Original article / *Araştırma*

Research of marital adjustment and domestic violence among physicians

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ABSTRACT

Objective: *This study aimed to determine physicians' level of marital adjustment and their status of exposure to family violence, and to determine the effects of possible factors on marital adjustment and violence.* ***Methods:*** *This study was a cross-sectional descriptive study performed on a total of 296 married volunteer physicians who served at Van city centrum. The questionnaire form contained Marital Adjustment Test (MAT) to assess marital adjustment. The statistical analysis of the study data was done with One-Way ANOVA and chi-square tests.* ***Results:*** *Our study showed that 56.4% of physicians had marital adjustment in their marriages and 43.6% did not. The mean MAT score of all physicians was 41.99±9.80; they were generally non-adjusted in their marriages. This research revealed that male physicians were more adjusted in their marriage than their female counterparts. It was also shown that physicians who were satisfied with their working position had a significantly greater MAT score than those who were not. Of the enrolled physicians, 41.6% had a history of domestic violence. The exposed domestic violence was emotional in 81.3%, verbal in 74.8%, economic in 25.2%, physical in 10.6%, and sexual in 1.6%. Female physicians were exposed to domestic violence at a greater rate than their male counterparts. Exposure to domestic violence adversely affected marital adjustment.* ***Discussion:*** *This study showed that physicians are generally non-adjusted in their marriages and approximately half of them were subjected to domestic violence. Marital adjustment and domestic violence are interwoven concepts. Among working individuals, both concepts are affected by working conditions. It may be of significant relevance to study in the future the workplace and non-workplace factors, their interaction, and especially gender-specific discrepancies that may influence family life of physicians.* ***(Anatolian Journal of Psychiatry 2019; 20(4):418-425)***

Keywords: *physician, marital adjustment, domestic violence*

Hekimlerde evlilikte uyum ve aile içi şiddet araştırması

ÖZ

Amaç: *Bu çalışmanın amacı hekimlerin evlilikte uyum düzeylerini ve aile içi şiddete uğrama durumlarını saptamak ve olası ilişkili etkenlerin evlilikte uyum ve aile içi şiddete etkilerini değerlendirmektir.* ***Yöntem:*** *Bu çalışma, Van il merkezinde görev yapmakta olan 296 evli ve gönüllü hekim üzerinde gerçekleştirilen kesitsel tanımlayıcı tipte bir araştırmadır. Hazırlanan anket formunda evlilik uyumunun değerlendirilmesi amacıyla Evlilikte Uyum Ölçeği (EUÖ) yer almaktadır. Verilerin istatistiksel analizinde tek yönlü varyans analizi ve ki-kare testleri kullanılmıştır.* ***Bulgular:*** *Çalışmamız sonucunda hekimlerin %43.6'sının evliliklerinde 'uyumsuz', %56.4'ünün 'uyumlu' olduğu görülmüştür. Tüm hekimlerin EUÖ puan ortalamasına bakıldığında ise 41.99±9.80 olarak bulunmuş olup genel olarak evlilik-lerinde 'uyumsuz' oldukları bulunmuştur. Araştırmada erkek hekimlerin evlilikte uyum düzeylerinin kadın hekimlere oranla daha yüksek olduğu saptanmıştır. Mevcut çalışma pozisyonundan memnun olan hekimlerin evlilik uyum puanlarının memnun olmayanlardan daha yüksek olduğu saptanmıştır. Çalışmaya alınan hekimlerin %41.6'sının aile içi şiddet öyküsü olduğu saptanmıştır. Uğranan şiddet türlerinin oranları %81.3 duygusal, %74.8 sözel, %25.2*

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Received: October, 22nd 2018, Accepted: December, 05th 2018, doi: 10.5455/apd.13321

ekonomik, %10.6 fiziksel, %1.6 cinsel şiddet olarak bulunmuştur. Araştırmada kadın hekimlerin erkek hekimlerden daha fazla aile içi şiddete uğradıkları görülmüştür. Hekimlerin aile içi şiddete uğrama durumlarının evlilikte uyum düzeylerini olumsuz etkilediği saptanmıştır. ***Tartışma:*** *Bu çalışmada hekimlerin genel olarak evliliklerinde uyumsuz oldukları ve yaklaşık yarısının aile içi şiddete uğradıkları görülmüştür. Evlilik uyumu ve aile içi şiddet içi içe kavramlardır. Çalışan bireylerde ikisi de çalışma koşullarından etkilenen unsurlardandır. Hekimlerin evlilikleri konusunda evlilik yaşamını etkileyebilecek iş veya iş dışı diğer etkenleri, bu etkenler arasındaki etkileşimi, özellikle cinsiyete özgü ayrılıkları sonraki araştırmalarda ele almak önemli olabilir.* ***(Anadolu Psikiyatri Derg 2019; 20(4):418-42)***

Anahtar sözcükler: *Hekim, evlilikte uyum, aile içi şiddet*

INTRODUCTION

Medicine as a profession is one of the professsions that involve intense stress due to certain factors such as long working hours, physical exhaustion, night shifts, sleeplessness, and a high level of responsibility. A physician that is unable to allocate adequate time for his/her family and himself/herself neglects both himself/-herself and his/her family, which leads to disease development and deterioration of social relationships. Considering this and other similar risk factors, physicians constitute a professional group that deserves special attention.[1] American Stress Institution considers physicianship among risky professions.[2]

Marriage affects one's life in every aspect. Marital adjustment, regarded as couples' marital success and functionality, is considered a general term that encompasses marital satisfaction marital happiness.[3] Violence is an important public health problem that may be encountered in every aspect of human life, which is on the rise globally.[4] World Health Organization (WHO) defines violence as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation'.[5] Every type of violence that one uses against his/her spouse, children, parents, siblings and/or relatives is defined as 'domestic violence'. This definition also encompasses many other behaviors other than those involving brute force, such as humiliation, threatening, and limitation of economic freedom, which reduce self-respect, self-confidence and trust for others, while causing a sense of fear.[5]

It is known that domestic violence is an important public health issue both in Turkey and worldwide. Domestic violence has passed from generation to generation and affects not only the perpetrator of violence, but also the psychological state of witnesses, especially the psychosocial development of children.[6]

In the present study we aimed to determine if levels of marital adjustment and domestic violence rates of physicians serving at various health facilities in the province of Van showed differences on the basis of socio-demographic, professional, and marital factors. This study will aid physicians to cope with current problems and assist them to fulfill their professional responsebilities by addressing the problems of marital adjustment and domestic violence.

METHODS

Field of study, study population, and study sample

The study group was composed of 296 married physicians serving at primary, secondary, and tertiary state and private health facilities at the city centrum of the province Van, Turkey. Of the study population, 103 were female and 193 were male.

The study was based on voluntariness for participation. Out of 306 physicians reached for enrollment, seven refused to participate, and three completed the study forms incompletely; so, 296 physicians were ultimately enrolled.

Data collection

After the study forms were prepared, necessary approvals were obtained from the administrative units of the health facilities where the study would be conducted. Our study was approved by our faculty's local ethics committee. Study data were collected by applying questionnaire to study subjects between January 01st 2016 and June 01st 2016. The study form was handed over to the physicians who were informed about the objective and scope of the study. After the subjects gave informed consent, they were asked to fill the study forms, which were collected back from the participants at the same or following day. The questionnaire form was prepared based on current literature and contained 47 questions. The first 27 questions questioned about sociodemographic, professional, and marital properties of the participating physicians and

their spouses. The following 15 questions were about the Marital Adjustment Test, which was developed by Locke and Wallace to rate marital adjustment and whose study of validity and reliability in Turkish was conducted by Tutarel Kışlak. The last five questions were about domestic violence. The maximal attainable score for MAT is 58 and the minimum score is 0. The cut-off score to differentiate adjusted and non-adjusted persons is 43.5.[7]

Statistical analysis

The group averages of continuous variables were compared using the One-Way ANOVA. Chi-square test was used to compare categoric variables between the groups. Statistical signify-cance was set at 0.05. All statistical analyses were performed with SPSS (Ver. 22) software package.

RESULTS

One hundred and three (34.8%) of the participants were female and 193 (65.2%) were male. The age range was 25 to 51 years, with a mean age of 33.34±4.69 years. One hundred and twenty-two (41.3%) physicians were residents; 117 (39.5%) were specialists; and 57 (19.2%) were general practitioners. Age at marriage ranged between 20 and 40 years, with a mean age at marriage being 27.94±3.08 years. Duration of marriage ranged between 1 and 300 months, with an average value of 64.78±56.53 months. Ninety-seven (32.8%) participants had no children, 48 (16.2%) had no age difference between his/her spouse. One hundred and seventeen (39.5%) physicians met their spouses in a circle of friends, 48 (16.2%) participants had arranged marriages, and 21 (7.1%) obtained no family consent for marriage.

The spouses of the participants had an age range of 22 to 51 years, with a mean age of 31.79±5.075 years. Two (0.7%) spouses were primary school graduates, 110 (37.2%) were physicians, and 62 (20.9%) were unemployed. Of those who were employed, 119 (40.2%) worked for 40-60 hours per week, and the spouses of 154 (52%) had no night shifts.

The mean, minimum, and maximum MAT scores and their standard deviations of the participants were shown on Table 1.

According to the cutoff point of 43.5 for the MAT scale, 43.6% (n=129) of the physicians were non-adjusted in their marriages; 56.4% (n=167) were adjusted.

Table 1. Mean marital adjustment scores of the participant physicians

n	Mean±SD	Minimum	Maximum
296	41.99±9.80	0	58

A close look at Table 2 reveals that there was a significant difference between the MAT scores of men and women (p<0.05). However, no significant difference was observed between marital adjustment scores with respect to age, birth place (region), degree, healthcare facility, weekly working hours, and night shifts.

As seen from Table 3, there was a significant difference between levels of job satisfaction with respect to MAT score (p<0.05).

Physicians who regret choosing physician ship as a profession (n=174) had a significantly lower MAT score than those who did not (n=122) (40.79±9.91 vs 43.69±9.57) (p=0.012).

There were no significant differences in the MAT scores with regard to age at marriage, duration of marriage, the number of marriages, family type, number of children, age difference between the spouses, and setting of the first meeting. The physicians having pre-marriage family consent had a significantly higher MAT score than those having no family consent (42.65±9.19 vs 33.33±13.19) (p<0.001).

Our study did not find any significant difference between MAT scores with regard to spouse's educational level, profession, employment status, weekly working hours, and night shifts.

There was a significant correlation between having marital problems and MAT score (p<0.001).

Similarly, there was a significant correlation between having problems with the spouse's family and Marital adjustment level (p<0.001).

Out of the enrolled physicians, 123 (41.6%) had been subjected to one or several of domestic violence types of physical, verbal, emotional, economic, and sexual violence by any or several of his/her spouse, spouse's relatives, or own relatives.

The rates of domestic violence types were emotional 81.3% (n=100), verbal 74.8% (n=92), economic 25.2% (n=31), physical 10.6% (n=13), and sexual 1.6% (n=2).

Table 2. Descriptive statistics and comparisons of the MAT scores by the sociodemographic properties of the study participants

		n	MAT score Mean±SD	p*
Gender				0.036
Female		103	40.35±10.04	
Male		193	42.86±9.58	
Age				0.172
20-29 years		58	43.83±9.05	
30-39 years		200	41.65±9.98	
40-49 years		34	40.15±9.95	
50-59 years		4	48.00±5.35	
Birth place				0.135
Marmara		19	37.26±13.74	
Aegean		16	40.75±9.07	
Mediterranean		34	44.03±8.07	
Central Anatolia		41	42.56±11.08	
Black Sea		17	43.65±8.82	
Southeastern Anatolia		76	40.49±10.13	
Eastern Anatolia		93	43.09±8.57	
Duration of active service				0.086
Shorter than 2 years		8	41.00±10.66	
2-5 years		94	44.10±8.60	
6-10 years		132	40.79±10.32	
Longer than 10 years		62	41.47±9.97	
Degree				0.373
General practitioner		57	40.82±10.94	
Resident doctor	Internal branch	78	41.96±9.50	
	Surgical branch	39	44.38±8.77	
	Basic sciences	5	46.20±1.48	
Specialist doctor	Internal branch	58	40.48±10.52	
	Surgical branch	46	42.09±9.88	
	Basic sciences	13	44.77±5.89	
Healthcare facility				0.302
Family health center/public health center		54	40.83±11.25	
State hospital		85	40.99±9.88	
University hospital		131	43.19±8.94	
Private healthcare facility		26	41.58±0.32	
Weekly working hours				0.886
Less than 40 hours		21	42.00±9.12	
40-60 hours		145	41.42±9.78	
61-80 hours		56	42.36±.71	
81-100 hours		26	43.23±9.15	
100 hours or more		48	42.58±10.82	
Night shifts				0.898
None		125	41.60±9.72	
1-3 shifts/month		33	41.45±11.60	
4-6 shifts/month		68	42.19±9.49	
7-9 shifts/month		39	42.10±8.42	
10 shifts/month or more		31	43.52±10.77	

**: One-way ANOVA*

There was a significant difference between the physicians' MAT scores by the status of exposure to domestic violence (p<0.05).

A close look at Table 5 reveals that male physicians were more subjected to emotional, verbal, and economic violence while female physicians were more subjected to physical violence, and both genders were equally subjected to sexual violence.

The most common violence types were combined verbal and emotional violence (n=49, 39.8%) followed by emotional violence (n=23,

Table 3. Descriptive statistics and comparisons of the MAT scores by the satisfaction by working position of the study participants

Satisfaction level	n	MAT score Mean±SD	p*
Not satisfied at all	69	40.59±10.68	
Not satisfied	72	42.07±8.88	
Somewhat satisfied	112	42.04±9.32	0.039
Satisfied	36	42.19±10.97	
Very satisfied	7	52.86±4.95	

**: One-way ANOVA*

Table 4. Mean marital adjustment scores of the physicians by the status of exposure to domestic violence

	n	MAT scores Mean±SD	p*
Exposed to domestic violence?			
Yes	123	37.38±9.94	<0.001
No	173	45.26±8.29	

**: One-way ANOVA*

18.7%).

Our results demonstrated that the participants may have been subjected to multiple violence types simultaneously by multiple family members.

An analysis of the perpetrators of domestic violence types revealed that all violence types were most commonly perpetrated by spouses; spouses were followed by spouse's relatives or spouse and spouse's relatives as perpetrators in all types of violence except for economic violence which was perpetrated by most commonly spouses followed by own relatives.

The relationship between physicians' sociodemographic properties and their status of being exposed to any/several of domestic violence types was analyzed with the chi-square test. Domestic violence affected 51.5% of female physicians and 36.3% of male physicians, with the difference being statistically significant (p=0.012). No significant difference based on age, birth place (region), working duration, degree, healthcare facility type, weekly working hours, and night shifts was found between physicians' status of being exposed to domestic violence.

Table 5. Gender-based distribution of domestic violence types

Violence type	Gender: Female n	Female %	Male n	Male %	Total n	Total %
Emotional violence	46	46.0	54	54.0	100	100
Verbal violence	41	44.6	51	55.4	92	100
Economic violence	15	48.4	16	51.6	31	100
Physical violence	9	69.2	4	30.8	13	100
Sexual violence	1	50.0	1	50.0	2	100

An analysis of physicians' status of being exposed to domestic violence based on age at marriage showed a highest rate of 50.0% (n=13) for the age group of 20-24 years; it was followed by the age group of 25-29 years with a rate of 45.7% (n=91) and 35 years or older with a rate of 30.8% (n=4); the lowest rate was observed for the age group of 30-34 years (25.9%, n=15), and the difference between these rates was found significant (p=0.034).

No significant difference was found between physicians' status of being exposed to domestic violence with regard to marriage duration, number of marriages, family type, number of children, age difference between the spouses, way of first meeting of spouses, and presence of family consent for spouses' marriage.

An analysis of rates of exposure to domestic violence on the basis of spouse's profession showed the highest rate for ancillary healthcare staff (60.6%, n=20), and the lowest rate for teachers (25.0%, n=11) (p=0.014). No significant difference was seen between the rates of exposure to domestic violence with respect to spouses' education levels, employment status, weekly working hours, and night shifts.

The physicians had a significant positive correlation between having problems with their own families and exposure to domestic violence (p<0.001). Similarly, the physicians showed a significant positive correlation between having problems with spouse's family and exposure to domestic violence (p<0.001).

DISCUSSION

Many studies have been performed on marriage and domestic violence. However, increasing divorce rates despite a high number of studies indicates that still only a minority of ways for promoting marital adjustment and preventing domestic violence are known.

As the concept marital adjustment has been used similarly with marital satisfaction in the literature, and as it has been used by studies rating marital satisfaction, studies about marital satisfaction were also taken into consideration while we conducted our study. A literature review showed that marital satisfaction is affected by many demographic, psychological, and environmental factors.[8] Our study concluded that physicians' marital adjustment showed a gender-based differentiation, and male physicians had a greater marital adjustment (p=0.036). Çakır,[9] Şener and Terzioğlu[10] reported a greater marital adjustment among males than females. In most of the studies conducted in the West, marriage was found to be a more beneficial and important relationship for men than women. In some studies, it was observed that marital adjustment did not differ in terms of gender.[11-13] Perrone et al. did not find a relationship between gender and marital adjustment in their study.[14]

In a study on a group of physicians working in the province of Kocaeli, Aslan et al found no significant correlation between marital satisfaction and working institution, working branch, working position, number of night shifts, daily working hours, and working duration in years.[15] Similarly, we concluded that marital adjustment was not significantly correlated to working duration, degree, healthcare facility, number of night shifts, and weekly working hours. This suggests that future studies with larger sample size are needed to further study that subject.

Our study found significant difference between the mean MAT scores with regard to satisfaction from the current working position (p=0.039). There was also a significant difference between marital adjustment levels with respect to being regret fullness of having chosen physician ship as a profession (p=0.012). Our literature review did not reveal any former study that correlated physicians' professional satisfaction and regret fullness with their marital adjustment levels. In a study where, professional burnout and marital satisfaction of school managers were examined, it was shown that a favorable job life more deeply affected domestic life than an unfavorable job life; furthermore, physicians were more likely to share their satisfying job life with their house hold, and professional burnout was inversely proportional to marital satisfaction.[16]

Our study found no significant differences between marital adjustment scores with regard to age at marriage, duration of marriage, number of marriages, family type, number of children, age difference between spouses, and the way of first meeting. In a marital adjustment study on participants having postgraduate education in the USA, no significant difference was found between marital adjustment and having children, gender, profession, spouse's profession, duration of marriage, number of children, and age.[17] Çelik, in a study aimed to rate marital satisfaction of married persons, found no significant differences in marital satisfaction with regard to gender, duration of marriage in years, type of marriage, number of children, and educational status.[18]

Our study concluded that exposure to domestic violence unfavorably affected marital adjustment (p<0.001). In a study on women in Samsun Province, Turkey, it was demonstrated that being exposed to violence influences their marital adjustment scores, with women being no exposed to domestic violence having greater scores than those who were.[19]

Our study showed that 41.6% (n=123) of the physicians were exposed to any type of domestic violence. It was reported that 26-60% of women in Latin America suffered domestic violence at least once in their lifetime while 60% of women in Asia and 42% of women in Saharan Africa frequently experienced domestic violence.[20] Our study indicated that female physicians were significantly more commonly exposed to domestic violence (p=0.012). However, there exist cases, albeit at a small number, where women perpetrated violence against men.[21] Moreover, there appears a significant difference between both gender's coping strategies with violence. Bora and Üstün reported that, while women felt domestic violence a determining factor in their lives and told others about it, men chose to make fun of violence, underestimate it, or to tell it in an

abstract way.[22] In our study 81.3% of physicians who were exposed to domestic violence (n=123) were exposed to emotional violence, 74.8% verbal violence, 25.2% economic violence, 10.6% physical violence, and 1.6% sexual violence. A study investigating type(s) of violence on women found that 36.66% suffered physical violence, 41% emotional violence, 38.33% verbal violence, 5% sexual violence, and 5% economic violence. It was also reported that 25.99% of women were exposed to at least two violence types (largely combined physical and sexual violence).[20]

Our study indicated that mostly spouses perpetrated domestic violence a study by Guler et al. reported that 40.7% of women reported being victims of domestic violence, of which 91% were perpetrated by spouses and 19.7% by spouse's relatives.[4] A study conducted at Pamukkale University, Denizli, Turkey, reported that the perpetrator of domestic violence was the spouse in 71.1% of the reported episodes.[21]

Mohammad Hosseini et al. reported that women whose marriage age was less than 18 years were exposed to violence to at greater rate.[23] In a similar study younger age at marriage was reported as a cause of being subjected to domestic violence to a greater rate.[24] We found a significant difference between the rates of domestic violence with regard to marriage age (p=0.034). The greatest domestic violence rate was found as 50% for the 20-24 years age group while the lowest rate was found to be 25.9% for the 30-34 years age group. Greater rates of domestic violence among physicians married at a young age suggest that the pairs might have been too young to assume marriage responsibilities.

A study reported from the Samsun province, Turkey, indicated that domestic violence may occur in families of all sociocultural families, and its rate was independent of demographic, economic, social, and cultural factors such as age, site of residence, educational status, and profession.[19]

We found a significant difference between rates of domestic violence with respect to spouse's profession (p=0.014). The highest rate of domestic violence was found for physicians whose spouses were ancillary healthcare personnel (60.6%). This may be interpreted that physicians married to ancillary healthcare staff have a lower level of marital adjustment. Our study failed to show any significant differences between the rates of exposure to domestic violence in respect to spouse's educational level, employment status, weekly working hours, and number of night shifts. This suggests the need for future studies in this subject.

In a domestic study performed with the interview method with 1070 married woman selected from three different economic strata in Ankara, Istanbul, and Izmir, it was revealed that the major issues causing domestic conflicts were 'women working outside' and 'husbands not consenting their spouses meet their relatives'.[25] Similarly, physicians that experienced problems with spouse's family or whose spouse experienced problems with physician's family were more exposed to domestic violence (p<0.001).

There were limitations of our study. One of the major limitations was the inclusion of physicians only in the city of Van and only in the city center. More participatory studies are needed to support the results of this study.

In conclusion, it may be of great relevance to study work-related or other factors potentially affecting marital life, their interaction, and especially gender-based differences. Once these factors are identified, ways of establishing and maintaining the balance between the professional and domestic life as well as ways of coping with stress can be determined.

Authors' contributions: *Z.Ç.P.: planning, doing research, statistics, writing manuscript; H.A.Ş.: controlling all.*

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