Intimate Partner Violence among College Women: A Single-Centred Cross-Sectional Study

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ABSTRACT
This study aimed to identify the prevalence of sexual violence between intimate partners among college women at Ankara University. The depression symptoms were compared with the history of their sexual abuse in the past and in six months. The study, a cross-sectional observational study was conducted on 400 college women. Intimate partner sexual violence was evaluated using the Intimate Partner Violence Victim version and depression was evaluated with the Personal Health Questionnaire-9. Study data were evaluated using statistics such as number, percentage, and mean Mann-Whitney U test, and sample t-test. Sexual violence between intimate partners is present during romantic relationships in college women. Using tobacco, alcohol compulsion, or substance abuse are risk factors for sexual violence with an intimate partner. Furthermore, depression is double diagnosed in college women with sexual violence from intimate partners.

KEYWORDS
University, college women, intimate partner violence, sexual violence, depression

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1. Introduction
Intimate partner violence sexual violence (IPSV) serves as a comprehensive term for various manifestations of sexual violence within intimate relationships. This includes a variety of forms, such as sexual aggression, unwanted sexual contact, and sexual coercion(Wright et al., 2022; Bagwell-Gray et al., 2015). According to the most recent WHO report referenced by Gracia et al. (2023), the global average of women over 15 years and older who have been in a partnership and experienced physical and/or sexual intimate partner violence at any point in their lives is 26%(Gracia et al., 2023). On the other hand, in a systemic review by Wright et al. (2022), using various measurement instruments, intimate partner violence (IPV) reported a broad spectrum of prevalence rates for intimate partner sexual violence (IPSV), ranging from 3% to 68%(Wright et al., 2022). Meanwhile, during college years, meeting new people with a sense of independence, taking responsibility for making personal decisions on many issues, and the fact that romantic relationships began to be experienced more clearly led to an increase in intimate partner violence in universities(Avcı et al., 2018; Özaydın et al., 2018). Around 25% of college women report suffering sexual violence, and more or less 30% of women report experiencing physical IPV while in college in America (Krauss et al., 2023). In Turkey, according to Keskin A; the prevalence of sexual violence of women is %12(Keskin, 2023). For intimate partner sexual violence among college women, it was found as %7.2 by Alan Dikmen H et al(Ozaydin et al., 2018) and %1.5 by Akis et al(Akış et al., 2019).

Numerous studies consistently demonstrate that intimate partner violence (IPV) is associated with various negative consequences, including physical injuries and impaired mental health(Mugoya et al., 2020). IPV significantly increases the risk of mental health disorders such as eating disorders, depression, post-traumatic stress disorder, and thoughts of suicide among women(Elvin-Nowak et al., 2023; Gracia et al., 2023; Ridings et al., 2018). Despite this, long-term exposure to IPV often leads to normalisation in terms of habituation to violence and a tendency(Elvin-Nowak et al., 2023). The findings of various studies further suggest that certain women who experience intimate partner violence (IPV) can develop chronic depression, a condition that can be intensified not
only by the stress of the abusive relationship itself but also by broader social and environmental factors (Mugoya et al., 2020). This study aimed to identify the prevalence of intimate partner sexual violence among college women at Ankara University. Depression symptoms were compared with the history of sexual abuse in the past and in six months.

2. Methodology
2.1 Ethics
The study was carried out with the permission of the Scientific Research Evaluation and Ethics Committee of the University of Ankara (Date: 31.08.2015 and Decision No: 13-543-15). We obtained an informed consent form from all patients for the procedure. All procedures were carried out according to the ethical rules and the principles of the Declaration of Helsinki.

2.2 Study Design and Participants
From the University of Ankara, a total of 400 college women participated in the cross-sectional study. Ankara University is the first university established in Turkey with 15 different faculties. The number of undergraduate students was 41,099; 18,684 were women. The sample size was calculated with the research conducted by Hannah Al Modallal on sexual violence with intimate partners. The risk of depression in those exposed to violence is when the odds ratio is 3.45 and when the prevalence of exposure to sexual assault is taken as 10% and 384 individuals would be sufficient (Bir Üniversitedeki Kız Öğrencilerin Cinsel Şiddet Öyküsü ve Şimdiki Depresyonla İlişkisi, n.d.).

Participants were chosen by two-stage sampling. First, the researchers had contact with the deans of 15 faculties and those of 10 were willing to participate (School of Law, Education; Dentistry, Science, Politics, Communication, Medicine, Pharmacy, Nursery, and Engineering). Second, the minimum number of college women was calculated according to the number of women students in each faculty. Associate and master’s degree and doctoral students; as well as males were excluded from the study.

2.3 Data Collection
In this study, IPSV victimisation was measured by the Sexual Experience Survey (SES)- Victimisation Version of the CDC’s Measuring Victimisation and Perpetration Scale series developed by the CDC (Centres for Disease Control and Prevention) (Koss & Gidycz, 1985). It was validated by Turkey in 2014. Cronbach alpha of the Sexual Experience Survey (SES) value is 0.979 and its reliability is high. The Cronbach alpha value of the Sexual Orientation of Victims scale is 0.738 and its reliability is at a good level. (Kadina-Yonelik-Siddet-Derecelendirme-Olcegi-Toad.Pdf, n.d.).

Patient Health Questionnaire- 9 (PHQ– 9) is the first self-diagnosis scale developed to determine the mental problems of patients applying to primary care. (Kroenke et al., 2001). A Turkish adaptation and validity study by Socorcioğlu et al. was done. The sensitivity of the Patient Health Questionnaire-9 was found to be 71.4% sensitivity, 91.9% specificity(PHQ9_Turkish-for-Turkey.Pdf, n.d.).

2.4 Statistical analysis
A database with anonymised data was established. All analyses were performed using SPSS v statistical software. 22.0 for Windows (SPSS Inc., Chicago, IL, USA). Qualitative variables were described using absolute and relative frequencies (%), while quantitative variables were represented by means and standard deviations. Statistical significance was expressed with p<0.05.

3. Results and Discussion
Of the 440 college women who participated, 40 were excluded due to missing consent forms and did not complete the questionnaire. Therefore, the final sample consisted of 400 participants.

The mean age of the participants was 20.7 years (SD=2.1), from the ages of 18 and 30 years. The distribution of the students according to degree was as follows: Nursing (16.3%), Communication (9.3%), Medicine (13.3%), Science (12.3%), Law (16.3%), Engineering (6.8%), Politics (7.2%), Pharmacy and Dentistry (5.3%), and Education (13.5%).

Of the participants, 73 (18.3%), were raised in urban areas, while 327 (81.8%) of them came from rural regions. Most of the participants (43.8%) lived with their families (n=175). Those who live in dormitories come next with 37.5% (n=150), and only one individual (0.3%) lived with her partner.
The incidence of participants who witness domestic violence is 27.3% (n=109), while their exposure to domestic sexual violence is 4.3% (n=17). Furthermore, the proportion of participants who have witnessed both sexual violence within the family and domestic violence is 2% (n=8).

Participants were asked about their status in a romantic relationship. 79.8% (n=319) had previously been in a dating relationship. When asked about their partner’s habits, it was found that 4% (n=16) use tobacco and 21.3% (n=85) consume alcohol. Regarding their partners, 4% (n=16) use addictive substances. When the same questions about habits were asked of the participants themselves, it was found that 30.3% (n=121) smoke cigarettes and 38.5% (n=154) consume alcohol. Regarding themselves, 4.5% (n=18) use addictive substances.

In the second part of the questionnaire, participants were asked about their experiences with sexual violence to assess the frequency of occurrence and recent incidents within the past six months. According to these data, the prevalence of sexual violence is found to be 17%. It was determined that 17% of students have been subjected to sexual violence at least once in their lives (Table 1). Among female students, the percentage who have experienced sexual violence in the last six months is 9% (n=36).

In the third section, the psychological states of the participants in the last two weeks were examined. Based on the results of the “Patient Health Questionnaire-9,” 20% of the participants (n=80) have been diagnosed with depression. The severity of depression among participants is classified as moderate for 15% (n=60) and severe for 5% (n=20). With 20.5% in the Patient Health Questionnaire-9, the most frequently answered question was ‘loss of appetite or eating too much’ (Figure 1). When examining the incidence of sexual violence victimisation among all participants according to age, it was determined that as the ages of female university students increase, their exposure to sexual violence also increases (p=0.025). No statistically significant differences were found in terms of participant exposure to sexual violence based on the regions in which they were raised (p = 0.406).

On the other hand, there is a statistically significant difference between witnessing domestic violence and experiencing sexual violence (p=0.002). The incidence of witnessing domestic sexual violence among participants is 4.2%, and no statistically significant differences were found between witnessing domestic sexual violence and having a history of sexual violence (p=0.164).

Another statistically significant difference was found when evaluating the relationship between the partner’s history of substance use and the participant’s history of sexual violence (p <0.001). Furthermore, a statistically significant difference was found between smoking status, alcohol consumption, history of substance use, and experience of sexual violence of the participants (p <0.001).

According to this, the prevalence of depression among participants is determined to be 20%. When the severity of depression is classified into moderate and high levels, 28.8% of participants with depression experience severe depressive symptoms. When evaluating the presence of depression among participants about their history of sexual violence, a statistically significant difference is observed (p=0.02).

When logistic regression was performed, it was calculated that witnessing domestic violence increases the probability of experiencing sexual violence 2.5 times, alcohol consumption increases the odds by 3.4 times, and substance use increases the odds by 7.5 times. Additionally, depression was found to increase the odds of experiencing sexual violence by 2.03 times (Figure 2).

4. Conclusion
This study demonstrates the alignment between the prevalence of sexual violence among female university students in the sample and the existing literature. Furthermore, the use of tobacco, alcohol, and addictive substances was found to increase the risk of experiencing sexual violence in close relationships. In this context, female students who had experienced sexual violence in their close relationships were found to have a higher probability of receiving a diagnosis of depression compared to the normal population. This research is a single-centred, retrospective, cross-sectional study. To build on this understanding, more in-depth research is needed. This research should aim to catch intimate partner sexual violence and follow up on victims of post-traumatic disorder, depression, and anxiety.

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