

## Original Article

# Psychological Violence Against Women by their Spouse as Predictive Factors for Anxiety Levels of Women during COVID-19 Pandemic Lockdown

**Sinem Goral Turkcu, PhD, RN**

Assistant Professor, Department of Obstetrics and Gynecology Nursing, Pamukkale University  
Faculty of Health Science, Denizli, Turkey

**Elif Uludag, PhD, RN**

Associate Professor, Department of Obstetrics and Gynecology Nursing Pamukkale University  
Faculty of Health Science, Denizli, Turkey

**Pınar Sercekus, PhD, RN**

Professor, Department of Obstetrics and Gynecology Nursing, Pamukkale University Faculty of  
Health Science, Denizli, Turkey

**Sevgi Ozkan, PhD, RN**

Professor, Department of Obstetrics and Gynecology Nursing, Pamukkale University Faculty of  
Health Science, Denizli, Turkey

**Correspondence:** Sinem Goral Turkcu, PhD, RN, Department of Obstetrics and Gynecology  
Nursing, Faculty of Health Sciences, Pamukkale University, Kinikli Campus, Denizli, Turkey  
E mail: goralsinem@gmail.com

### Abstract

**Aim:** The aim of this study is to determine whether psychological violence against women by their spouse predict anxiety levels of women of reproductive age during COVID-19 pandemic lockdown.

**Methodology:** This study has a descriptive, cross-sectional, correlational design.

The research was performed in a province located in the Aegean Region of Turkey in May-July 2020. The random sampling method was used. The study was conducted with 296 women who voluntarily agreed to participate in the study and met the inclusion criteria. Demographic Data Collection Form, State Anxiety Scale and Psychological Violence Against Women Scale were used as data collection tools.

**Results:** There was a significant, positive moderate relationship between state anxiety and psychological violence in quarantine ( $r=.556$ ,  $p<.05$ ) (Table 2). As seen in the regression analysis, Psychological Violence against Women were significant predictors of state anxiety in the lockdown ( $p<.05$ ). Psychological Violence against Women during lockdown explained 31% of state anxiety ( $R^2= .307$ ,  $p<.05$ )

**Conclusion:** It is important that women who experience psychological violence during the lockdown period are reached by nurse and necessary support is provided.

Women should be informed about the existing telehealth services. It should be ensured to reach women more quickly with the use of developing and widespread technology.

**Keywords:** Psychological violence, anxiety, COVID-19 pandemic lockdown

### Introduction

COVID-19 pandemic affects people psychologically and socially (Holmes et al., 2020). It is stated that the group most psychologically affected during the pandemic

are women (Aksoy et al., 2021; Ozdin & Bayrak Ozdin, 2020). Half of the world's population has been asked to stay at home to slow down the spread of the COVID-19 pandemic (Sandford, 2021). It is stated that

being quarantined is a burden for individuals (El Keshky et al., 2021) and the stress of being at home may increase violence against women (Buller et al., 2018; Zhang, 2020).

Domestic violence against women is an important social problem all over the world as a violation of human rights (Askin & Askin, 2017). The World Health Organization (WHO) states that approximately 35% of women worldwide were subjected to physical or sexual violence before the pandemic started (WHO, 2017). It is stated that most of this violence is close partner violence, and almost 30% of women who have a relationship are exposed to violence by their partners across the world (WHO, 2017). Partner violence is known to increase during humanitarian crises, including conflicts and natural disasters (Parkinson & Zara, 2013). WHO indicates that quarantine practices due to the COVID-19 pandemic cause women to spend more time at home with their violent spouses, causing them to be exposed to more violence (WHO, 2020).

During the COVID-19 pandemic, women subjected to violence do not have a place to escape from this abuse and violence against women increases significantly in this period (Buttall & Ferreira., 2020). In studies conducted around the world, it has been shown that spouse violence against women increased during the COVID-19 pandemic (Sediri et al., 2020; Gebrewahd et al., 2020; Yari et al., 2021; Plášilová et al., 2021; Romito et al., 2022; Akel et al., 2022). Also, in studies conducted in Turkey, it was determined that spousal violence against women increased during the COVID-19 pandemic (Akalin & Ayhan; 2022; Adibelli et al., 2021; Evcili & Demirel, 2022). It is stated that the most common type of violence in this period, both in the world and in Turkey, is psychological violence (Sediri et al., 2020; Gebrewahd et al., 2020; Akalin & Ayhan; 2022). In addition, it is stated that the most psychologically affected group in the COVID-19 pandemic is women (Ozdin & Bayrak Ozdin, 2020) and being a woman in the COVID-19 pandemic is a factor that increases anxiety (Ozdin & Bayrak Ozdin, 2020; Hyland et al., 2020). Besides, it is stated that ongoing violence worsens all aspects of women's quality of life (Bilgin Sahin & Erbay

Dundar, 2017) and the impact of this on all of the women's lives was significant (Westwood et al., 2020). In addition, women's quality of life is also affected by anxiety (Oh & Hwang, 2017). Nursing intervention is required for women with anxiety to improve their quality of life anxiety (Oh & Hwang, 2017). The onset of anxiety disorders can be triggered during the COVID-19 pandemic and the lockdown (Chatterjee et al., 2020). Also, the lockdown during COVID-19 may lead to symptom exacerbation in those with pre-existing disorders (Chatterjee et al., 2020). Hence, it is important to determine the psychological violence experienced by women during this period and the state of experiencing anxiety related to this violence in order to make necessary nursing interventions. It is stated in the literature that as the age of women increases, the rate of being subjected to spouse violence decreases (Kivelä et al., 2019; Alkan et al., 2020). For this reason, it is important to determine the psychological violence of women of reproductive age by their spouses during the pandemic period. The aim of this study is to determine whether psychological violence against women by their spouse predict anxiety levels of women of reproductive age during COVID-19 pandemic lockdown.

## Methods

**Study Design and Participants:** This study has a descriptive, cross-sectional, correlational design. In the G\*power statistics software, the sample size was determined as 270 women, based on regression analysis, two variables, 0.05 significance level, 80% power and medium effect. The research was performed in a province located in the Aegean Region of Turkey in May-July 2020. The random sampling method was used and 296 women were reached via the Whatsapp application and the web-based survey was used. In order to reveal the relationship among variables more clearly, the study was conducted with 296 women who voluntarily agreed to participate in the study and met the inclusion criteria. At the end of the study, a post hoc analysis was performed with the study's own data to re-evaluate the power. In the power analysis, a 95% confidence interval and  $p = 0.05$  significance level were used. As a result of the analysis, the power of the study

was found to be very high as 99%. The inclusion criteria were determined as being a woman older than 18, to be married, being reproductive age, living with her spouse, being able to fill out online questionnaires, and voluntarily accepting to participate in the study.

**Questionnaire:** In the study, "Demographic Data Collection Form", "State Anxiety Scale" and "Psychological Violence Against Women Scale" were used as data collection tools.

**Descriptive Data Collection Form:** Demographic Data Collection Form was prepared by the researchers. In the data collection form, there are 13 descriptive questions including the socio-demographic characteristics of women and their spouses and their knowledge about the quarantine process. While demographic characteristics include questions such as ages, education levels, working conditions, and income levels; questions related to the quarantine process include working situations during the quarantine process, whether their anxiety increased, and exposure to physical violence.

**Trait and State Anxiety Scale:** The scale was developed by Spielberg et al. in 1964 to measure the state and trait anxiety levels of normal and abnormal individuals and was adapted to Turkish by Oner and Le Compte (1985). It is a self-evaluation type scale consisting of short statements. The scale was composed of 20 items for the Trait Anxiety Subscale and 20 for the State Anxiety Subscale. The scale is in a four-point Likert type and all items are scored between one and four. The total score from the two scales varies between 20 and 80. A high score shows a high anxiety level, and a low score shows a low anxiety level. The Cronbach alpha internal consistency coefficient of the scale was between 0.83 and 0.87 (Oner & Compte, 1985). For this study, the total Cronbach's alpha value of the state anxiety subscale was 0.97 and trait anxiety subscale was 0.91

**Psychological Violence Against Women Scale:** The scale, which was created by Tolman (1989) to measure the psychological violence against women by their male partners, was adapted to Turkish by Vatandaslar and Hatipoglu Sumer (2019). The scale adapted to Turkish consists of 44 items and four sub-dimensions (Abuse, Restriction, Jealousy, Criticism). The

behaviors expressed in the scale items are answered by marking one of the options as (1) never, (2) rarely, (3) sometimes, (4) often, (5) very often, and (UD) not suitable, depending on the intensity level. While Cronbach's alpha coefficient of the sub-dimensions of the scale varies between 0.70 and 0.96, the total cronbach alpha coefficient of the scale is 0.97. Getting a higher score on the scale means being exposed to psychological violence more (Vatandaslar & Sumer, 2019). For this study, the total Cronbach's alpha value of the scale was found to be 0.99.

**Procedures:** The COVID-19 pandemic started in December and spread around the world. The first case was seen in Turkey in early March and measures were taken quickly in mid-March. At the end of March, most of the institutions started flexible working and the system of working from home was implemented. In addition, the process of working from home or taking leave started for private-sector employees. At the beginning of June, a gradual normalization took place and the working system in all institutions returned to normal at the end of June. Most of the working adults spent the period from April to July at their homes. The data of the study were collected via WhatsApp application using the web-based survey during the time when restrictions were applied.

**Data analysis:** Descriptive analyses were conducted using percentages, means, and standard deviation. Skewness and kurtosis tests were used to assess the normality of data distribution. Relationships among anxiety and psychological violence against women were assessed with Pearson correlation analysis. Effects of psychological violence against women in quarantine on their anxiety level were assessed with simple linear regression analyses and Multicollinearity testing was performed Multicollinearity analysis. Predictors added to the model by variance inflation factor coefficients were less than 10, tolerance coefficients were greater than 20, and condition index less than 15 (Yan & Su, 2009). The threshold for significance was 0.05.

**Ethical considerations:** Prior to the research, permits were obtained from the owners of the scales used in the research via email. The written consent of the University Non-Invasive Research Ethics Board was obtained

in decision no. 10 dated 27.05.2020. Subjects who agreed to participate in the study were treated according to the Declarations of Helsinki.

### Results

The average age of women was found to be  $35.38 \pm 6.96$  and that of their spouses as  $38.45 \pm 8.41$ , and the average length of marriage was  $10.50 \pm 7.78$ . 79.7% of the women and 80.7% of their partners were university graduates. 54.7% of the women were working in the state institution, while 44.9% of them never worked during the quarantine process. 62.5% of their spouses were working in the private sector and 34.8% of them continued their normal working process in the quarantine period. It was found that 50.3% of the women had medium income and 94.3% had a nuclear family type. It was

determined that women had a mean score of  $45.03 \pm 16.49$  from the state anxiety sub-dimension and a mean score of  $40.93 \pm 9.42$  from trait anxiety sub-dimension. Women's total mean score of the Psychological Violence of Spouse scale was found to be  $69.07 \pm 40.80$  (Table 1).

According to the results of correlation analysis, there was a significant, positive moderate relationship between state anxiety and psychological violence in quarantine ( $r = .556$ ,  $p < .05$ ) (Table 2). As seen in the regression analysis, Psychological Violence against Women were significant predictors of state anxiety in the lockdown ( $p < .05$ ). Psychological Violence against Women during lockdown explained 31% of state anxiety ( $R^2 = .307$ ,  $p < .05$ ) (Table 3).

**Table 1. Descriptive Characteristics**

Characteristics		
Age of the women (mean $\pm$ SD years) (min-max)	$35.38 \pm 6.96$ (22.0-49.0)	
Age of the spouses (mean $\pm$ SD years) (min-max)	$38.45 \pm 8.41$ (25.0-58.0)	
Duration of Marriage	$10.50 \pm 7.78$ (1.0-280)	
	<i>N</i>	%
<b>Education of the women</b>		
Primary school	10	3.4
Secondary school	12	4.1
High school	38	12.8
University	236	79.7
<b>Education of the spouses</b>		
Primary school	14	4.7
Secondary school	11	3.7
High school	32	10.8
University	239	80.7
<b>The State of the Woman Being Required to Work During the Quarantine Period</b>		
I didn't work	133	44.9
I worked part-time	71	24.0
I worked 1 day a week	34	1.5

My normal working process continued	58	19.6
<b>The State of the Partner Being Required to Work During the Quarantine Period</b>		
I didn't work	87	29.4
I worked part-time	82	27.7
I worked 1 day a week	24	8.1
My normal working process continued	103	34.8
<b>The Institution where the Women Work</b>		
Government Institutions	162	54.7
Private Sector	134	45.3
<b>The Institution where the Partners Work</b>		
Government Institutions	111	37.5
Private Sector	185	62.5
<b>Income Level</b>		
Low	14	4.7
Middle	149	50.3
High	133	44.9
<b>Family Type</b>		
Nuclear	279	94.3
Extended	17	5.7
<b>State Anxiety Scale (mean±SD) (min-max)</b>	45.03±16.49 (20.0-80.0)	
<b>Trait Anxiety Scale (mean±SD) (min-max)</b>	40.93±9.42 (20.0-64.0)	
<b>Psychological Violence of Spouse (mean±SD) (min-max)</b>	69.07±40.80 (0.00-220)	
<b>Total</b>	296	100

**Table 2. Correlations between State Anxiety and Psychological Violence against Women in lockdown**

Women (n:296)	Psychological Violence of Spouse
State Anxiety	.556*

\*p<.05

**Table 3. Psychological Violence against Women as a Predictor of State Anxiety in the women in lockdown**

Variables	Model				
	B	SE	$\beta$	t	p
Psychological Violence against Women	.225	0.02	.556	11.475	.000

---

R	.556
R <sup>2</sup>	.307*
F	131.683
DW	1.654

---

\*p<.05

## Discussion

In this study, it was aimed to predict the state of anxiety caused by psychological violence against women of reproductive age during the COVID-19 pandemic lockdown. In this study, it was determined that the state anxiety scores of the women increased compared to the trait anxiety scores. In order to reduce the spread of the virus during the pandemic, measures were taken such as lockdowns and self-isolation. It is stated that people are psychologically affected in this process (Qiu et al., 2020). It is emphasized that the pandemic has psychological effects on people such as high anxiety levels and depression (Ozdin & Bayrak Ozdin, 2020). Studies show that anxiety is higher in women during the COVID-19 pandemic (Ozdin & Bayrak Ozdin, 2020; Wang et al., 2020). The high state anxiety score of women in this study is consistent with the literature. As a result of the regression analysis, a moderate relationship was found between anxiety and psychological violence by the spouse, and the psychological violence by the spouse predicted the anxiety experienced by women of reproductive age in the lockdown period during the pandemic by 31%. In this study, it was determined that psychological violence by the spouse occupies an important place among the factors that affect anxiety level.

Studies indicate that the most common type of violence against women is psychological violence (Domenech et al., 2017). It is stated that in the period of COVID-19, violence against women increased and the most common type of violence was psychological violence (Sediri et al., 2020; Gebrewahd et al., 2020). It has been pointed out in the literature that males in the Turkish culture are held responsible for earning money and fulfilling financial needs of their families (Yavuz, 2015). In Turkey, there was an economic difficulty during the lockdown. Due to Turkey's traditional structure, economic problems may have caused more anger in men and increased the psychological violence

against women. This may have affected the anxiety levels of women. The physical and mental health of women subjected to close partner violence is reported to be worse (Domenech et al., 2017). In a meta-analysis study, it was stated that there is a strong relationship between psychological violence and anxiety (Velotti et al., 2020). This study seems to be compatible with the literature and it was found that the psychological violence by the spouse was highly responsible for the anxiety experienced by women during the lockdown period.

Quarantine practices due to the COVID-19 pandemic cause women to spend more time with their violent partners (WHO, 2020). It is stated that the most important problem in the COVID-19 pandemic period is that women who are subjected to violence do not have a place to escape from this abuse (Buttall & Ferreira, 2020). The fact that women are constantly with their partners who use violence against them during the pandemic period and that they think they cannot escape from violence may have caused an increase in their anxiety level.

It was stated that the quality of life in women is affected by anxiety and that nursing intervention should be performed for women with anxiety in order to increase the quality of life of women (Oh & Hwang, 2017). As in the COVID-19 pandemic, it is clear that lockdowns are imperative in all such pandemics. Thus, necessary measures should be taken to prevent violence against women. Health professionals are essential for screening and responding to violence against women during the pandemic (Sánchez et al., 2020). Units that women can easily reach should be established in family health centers and women should be informed about these units. In addition, it should be ensured that the health personnel in these units periodically call women in the areas they are responsible for, both to make a situation assessment and to provide psychological support.

**Limitations:** The limitation of this study is that women who do not have access to the internet, who do not use smartphones and cannot fill in the questionnaires using google form cannot be included in the study. Also, the online collection of data may have adversely affected the reliability of the data collection process. This is another limitation of the study.

**Conclusion:** As a result, our findings showed that during the COVID-19 pandemic, anxiety of women of reproductive age increased and the anxiety experienced by women was largely due to the psychological violence by their spouse. Women may not realize that they are experiencing psychological violence. As a result of, continued psychology violence may cause higher anxiety in women. It is important that women who experience psychological violence during the lockdown period are reached by nurse and necessary support is provided.

**Implications:** Women should be informed about symptoms of psychological violence by nurses. In this sense, telehealth services should be developed and expanded. Women should be informed about the existing telehealth services. It should be ensured to reach women more quickly with the use of developing and widespread technology. For this purpose, online official platforms accessible to women can be created, and applications can be increased to be installed on their phones for women to seek help in case of violence. It can be helpful that these applications give information about what to do in case of violence.

**Acknowledgment:** The authors would like to thank all of the student who accept to participate in the study.

## References

- Adibelli, D., Sumen, A., & Teskereci, G. (2021). Domestic violence against women during the Covid-19 pandemic: Turkey sample. *Health care for women international, 42*(3), 335–350.
- Akalin, A., & Ayhan, F. (2022). Intimate Partner Violence against Women in Turkey during the COVID-19 Pandemic. *Issues in mental health nursing, 43*(1), 68–75.
- Akel, M., Berro, J., Rahme, C., Haddad, C., Obeid, S., & Hallit, S. (2022). Violence Against Women During COVID-19 Pandemic. *Journal of interpersonal violence, 37*(13-14), NP12284 NP12309. <https://doi.org/10.1177/0886260521997953>
- Aksoy, A., Abiç, A., Degirmenci, F., & Vefikuluçay Yılmaz, D. (2021). The relationship between quality of life and fear of Turkish individuals during the COVID-19 pandemic: A cross-sectional study. *Archives of psychiatric nursing, 35*(5), 472–478.
- Alkan, O., Yılmaz, F. & Abar, H. (2020). Determination of Factors Affecting Domestic Violence against Women in Turkey Using Ordered Probit Regression Models. *Journal of the Human & Social Science Researches, 9*(5) 3338-3360.
- Askin, E. O., & Askin, U. (2017). Relationship between poverty and domestic violence against women: A research on domestic violent women. *Cappadocia academic review, 1*(2), 16–37.
- Buller, Ana Maria; Peterman, Amber; Ranganathan, Meghna; Bleile, Alexandra; Hidrobo, Melissa; Heise, Lori (2018). A mixed-method review of cash transfers and intimate partner violence in low and middle-income countries, *Innocenti Working Papers*, no. 2018-02, UNICEF Office of Research - Innocenti, Florence
- Buttall, F., & Ferreira, R. J. (2020). The hidden disaster of COVID-19: Intimate partner violence. *Psychological trauma: theory, research, practice and policy, 12*(S1), S197–S198. <https://doi.org/10.1037/tra0000646>
- Chatterjee, S. S., Barikar C, M., & Mukherjee, A. (2020). Impact of COVID-19 pandemic on pre-existing mental health problems. *Asian journal of psychiatry, 51*, 102071. <https://doi.org/10.1016/j.ajp.2020.102071>
- Domenech Del Rio, I., & Sirvent Garcia Del Valle, E. (2017). The Consequences of Intimate Partner Violence on Health: A Further Disaggregation of Psychological Violence-Evidence From Spain. *Violence against women, 23*(14), 1771–1789.
- El Keshky, M. E. S., Alsabban, A. M., & Basyouni, S. S. (2021). The psychological and social impacts on personal stress for residents quarantined for COVID-19 in Saudi Arabia. *Archives of psychiatric nursing, 35*(3), 311–316. <https://doi.org/10.1016/j.apnu.2020.09.008>
- Evcili, F., & Demirel, G. (2022). From the perspective of Turkish women: intimate partner violence and perceived stress level in the Covid-19 pandemic. *Women & health, 62*(2), 108–116. .
- Gebrewahd, G. T., Gebremeskel, G. G., & Tadesse, D. B. (2020). Intimate partner violence against reproductive age women during COVID-19 pandemic in northern

- Ethiopia 2020: a community-based cross-sectional study. *Reproductive health*, 17(1), 152. <https://doi.org/10.1186/s12978-020-01002-w>
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., Worthman, C. M., ... Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The lancet. Psychiatry*, 7(6), 547–560.
- Hyland, P., Shevlin, M., McBride, O., Murphy, J., Karatzias, T., Bentall, R. P., Martinez, A., & Vallières, F. (2020). Anxiety and depression in the Republic of Ireland during the COVID-19 pandemic. *Acta psychiatrica Scandinavica*, 142(3), 249–256.
- Kivelä, S., Leppäkoski, T., Helminen, M., & Paavilainen, E. (2019). Continuation of domestic violence and changes in the assessment of family functioning, health, and social support in Finland. *Health care for women international*, 40(11), 1283–1297.
- Oh, Y. K., & Hwang, S. Y. (2017). A path analysis on the effect of anxiety and depression on health-related quality of life of middle aged women. *Journal of Digital Convergence*, 15(10), 579-588.
- Oner, N., & Le Compte, A. (1985). *State-Trait anxiety inventory handbook*. Istanbul, Turkey: Bogaziçi University Press.
- Ozdin, S., & Bayrak Ozdin, Ş. (2020). Levels and predictors of anxiety, depression and health anxiety during COVID-19 pandemic in Turkish society: The importance of gender. *The International journal of social psychiatry*, 66(5), 504–511.
- Parkinson, D., & Zara, C. (2013). The hidden disaster: domestic violence in the aftermath of natural disaster. *Australian Journal of Emergency Management*, 28(2), 28-35.
- Plášilová, L., Hüla, M., Krejčová, L., & Klapilová, K. (2021). The COVID-19 Pandemic and Intimate Partner Violence against Women in the Czech Republic: Incidence and Associated Factors. *International journal of environmental research and public health*, 18(19), 10502. <https://doi.org/10.3390/ijerph181910502>
- Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *General psychiatry*, 33(2), e100213. <https://doi.org/10.1136/gpsych-2020-100213>
- Romito, P., Pellegrini, M., & Saurel-Cubizolles, M. J. (2022). Intimate Partner Violence Against Women During the COVID-19 Lockdown in Italy: A Multicenter Survey Involving Anti-Violence Centers. *Violence against women*, 28(9), 2186–2203.
- Sahin, B. B., & Dundar, P. E. (2017). Violence against women and quality of life. *Anadolu Psychiatric Journal*, 18(3), 203+.
- <https://link.gale.com/apps/doc/A558814641/AONE?u=anon~71074a1&sid=googleScholar&xid=9a518286>
- Sánchez, O. R., Vale, D. B., Rodrigues, L., & Surita, F. G. (2020). Violence against women during the COVID-19 pandemic: An integrative review. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, 151(2), 180–187.
- Sandford, A. (2021). “Coronavirus: Half of humanity now on lockdown as 90 countries call for confinement,” <https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-after-record-950-new-deaths-in-24-hou>. Last accessed Jan 17, 2021.
- Sediri, S., Zgueb, Y., Ouanes, S., Ouali, U., Bourgou, S., Jomli, R., & Nacef, F. (2020). Women's mental health: acute impact of COVID-19 pandemic on domestic violence. *Archives of women's mental health*, 23(6), 749–756.
- Vatandaşlar, S.E., & Sumer, Z.H. (2019). Psychological Maltreatment of Women Inventory. Adaptation to Turkish Culture. *Turkish Psychological Counseling and Guidance Journal*, 9(53), 341-371.
- Velotti, P., Rogier, G., Beomonte Zobel, S., Chirumbolo, A., & Zavattini, G. C. (2022). The Relation of Anxiety and Avoidance Dimensions of Attachment to Intimate Partner Violence: A Meta-Analysis About Perpetrators. *Trauma, violence & abuse*, 23(1), 196–212.
- Wang, Y., Di, Y., Ye, J., & Wei, W. (2021). Study on the public psychological states and its related factors during the outbreak of coronavirus disease 2019 (COVID-19) in some regions of China. *Psychology, health & medicine*, 26(1), 13–22.
- Westwood, T., Wendt, S., & Seymour, K. (2020). Women's Perceptions of Safety After Domestic Violence: Exploring Experiences of a Safety Contact Program. *Affilia*, 35(2), 260–273
- World Health Organization. Q&A: Violence against women during COVID-19. Retrieved



- from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/violence-against-women-during-covid-19/>, 2020.
- World Health Organization. Violence against women. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>, 2017.
- Yan, X., & Su, X.G. (2009). *Multiple Linear Regression. In: Linear regression analysis theory and computing*, World Scientific Publishing Co. Pte. Ltd, pp.41-5.
- Yari, A., Zahednezhad, H., Gheshlagh, R. G., & Kurdi, A. (2021). Frequency and determinants of domestic violence against Iranian women during the COVID-19 pandemic: a national cross-sectional survey. *BMC public health*, 21(1), 1727. <https://doi.org/10.1186/s12889-021-11791-9>
- Yavuz, S. (2015). The role of women in the production of patriarchal dominant masculine values: a “male city” Trabzon example. *Fe Magazine*,7(1), 116-130.
- Zhang H. (2022). The Influence of the Ongoing COVID-19 Pandemic on Family Violence in China. *Journal of family violence*, 37(5), 733–743.