



# Exposure to domestic violence and its effects on adolescents: A survey among Turkish students

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## Abstract

**Problem:** Exposure to domestic violence is an important social problem. What remains unknown are the effects of domestic violence on Turkish adolescents.

**Methods:** This study was performed in Kirikkale, Turkey, to determine the state of verbal and/or physical domestic violence and its effects on adolescent behavior. A total of 1,807 students (44.4% female and 55.6% male) with a mean age of  $15.1 \pm 1.6$  years at two high schools and five elementary schools were enrolled in the study and completed questionnaires that surveyed their exposure to domestic violence and its possible relationship to their disruptive behaviors.

**Findings:** Twenty-three percent of the students were exposed to violence. Among those, 75% had been exposed to violence within the family, 53% by their friends and 17% by their teachers. Of those exposed to domestic violence, 70% were exposed only verbally and 24% only physically. The economic level of the family, gender, marital status of the parents, and education level of the father were significant factors on violence exposure within the family. The results showed that the rates of being involved in a fight, getting injured at a fight, using a gun, bringing knives (mostly pocket knives) to school and using it were higher in children exposed to domestic violence than with the children who were not.

**Conclusions:** To address the impact of domestic violence on teens and possibly decrease the adolescent's violent behavior and its consequences, policies aiming to reduce violence in the social environments of adolescents are needed.

## KEYWORDS

adolescents, domestic violence, domestic violence and cultural contexts

## 1 | INTRODUCTION

Adolescence is a special period involving the transition from childhood to adulthood. Personality formation is related to socialization during this critical period. During adolescence, as part of their efforts to be independent and accepted by others, teenagers might display risky, violent behavior, such as taking part in physical fight, bullying, and carrying guns (Alikasifoglu et al., 2004; O'Keefe, 1997).

Within this period, the child may be influenced by socioeconomic inadequacies of the parents (poverty, low education level, and inadequate attention) as well as factors such as parental conflict, a

weak relationship between the parents, domestic violence, and divorce or separation of the parents (Artun, 1996; Krug, Linda, Mercy, Zwi, & Lozano, 2002; Self-Brown et al., 2012). The parents' problem-solving methods, parental maltreatment or neglect of their children can also affect the child and their development (Self-Brown et al., 2012).

Since adolescence involves many physical and mental changes, some problems are also faced during adolescence. The pressure of friends, emotional ups and downs, increasing clashes with parents, struggles to gain autonomy, and difficult school lessons are difficult to deal for adolescents (Gül & Güneş, 2009).

Public health studies show that violence in young people is an ongoing and growing problem (TGNA Commission, 2007). Social values and cultural perceptions often lie behind the violence. For example, the fact that individuals are exposed to violence as a form of upbringing in childhood means that they can educate their own children in the same way in later life (TPMFRI, 2005). Gelinas (2003) reported that exposure to violence significantly puts children and adolescents at risk for anxiety and depression, phobias, anxiety disorder and especially posttraumatic stress disorder (Gelinas, 2003).

In the study conducted in three different high schools in Ankara in the last 3 months, 16.1% of the students were exposed to violence, 8.8% of them were violent and 20.6% were both exposed to and committed to violence (Özcebe, Üner, & ve Çetik, 2006).

According to Grand National Assembly of Turkey Research Commission Report, at the last 3 months of 2006–2007 academic year, it was stated that of all the students attending secondary education institutions, 22% faced physical, 53% verbal, 26.3% emotional, and 15.8% sexual violence. In addition, it was also stated that 35.5% of the students committed physical violence, 48.7% verbal, 27.6% emotional, and 11.7% sexual (TGNA Commission, 2007).

Many scientific studies have been conducted on this literature, and a general consensus has been reached that exposure to domestic violence has a significant and measurable negative impact on the functioning of children compared with children from nonviolent families (Margolin & Gordis, 2000).

Inadequate or inappropriate socialization of a child within the family poses a serious risk of violence or criminality (Krug et al., 2002). Gorski and Pilotto (1993) demonstrated that violent youth are more likely to have experienced family conflict, lower levels of parental monitoring, and had a higher likelihood of having experienced prior abuse in their homes (Gorski and Pilotto, 1993). Of course, these relationships are complex.

Reilly and Gravdal (2012), who developed an ecological model for family violence prevention, emphasized that the origins of violent behavior were complex, and relationships among cultural, interpersonal, and intrapersonal components were poorly understood. Taking into account this model, it could be thought that violent behavior develops during a learning process related to imitation and the child's tendency toward violence is likely to increase in the presence of domestic violence or maltreatment (Agnich, 2011; Earls, 1994).

## 2 | LOCAL PROBLEM

Inadequacy of parental discipline, the existence of violent practices between the parents, maltreatment of children such as exclusion, beating, scaring and suppressing, and parental neglect may be considered leading familial risk factors in Turkey (Yurtal & Artut, 2009). In a previous study carried out by our group, the rate of firearm possession at home was found to be quite high (12%) compared with the estimated average rate for Turkey (10%) (Hizel,

Özcebe, Şanlı, Albayrak, & Uner, 2008; Umut Vakfı, 2015). These results could be an underestimate as the survey was conducted during the daytime and most of the respondents were women at home (Hizel et al., 2008). In Turkey, most of the firearms belong to men, and some women do not know whether their husbands have a gun or exactly where their husbands keep their firearms (Umut Vakfı, 2015).

Given the extent of firearms in the region and known domestic violence risk, we questioned the relationship between these factors and youth violence. To prevent violent behavior among adolescents in a community we need first to identify the risk factors.

Therefore, the aim of this study was to determine the frequency of exposure to violence in adolescents and to determine the factors related to exposure to violent behavior and the effects of domestic violence. The findings of this study are expected to contribute to health plans and programs to develop adequate adolescent mental health programs and to reduce violent behaviors

## 3 | METHODS

This cross-sectional, descriptive study was carried out with 2,310 students at seven elementary/high schools from different areas with varied socioeconomic levels in the center of Kırıkkale. Using a list obtained from the Provincial Directorate for National Education, schools were randomly selected to participate. At each school, with the permission of the teacher, the data were collected in classes by one of the researchers. After informing the students about the objectives and method of the study, self-completed questionnaire forms were given to those who volunteered to participate in the study (See appendix for questionnaire). Students were informed that participation was voluntary and they could refuse to participate in the study. Of 2,310 eligible to participate, 1,807 students voluntarily participated and completed the self-filled questionnaires. Participants were assured that their responses would be confidential and anonymous.

### 3.1 | Instruments

A detailed questionnaire form was used for the study; it was designed by the researchers. The 58 questions included queries on, socio-demographics and parental characteristics, socioeconomic status, sleeping difficulties, school success, sense of body image, addiction history, and the extent of student's encountered violence. The questionnaire was informed by a previous adolescent study done by the International Children Center's research group (Guciz Dogan et al., 2006).

Statistical Package for Social Sciences (SPSS) version 16.0 was used for statistical analysis. The  $\chi^2$  test was used for descriptive analyses and comparisons, and  $p < .05$  was accepted as significant.

The current version of the Helsinki Declaration (revised in Edinburgh 2000) was followed (Enserink, 2000). The study was approved by the local Ethics Committee. The study was conducted

after obtaining permission from the university presidency and the Provincial Directorate for National Education.

## 4 | RESULTS

### 4.1 | Profile of the participants

The study group comprised 1,807 students (44.4% female and 55.6% male) having a mean age of 15.1 (minimum [min], 12; maximum [max], 21) years. Of the students, 44.9% studied at schools from a high socioeconomic level (HSEL) area and 55.1% at schools from low socioeconomic level (LSEL) area of the province.

Overall, 61.6% of the students considered themselves to be in the adolescent age range. Smoking was reported by 5% ( $n = 88$ ) of the students, 3.1% ( $n = 55$ ) mentioned that they use alcohol and 2.1% ( $n = 15$ ) use a kind of substance. One-fourth of the students (25.1%) do sports regularly, 92.8% defined their school success as good/very good ( $n = 1,246$ ) and only 3.7% had failed a class once in their school life ( $n = 50$ ).

### 4.2 | Family characteristics

The demographic characteristics of the study group and their families are displayed in Table 1. The mean maternal age of the student's mothers was 37.9 (min, 26; max, 64), and paternal age was 42.1 (min, 30; max, 77) years. Of the parents, 6.9% of the mothers and 2.9% of the fathers were illiterate, 5% of the mothers and 17% of the fathers were university graduates. In terms of employment, 92.1% of the mothers and 25.8% of the fathers were unemployed, and 33.4% of the employed fathers were unskilled workers. Most of the students, 82.4% ( $n = 1,489$ ) defined the economic level of their families as high, 9.4% ( $n = 169$ ) as moderate, and 6.4% ( $n = 114$ ) as low.

### 4.3 | The extent of violence exposure

Out of 1,807 students, 412 (22.8%) stated that they had been exposed to violence at some point in their lives. Among the students who encountered violence, 75.4% (311/412) were exposed within the family, 52.9% (218/412) with their friends, and 16.7% (69/412) by their teachers at the school.

In our study, the group was divided into two groups according to the answers given to the 43rd question of the questionnaire. The ones who mentioned that they have exposed either physical or verbal violence within the family composed Group I and the students who

did not expose composed Group II. Of those exposed to domestic violence, 70.1% (218/311) were exposed only to verbal, 23.5% (73/311) only to physical, and 6.4% (20/311) exposed to both verbal and physical violence.

Within the previous 3 months, 35.7% (592/1658) of the students faced violence in their social environment (9.4% at the mass-media and 16.7% at home). Encounters with domestic violence within the past 3 months were independent of socioeconomic status and occurred, more in boys than girls (28.8% of the boys, 23.0% of the girls,  $p = .001$ ). However, gender differences were no longer apparent in responses that asked about witnessing violence in general (Table 3).

### 4.4 | Factors related to exposure to violent behavior

The majority of the study group (90%) was living with their married parents and the mean family size was 4.80 people. Certain familial characteristics that appear to be related to exposure to domestic violence are summarized in Table 2. In terms of the effect of the parental education level, no significant difference was detected

**TABLE 2** Frequency of exposure to domestic violence according to the family characteristics of the study group

	General		Group I		Group II		<i>p</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	% <sup>a</sup>	
Mother's age							
25–30 years	91	7	22	7.5	69	6.8	.474
31–40 years	902	69.3	194	66.4	708	70.2	
> 40 years	308	23.7	76	26.0	232	23.0	
Father's Age							
30–40 years	574	43.4	136	44.6	438	43.0	.654
41–50 years	644	48.6	142	46.6	502	49.3	
>50 years	106	8.0	27	8.8	79	7.7	
Education status of mother							
Illiterate	92	6.8	15	4.9	77	7.3	.107
<8 years	955	70.3	231	75.2	724	68.9	
>8 years	311	22.9	61	19.9	250	23.8	
Education status of father							
Illiterate	43	3.2	16	5.2	27	2.6	.028
<8 years	649	47.9	158	51.6	491	46.8	
>8 years	663	48.9	132	43.2	531	50.6	
Economic status of the family							
Good	1,149	85.2	235	76.5	914	87.7	.000
Average	121	76.5	44	14.3	77	7.4	
Poor	79	5.9	28	9.1	51	4.9	
Marital status of the parents							
Married	1,245	91.7	260	84.7	985	93.7	.000
Divorced	56	4.1	28	9.1	28	2.7	
One/both parents deceased	57	4.2	19	6.2	38	3.6	
Firearm at home							
Exist	257	21.2	39	21.8	218	21.1	.881
Not exist	954	58.8	814	78.9	140	78.9	

<sup>a</sup>Column percentages are given.

**TABLE 1** Characteristics of the study group

	Minimum	Maximum	Mean ± SD
Age (years)	12	21	15.1 ± 1.61
Mothers' age (years)	26	64	37.9 ± 5.47
Fathers' age (years)	30	77	42.1 ± 6.07
Number of siblings	0	10	2.29 ± 1.4
Family size	2	11	4.80 ± 1.2

**TABLE 3** Frequency of exposure to domestic violence according to the general characteristics of the study group

	General		Group I		Group II		p
	n	%	n	%	n	% <sup>a</sup>	
Sex							
Female	528	43.2	83	47.4	445	42.5	.227
Male	693	56.8	92	52.6	601	57.5	
Being aggressive							
Usually	357	35.4	75	38.5	282	34.6	.317
No	652	64.6	120	61.5	532	65.4	
School success							
Very good/good	1,246	92.8	265	88.3	981	94.1	.003
Poor	97	7.2	35	11.7	62	5.9	
Body image							
Satisfied	866	63.9	170	55.0	696	66.5	.000
Dissatisfied	490	36.1	139	45.0	351	33.5	
Failed a class							
Yes	50	3.7	21	7.0	29	2.8	.001
No	1,291	96.3	280	93.0	1,011	97.2	
Sleep problems							
Exist	507	38.2	134	45.1	373	36.2	.005
Do not exist	821	61.8	163	54.9	658	63.8	
Adolescent problems							
Exist	486	37.4	150	51.0	336	33.4	.000
Do not exist	815	62.6	144	49.0	671	66.6	

<sup>a</sup>Column percentages are given.

between maternal education level and exposure to domestic violence, but a significant correlation was found with the paternal education level and exposure to domestic violence ( $\chi^2 = 9.13$ ;  $p < .05$ ). The student's exposure to violence was found to decrease as the education level of the father increased (Table 2). Accordingly, 37.2% (16/43) of the students whose fathers were illiterate, 24.3% (158/649) of those whose fathers were elementary school graduates, 20% (81/405) of those whose fathers were high school graduates reported they were exposed to domestic violence. But that percentage decreased to 19.8% (51/258) for students whose fathers were university graduates. Maternal and/or paternal ages were not considered to be significant factors (Table 2).

While exposure to domestic violence was 20.5% in children with a high family economic level, the rate was 36.4% and 35.4% in students with moderate and low economic levels, respectively, and there was a significant difference between these income levels ( $\chi^2 = 23.448$ ;  $p < .05$ ; Table 3).

Similarly, 20.9% (260/1,245) of students whose parents were married, 50% (28/56) of those whose parents were divorced, and 33.3% (19/57) of those whose mother and/or father were deceased reported that they had been exposed to domestic violence ( $\chi^2 = 29.8$ ;  $p < .05$ ). Thus, the marital status of the parents directly affected the likelihood of encountering domestic violence.

If any member of the family had an alcohol problem, the potential of the child to be exposed to violence increased. Compared to other groups, the rate increased significantly more if the mother and/or the

father had the problem (16% in those without an alcohol problem in the family, 20.8% if any member of the family had an alcohol problem, and 28.1% if the mother/father had alcohol problem;  $p = .049$ ).

Approximately 20% (20.1%) of participants reported 20.1% mentioned that there was a firearm at home and 1.9% have touched it at least once. There was no statistically significant relationship between the existence of a firearm at home and exposure to domestic violence ( $\chi^2 = 0.04$ ,  $p = .881$ ).

#### 4.5 | Effects of domestic violence on adolescents and their self-reported violent/aggressive behavior

The general characteristics of the study group according to the state of exposure to domestic violence are displayed in Table 3. While 63.9% of the students were satisfied with their body image, dissatisfaction was expressed more by those exposed to domestic violence.

Among all respondents, 38.2% said they had some sort of sleep problem. 17.2% had stated that they had difficulty in falling asleep, 12.7% had difficulty in waking up in the morning, and 9.3% woke up frequently for no reason. We investigated the relationship between sleep problems; and intrafamilial violence. Sleeping problems were detected more in those who had been exposed to domestic violence (Table 3).

Parallel to the findings above, 11.6% of the students exposed to domestic violence described their school success as poor; however, the rate is 5.9% for the students not exposed to domestic violence. Similarly, it has been stated that the rate of students having failed in at least one lesson is 7.5% with the ones exposed to domestic violence while the rate is 2.86% with the ones not exposed to domestic violence.

Violent behaviors of the study group and relation with exposure to domestic violence are detailed in Table 4. The results showed that the rates of being involved in a fight, hitting, using a knife, and getting injured at a fight in children were higher for children exposed to domestic violence than the children who were not exposed.

## 5 | DISCUSSION

According to a study, carried out by the Prime Ministry Family Research Institute, an average of 44% of families in Turkey committed violence against their children (Seyyar, 2000). This might be expected in a patriarchal traditional country. Such cultural impacts might explain the use of violent behavior by children and adolescents particularly those who have been subjected to or have witnessed others using violence to solve even minor disagreements.

Even higher prevalences were given by Vahip and Doğanavşargil in 2006 a city at the very west part of Turkey (İzmir). Here the lifetime prevalence of spousal physical abuse was 62% and 63% of the participants were physically abused in their homes during childhood (Vahip & Doğanavşargil, 2006). Moreover, 51% of the

**TABLE 4** Frequency of exposure to domestic violence according to the violent behaviors of the study group

	General		Group I		Group II		<i>p</i>
	<i>n</i>	% <sup>a</sup>	<i>n</i>	% <sup>b</sup>	<i>n</i>	% <sup>a</sup>	
Firearm at home							
Yes	260	19.5	63	21.0	197	19.0	.449
No	1,075	80.5	237	79.0	838	81.0	
Bringing weapon to school							
Yes	56	4.7	13	7.4	43	4.2	.063
No	1,146	95.3	163	92.6	983	95.8	
Use of weapon							
Yes	21	1.7	4	2.2	17	1.6	.578
No	1,188	98.3	174	97.8	1,014	98.4	
A fight-related injury							
Yes	191	15.8	52	29.1	139	13.5	.000
No	1,021	84.2	127	70.9	894	86.5	
Hitting							
Yes	650	53.3	114	63.7	536	51.5	.003
No	569	46.7	65	36.3	504	48.5	
Use of knife							
Yes	102	8.5	35	19.6	67	6.5	.000
No	1,102	91.5	144	80.4	958	93.5	
Fighting							
Yes	469	35.2	127	42.2	342	33.1	.006
No	865	64.8	174	57.8	691	66.9	

<sup>a</sup>Column percentages were given.

<sup>b</sup>Raw percentages were given.

study group physically abused their children. The results of our study demonstrated that 22.8% of the students were exposed to violence at some point in their lives and among those students who encountered violence, 75.4% were exposed within the family. Thus, adolescent exposure to domestic violence was at a considerable level in Kirikkale, but actually much lower than previous studies conducted in Turkey.

All these data point to the need to address this social problem. Adolescent exposure to and/or facing domestic violence could lead to greater issues in the future unless preventive measures are taken. In the new millennium in Turkey, as a result of political and socio-economic changes, individualization and moral transitions, more public attention was given to the aggressive and violent behaviors of the high school students. If violent behavior is considered to develop as a learning process (related to imitation), it might be that children model the problem-solving methods of the parents, and the behavioral pattern learned in the family might then be directed toward peers and/or teachers (Henry, 2000). According to McCord, the underlying reasons for 36% of violent behavior committed in the postchildhood period are factors such as inadequacy of parental involvement, lack of maternal self-esteem, and exposure of the children to parental conflicts, fights, and aggressiveness in childhood (McCord, 1979). In a study conducted by The Report of Turkish Grand National Assembly (TGNA) Research Commission (2007) in Turkey, the primary correlate of increased use of physical violence among students was shown to be previous exposure to violence

(TGNA Commission, 2007). The risk factors detected for children subjected to physical violence may include: poverty, history of domestic violence, social isolation, weak impulse control, substance abuse, mental illnesses, single parents, young children, premature birth, congenitally malformed babies, behavioral problems, growth retardation, and adoption (Agnich, 2011; Erten & Ardali, 1996). In this context, the children of parents who were tough on their children and/or each other, and displayed rejecting and neglecting attitudes, were more likely to exhibit violent behaviors (Ayan, 2007; Gunnlaugsson, Kristjánsson, Einarsdóttir, & Sigfúsdóttir, 2011). The results of the present study revealed that 50% (*n*: 28/56) of children with divorced parents, and 33.3% (*n*: 19/57) of those with one deceased parent, were exposed to domestic violence, while lower economic status was associated with a higher presence of domestic violence.

The results also suggest that the potential of domestic violence increases when familial stress is high. In addition, the children exposed to domestic violence were significantly more likely than others to describe their fathers as usually angry. Finally, the child's exposure to domestic violence increased as the father's education level decreased. Similar results were found in the study by Khoury-Kassabri that investigated the reasons for violence committed by adolescents in the Middle East against their friends and teachers (Khoury-Kassabri, Astor, & Benbenishty, 2009). It may be that the father, who takes the responsibility for the subsistence of the family according to Turkish culture and traditions, commits domestic violence; being unable to control himself and his anger under such stress. Children growing up in such families may be at a higher risk of exhibiting violent behavior. In particular, it has been found that boys exposed to violence at home either adopt or practice violent actions in and outside of the family when they get married (Bilir et al., 1991). We also detected boys, more than girls, encounter domestic violence within the past 3 months more than girls (28.8% of the boys and 23.0% of the girls).

In accordance with existing research, the results of the present study showed that the rates of being involved in a fight, using a gun, bringing a knife to school, using a knife, and getting injured in a fight in children were higher for teen who had been exposed to domestic violence than in children who had not been exposed. Those results indicate that family dynamics should be evaluated in the context of traditions and cultures, and programs to prevent violence should be planned accordingly.

The effects of domestic violence were not limited to the violent/aggressive behaviors of the students. Witnessing and/or being subjected to violence in society, particularly within the family, may cause posttraumatic stress disorder in children, as well as depression, anxiety disorders, and substance use (Devoe, Dean, Traube, & McKay, 2005). In this study, children exposed to domestic violence in the study reported sleeping problems such as difficulty in falling asleep, waking up frequently and having nightmares, as well as problems of adolescence such as worries and anxiety, problems reported at a higher rate than for those who had not been exposed Vahip and Avşargil reported in their study on female patients



presenting to psychiatry clinics that 21% of the patients had been subjected to physical violence in childhood, and 38% had witnessed physical violence between their parents in childhood (Vahip & Doğanavşargil, 2006). Those results suggest that adolescent exposure to violence not only leads to an increase in violent behavior that damages the self and the environment, but also to more problematic adolescence.

## 6 | WEAKNESSES/LIMITATIONS

The limitations of this study are that the results cannot be generalized to all teenagers in the country, and age distributions are not equal. Additionally, we have used an ad hoc questionnaire, one whose validity has not been evaluated. It is possible, that answering such questions in the context of the classroom would lead adolescents to endorse negative statements about parents. Even with the existence of these limitations, a considerable number of adolescents mentioned they have exposed to domestic violence (22.8%).

Particular factors could not be examined since the study is cross-sectional. Prospective studies should be conducted to advance research on reducing family violence. Additionally, the participants were not asked whether they had experienced behavioral problems and if they do, what kind of problems they had encountered. Future studies should consider the behavioral problems that abused individuals may project and test whether the data differ by age groups of adolescents. Lastly, when adolescents are vulnerable to violence and recommendations with respect to this situation can be addressed.

## 7 | CONCLUSION

Exposure of adolescents to domestic violence is an important social problem. Important progress has been made in terms of identifying the impact of exposure to violence on children. However, as was mentioned by a meta-analysis conducted by Wolfe et al. unanswered questions still remain (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Considering that individuals exposed to physical violence in childhood are more inclined towards violent behaviors, it is clear that there will be greater problems in the future unless precautions are taken to prevent the problem.

We think that violence can be prevented, the cultural acceptability of violence can be decreased and the social view allowing violence can be changed. As a result, violence committed against adolescents, and therefore, violence in adolescents can be decreased via the dissemination of education primarily to families with risk factors. Implementing education programs against violence, including anger management techniques, and addressing not only adolescents but also parents, particularly in families experiencing stressful periods, would be helpful.

The individual, family, and society have significant roles in healthy development and successful violence prevention programs during adolescence, which constitutes a high-risk period. Health-care providers need to be familiar with and utilize violence prevention resources. These include parenting classes, religious organization support, school-based education, community centers and programs for all ages, elderly respite care centers, abuse hotlines and safe living environments, victims assistance programs, job training, and advocacy and legal resources. The use of these resources and referral options must be recognized as basic competencies in medical education.

Risk factors for child abuse have been described across four domains: individual child or adult characteristics, family functioning, community level, and the sociocultural context. In this respect, taking precautions about domestic violence in children may reduce abuse.

## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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## APPENDIX: QUESTIONNAIRE FORM

Date of Survey:

Place of Survey:

Adolescent Period-Related Risky Behavioral Characteristics and Features of Contact with Violence of Students Attending Primary Education Schools at Kırıkkale City

- 1) **Your date of birth (year):**
- 2) **Your gender:**
- 3) **Your height**
  - a) .....cm
  - b) I do not know
- 4) **Your weight:**
  - a) .....kg
  - b) I do not know
- 5) **In your opinion, how does your body look like?**
  - a) Thin
  - b) Normal
  - c) Slightly overweight
  - d) Fat
- 6) **Are you happy with your body?**
  - a) Yes, I am, I have no complaints
  - b) Yes, but I could have been thinner
  - c) No, I would like to lose weight
  - d) No, I would like to gain a bit

- 7) **To which period of life do you attach yourself?**
- Childhood
  - Adolescence
  - Youth
  - Adulthood
- 8) **Do you have a job?**
- No
  - Yes, ..... days a week
  - Yes, ..... days a month
- 9) **Do you have a health insurance?**
- None
  - If yes, state.....
- 10) **Do you have siblings?**  
..... number of siblings.....
- 11) **Mother's age: ..... Father's age: .....**
- 12) **Number of people residing at home:..**
- 13) **Marital status of your parents:**
- Married, and living together
  - Divorced
  - Mother and/or father has died
- 14) **Educational status of your mother:**
- illiterate
  - primary school/secondary school graduate
  - high school/university graduate
- 15) **Working status of your mother:**
- housewife
  - unqualified worker/officer
  - has a profession (doctor, lawyer, teacher...)
  - does her own job (shopkeeper, etc.)
  - Other (retired.....)
- 16) **Educational status of your father:**
- illiterate
  - primary school/secondary school graduate
  - high school/university graduate
- 17) **Working status of your father:**
- does not work
  - unqualified worker/officer
  - has a profession (doctor, lawyer, teacher...)
  - does his own job (shopkeeper, building contractor, etc.)
  - Other (retired.....)
- 18) **How would you assess the economic status of your family?**
- We spend money comfortably for our daily needs
  - We can meet our daily needs
  - We can only meet our mandatory needs such as food and heating
  - We cannot even earn enough to meet our mandatory needs
- 19) **Which one below is the person you think that you best get along with?**
- Mother
  - Father
  - Sister
  - Brother
  - Grandmother/grandfather
- A friend from the neighborhood
  - My teacher
  - My school friend
  - i) Other.....
- 20) **Which one below is the person you have problems with the most?**
- Mother
  - Father
  - Sister
  - Brother
  - Grandmother/grandfather
  - A friend from the neighborhood
  - My teacher
  - My school friend
  - Other.....
- 21) **How would you rate your academic success?**
- Very good
  - Good
  - Poor
- 22) **Did you ever fail the class?**
- Yes ..... times
  - No
- 23) **Do you have a pet at home?**
- Yes
  - None
  - There is one I always feed in the garden/on the street
- 24) **Which one(s) of the following do you perform at least once a week?**
- I do not perform any activities
  - I go to the movies/theater
  - I take a walk
  - Reading books
  - Games/chatting at home PC
  - Spending time with friends
  - Visiting a patisserie
  - Watching TV
  - Visiting an internet cafe
  - Private hobby (arts, playing an instrument...)
- 25) **Do you perform sports? .....**
- Yes, I am a certified sportsman
  - I perform sports regularly
  - I perform sports occasionally
  - I never perform sports
- 26) **Did you ever smoke?**
- No
  - I tried once, and I did not smoke then
  - I tried, and I still smoke occasionally
  - Yes, I smoke regularly
- 27) **Why did you try smoking or why did you start smoking?**
- Out of curiosity
  - Because I could not offend my friends
  - Because I imitated adults
  - To get socialized



- e) To feel myself like a grown-up person
- 28) **Do you have a smoker in the family?**
- None
  - Only my father
  - Only my mother
  - Both of my parent's smoke
  - Yes, my sibling smokes
  - Yes, almost everyone at home smokes
- 29) **Did you ever drink an alcoholic beverage?**
- No
  - I tried once, and I did not drink then
  - I tried once, and I still drink occasionally
  - Yes, I drink regularly
- 30) **Do you have anyone with alcohol problem in the family?**
- No, nobody
  - Yes, just my father has
  - Yes, just my mother has
  - Yes, there is an uncle/grandfather
  - Yes, my sibling has
- 31) **Did you ever use (narcotic) drugs?**
- No
  - I tried once, and I did not use then
  - I tried once, and I still use occasionally
  - Yes, I use regularly
- 32) **Did you ever use bali/glue/volatile substances?**
- No
  - I tried once, and I did not use then
  - I tried once, and I still use
  - occasionally
  - Yes, I use regularly
- 33) **Do you drive a car?**
- Yes, occasionally
  - Yes, regularly
  - No
- 34) **If you drive, is your family aware of your driving?**
- I do not drive a car
  - My family knows about it
  - My family does not know about it
- 35) **Do you have your own room at home?**
- Yes, there is a room that I use all by myself at home
  - Yes, there is a room that I share with my sibling
  - Yes, there is a room that I share with my grandmother/grandfather
  - Yes, but the room is mine only after my family goes to sleep
  - No, we are all in the same room
- 36) **Generally, on what time do you get up in the morning on weekdays?**
- At 6:00 to 7:00 a.m.
  - At 7:00 to 8:00 a.m.
  - At 8:00 to 9:00 a.m.
  - At 9:00 to 10:00 a.m.
  - After 10:00 a.m.
- 37) **At what time do you generally go to sleep?**
- At 8:00 to 9:00 p.m.
  - At 9:00 to 10:00 p.m.
  - At 10:00 to 11:00 p.m.
  - At 11:00 to 12:00 p.m.
  - After 12:00 p.m.
- 38) **Do you have a habit that you perform before sleeping? (You may tick more than one option)**
- Watching TVs
  - Listening to music
  - Reading books
  - Chatting at PC
  - Playing PC games
  - Socializing with family
  - Other.....
- 39) **Do you have any preparations before sleeping?**
- No, I do nothing special
  - I do nothing but tooth brushing
  - I only wash my face and hands
  - I do sports, I wash my hands and face
  - I take a shower and brush my teeth, and then I go to sleep
  - Other.....
- 40) **Do you have a sleeping problem?**
- No, I never have a problem with sleeping
  - Yes, I have a difficult time at falling into sleep
  - Yes, I wake up frequently at nights with no reason
  - Yes, I can wake up very hardly in the morning
- 41) **Did you ever wake up in the last 3 months with night terror/nightmare?**
- No
  - Yes, once
  - Yes, a couple of times
  - frequently
- 42) **Did you ever contact violence in the last 3 months?**
- No, I never did
  - Only in newspapers/journals/at TV
  - In the family  oral  physical
  - From friends  oral  physical
  - At school  oral  physical
  - In social setting (cafe, bar, and meeting)  oral  physical
  - In the mosque  oral  physical
  - On the street  oral  physical
- 43) **Were you ever exposed to violence?**
- No, I never was exposed
  - By my family  oral  physical
  - By my friends  oral  physical
  - By the teacher  oral  physical
  - In the mosque  oral  physical
  - On the street  oral  physical
  - In a social setting (cafe, bar, and meeting)  oral  physical
- 44) **Which one(s) of the following characteristics does suit you more? (You may tick more than one option)**
- Very calm

- b) Generally calm
  - c) Generally, very active
  - d) Lazy
  - e) Generally nervous
  - f) Very nervous
- 45) **Do you play games of violent content (PC games, etc.)?**
- a) No
  - b) Yes, rarely
  - c) Yes, frequently
- 46) **Did you get involved in a quarrel?**
- a) Yes
  - b) No
- 47) **Did you ever use a sharp object in a quarrel?**
- a) Yes
  - b) No
- 48) **Did you ever hit anyone?**
- a) Yes
  - b) No
- 49) **Did you ever take place in a quarrel you were injured?**
- a) Yes
  - b) No
- 50) **Did you ever injure anyone by using a gun?**
- a) Yes
  - b) No
- 51) **Do you have a gun at home?**
- a) Yes
  - b) No
- 52) **Did you or do you ever bring any sharp objects/gun to school?**
- a) Yes
  - b) No
- 53) **Do you think that you have a problem pertaining to adolescent period?**
- a) No, I do not have a problem
  - b) I guess I have some problems but I am not sure
  - c) Yes, I have many problems
- 54) **Did you apply to a healthcare institution for your problems in this period?**
- a) Yes
  - b) No
- 55) **If your answer is yes, how would you describe the behavior of the doctor/nurse, you have applied to, towards you?**
- a) Very rude
  - b) Not very attentive
  - c) Showed the sufficient interest
  - d) Very polite, and was much more interested than I have expected
- 56) **What did you feel while applying to the healthcare institution?**
- a) I did not get influenced much
  - b) I was a bit shy
  - c) I was very embarrassed
  - d) I went there unwillingly, and I could have spoken hardly
- 57) **Would you like to have consultancy in relation to your problems at this period?**
- a) Yes
  - b) No
  - c) I do not know
- 58) **From whom do you like to receive this consultancy?**
- a) My family
  - b) My friend
  - c) Doctor
  - d) Nurse
  - e) Other
- 59) **Which gender do you prefer for your consultant?**
- a) My own gender
  - b) Opposite gender
  - c) gender does not matter at all
- 60) **If there were such a unit in your City, would you have applied when you had a problem?**
- a) No, never
  - b) Maybe occasionally, if I am in a very difficult situation
  - c) Yes, certainly if I have a problem

WE THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONNAIRE.