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Research Article

Domestic violence and depression among married women: an example of Malatya

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Abstract

Objective: This study aimed to determine the prevalence and types of domestic violence among married women in Malatya, Türkiye, examine associated sociodemographic and partner-related factors, and assess the relationship with depression.

Method: A cross-sectional study was conducted with 398 married women aged 15–49 registered at a Family Health Center between January and April 2019. Data were collected through face-to-face interviews using a questionnaire including sociodemographic data, the Domestic Violence Scale, and the Beck Depression Inventory. As data distribution was not normal, non-parametric tests (including Kruskal-Wallis with Bonferroni post-hoc correction) and Spearman correlation were applied, with $p < 0.05$ considered significant.

Results: Most participants were ≥ 39 years old, unemployed/housewives, and had low education. Higher domestic violence scores were observed among younger, less-educated, and unemployed women, and those with younger, less educated, or unemployed spouses. Partner alcohol use, psychiatric illness, and history of violence were associated with increased violence. Probable depression was present in 13.3% and positively correlated with all violence types, especially verbal and total violence ($r = 0.433$ and $r = 0.452$, $p < 0.001$).

Conclusion: Domestic violence is common among young, less-educated, and socioeconomically disadvantaged women. Partner-related factors and exposure to multiple violence types increase depression risk. Findings support comprehensive prevention strategies addressing both visible and psychological violence and integrating routine mental health screening in primary care settings to facilitate early identification and intervention. This implies a clear recommendation for both clinical practice—proactive screening by healthcare providers—and public health policy aimed at protecting vulnerable women.

Keywords: Domestic Violence, Depression, Partner Risk Factors

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INTRODUCTION

Domestic violence is one of the most prevalent social problems experienced by women worldwide and is recognized as a serious public health concern. The World Health Organization defines violence against women as a violation of human rights and a form of gender-based discrimination (1). Despite its widespread nature, violence against women has historically been systematically overlooked in both research and policy (2).

This issue is pervasive globally, with approximately one-third of women experiencing violence, and prevalence rates in Türkiye are similarly high (1,3,4). When psychological, emotional, economic, and sexual forms of violence are included, it becomes evident that a substantial proportion of women are exposed to multiple forms of abuse (5,6).

The effects of violence on women's health are multidimensional. In addition to physical injuries, mental health consequences are frequently observed. Among these, depression is particularly common, with significantly higher rates among women exposed to violence (7). Depression is a prevalent mental disorder characterized by sadness, hopelessness, loss of energy, and functional impairment, and occurs approximately twice as often in women as in men (7,8).

Socioeconomic and cultural factors play a major role in the emergence of domestic violence (1,6,9). Higher education, financial well-being, social support, and better access to healthcare services are important protective factors that reduce the risk of violence (1,6,10). These same factors are also associated with depression, suggesting a mutually reinforcing relationship between domestic violence and mental health problems (9,11).

Despite the high prevalence of domestic violence and its mental health consequences, there is limited evidence in Türkiye regarding the relationship between domestic violence, sociodemographic factors, and depression among married women, particularly in specific local populations. Existing studies are often restricted to urban areas or

focus solely on prevalence without considering family, marital, and prior violence experiences comprehensively. This gap limits the ability to develop targeted interventions for at-risk women. In this context, the present study aimed to determine the prevalence and types of domestic violence among married women in Malatya, Türkiye, to examine the sociodemographic and family-related determinants of such violence, and to investigate the association between domestic violence and depression. Identifying these relationships will contribute to the development of preventive and protective strategies addressing domestic violence and its mental health consequences. Furthermore, locally obtained findings will enrich national and international literature and provide a scientific foundation for interventions in similar populations.

Therefore, the present study makes several unique contributions to the literature. First, it provides one of the first comprehensive analyses of domestic violence in Malatya, an under-represented province in this field of research, offering valuable local data beyond major metropolitan areas. Second, it adopts a holistic approach by simultaneously examining the sociodemographic risk factors of both women and their partners, which is a dimension often overlooked in previous studies. Finally, by assessing multiple forms of violence, it allows for a nuanced understanding of how different types of abuse, including non-physical ones, correlate with depression. In line with this purpose, the study's main hypotheses were as follows:

1. The prevalence of domestic violence is higher among married women with low socioeconomic status (e.g., low education, unemployment).
2. Risk factors related to the partner, such as alcohol use, a history of psychiatric illness, and a personal history of violence, increase the level of violence to which women are exposed.
3. Exposure to all forms of domestic violence is positively correlated with depressive symptoms in women.

METHOD

This study is a cross-sectional study conducted among married women aged 15–49 who were registered at M. Hanifi Bağdatlı Family Health Center, located in the Yeşilyurt district of Malatya province, between January and April 2019. The aim was to determine the prevalence of domestic violence among married women, examine its relationship with sociodemographic factors, and evaluate the association between domestic violence and depression.

The study population consisted of all married women aged 15–49 registered at the Family Health Center. The sample size was calculated based on similar studies and determined using a simple random sampling method. There were 1,392 women in this age group at the center. Using the StatCalc module of EpiInfo version 7.2.3.1, the sample size was estimated as 292 with a 95% confidence level, 5% margin of error, and an assumed prevalence of 40%; however, 398 women participated in the study. Participants were recruited using a convenience sampling method. Specifically, women who visited the Family Health Center for any reason during the study period, met the age criteria, and agreed to participate were included in the study until the target sample size was reached.

Data were collected through face-to-face interviews using a structured questionnaire composed of three sections: sociodemographic information, the Domestic Violence Scale, and the Beck Depression Inventory (BDI). These interviews were conducted by a trained researcher in a private room at the Family Health Center to ensure confidentiality. The Domestic Violence Scale measures lifetime exposure to physical, emotional, verbal, economic, and sexual violence, with a Cronbach's alpha of 0.94 for the full scale and 0.73–0.84 for its subscales. For instance, subscales included items such as, "He tries to choke me by squeezing my throat." (Physical), "He shows me affection." (Emotional), "He swears at me." (Verbal), "He wants me to quit my job." (Economic), and "He

treats me badly if I don't fulfill his sexual demands." (Sexual). During the permission process, six items from the sexual violence subscale were removed at the explicit request of the Malatya Provincial Health Directorate, which cited concerns about the sensitive nature of these questions for the local population. The scale scores range from 44 to 132. The BDI was used to assess depression, with a Cronbach's alpha of 0.80 and a cut-off score of 17 for the Turkish version.

Ethical approval was obtained from the Ethics Committee of İnönü University Institute of Health Sciences (Decision No: 2018/21-2/Date: 20/11/2018), and institutional permissions were obtained from the Malatya Provincial Health Directorate and the Family Health Center. Participants were informed about the study, and verbal and written consent was obtained. Interviews lasted 20–25 minutes on average.

Statistical analysis

Data were analyzed using SPSS 22.0 software. Descriptive statistics (frequency, percentage) were calculated for participants' characteristics. The normality of data distribution was assessed using the Shapiro-Wilk test; since the test confirmed that the data were not normally distributed ($p < 0.05$), scores from scales and subscales were presented as median values. Group comparisons were performed using the Kruskal-Wallis and Mann-Whitney U tests. When the Kruskal-Wallis test resulted in a statistically significant difference, post-hoc pairwise comparisons were conducted using the Mann-Whitney U test with a Bonferroni correction to determine which specific groups differed. The relationship between domestic violence and depression scores was assessed using Spearman correlation, and comparisons between participants with and without depression were made using the Mann-Whitney U test. A p-value of < 0.05 was considered statistically significant.

RESULTS

The majority of participants were aged ≥ 39 years (43.7%, $n=174$), followed by 30–38 years (32.7%,

n=130). Most were unemployed or housewives (64.1%, n=255), and 38.7% (n=156) had a primary school education or lower. Regarding spouses' characteristics, 39.9% (n=159) were aged ≥44 years, 47.2% (n=188) were employed as workers, and 31.7% (n=126) had completed high school. Household income was predominantly between the minimum wage and 1.5 times the minimum wage (33.9%, n=135), with 22.9% (n=91) earning ≤ minimum wage. Most families were nuclear (78.9%, n=314), and 51.5% (n=205) of participants were in arranged marriages. A minority were related to their spouse prior to marriage (24.9%, n=99). Reproductively, 47.5% (n=189) had 1–2 children, and 35.2% (n=140) had married between 19–22 years. Partner-related risk factors included occasional alcohol consumption (18.8%, n=75) and psychiatric illness (7.8%, n=31). Histories of exposure to violence were reported by 12.1% of participants (n=48) and 11.1% of their spouses (n=44). Probable depression, assessed using the Beck Depression Inventory, was present in 13.3% of participants (n=53) (Table 1).

Younger women (≤20 years) had significantly higher median physical (p=0.001), emotional (p=0.033), verbal (p=0.03), and total violence scores (p=0.013) compared to older groups. Unemployed or housewife participants had higher physical (p=0.013), verbal (p=0.001), economic (p=0.001), and total violence scores (p=0.001) than employed, officer, or retired participants. Specifically, post-hoc analysis with a Bonferroni correction revealed that unemployed/housewife participants had significantly higher scores than both officer and retired participants (p<0.05 for all relevant subscales). Women with primary school or lower education had significantly higher scores across all violence subdimensions compared to more educated participants (physical: p=0.002; verbal, economic, sexual, total: p=0.001); specifically, post-hoc tests revealed that women with primary school or lower education had significantly higher scores than both high school and university graduates (p<0.01 for all significant subscales). Spouses' age, occupation, and education also affected violence scores: women with younger, unemployed, or less-educated spouses exhibited higher verbal, economic, and total violence scores (all p=0.001) (Table 2).

Table 1. Sociodemographic and Family Characteristics of the Participants

	Categories	n	%
Age	≤20 years	16	4.0
	21–29 years	78	19.6
	30–38 years	130	32.7
	≥39 years	174	43.7
Occupation	Unemployed, Housewife	255	64.1
	Worker	39	9.8
	Civil servant	96	24.1
	Retired	8	2.0
Education	Primary school or below	156	38.7
	Middle school graduate	68	17.1
	High school graduate	79	19.8
	College or university graduate	97	24.4
Spouse's age	≤22 years	10	2.5
	23–29 years	48	12.1
	30–36 years	71	17.8
	37–43 years	110	27.7
	≥44 years	159	39.9

Table 1 (Continued). Sociodemographic and Family Characteristics of the Participants

	Categories	n	%
Spouse's occupation	Unemployed	23	5.8
	Worker	188	47.2
	Civil servant	136	34.2
	Retired	51	12.8
Spouse's education	Primary school or below	78	19.6
	Middle school graduate	73	18.3
	High school graduate	126	31.7
	College or university graduate	121	30.4
Household income	≤ Minimum wage	91	22.9
	Minimum wage – 1.5 × Minimum wage	135	33.9
	1.5 × Minimum wage – 2 × Minimum wage	43	10.8
	2 × Minimum wage – 2.5 × Minimum wage	37	9.3
	≥ 2.5 × Minimum wage	92	23.1
Number of children	None	39	9.8
	1-2	189	47.5
	3-4	139	34.9
	5 or more	31	7.8
Family type	Nuclear family	314	78.9
	Extended family	84	21.1
Marital type	Marriage by mutual agreement	193	48.5
	Arranged marriage	205	51.5
Relationship with spouse	Yes	99	24.9
	No	299	75.1
Age at marriage	≤18 years	127	31.9
	19–22 years	140	35.2
	23–26 years	85	21.6
	≥27 years	45	11.3
Partner's alcohol consumption status	Never	304	76.4
	On special occasions	75	18.8
	Very frequent	19	4.8
Partner's psychiatric illness status	Yes	31	7.8
	No	367	92.2
Participant's history of exposure to violence	Yes	48	12.1
	No	350	87.9
Partner's history of exposure to violence	Yes	44	11.1
	No	354	88.9
Presence of probable depression*	Yes	53	13.3
	No	345	86.7

* Presence of probable depression was assessed based on the cut-off score of the Beck Depression Inventory.

Table 2. Violence Scores According to Participants' and Spouses' Sociodemographic Characteristics

Variable	Groups	Physical Median (min-max)	Emotional Median (min-max)	Verbal Median (min-max)	Economic Median (min-max)	Sexual Median (min-max)	Total Median (min-max)	p-value **
Participants' age	≤20	12 (10-19)	17.5 (15-23)	14.5 (10-22)	17 (10-24)	6 (4-8)	68 (54-96)	0.001* (physical), 0.033* (emotional), 0.030* (verbal), 0.013* (total)
	21-29	10 (9-26)	16 (10-24)	12 (10-28)	14 (10-26)	6 (4-10)	58 (48-104)	
	30-38	10 (10-18)	16 (10-25)	13 (10-24)	14 (10-27)	6 (4-11)	60 (49-99)	
	≥39	10 (9-20)	16 (10-23)	13 (10-28)	14 (10-23)	6 (4-10)	59 (48-91)	
Participants' occupation	Unemployed / housewife	10 (9-19)	16 (10-25)	13 (10-28)	15 (10-23)	6 (4-10)	60 (48-99)	0.013* (physical), 0.001* (verbal, economic, total)
	Worker	11 (10-26)	17 (10-23)	14 (10-28)	17 (10-27)	6 (4-10)	64 (50-104)	
	Officer	10 (10-21)	15 (12-24)	11 (10-25)	13 (10-26)	5 (4-11)	55 (48-102)	
	Retired	10 (10-16)	15 (14-21)	12.5 (10-15)	12 (10-17)	5 (4-10)	55 (49-79)	
Participants' education level	Primary school or below	10 (9-26)	16 (10-25)	14 (10-28)	16 (10-26)	6 (4-10)	62 (48-104)	0.002* (physical), 0.001* (verbal, economic, sexual, total)
	Middle school	10 (9-21)	16 (13-23)	13 (10-22)	14 (10-27)	6 (4-10)	61 (48-90)	
	High school	10 (9-20)	16 (10-22)	13 (10-23)	14 (10-23)	6 (4-11)	58 (49-91)	
	University or above	10 (10-18)	15 (12-24)	11 (10-22)	13 (10-23)	5 (4-10)	55 (48-92)	
Spouse's age	≤22	12 (10-19)	16.5 (14-23)	14.5 (10-22)	17 (10-24)	6 (6-8)	67.5 (53-96)	0.001* (physical), 0.081 (emotional), 0.711 (verbal), 0.228 (economic), 0.157 (sexual), 0.089 (total)
	23-29	10 (9-26)	16.5 (10-24)	13 (10-28)	15 (10-26)	6 (4-10)	61 (51-104)	
	30-36	10 (9-21)	16 (12-25)	12 (10-24)	14 (10-23)	6 (4-11)	58 (48-99)	
	37-43	10 (10-20)	16 (10-23)	13 (10-24)	14 (10-23)	6 (4-10)	58.5 (48-91)	
	≥44	10 (9-18)	16 (11-23)	14 (10-28)	14 (10-27)	6 (4-10)	60 (48-91)	
Spouse's occupation	Unemployed	10 (10-20)	17 (10-23)	15 (10-24)	16 (10-24)	6 (5-11)	64 (53-96)	0.608 (physical), 0.226 (emotional), 0.001* (verbal, economic, total), 0.012* (sexual)
	Worker	10 (9-19)	16 (10-25)	13 (10-28)	15 (10-23)	6 (4-10)	60 (48-99)	
	Officer	10 (10-26)	16 (12-24)	12 (10-28)	13 (10-27)	5 (4-10)	56 (48-104)	
	Retired	10 (9-17)	16 (11-22)	14 (10-23)	15 (10-23)	6 (4-10)	63 (49-88)	

Table 2 (Continued). Violence Scores According to Participants' and Spouses' Sociodemographic Characteristics

Variable	Groups	Physical Median (min-max)	Emotional Median (min-max)	Verbal Median (min-max)	Economic Median (min-max)	Sexual Median (min-max)	Total Median (min-max)	p-value **
Spouse's education level	Primary school or below	10 (9-18)	16 (10-23)	14 (10-28)	16 (10-22)	6 (4-10)	62 (48-91)	0.558 (physical), 0.449 (emotional), 0.001* (verbal, economic, total), 0.123 (sexual)
	Middle school	10 (10-19)	16 (12-25)	14 (10-24)	15 (10-24)	6 (4-10)	62 (48-99)	
	High school	10 (9-20)	16 (10-23)	13 (10-23)	14 (10-23)	6 (4-11)	58.5 (49-91)	
	University and above	10 (10-26)	16 (12-24)	12 (10-28)	13 (10-27)	5 (4-10)	55 (48-104)	

* Statistically significant differences ($p < 0.05$).

** p values were calculated using the Kruskal-Wallis test for variables with more than two groups and the Mann-Whitney U test for variables with two groups, as the data were not normally distributed.

Women whose spouses consumed alcohol frequently ($n=19$, 4.8%) had higher median scores in physical, emotional, verbal, economic, sexual, and total violence than women whose spouses never or occasionally consumed alcohol (physical: $p=0.001$; emotional: $p=0.005$; verbal: $p=0.001$; economic: $p=0.003$; sexual: $p=0.041$; total: $p=0.001$). Similarly, women with spouses who had a psychiatric disorder ($n=31$, 7.8%) reported higher median violence scores across all types (physical: $p=0.006$; emotional: $p=0.001$; verbal: $p=0.004$; economic: $p=0.001$; sexual: $p=0.016$). Personal or spousal history of violence was associated with significantly higher scores in all violence subdimensions ($p=0.001$ for both) (Table 3).

Median depression scores differed by age (≤ 20 years: 0.5, range 0-47; ≥ 39 years: 6.5, range 0-41; $p=0.038$) and education (primary school or lower: 6, range 0-47; $p=0.038$). Participants' occupation was not significantly associated with depression scores ($p=0.975$). Spouse-related factors including occupation, alcohol consumption, and history of violence were significantly linked to depression: unemployed spouses (median 2, range 0-47, $p=0.003$), occasional alcohol use (median 8, range 0-47), frequent alcohol use (median 11, range 0-28, $p=0.008$), and personal/spousal violence histories (median 11.5, ranges 0-40 and 0-41; $p=0.001$) (Table 4).

All forms of violence were positively associated with depression scores. The total violence score showed the highest correlation ($r=0.452$, $p=0.001$), while among the subtypes, verbal violence exhibited the strongest correlation with depression ($r=0.433$, $p=0.001$), followed by emotional, economic, sexual, and physical violence ($r=0.407$, 0.371, 0.258, and 0.194, respectively; all $p=0.001$) (Table 5). Participants with probable depression ($n=53$, 13.3%) had significantly higher median scores across all violence types compared to those without probable depression (physical: 12 vs. 10, emotional: 19 vs. 16, verbal: 17 vs. 13, economic: 17 vs. 14, sexual: 7 vs. 6, total: 73 vs. 58; all $p=0.001$) (Table 6).

DISCUSSION

This study demonstrates that domestic violence is a significant public health issue among married women in Malatya, strongly associated with both socioeconomic disadvantages and adverse mental health outcomes. Our findings align with the study's main hypotheses and provide nuanced insights into the interplay of individual, partner-related, and contextual factors.

Table 3. Violence Scores According to Spouse-Related Characteristics and History of Violence Exposure								
Variable	Groups	Physical Median (min-max)	Emotional Median (min-max)	Verbal Median (min-max)	Economic Median (min-max)	Sexual Median (min-max)	Total Median (min-max)	p-value **
Spouse's alcohol consumption	Never (n=304, 76.4%)	10 (9-20)	16 (10-24)	13 (10-24)	14 (10-27)	6 (4-11)	58 (48-92)	0.001* (physical), 0.005* (emotional), 0.001* (verbal), 0.003* (economic), 0.041* (sexual), 0.001* (total)
	Occasionally (n=75, 18.8%)	10 (9-19)	17 (12-25)	13 (10-25)	14 (10-26)	6 (4-10)	61 (48-102)	
	Frequent (n=19, 4.8%)	12 (10-26)	18 (10-23)	16 (10-28)	17 (12-22)	6 (4-10)	68 (53-104)	
Spouse's psychiatric disorder	Yes (n=31, 7.8%)	10 (10-26)	19 (10-25)	15 (10-28)	17 (10-23)	6 (4-10)	69 (55-106)	0.006* (physical), 0.001* (emotional), 0.004* (verbal), 0.001* (economic), 0.016* (sexual)
	No (n=367, 92.2%)	10 (9-20)	16 (10-24)	13 (10-28)	14 (10-27)	6 (4-11)	58 (46-93)	
History of violence exposure (participant)	Yes (n=48, 12.1%)	11 (9-26)	19 (10-25)	16 (10-28)	17.5 (12-27)	6 (4-10)	70 (57-105)	0.001* (all types)
	No (n=350, 87.9%)	10 (9-21)	16 (10-24)	13 (10-25)	14 (10-26)	6 (4-11)	57 (45-92)	
History of violence exposure (spouse)	Yes (n=44, 11.1%)	12 (10-26)	20 (14-25)	17.5 (10-28)	17.5 (10-27)	6 (4-10)	74 (57-108)	0.001* (all types)
	No (n=354, 88.9%)	10 (9-20)	16 (10-23)	13 (10-24)	14 (10-24)	6 (4-11)	57 (46-95)	

* Statistically significant differences (p<0.05).
 ** p values were calculated using the Kruskal-Wallis test for variables with more than two groups and the Mann-Whitney U test for variables with two groups, as the data were not normally distributed.

Table 4. Median Depression Scores of Participants According to Sociodemographic Characteristics and History of Violence Exposure				
Variable	Category	n (%)	Median Depression Score (min-max)	p-value**
Age of women	≤20	16 (4.0)	0.5 (0-47)	0.038*
	21-29	78 (19.6)	2.5 (0-36)	
	30-38	130 (32.7)	5 (0-43)	
	≥39	174 (43.7)	6.5 (0-41)	
Age of men (spouses)	≤22	10 (2.5)	0 (0-47)	0.721
	23-29	48 (12.1)	2.5 (0-36)	
	30-36	71 (17.8)	6 (0-43)	
	37-43	110 (27.7)	3 (0-30)	
	≥44	159 (39.9)	7 (0-41)	

Table 4 (Continued). Median Depression Scores of Participants According to Sociodemographic Characteristics and History of Violence Exposure

Variable	Category	n (%)	Median Depression Score (min-max)	p-value**
Occupation of women	Unemployed/housewife	255 (64.1)	5 (0-43)	0.975
	Worker	39 (9.8)	1 (0-47)	
	Civil servant	96 (24.1)	5.5 (0-39)	
	Retired	8 (2.0)	3 (0-31)	
Occupation of men (spouses)	Unemployed	23 (5.8)	2 (0-47)	0.003*
	Worker	188 (47.2)	4 (0-41)	
	Civil servant	136 (34.2)	4 (0-43)	
	Retired	51 (12.8)	10 (0-40)	
Education level of women	Primary school and below	156 (38.7)	6 (0-47)	0.038*
	Middle school	68 (17.1)	2 (0-40)	
	High school	79 (19.8)	3 (0-24)	
	College/university	97 (24.4)	5 (0-39)	
Education level of men (spouses)	Primary school and below	78 (19.6)	7 (0-41)	0.411
	Middle school	73 (18.3)	5 (0-47)	
	High school	126 (31.7)	5 (0-43)	
	College/university	121 (30.4)	4 (0-39)	
Alcohol use of spouse	Never	304 (76.4)	4 (0-43)	0.008*
	On special occasions	75 (18.8)	8 (0-47)	
	Very frequently	19 (4.8)	11 (0-28)	
Psychiatric illness of spouse	Yes	31 (7.8)	5 (0-41)	0.105
	No	367 (92.2)	5 (0-47)	
Participant's history of exposure to violence	Yes	48 (12.1)	11.5 (0-40)	0.001*
	No	350 (87.9)	4 (0-47)	
Spouse's history of exposure to violence	Yes	44 (11.1)	11.5 (0-41)	0.001*
	No	354 (88.9)	4 (0-47)	

* Statistically significant differences ($p < 0.05$).

** p values were calculated using the Kruskal-Wallis test for variables with more than two groups and the Mann-Whitney U test for variables with two groups, as the data were not normally distributed.

Table 5. Correlation Between Depression Scores and Violence Scores

Type of Violence	Correlation Coefficient (r)	p-value**
Physical violence	0.194	0.001*
Emotional violence	0.407	0.001*
Verbal violence	0.433	0.001*
Economic violence	0.371	0.001*
Sexual violence	0.258	0.001*
Total violence	0.452	0.001*

* Statistically significant differences ($p < 0.05$).

** Correlation coefficients were calculated using Spearman's rank correlation test.

Table 6. Violence Scores According to the Presence of Probable Depression

Type of Violence	Probable Depression Present (n=53, 13.3%) Median (min-max)	Probable Depression Absent (n=345, 86.7%) Median (min-max)	p-value**
Physical violence	12 (10-19)	10 (9-26)	0.001*
Emotional violence	19 (13-25)	16 (10-23)	0.001*
Verbal violence	17 (10-25)	13 (10-28)	0.001*
Economic violence	17 (11-26)	14 (10-27)	0.001*
Sexual violence	7 (4-10)	6 (4-11)	0.001*
Total violence	73 (51-102)	58 (48-104)	0.001*

* Statistically significant differences (p<0.05).
** p-values were calculated using the Mann-Whitney U test.

The Role of Sociodemographic Factors

The present study demonstrates that the majority of women had low educational attainment and were unemployed or homemakers. Partner educational level and family economic status were strongly associated with domestic violence, highlighting key socioeconomic determinants of risk. Furthermore, a history of domestic violence and the partner's psychiatric problems emerged as important factors related to women's mental health outcomes. The observed high prevalence of probable depression underscores the clinical and public health significance of these findings. Consistent with previous research, low education and unemployment constitute key socioeconomic risk factors for women, affecting both exposure to violence and mental health outcomes. Conversely, higher education, income, and employment have been consistently identified as protective factors against intimate partner and sexual violence in Türkiye and internationally (2-7,9,11). International meta-analyses similarly confirm that women experiencing partner violence are at significantly increased risk of depression (1,6,12). By demonstrating how these sociodemographic disadvantages limit women's autonomy in a local Turkish context, our study reinforces the urgent need for interventions that promote female education and economic empowerment. Our findings also underscore the importance of considering partners' sociodemographic profiles, a conclusion

supported by prior research in Türkiye and Europe. For example, Alkan et al. reported higher risk of verbal and psychological violence among women aged 25-34 compared to those aged 55 and above (15), and the FRA study in the European Union corroborates this pattern (3). Review studies suggest that improvements in education, income, and employment exert protective effects against partner violence (5,7,13). The AİSA 2014 study in Türkiye found higher prevalence of physical and sexual violence among women with lower education levels (4), and systematic reviews similarly identify low education as a key socioeconomic determinant of violence against women (14). Low income and unemployment have also been highlighted as relevant factors in Türkiye (6). These findings reinforce the potential impact of policy interventions aimed at both women and their partners, supporting the development of comprehensive programs addressing multiple levels of risk.

A noteworthy and somewhat unexpected finding of our study was that the youngest women (≤ 20 years) reported significantly higher median scores for physical, emotional, and total violence compared to older age groups. This observation aligns with a growing body of international literature suggesting that young age is a primary risk factor for intimate partner violence (20). Studies in both high-income and low- and middle-income countries have consistently shown that women in their late teens

and early twenties experience disproportionately high rates of partner abuse (21,22). Several intersecting factors may explain this vulnerability. First, younger women, particularly those in early marriages—a practice still prevalent in certain cultural contexts—often possess less social and economic power, which limits their autonomy and ability to negotiate relationship dynamics or leave an abusive partnership. Second, the early stages of a marriage can be a particularly volatile period where conflicts may be more likely to escalate into violence, especially in the context of financial instability or early parenthood. Finally, it is also possible that this finding reflects a reporting bias; younger generations may be less likely to normalize violence and more willing to identify and report abusive behaviors compared to older cohorts who may have been socialized to accept certain forms of marital conflict. Regardless of the underlying cause, our finding underscores that the early years of marriage represent a critical window for targeted prevention and intervention efforts to protect young women from the long-term consequences of domestic violence.

Partner-Related Characteristics as Key Determinants

Evidence indicates that partners' behavioral and psychiatric characteristics elevate the risk of violence, while past experiences of violence have long-term consequences. Research in Türkiye reports that psychiatric illness is a strong predictor of violence against women (6), and international meta-analyses confirm that psychiatric disorders increase the likelihood of perpetrating partner violence (16). Alcohol use is consistently associated with verbal and psychological violence (15), and EU research shows that partners' heavy alcohol use increases women's risk of psychological violence (3). Longitudinal studies further demonstrate that prior exposure to partner-related physical abuse heightens risk of depression, anxiety, and sleep disturbances over time (17). These findings emphasize the importance

of screening for partner behaviors and psychiatric risk factors when designing violence prevention programs.

The elevated depression scores among young and less-educated women appear linked to higher exposure to violence, highlighting the interaction between individual and relational factors in shaping mental health risk. Prior research similarly associates young age and low education with depression and lower life satisfaction (9), and other studies confirm the influence of partner characteristics on depression (6,15). Longitudinal evidence indicates that exposure to partner violence constitutes a risk factor for subsequent depression and suicide attempts (17). Studies in China also report that low household income increases risk of depression and anxiety, while employment status shows no significant association, consistent with our findings (11). Taken together, these results suggest that interventions addressing depression should integrate both individual and relational considerations, implying, from a clinical perspective, that healthcare providers should screen for domestic violence when a woman with risk factors such as a lower educational background presents with depressive symptoms.

The Link Between Violence Types and Depression

A key finding of this study is that all forms of violence, not just physical, were strongly associated with depression. The particularly strong correlation observed with verbal violence suggests that psychological abuse may have uniquely damaging and long-term mental health consequences, possibly due to its persistent and insidious nature. This aligns with research indicating that emotional abuse can be as, or even more, damaging than physical violence (6,7,9,17-19). Therefore, our findings strongly advocate for a multidimensional understanding of violence in clinical and public health settings, emphasizing that interventions must target less visible forms of abuse to effectively address women's mental health.

Public Health and Policy Implications

Taken together, the findings of this study have significant implications for public health policy and clinical practice in Türkiye and similar settings. The strong association between socioeconomic vulnerability and violence underscores the need for structural interventions that promote women's economic and educational empowerment. For healthcare systems, our results strongly advocate for the integration of routine screening for both depression and domestic violence into primary care. Clinicians should be trained to recognize the signs of not only physical but also psychological and economic abuse, particularly when a woman presents with depressive symptoms. Addressing partner-related risk factors also suggests that a more holistic, and where appropriate, family-centered approach may be necessary for effective prevention.

Limitations of the study

Several limitations should be acknowledged. First, the cross-sectional design limits causal inference between partner violence and depression. Second, data were self-reported, which may introduce recall or social desirability bias. Third, six items from the sexual violence subscale of the Domestic Violence Scale were removed during the permission process, potentially limiting assessment of sexual violence. Fourth, the study was conducted at a single Family Health Center, restricting generalizability to other regions or populations. Fifth, potential factors such as partner personality traits, social support networks, or community-level variables were not included. Finally, probable depression was assessed with screening tools rather than clinical diagnosis. Despite these limitations, the study provides important evidence on the multidimensional nature of partner violence and its relationship with women's mental health, highlighting areas for clinical practice and policy interventions.

CONCLUSION

In conclusion, this study confirms that domestic violence is a significant public health issue among

married women in Malatya, driven by a combination of socioeconomic disadvantages and partner-related risk factors. Our findings point to the profound psychological impact of violence, particularly non-physical forms, and underscore the urgent need for comprehensive, multi-level prevention strategies. Based on our results, we propose the following key policy and practice recommendations:

1. **Integration of Routine Screening in Primary Care:** Family Health Centers should be empowered and equipped to implement mandatory, confidential screening for domestic violence for all women of reproductive age. This should be integrated as a standard component of primary care, similar to other routine health assessments.
2. **Increasing Recognition of Psychological Violence:** Public health campaigns and professional training for healthcare providers must focus on increasing the visibility and recognition of psychological, verbal, and economic violence as serious forms of abuse with severe mental health consequences.
3. **Development of Partner-Focused Services:** Given the strong link between partner characteristics (e.g., alcohol use, psychiatric history) and violence, developing accessible psychiatric screening and counseling services for partners should be considered a crucial component of a holistic violence prevention strategy.

Implementing these recommendations can facilitate early identification, provide timely support for vulnerable women, and address the root causes of domestic violence.

While this study provides a scientific foundation for evidence-based policies, future research should build upon its limitations to further clarify the dynamics of domestic violence. Employing longitudinal designs would be crucial to track the trajectory of violence and depression over time, helping to establish causality and understand how risk and protective factors evolve, particularly during the early years of marriage. To improve generalizability, future studies should also be conducted as multi-center trials across diverse settings, including both

urban and rural communities in different regions of Türkiye, which would also allow for comparative analyses of cultural and socioeconomic influences. Furthermore, there is a pressing need for intervention research that designs and evaluates the effectiveness of the specific programs recommended in this study, such as primary care-based screening and partner-focused counseling. Such research would be invaluable in translating foundational findings like ours into effective, scalable, and evidence-based public health programs.

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The authors declare that they have no conflict of interest regarding content of this article.

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Ethical Declaration

Ethical permission was obtained from the İnönü University, Institute of Health Science Ethics Committee for this study with date 20/11/2018 and number 2018/21-2, and Helsinki Declaration rules were followed to conduct this study

Thesis?

This study was prepared by rearrangement of the doctoral thesis by Serdar Gülpınar and Gülsen Güneş, entitled as “The Relationship between Domestic Violence and Depression among Married Women Aged 15–49 Registered at M. Hanifi Bağdatlı Family Health Center in Yeşilyurt District of Malatya Province.”

Is previously presented?

Some part of this study was presented as an oral presentation at the 6th International and 24th

National Public Health Congress held in Antalya, Türkiye, on December 1–4, 2022, entitled as “Domestic Violence, Depressive Symptoms, and Associated Factors among Married Women Aged 15–49 in a District.”

Authorship Contributions

Concept: SG, GG, Design: SG, GG, Supervising: SG, GG, Financing and equipment: SG, Data collection and entry: SG, Analysis and interpretation: SG, Literature search: SG, Writing: SG, Critical review: SG, GG

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