

Attributions related to spousal sexual violence among married women in Turkey

Türkiye'deki evli kadınların eşe yönelik cinsel şiddete ilişkin atıfları

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SUMMARY

Objective: Spousal sexual violence (SSV) is a form of intimate partner violence (IPV) that can affect women physically and psychologically and often co-occurs with other forms of IPV. The estimated prevalence of SSV might not reflect the reality since women often do not readily perceive it as a form of violence. **Method:** This descriptive study aimed to investigate the factors associated with married women's attributions related to SSV. The sample consisted of 510 married women who were recruited during their visits to various outpatient clinics in a hospital in Turkey between July and December 2016. The data was collected as self-reports via sociodemographic forms, Attributions related to the Sexual Violence Scale, the sources of help-seeking, and the Bem Sex-Role Inventory. **Results:** Among the sample, 12.7 % reported lifetime SSV. The age and education level of the father predicted victim-blaming attributions, and the education level of women and their fathers predicted rape-supportive attributions. Women who had an arranged marriage had higher rape-supportive attributions. These attributions were not associated with gender role orientation and experience of SSV. Consultation with healthcare professionals was the most common suggestion for women who experienced SSV. **Discussion:** Attributions of married women to SSV are related to individual and marital factors. Education could be a valuable tool with its form and content for shaping women's attributions to SSV.

Key Words: Domestic violence, attributions, sexual violence, gender roles

ÖZET

Amaç: Eşe yönelik cinsel şiddet, kadınları hem fiziksel hem de psikolojik olarak etkileyebilen ve sıklıkla diğer şiddet formlarıyla birlikte ortaya çıkan bir yakın partner şiddetidir. 'Kadınlar yakın ilişkide cinsel şiddeti bir şiddet biçimi olarak algılamadığından esler arası cinsel şiddetin yaygınlığı gerçeği yansıtmayabilir. **Yöntem:** Tanımlayıcı tipte olan bu araştırma, evli kadınların eş cinsel şiddetiyle ilgili atıflarına ilişkin faktörleri araştırmayı amaçlamıştır. Örneklemi Türkiye'de bir hastanede Temmuz-Aralık 2016 tarihleri arasında çeşitli polikliniklere başvuran 510 evli kadından oluşmaktadır. Veriler, sosyodemografik form, Cinsel Şiddete İlişkin Atıflar Ölçeği, Yardım arama kaynakları ve Bem Cinsiyet Rolü Envanteri aracılığıyla toplanmıştır. **Bulgular:** Örneklem %12,7'si yaşam boyu eş cinsel şiddeti bildirmiştir. Babanın yaşı ve eğitim düzeyi mağduru suçlayan atıfları, kadınların ve babalarının eğitimi ise cinsel şiddeti destekleyici atıfları yordamaktadır. Görücü usulüyle evlenen kadınların cinsel şiddeti destekleyici özellikleri daha yüksekti. Bu atıflar, cinsiyet rolü ve eş cinsel şiddet deneyimi ile ilişkili değildi. Katılımcıların eşi tarafından cinsel şiddet deneyimleyen kadınlara destek için en yaygın önerisi sağlık profesyonellerine başvurmalarıydı. **Sonuç:** Evli kadınların eş cinsel şiddetine atıfları bireysel ve evlilik özellikleriyle ilişkilidir. Eğitim, biçimi ve içeriğiyle kadınların eş cinsel şiddetine ilişkin atıflarını şekillendirmede önemli bir araç olabilir.

Anahtar Sözcükler: Aile içi şiddet, atıflar, cinsel şiddet, cinsiyet rolleri

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INTRODUCTION

Spousal sexual violence (SSV) can considerably affect a woman physically and psychologically (1,2). Compared with sexual violence committed by other perpetrators, sexual violence within marriage involves greater physical violence (3) and recurrent assaults (4). Although sexual violence by the spouse is assumed to cause less severe trauma to the victim than the stranger perpetrator (5,6), victims of SSV are more likely to be diagnosed with depression and anxiety than victims of stranger assailants (7). Many survivors reported guilt and a diminished sense of self-worth and blame themselves for the violence (8). Moreover, sexual violence by an intimate partner predicts post-traumatic stress disorder (PTSD) even after physical violence severity is controlled (9).

Sexual violence by the spouse is usually not perceived as a form of violence by society, has been invalidated by the legal system, and is ignored by professionals (9). Also, the definition of SSV is affected by legal and cultural factors (10). Questions such as who perpetrates the violence, who is the victim, what is violated, and who decides whether the act contains violence need to be answered to define sexual violence within marriage (11). Spousal sexual violence is considered a crime with the legal regulation made in 2005 efforts to harmonize Turkish law with European Union legislation (12). A sentence of 7 to 12 years is foreseen for SSV and accounts for a notable reason for divorce. Being assaulted by someone who is considered to be close and trusted and continuing to live with that individual leads to the persistence of humiliation, disgust, pain, and threats, often resulting in feelings of weakness and isolation in the victims (13, 14). However, the prevalence and perceptions of married women have not been addressed adequately in the literature (8, 15).

The research on the impact of SSV on its victims is limited. That is explained with victims often seeking help if they experience both physical and sexual violence (16), and the law enforcement system does not identify them as real victims (17,18). However, Stermac, Bove, and Addison found that sexual violence committed by the intimate partner compared

to other perpetrators includes more physical violence and causes more injuries to the victims (3). For example, the most common complaints in the study conducted with women exposed to SSV are dyspareunia (72%), urinary tract infection (50.9%), urinary incontinence (32.4%), menstrual irregularity (25%), miscarriages (20.4%), and unwanted pregnancies (17.6%) (19). The message of protection against HIV through monogamy or condom use is reported, but married women are at risk due to their spouse's sexual behavior (20-22).

Reliable estimates of the prevalence of SSV are difficult to obtain for several reasons (17, 23-25). Some of the survivors consider sex as a wifely duty (26, 27). Women who experience sexual violence do not disclose their experiences to anyone (28, 29); such hesitations emanate from the belief that no one would believe them (18). Individuals are likely to make different attributions to scenarios of sexual violence based on the relationship between a survivor and a perpetrator (30). For instance, SSV is perceived as a less serious crime than other forms of violence (31), and blame is directed primarily at the survivor (32). However, a replication of the original study (31) in Turkey showed that seriousness of sexual violence were assessed by Turkish participants more negatively than the original study (33).

Sexual violence perpetrated by a spouse is assumed to cause less severe trauma to the survivors than the trauma perpetrated by a stranger (5,6). Studies have revealed that the psychological effects on the survivors were either independent of the identity of the perpetrator (2,34) or had more severe consequences when sexual violence occurred within a marital relationship (7,35). In this respect, Westwell stated that mental health professionals should be ready to face sorrow, fear, sexual dysfunction, loss of confidence, and lower self-esteem in SSV to a similar extent that they witness in the survivors of other sexual violence (36).

The majority of studies related to attitudes towards SSV have focused on the characteristics of the perpetrators or the survivors, but the characteristics of the observers are generally disregarded. A discrepancy in attitude towards survivors of sexual vio-

lence led researchers to identify the causative factors. Jeffords and Dull (1982) found that females, younger individuals, those who were more educated, and unmarried participants were more commonly in favor of the repeal of the marital rape exemption law (37). Illiteracy, low income, and younger age at marriage were predictors of endorsement of domestic violence (38). Jeffords revealed that supporting norms against marital rape were positively associated with Judeo-Christian religiosity (39).

Spousal sexual violence often co-occurs with other forms of IPV. Many survivors of sexual violence reported that sexual violence was only a part of the aggressive behavior inflicted on them (34). There are limited studies related to victimization status on attitudes towards sexual violence. Past victimization status was reported to not be a salient predictor of perceptions related to sexual violence (40), and experiencing sexual violence was positively associated with blaming the victim (41).

Although the traditional division of roles as a function of gender has declined over time, in a traditional marriage, the primary role of women still includes housework, childcare, and fulfilling the husband's sexual needs. Gender role orientation is an important factor in shaping one's attitudes towards sexual violence. Compared to egalitarians, individuals who believed in traditional gender roles were found to have a greater tendency to minimize the severity of sexual violence in all scenarios after reading vignettes in which sexual violence was committed by a neighbor, an ex-partner, and a current partner (5). Jensen and Gutek reported that women holding traditional sex-role beliefs were associated with blaming themselves and other victims of sexual violence (42). While gender role orientation contributes to men's attitudes towards sexual violence, women's gender role orientations and their attitudes towards sexual violence were found to be unrelated (43).

Limited studies have addressed attributions related to SSV compared to other forms of violence. The samples in the majority of available studies on sexual violence consist of university students (6, 30, 44-46), and data on married women are sparse. These

facts hinder the generalizability of their findings and call for studies with samples that include married women. The current study, therefore, aimed to investigate the attributions of married women related to SSV. It was hypothesized that responses to questions, which assess attributions related to sexual violence, following a vignette describing a sexually violent act by a spouse will differ significantly based on the features of the individual examined in this study.

METHOD

Participants

The hospital at which the current research was conducted is one of two obstetrics and gynecology hospitals in Ankara, the capital and the second most populated city in Turkey. Inclusion criteria for the study included women who were 18 years and older, married at the time of the study, agreed to participate, were literate, and did not have neurological or mental illnesses that prevented them from filling the forms. The study design was descriptive, and the sample was recruited between July and December, 2016.

Materials and Procedure

The questionnaire included a form that queried sociodemographic information and history of domestic violence, a vignette that depicted SSV, the Attributions related to sexual violence Scale, and the Bem Sex-Role Inventory (BSRI).

Sociodemographic information form. The form consisted of questions regarding age, duration of education, perceived religiosity, and monthly household income of the participants. Additionally, the form included questions on the duration of education of the participants' parents and spouses, as well as the type and duration of their marriage. The type of marriage was categorized as arranged or non-arranged. In an arranged marriage, the bride and the groom are usually selected by persons other than themselves, in particular by family members. The degree of religiosity was assessed via the question 'To what degree do you consider yourself

as religious?'. The response options ranged from 1 (not religious) to 5 (very religious).

History of domestic violence form. The assessment of domestic violence was carried out according to the definitions used in the WHO Study on Prevalence of IPV (47) and Research on Domestic Violence against Women in Turkey (48). Sexual violence was depicted as having sexual intercourse when the female in the relationship was unwilling, as well as forcing her to participate in certain sexual activities without her consent. The participants were asked to report the presence and, if present, to describe the frequency of being subjected to any of these acts by their spouse as "happened only once", "happened a couple of times", "happens occasionally", "happens frequently" and "happened before but does not happen anymore." The history of SSV was grouped into two categories: 'no' (the absence of sexual violence) and 'yes' (the presence of a history of SSV). The form also included questions about physical, verbal and economic violence, but these factors were not used in the final analyses.

Vignette. Earlier studies have evaluated attributions related to SSV using short vignettes (45, 46, 49-53). The vignette used for the assessment of attributions related to SSV in the present study was adapted from Durán, Moya and Megías (54). This particular vignette was preferred because it did not contain any depiction of overt violence that might disturb the participants or depictions that might be confused with physical violence (Supplementary File 1). After reading the vignette, the participants completed seven questions on Attributions related to the Sexual Violence Scale and two questions related to help-seeking.

Attributions related to Sexual Violence Scale (ASVS). The scale was derived from previous studies that established the reliability and content validity (30, 55-57). Two questions were prepared by the researchers of the current study to query attitude

towards help-seeking and help-seeking behavior that were added to the scale above. Attitude towards help-seeking was assessed with the question "To what extent do you agree with the view that Ayşe should seek help in this situation?" Participants were asked to indicate the extent to which they agreed with 1 being the minimum and 10 being the maximum. Afterwards, the participants were asked to respond to an open-ended question (With whom/where can Ayşe get help in this situation, please specify) to indicate possible sources of help.

Bem Sex-Role Inventory (BSRI). Bem (58) developed the BSRI by including a neutral structure to the bipolar conception of gender roles as femininity and masculinity in order to identify individuals who fell in the middle of the dimension; this was done in response to critics (59, 60). The scale was adapted to the Turkish by Dökmen (61). The Cronbach's alpha internal consistency coefficient of the original study was .73 for the Femininity subscale and .75 for the Masculinity subscale; the Cronbach's alpha internal consistency coefficient was determined to be .86 for both subscales in the current study. The scale consists of 20 feminine and 20 masculine adjectives that represent traditional gender roles. The responses to the feminine and masculine adjectives were summed up separately, then the median of the masculine and feminine scores of all the participants were calculated. The participants were grouped into four categorical groups (masculine, feminine, androgynous, undifferentiated) based on a median split of the Masculine and Feminine scores.

Procedure

Consecutive patients admitted to outpatient clinics of an Obstetrics and Gynecology Hospital were invited to participate in the study. Thirty-one participants withdrew their consent and left the study because they reported to be disturbed by the questions about religiosity or the vignette about sexuality.

Supplementary File-1

The vignette

Ali and Ayşe have been married for two years. A few days ago, they had a quarrel over some minor problems. While Ali seemed to have forgotten about the quarrel, Ayşe was still angry with her husband and avoided sexual intercourse since this incident. A week later, things seemed to have improved between them. They went out for a meal and enjoyed it a lot. When they came back home, Ali hinted to his wife that he wanted to have sexual intercourse, but Ayşe refused it. Ali had sexual intercourse with Ayşe, although she did not want it.

Five hundred and ten participants were provided written and verbal information regarding the objectives and content before initiating the study. Then the participants were asked to read and sign an informed consent form. The volunteers filled the questionnaires in an empty room under the supervision of the researcher. The protocol, method, and instruments of the research were reviewed and approved by the hospital ethics committee (2016/4).

Statistical Analysis

The sample size of the current study was calculated based on the findings of Ewoldt et al. (30); the latter study was conducted in the USA and involved similar instruments. Ewoldt et al. (30) reported that the mean and the standard deviation of the Rape-Supportive Attributions Scale, which was adopted and used in the current study, was 12.18 ± 4.89 ($n = 233$). The number of individuals needed to attain 80% power and a 5% type I error assumption might be a deviation of $\pm 5\%$ from these values and was calculated as at least 508 (R, 3.0.1. Open Source Software Program). The method used in the current study was convenience sampling. The final sample consisted of 510 married women older than 18 years.

The analyses were performed by using Jamovi (version 1.6.23). Normal distribution was assessed with analytical (Kolmogorov–Smirnov test) and visual (histograms and probability graphics) methods. Descriptive values were presented as mean and standard deviation (S.D.) for continuous variables; numbers, and percentages for categorical variables. The comparisons between groups were performed with one-way ANOVA. Lastly, multiple regression was used to analyze the relationship between attributions and characteristics of women. Statistical significance was accepted as $p < 0.05$.

RESULTS

The participants were $33.3 (\pm 9.6)$ years old, and the duration of their education was $10.9 (\pm 3.7)$ years. A total of 58.8% of the participants had a wage-earning occupation, and their monthly household income was 2856 (± 1503.6) Turkish Liras

(1\$=3.03₺; at the time of the study). Amongst the sample, 15.3% had a monthly household income below the official minimum wage for Turkey in 2016 (1300 Turkish Liras). The mean (\pm S.D.) years of education of the mothers and fathers of the participants were 4.5 (± 3.5) and 6.7 (± 3.7), respectively. The mean (\pm S.D.) age of the women at the time of marriage was 22.9 (± 5.2) years, and the duration of marriage was 10.5 (± 10.1) years. One-third (34.5%) of the women had an arranged marriage, and more than half (54.5 %) had children. The findings showed that 12.7% of participants experienced sexual violence at least once in their marriage.

Validity and Reliability of Attributions Related to Sexual Violence Scale

The validity and the reliability of the Turkish form of the Scale (30, 55-57) was analyzed, since they have not been studied earlier.

Validity. The response scores obtained for the eight questions in the current sample were subjected to Exploratory Factor Analysis (EFA) using Jamovi (version 1.6.23). To determine the suitability of the collected data for factor analysis, the Kaiser–Meyer–Olkin (KMO) coefficient was determined as .785, and Bartlett’s Test of Sphericity was 1481 ($p < .001$) suggesting that the current data was suitable for factor analyses. The maximum likelihood extraction method was used in combination with varimax rotation. The cut-off value for factor loadings was considered as .30 in the adaptation of the scale. Based on the factor loadings and considering the .30 criterion, it was decided to exclude one item from the scale, and the total number of items was therefore decreased to seven. Exploratory factor analysis revealed the presence of one factor with eigenvalues greater than 1 (2.83), whereas Parallel analysis revealed a three-factor solution in the current study. The scree plot revealed a clear break after the second factor. The final scale was accepted to consist of two factors which explained 54.2% of the variance. We also chose the 2-factor model because it was compatible with the original scale (30, 55-57). Factor 1 contributed 34.5%, while Factor 2 contributed 19.7% to this variance. Assessment of these two factors was consistent with

Supplementary File-2

Attributions related to Sexual Violence Scale items and their factor loadings (N = 510)

Items	Rape-support	Victim-blame
1. How interested was Ayşe in having sexual relation?	.073	.747
2. How much control did Ayşe have in this situation?	.123	.407
3. How much did Ayşe enjoy this situation?	.251	.720
4. How obligated was Ayşe to engage in sexual relations?*		
5. How psychologically damaged do you feel Ayşe will be from this experience?	.513	.138
6. To what degree were Ali's actions a violation of Ayşe's rights?	.714	.160
7. How violent do you think this situation was?	.887	.210
8. How certain are you that this incident would be considered as sexual violence?	.877	.226

Note. All the items were rated on a scale of 1-10.

* Based on factor loadings and considering the .30 criterion, this item was excluded from the scale.

a previous study (56), with Victim-blame items loading on Factor 1 and Rape-support items on Factor 2. A positive but weak correlation was identified between the two factors ($r=.10$). These analyses support the use of Victim-blame and Rape-support as separate factors. The seven items and their factor loadings are shown in Supplementary File 2.

Reliability. The Cronbach's alpha reliability coefficient of Victim-blame was reported to be .64 in the original (56), as well as the current study. Higher total scores correspond to higher victim-blaming. The final victim-blame factor included three items questioning the victim's desire for sexual relations, the victim's failure to control the situation, and the victim's level of enjoyment (How psychologically damaged do you feel Ayşe will be from this experience?, To what degree were Ali's actions a violation of Ayşe's rights?, How violent do you think this situation was?, How certain are you that this incident would be considered as sexual violence?). The Cronbach's alpha reliability coefficient of Rape-support was reported to be .82 in the original (56), and .85 in the current study. The final rape-support factor included four items questioning the certainty of the act as sexual violence, violation of the victim's rights, the level of violence, and the psychological damage undergone by the victim (How interested was Ayşe in having sexual relation?, how

much control did Ayşe have in this situation?, how much did Ayşe enjoy this situation?). All items were reverse-scored and added, such that higher total scores corresponded to higher rape-supportive attributions.

Victim-blaming attributions and characteristics of women

Multiple regression analysis was used to test if the individual and marital characteristics could significantly predict the participants' ratings of victim-blaming attributions (Table 1). Individual characteristics, which included age, education level of the participant, her mother, her father, and level of religiosity, were included in the first step. Regression analyses indicated that two predictors explained 5% of the variance ($R^2 = .05$, $F(5,504) = 5.49$, $p \leq .001$) in the first model. Age was found to significantly predict victim-blaming attributions ($\beta = -.18$, $p \leq .001$), as did the education level of the father ($\beta = -.12$, $p = .03$). When marital characteristics (age of marriage, education level of the spouse and monthly household income) were added in the second step, age ($\beta = -.19$, $p < .05$) and education level of the father ($\beta = -.12$, $p = .03$) were still significant predictors in the second model ($R^2 = .05$, $F(8,501) = 3.52$, $p < .05$).

Table 1. *Victim-blame attributions related to spousal sexual violence*

Predictor	B	SE	Beta	t	p	R ²	ΔR ²	F	p
Step 1									
Age	-.005	.001	-.180	-3.976	≤.001				
Education of women	-.003	.012	-.013	-.261	.80				
Education level of mother	-.010	.012	-.044	-.802	.42	.052	.042	5.485	≤.001
Education level of father	-.027	.012	-.119	-2.174	.03				
Religiosity	.010	.013	.038	.825	.41				
Step 2									
Age	-.006	.001	-.193	-3.988	≤.001				
Education of women	-.011	.016	-.045	-.695	.49				
Education level of mother	-.011	.013	-.047	-.852	.40	.053	.038	3.519	.001
Education level of father	-.027	.012	-.120	-2.178	.03				
Religiosity	.011	.013	.038	.836	.40				
Age of marriage	-.002	.003	.040	.794	.43				
Education level of spouse	.002	.013	.006	.116	.91				
Monthly household income	.004	.010	.021	.386	.70				

Note. B, unstandardized regression coefficient; SE, standard error; R², model fit; ΔR², change in model fit, $p \leq .05$ are shown in boldface

Table 2. Rape-supportive attributions related to spousal sexual violence

Predictor	B	SE	Beta	t	p	R ²	ΔR ²	F	p
Step 1									
Age	-.003	.002	-.082	-1.813	.07				
Education of women	-.037	.015	-.127	-2.537	.01				
Education level of mother	-.003	.015	-.011	-.204	.84	.063	.054	6.773	≤.001
Education level of father	-.031	.015	-.116	-2.123	.03				
Religiosity	.026	.015	.079	1.747	.08				
Step 2									
Age	-.003	.002	-.075	-1.558	.12				
Education of women	-.025	.019	-.085	-1.328	.19				
Education level of mother	.001	.015	.001	.014	.99	.071	.056	4.806	≤.001
Education level of father	-.030	.015	-.112	-2.050	.04				
Religiosity	.027	.015	.083	1.823	.070				
Age of marriage	.003	.003	.052	1.033	.30				
Education level of spouse	-.017	.015	-.060	-1.093	.28				
Monthly household income	-.016	.012	-.071	-1.321	.19				

Note. B, unstandardized regression coefficient; SE, standard error; R², model fit; ΔR², change in model fit, p ≤ .05 are shown in boldface

An independent samples t-test was conducted to compare victim-blaming and type of marriage. No significant difference in the victim-blaming scores for arranged marriage (M=.79, SD=.29) or non-arranged marriage (M=.82, SD=.27); t(508)=-1.34, p = .18) could be identified.

Rape-supportive attributions and characteristics of women

Individual characteristics including age, education level of the participant, mother, father, and level of religiosity were included in the first step. Results of multiple regression indicated that there was a significant effect of the education of the participant as well as the education level of father, and rape-supportive attributions (R2 = .06, F (5, 504) = 6.77, p ≤ .001) in the first model (Table 2). The individual predictors were examined further; the education level of the participant (β= -.13, p=.01) and the education level of her father (β = -.12, p = .03) were found to be significant predictors in the first model. After marital characteristics, which included age of marriage, the education level of the spouse and monthly household income, were added in the second step, only the education level of the father (β = -.11, p=.04) was a significant predictor in the second model (R2 = .07, F (8, 501) = 4.81, p ≤ .001).

An independent-samples t-test was conducted to compare rape-supportive attributions and the type of marriage (Table 3). There was a significant difference in the rape-supportive scores between arranged (M=1.11, SD=.32) and non-arranged marriage (M=1.09, SD=.33); t(508)=-2.55, p = .01).

Victim-blaming, rape supportive attributions and gender role orientation

A one-way ANOVA indicated that the effect of gender roles in victim-blaming attributions (F (3,506) = 0,90, p= .45) and rape-supportive attributions (F (3,506) = 2,67, p= .05) were not significant.

Victim-blaming, rape supportive attributions and history of SSV

An independent samples t-test was conducted to compare victim-blaming and rape-supporting attributions on the participants' history of SSV (Table 3). No significant difference could be identified in the victim-blaming scores for individuals who experienced SSV (M=.81, SD=.27) versus those who did not experience SSV (M=.80, SD=.28); t(508)=-.25, p = .80. Similarly, no significant difference was found in the rape-supporting scores for

Table 3. Victim-blaming and rape-supportive attributions related to spousal sexual violence

Variables	Attributions related to sexual violence									
	Victim-blaming					Rape-supportive				
	M	SD	df	t	p	M	SD	df	t	p
Marriage type										
Arranged	.79	.29	508	-1.34	.18	1.11	.32	508	-2.55	.01
Non-arranged	.82	.27				1.03	.33			
History of partner sexual violence										
Yes	.81	.27	508	-.25	.81	.31	.04	508	-2.65	.80
No	.80	.28				.33	.02			

Note. M, mean; SD, standard deviation; df, degree of freedom, p ≤ .05 are shown in boldface.

participants who experienced SSV ($M=1.07$, $SD=.31$) versus those who did not ($M=1.06$, $SD=.33$; $t(508)=-.28$, $p = .78$).

Attitudes towards help-seeking

The mean (\pm S.D.) score of agreement with help-seeking behavior by the victim in sexual violence marriage was 6.52 (\pm 3.31) over 10. According to our findings, 83.1% ($n=424$) of the participants advised an assistance for the woman in the hypothetical marital sexual violence scenario. Health care workers (psychologist, psychiatrist, general practitioner, gynecologist and social worker) constituted the primary source of support. Other sources included family members, spouses, friends, police, and a lawyer, respectively. Around 9.9% of the participants suggested that women undergoing sexual violence in marriage should not share this incidence with anyone (Table 4).

DISCUSSION

The findings of the current study revealed that victim-blaming attributions showed a reduction with

Table 4. *Help-seeking behavior in spousal sexual violence*

Sources of help	%	(n)
Psychiatrist/psychologist	42.9	(178)
Family members	11.8	(49)
General practitioner/gynecologist	13.5	(56)
Spouse	11.1	(46)
Should not share with anyone	9.9	(41)
Friends	5.1	(21)
Social worker	2.9	(12)
Police	1.9	(8)
Lawyer	0.7	(3)
Total ^a	100	(414)

Note. a= Only 414 out of 510 participants answered this question; 86 participants did not reply to this question. 424 participants who answered the question specified more than one category in their answers.

age, as well as education of women and their fathers. Similarly, rape-supportive attributions were decreased with the education of women and their fathers. Women who had an arranged marriage had higher rape-supportive attributions compared to women who did not have an arranged marriage. However, gender role orientation and history of SSV did not predicted with victim-blaming and rape-supportive attributions. A large proportion of study participants suggested that survivors of SSV should seek help from a healthcare

professional.

There are inconsistent findings in the literature on whether the age of the participants can predict their attitude towards sexual violence (37, 62-65). Interestingly, age was found to be associated with victim-blaming attitudes but not with rape-supportive attributions in the current study. Aromaki et al. (62) and Ferro et al. (64) reported that younger participants in studies with a design similar to ours were more likely to blame the victim compared to older participants. It is often assumed that today's women are more educated and conscious about sexual violence than the previous generations. However, educational institutions represent one of the social domains where the gender gap still prevails in Turkey (66). Recent reports provide evidence on the inadequacy of programs to promote gender equality through education in Turkey despite recent reforms (67, 68).

The present study showed that the educational attainment of women predicted rape-supportive attributions; thus, as the education level of women decreased, rape-supportive attributions increased. Supporting our findings, Yüksel Kaptanoğlu et al. (48), reported that as the level of education of married women in Turkey increased, they showed greater consent to the statement that “if a woman does not want to have sex, she can refuse the request of her husband”. Additionally, the educational attainment of their father, but not their mother, predicted victim-blaming and rape-supportive attributions by the participants in the current study. Considering 65.6% of Turkish mothers have never discussed sex with their daughters (69), we can state that there is an obvious need for institutional sources of knowledge on this subject. In fact, in a study consisting of a sample of adolescent girls in Turkey, 88.8% of the participants asserted that they thought sex education should be provided at school (70). Education may influence women's attributions directly or via its influence on individuals with close social ties. Gender-egalitarian attitudes are widely accepted to be associated with higher education in both genders (71). Based on the current findings, improving women's educational attainment appears to be a plausible strategy in changing their attributions towards SSV.

Patriarchy in a family is a predictor of increased justification for IPV (72). The recognition that violence is intolerable is likely to pass down through generations. The current study illustrated that the women who had an arranged marriage had higher rape-supportive attributions than those who did not. Marrying someone a woman desires demonstrates her freedom to choose a spouse. Another explanation might be the bride and groom know little about each other before marriage in an arranged marriage. Puri, Shah and Tamang stated that having limited freedom to choose a spouse causes a lack of communication about the relationship and mutual rights and jeopardizes their ability to negotiate about sex (73). Therefore, our finding may be interpreted as a reflection of the sociocultural background of the woman in her tendency to perceive forced marital intercourse as a justifiable act. In addition to the level of education of the parents, the current findings also emphasize the influence of sociocultural background on the women's attribution related to SSV.

Findings of the current study showed that 10% of women were in favor of not sharing SSV with anyone, and only 2% of them proposed to report SSV to the police. Especially for this criminal act, the low awareness and the stigmatizing role of culture may be barriers to seeking help for SSV. Victims may fearfully expect blaming attitudes from family members and society and feel shame and guilt. Also, they may choose not to report because of the anticipation of uncertainty, insecurity related to legal processes, and the expectation of impunity. A study with Turkish lieutenant candidates found that only 30% of respondents believed that the police had a real role to play in combating domestic violence (74). Another study conducted in Turkey showed that police officers are more tolerant of physical and verbal abuse within the marriage, but less tolerant of the idea of the victim leaving an abusive spouse than members of the judiciary (75). Nonetheless, a large proportion of participants in the current study suggested that women who have undergone SSV should seek help from a healthcare professional. According to a three-year retrospective analysis of admissions for sexual assault in an emergency service, 15% of the perpetrators were reported to be spouse (76). The majority of Turkish healthcare workers (87.3%) believe that forced sex-

ual intercourse between couples is a form of violence (77).

Beliefs regarding the specific roles of women and men may predict support for the use of violence against women (71). However, this relationship was found to be less significant in women (78). Gender roles were not associated with victim-blaming and rape-supportive attributions in the current study. The masculinity and femininity scores obtained in the present study conformed with the gender roles and inequality endorsed by patriarchal ideology in society.

The current study showed that being subjected to sexual violence was not related to the rape-supportive attributions towards SSV. However, Kiyak and Akin (79) found that the women who reported lifetime violence tended to adopt a more accepting attitude towards violence than those who did not. Jaffe et al. (80) stated that the survivors of partner sexual violence were less likely to label their experiences as rape.

Limitations

The current study has some limitations that need to be considered while evaluating the data. The sample of this study consisted solely of a group of women seeking help for their gynecological problems. Thus, the findings may not be generalized to all married women. A larger sample that represents all women in the society will be essential for further studies. Duplicating the research with different populations and at different periods could increase the external validity of the study. The sample size of the current study is sufficient to analyze the relationship between diverse variables and attributions related to SSV towards women. Such studies are rarely found in the published literature. The use of self-report scales is another limitation of the study. Using instruments that can assess social desirability bias in further studies will be beneficial.

CONCLUSIONS

Studies related to the attributions of observers towards SSV have often focused on the degree of

acquaintance between the perpetrator and the survivor. However, the characteristics of observers who assess the incidence are often missing. Several studies have revealed that the tendency to blame the survivor and support sexual violence was more likely when the relationship between the survivor and the perpetrator was more intimate. The current study focuses on the context of sexual violence in a marital relationship and does so in a sample of married women, who may be potentially subjected to this form of violence. The overall findings demonstrate that married women's attributions related to SSV were associated with their age, education, and their family structure. In this sense, education could be a significant tool with its form and content for shaping women's attributions to SSV.

Clinicians and researchers sometimes use terms such as 'unwanted sex in marriage' and 'forced sex' instead of SSV. Changing the language used, acknowledging that violence is violence even when the perpetrator is the spouse, not only creates the opportunity to discuss the experiences of the survivors and the way of help-seeking but also gives the message that what survivors experience is an undisputed form of violence. Women examined in the emergency services with physical violence must also be assessed for other forms of violence, including SSV. Violations against the physical integrity of the applicants for sexual trauma should be considered independent of the relationship between the victim and the perpetrator. Clinicians and psychotherapists should question the history of sexual violence in patients presenting with sexual dysfunctions.

The present study provides information on women's perception and help-seeking toward SSV that remark the development of policies and programs to prevent this violence. The victims may hesitate to seek help for various reasons. Clinicians, especially mental health professionals, should support the individual in overcoming feelings of guilt and shame and provide means to reach for help and social support. Also, clinicians should identify additional problems such as unwanted pregnancy, deal with the feelings, and explore effective alternatives. Finally, it should not be neglected to develop a safety plan that is unique to the individual, following the victim's preferences, to avoid the perpetuation of the violence. Considering the contribution of education in the attributions related to SSV, and the prevalent deficits in access to formal sex education, clinicians should seize any opportunity to discuss the sexual myths, and emphasize that forcing sex is a form of violence even in the context of intimate relationships.

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