being having a childhood abuse history; witnessing domestic physical abuse within the family; emotional, physical and/or verbal abuse being a way of communication between family members; having marital problems; wrong or inadequate information about child bearing abilities; poor self-controlling properties; uneducated; having more children than they can handle and poor supporting environmental characteristics (Dietrich, Berkowitz, Kadushin, & McGloin, 1990; Hidroğlu, Topuzoğlu, Ay, & Karavuş, 2006; Moracco, Runyan, Bowling, & Earp, 2007; Ünal, 2005). Also, abusive mothers are more likely to view children's negative behavior as having hostile intent. There is evidence that when mitigating

information is offered that moderates the parent's view of the child's behavior, the risk is lowered (De Paul, Asla, Perez-Albeniz, & De Cadiz, 2006).

Social and cultural norms that support violence and physical punishment of children and that diminish the status of the child in parent-child relationships have a part to play in contributing to child maltreatment (WHO, 2006). Physical punishment does not automatically lead to abuse, but international reviews of cases of child abuse have found that, in the majority of cases, abuse occurs in the context of disciplinary action or at the end of a sequence of increasingly harsh disciplinary actions (Durrant, 2004; Smith, 1975; Straus, 2000). In a group of studies, 30% to 60% mothers with a history of childhood abuse were found to abuse their own children. In the present study, the most chosen ways of child punishment were verbal and physical maltreatment and abuse in women with an abuse history (Margolin, 1998). About 39.7% of this group was predicted to be using exactly the same methods of punishing, which they had seen their parents use, for their own children (e.g., beat, put out cigarette, hair pulling, starve, throwing hot water . . . etc). There is evidence that the link between frequent, harsh or inconsistent physical punishment and abuse is not well understood in the community (Pears, & Capaldi, 2001; Straus, 2000). The results of this study also showed that women who had been abused or had been witnesses of abuse during their childhood period have been performing physical abuse toward their children more than the ones without such a history; a similar relationship has been reported by other researchers as well (Simons, Whitbeck, Conger, & Wu, 1991; Zaidi, Knutson, & Mehm, 1989). Changing attitudes and beliefs both about the effects on children of physical punishment and about the link between harsh physical punishment and abuse is an important step toward preventing abuse.

Domestic violence victims are vulnerable to many psychiatric symptoms and disturbances in following years (Edleson, 1999a; McCauley et al., 1997). Some studies report abuse history in nearly half of the psychiatrically disturbed women. Posttraumatic stress disorder symptoms and/or somatic symptoms may be manifestations of childhood abuse in adulthood period (Bergma, & Brisma, 1991; Genç Dişçigil, 2003). However there are also some reports suggesting psychological disturbances in only 10% of the abuse victims (Courtois, 1997; Ferris, 2004). The results of this study also showed that nonsignificant relationship was found between any of the diagnostic categories and history of physical abuse during childhood.

Children may also be physically harmed or emotionally and developmentally damaged as a result of being used as weapons by the perpetrator against the abused party or as a result of being exposed to the violence (WHO, 2006). When considering the problem from the perspective of the mental health of

the society and child development, it is apparent that being raised in such an environment has negative impacts on mental health, interferes with the normal formation of personality, and might also increase the risk of susceptibility to psychopathology. Among psychiatrically disturbed populations, history of abuse is a frequent life event and abusing next generation is accepted as a complication of the psychiatric disorder (Edleson, 1999a; Post et al., 1980). Although, in this study, there was no statistically significant difference between the psychiatrically diagnostic categories and the physical *violence against own children*.

The results of this study also showed that women who had a history of abuse in childhood are at increased risk of abusing their own children; a similar relationship has been reported by other researchers as well (Browne, & Herbert, 1997; Egeland, Bosquet, & Chung, 2002). Indeed the links between history of abuse in childhood and child abuse are well recognized and where both types co-occur, the severity and frequency of violence increases (Browne, & Hamilton, 1999). This does not mean that every child who has been victimized will repeat the pattern with the next generation. In one study, 41% of abusive mothers reported a family history of child abuse compared to 18% of nonabusive mothers (McCormack, Atwool, & Smith, 2006). According to another estimate, 25% to 35% of parents who had been victims will abuse their own children (Herzberger, 1990). The majority of parents who were maltreated actually do not abuse their own children. There appears to be little research on the 65% to 75% of parents who do not repeat the pattern though Herzberger (1990) suggests that the current presence of an emotionally supportive other, a relatively low level of stress, and some attempt to gain perspective on their own abusive history can help (Herzberger, 1990). There is some evidence that parents who remember the unpleasantness of their abusive upbringing are motivated to ensure they do not subject their own children to the same treatment (Gagne, Tourigny, Joly, & Puoliot-Lapointe, 2007).

Around the world, women and girls suffer the harmful and life-threatening effects of traditional and cultural practices that continue under the guise of cultural and social conformism and religious beliefs (WHO, 2006). So domestic violence is taboo in Turkish society and was not expressed freely by our patients. There is also limited knowledge of the health effects of domestic violence against women in Turkey. In one study, it was found that anxiety and depressive and somatic symptoms were more common among battered women (Vahip, 2002). Although the respondents in her study consisted of women who sought psychological counseling, and are thus not representative

of women in the larger population, it is significant that her results replicate the numerous findings in other countries, which indicate that domestic violence against women has multiple psychological and physical health effects (Caykoylu et al., 2008).

Factors in the wider society can contribute to the incidence of perpetrating abuse of children. The results of this study showed that the number of children within the family was positively correlated with abuse ratios. A number of studies have investigated the links between unintended pregnancy, large families, and many of children with physical abuse (McCormack et al., 2006; WHO, 2006). Other studies also point out that in families with 5 or more family members physical abuse is seen much more frequently (Dietrich et al., 1990; Stets, & Straus, 1990; Straus, 1980).

Many studies claimed economical problems as an important parameter for child abuse. World Health Organization (WHO) reported that communities with high rates of child abuse were communities with low income (Edleson, 1999b; Margolin, 1998). In this study, economic difficulties were found to be a risk factor for child physical abuse, which supports the results of the past studies. A study by Gelles (1992) using data from two national surveys in the United States showed no statistical differences by income for men in rates of violence toward children, but significant differences for women, with women below the poverty line being more likely to abuse (Gelles, 1992).

Easy availability of alcohol (particularly in societies where binge drinking is a social norm) and a local drug trade are associated with child abuse in the international literature (WHO, 2006). There is a large body of evidence linking parental alcohol and substance abuse with all types of maltreatment and with the likelihood that a child will be exposed to domestic violence. The risk increases if both parents abuse alcohol (Dube et al., 2001; Freisthler, Merritt, & LaScala, 2006; Wekerle, Wall, Leung, & Trocme, 2007). Although, in this study, there was no statistically significant difference between the parental alcohol and substance abuse and the physical *violence against children*.

Educational level of the parents is accepted as an important factor in performing abuse. As the educational level increases, the probability of abusing one's own child is known to decrease. Although, results of the current study don't support that finding (Altınay, & Arat, 2007; Coker et al., 2000; Dietrich et al., 1990).

Studies show the cumulative effect of each additional stressor. In essence, the more stressors that are present in a parent's life, the more likely the parent is to maltreat his or her children, particularly if the parent already favors physical punishment (Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007; Wekerle et al., 2007).

Strengths and Weaknesses of the Study

The patients of our sampling were those who had applied to the outpatient clinic, so mental retardation and psychosis patients were excluded. The reason for this choice was that while we were investigating domestic violence and physical abuse, which is related to several factors, we tried to omit (as evaluation of reality or cognitive deterioration), which would have further complicated the situation. However, comparative studies are needed, which include mental retardation and psychosis groups.

The patients were interviewed alone, in a well-lit and quiet room. Psychiatric interviews were carried out by two experienced psychiatrists with all of the participants (psychiatric patients and healthy group); this can be counted as a strength of the study.

We preferred not to use scales prepared and used abroad; we prepared our own. Each question was meticulously worded and some cultural parameters were added in consideration of the prevalence of extended family structure in Turkey. On the other hand, this information needs to be tested and retested with different samples, and in different social, cultural, and clinical settings.

We acknowledge that this is a cross-sectional study. It may be considered as one of the limitation of this study.

Another limitation of the study was that the reliability of the data based on the details of childhood domestic violence could have been affected by memory errors.

Conclusion

The current study should be accepted as a valuable investigation that large number of both psychiatrically disturbed women and healthy controls were included and clinical interviews were conducted with each participant. Among the pathogenesis of abusing one's own children, it is not possible to define a single predisposing factor. This study has shown that the major risk factor abusing one's own children was having a history of physical abuse during the childhood years.

The studies about the physical abuse of child has been growing in number in recent years and many different dimensions are being investigated. This is thought to be a positive fact to be able to prevent child abuse in future. Also, stopping domestic violence benefits the child in many ways; it stops the negative impacts on the child of the adult violence and also reduces the chance they will be physically abused directly.

This is an important study from the point of view that women who had been abused or been witnesses of abuse during their childhood period have been performing physical abuse toward their children more than the ones without such a history. Also, most of the abuse victims give the same treatment to their offsprings when they become parents themselves. It is possible to prevent cycles of violence in the community through the early identification of childhood victims, who can be offered help and support before they develop antisocial behavior. Nevertheless, with social and emotional support, this cycle of violence may be broken, helping individuals to avoid violent relationships and promoting positive parenting of their children.

Further studies with different risk factor and populations will help to identify different dimensions of the problem.

Appendix A

Informed of Consent

Hello,

I'm Dr. Aslihan İbiloglu,

I work for "Domestic Violence." We are conducting a survey in Ankara to learn about women's health and life experiences. You have been selected to participate in this study. I want to assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss but many women have found it useful to have the opportunity to talk.

Do you have any questions? Do you agree to be interviewed?

Does not agree to be interviewed

Agrees to be interviewed.

To be completed by interviewer

I certify that I have read the above consent procedure to the participant.

Signed: _____

Thanks for your collaboration.

Dr. Aslihan İbiloglu Tel: +90312-2912525/3765

Ankara Atatürk Training and Research Hospital, Psychiatry Clinic

Signed:-----

Date:...../...../.....

Appendix B

Domestic violence is a problem that affects many families in Turkey. Sometimes physical blows occur between parents. Many women are abused by their intimate partners in physical ways. Do things like this happen to/ between parents/caregivers?

1. Yes
2. No
3. Don't know
4. Can't remember

Did you have any problem in your childhood?

1. Yes
2. No
3. Don't know
4. Can't remember

Some children are physically injured as a direct result of the domestic violence. Have you been injured, even slightly, on any occasion, when your parent/caregiver used force against you?

1. Yes
2. No
3. Don't know
4. Can't remember

How often has your parent/caregiver used force against you?

1. Every day
2. Once a week
3. Once a month
4. A few times
5. Once or twice only
6. Can't remember

Did a parent or caregiver in the household . . .

- often or very often push or slap you?
- often or very often hit you so hard that you had marks on the body or were injured?

Some parents spank their children as a form of discipline. While you were growing up, until puberty, what was the method of punishing used by your parent?

- 1. Explained why the behavior was wrong1. yes 2. no 3. can't remember
- 2. Took privileges away.....1. yes 2. no 3. can't remember
- 3. Gave child something to do.....1. yes 2. no 3. can't remember
- 4. Locked the child out of the household.....1. yes 2. no 3. can't remember
- 5. Threatened evil spirits.....1. yes 2. no 3. can't remember
- 6. Threatened abandonment.....1. yes 2. no 3. can't remember
- 7. Cursed at the child.....1. yes 2. no 3. can't remember
- 8. Push, put out cigarette, beat, hair pulling, starve, throwing hot water
1. yes 2. no 3. can't remember
- 9. Other (.....)
- 10. No one

Did the police come to know about what happened on the most recent occasion when your parent/caregiver used force against you?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Can't remember

Appendix C

Violence against women is present in every country, cutting across boundaries of culture, class, education, income, ethnicity, and age. Many women are abused by their intimate partners in physical ways. For example, some partners kick, hit, punch, push, others threaten them with harm, force them to do things they don't want to do, or constantly criticize them. Have you been injured, even slightly, on any occasion, when your spouse (or ex-spouse) used force against you?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Can't remember

(continued)

Appendix C (continued)

And in the past 12 months, how often has your spouse (or ex-spouse) used force against you?

1. Every day
2. Once a week
3. Once a month
4. A few times
5. Once or twice only
6. Can't remember

Did you tell someone from police or judicial authorities what happened on this occasion?

1. Yes
2. No
3. Don't know
4. Can't remember

Do you lie to your family, friends, and doctor about your bruises, cuts, and scratches?

1. Yes
2. No
3. Don't know
4. Can't remember

Did any children in the household see or hear what happened on this occasion?

1. Yes
2. No
3. Don't know
4. Can't remember

Some children are physically injured as a direct result of the domestic violence. Has your child been injured, even slightly, on any occasion?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Can't remember

Some parents spank their children as a form of discipline. While your children were growing up, until puberty, what was the method of punishing?

-
- 1. Explained why the behavior was wrong1. yes 2. no 3. can't remember
 - 2. Took privileges away.....1. yes 2. no 3. can't remember
 - 3. Gave child something to do.....1. yes 2. no 3. can't remember
 - 4. Locked the child out of the household.....1. yes 2. no 3. can't remember
 - 5. Threatened evil spirits.....1. yes 2. no 3. can't remember
 - 6. Threatened abandonment.....1. yes 2. no 3. can't remember
 - 7. Cursed at the child.....1. yes 2. no 3. can't remember
 - 8. Push, put out cigarette, beat, hair pulling, starve, throwing hot water
1. yes 2. no 3. can't remember
 - 9. other (.....)
 - 10. no one
-

What do you think about it?

.....

Thanks for your collaboration.

Declaration of Conflicting Interests

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