Turkish mental health professionals' experiences and perspectives toward family and sexual violence

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Abstract:

The aim of this study was to learn about Turkish mental health professionals' professional experiences, perspectives, and training needs related to family and sexual violence. An additional goal of this study was to identify important areas in which further training and other resources for mental health professionals and client populations are needed. The researchers developed a new instrument, the Survey of Turkish Mental Health Professionals' Experiences and Perspectives toward Family and Sexual Violence,for this study. This article presents the results of a study involving 121 mental health professionals in Turkey. The mental health professionals invited to participate in this study included counselors, psychologists, psychiatrists, and social workers. For data analyses, descriptive statistics were conducted in order to calculate the frequencies and percentages of participants' responses. Results revealed that resources and availability of services to serve survivors of family and/or sexual violence in Turkey are available but insufficient to meet the needs of clients. The results further indicated a need for Turkish mental health professionals to receive more training on how to work with clients impacted by family and/or sexual violence. Implications for future research and practice are discussed.

Keywords:

Intimate partner violence | Elder abuse | Child maltreatment | Family violence | Sexual assault | Turkey | Mental health professionals | Counseling

Article:

"It shouldn't only be women who do all of the dying here.
It's time for men to do some dying, too." (Sanderson 2015).

The words above were spoken by a 28-year-old Turkish woman named Çilem Karabulut who had turned herself into police to confess that she had killed her husband, which she alleged was in response to him having abused and drugged her (Sanderson 2015). Sanderson reported that Turkey has experienced a "boiling point" in its experiences of domestic and sexual violence following a string of severe, high profile cases like Karabulut's and Özgecan Aslan, a Turkish college student who was killed during an attempted rape in February 2015 (Asquith 2015). Furthermore, the rate of femicide in Turkey has increased 1400% in the last decade (Cetin 2015). As such, Sanderson reports that Turkey is currently experiencing a cultural shift, in which a growing number of women and men are speaking out against cultural norms that they believe perpetuate violence in their culture.

Beyond intimate partner violence, rates of other forms of family violence, such as elder abuse and child maltreatment, have increased (or have become more visible) in Turkey in recent years. For example, elder abuse made headlines following an incident in a private sheltered housing in İstanbul, the biggest city in Turkey. According to a news report, this incident involved a 79-year-old woman who was abused physically (resulting in severe weight loss, broken bones, and bruises) and economically (e.g., she was robbed of jewelry she owned) ("Huzurevinde yaşlıya dayak," 2008). Similarly, recent headlines illustrate tragic cases of child abuse and sexual abuse in Turkey. For example, a 13-year-old girl in Çorum (a city in the mid-northern area of in Turkey) was repeatedly raped by her biological father, brother, and uncle, and she became pregnant by her father ("Çorum'da 13 yaşındaki," 2016).

With this growing visibility of family and sexual violence in Turkey, there has been increased attention to how to improve the ways that these forms of violence are addressed and prevented. As such, it is essential to ascertain the extent to which existing resources can provide support to victims and survivors of these and other forms of interpersonal violence, as well as the extent to which professionals are equipped to provide safe, competent support. One essential service for victims and survivors of violence is mental health counseling, due to the extensive mental health symptoms that can arise as a consequence of violence victimization (Murray and Graves 2012). Furthermore, mental health professionals play a key role in identifying abuse among the clients they serve, as well as in helping to connect clients impacted by violence to other sources of support, such as shelter, law enforcement, and legal resources. As such, the purpose of the current study was to learn about Turkish mental health professionals' professional experiences, perspectives, and training needs related to family and sexual violence. This study focuses on four types of violence—intimate partner violence, sexual violence, child maltreatment, and elder abuse—which will be referred to collectively as family and sexual violence throughout this article.

One goal of this study is to identify important areas in which training and additional resources for mental health professionals and client populations are needed. The following research questions guided this study: (a) What are the demographic and professional background characteristics of Turkish mental health professionals?; (b) What are Turkish mental health professionals' attitudes and experiences related to family and sexual violence?; (c) What are the training experiences and needs of Turkish mental health professionals related to family and sexual violence?; and (d) What are Turkish mental health professionals perspectives as the most significant cultural influences impacting clients' experiences with family and sexual violence?

Definition of Family and Sexual Violence

The current study addresses four specific forms of family and sexual violence: intimate partner violence, sexual violence, child maltreatment, and elder abuse. Intimate partner violence describes abuse that occurs in the context of a current or former intimate relationship; sexual violence includes any forced or coerced sexual activity; child maltreatment involves the abuse or neglect of a minor child; and elder abuse describes the maltreatment of adults in older age (typically defined as being over the age of 60 or 65, although age limits vary in different laws) and/or adults with physical, cognitive, and/or mental disabilities (Murray and Graves 2012). It is important to note that these forms of abuse may overlap, such as elder abuse perpetrated against a spouse (i.e., it is also a form of intimate partner violence) or a case of child maltreatment that involves the sexual abuse of a child.

The Cultural Context Surrounding Family and Sexual Violence in Turkey

To further understand the research on family and sexual violence in Turkey, it is important to understand the cultural context that surrounds these forms of violence in this country. Turkey is a modern, secular, and democratic country in the Islamic world (Müftüler-Bac 1999). However, Turkey also has a collectivistic culture in which patriarchal family structures continue to persist in many communities in the country (Hortaçsu et al. 2003). In such patriarchal structures, abusive behaviors against women are relatively more acceptable because men are viewed as holding responsibility to protect their wives and children. Traditional Turkish cultural norms also emphasize that men should control the “honor” that is female chastity and modesty, and therefore, many men feel entitled to control their wives (Aldikacti Marshall and Furr 2010). In light of this cultural context, many Turkish women come to tolerate violence by their husbands. Results from the Turkey demographic and health survey by Hacettepe University Institute of Population Studies (2008), a survey with 7405 women between the ages of 15 and 49, showed that the following percentages of these Turkish women believed that men are justified for beating their wives in these situations: wasting money (15.4%), neglecting their children (14.5%), arguing with their husbands (11.0%), neglecting housework (10.4%), refusing to have sex with their husbands (5.4%), not cooking food (4.9%), and burning food (2.5%).

Mental Health Professionals in Turkey

Mental health professionals in Turkey also can play a key role in supporting victims and survivors of family and sexual violence. However, the authors were unable to locate any existing research that has examined how well-equipped Turkish mental health professionals are to address family and sexual violence among the clients they serve. Therefore, the current study is the first known examination of this topic. At present, psychiatrists, psychologists, psychological counselors, and social workers all are basically regarded as mental health professionals in Turkey, although their training and experiences can vary widely.

Many Turkish citizens face challenges in gaining access to mental health services. People in Turkey generally have private or state health insurance or receive public health care for uninsured people. Depending on the type of the insurance that Turkish people have, there are a

few ways to access to those services. For example, people may go to public hospitals via state health insurance or private hospitals via private or state health insurance. In general, private practitioners are an option for people with/without health insurance, as private services are too expensive, while the state services are too limited. For example, according to the 2005 Mental Health Workforce Report, there were 2 psychiatrists in Turkey for every 100,000 people (Gökalp and Aküzüm 2007). Therefore, even with multiple groups of mental health professionals trained to provide mental health services in Turkey, access to these services may be challenging for Turkish people, especially if they lack access to adequate health insurance coverage. Nonetheless, given the high rates of mental health symptoms among victims of family and sexual violence in Turkey, mental health professionals remain an important potential resource for victims and survivors.

Rationale for the Current Study

The consequences of family and sexual violence are significant in Turkey. The high rates of violence and abuse indicate that there are many people in Turkey, especially women and children, whose safety is at risk and who may be suffering from many negative physical, emotional, and economic consequences of the abuse they experience. Given the high rates of family and sexual violence in Turkey and the severely negative mental health outcomes linked to family and sexual violence, Turkish mental health professionals need to be equipped with the knowledge and skills needed to meet the needs of victims and survivors of family and sexual violence. To date, there is no known research that examines how well-prepared Turkish mental health professionals are to meet these needs. Therefore, the current study aims to inform researchers and practitioners about Turkish mental health professionals' experiences, perspectives, and training needs related to family and sexual violence.

Method

This study used a mixed-methods electronic survey in order to learn about Turkish mental health professionals' experiences, perspectives, and training needs related to family and sexual violence in a qualitative inquiry. Prior to the data collection, the permissions of Human Subjects Ethics Committees at researchers' universities were obtained. During study participation, informed consent form including risks and benefits of the research, limits of confidentiality and their rights to withdraw was asked from the participants. After study participation, participants' ID numbers were protected and available only to the researchers to maintain confidentiality.

Participants and Recruitment

This article presents the results of a survey with 121 mental health professionals in Turkey. The mental health professionals invited to participate in this study included psychiatrists, psychologists, counselors, and social workers. Participants were required to meet the following eligibility criteria: (a) they must have been at least 21 years of age and (b) they must have been mental health professionals working in Turkey. An electronic survey was developed using the Internet-based survey hosting platform, Qualtrics. In this study, purposeful and snowball sampling methods were used to recruitment participants. The primary recruitment strategy was sending the invitation and link of survey to mental health organizations to announce the study to

their members. The invitation to the study was posted on e-mail groups and social media accounts. In order to increase the sample size, the invitation and link to the survey were sent once, and it was requested that recipients share with their colleagues.

Instrumentation Development and Translation

The researchers developed a new instrument, the Survey of Turkish Mental Health Professionals' Experiences and Perspectives toward Family and Sexual Violence, for this study. The creation of this survey was based on several different steps. First, after a detailed literature review, an initial list of questions was formed in the English language, and all members of the research team were asked to review the draft of the survey. Second, based on the research team members' recommendations, revisions were made to the survey to enhance its readability and clarity. Third, the survey questions were translated into the Turkish language by two researchers, and then a bilingual researcher compared both versions of the survey to ensure it was appropriate in terms of grammar, content integrity, and cohesion. After some corrections to further refine the clarity of the survey, the final version of the survey was produced by the researchers. The survey includes a demographic and background questionnaire, quantitative rating questions, and open-ended questions.

Data Analyses

Descriptive statistics were conducted in order to calculate the means and SDs and frequencies and percentages of participants' responses to answer the research questions. An additional analysis was conducted to examine whether past training on family and/or sexual violence impacted participants' confidence and knowledge related to their abilities to serve clients impacted by family and/or sexual violence. Using past training experiences as independent variables, ANOVAs were used to determine the effect on confidence, as measured by a new three-item scale derived from items on the survey. The items included on this scale, and its internal consistency rating, are presented in the Results section.

Results

Demographic and Professional Background Characteristics

The sample for this study included 121 mental health professionals in Turkey. Among the participants, 92 (77.0%) were female, and 26 (22.0%) were male, and one participant described their gender as "other." Participants' ages ranged from 22 to 66 years ($M = 34.74$; $SD = 8.80$). Table 1 shows the frequencies and percentages of participants' highest earned degrees, their number of years they had been working since they finished their highest levels of education, and their current work settings.

Table 1
Participant demographics

	Frequency (n)	**Percentage (%)**
Gender		
Female	92	77

Male	26	22
Missing	3	2
Types of mental health professionals		
Counselor	43	36
Psychologist	29	24
Social worker	27	23
Psychiatrist	4	3
Others	16	13
Missing	2	2
Highest degree attained		
Bachelor	50	42
Master	52	44
Doctoral	16	13
Missing	3	2
Work settings		
School	50	42
Governmental institution	36	30
Hospital	24	20
Agency	5	4
Private practice	4	3
Missing	2	2
Years worked since attaining highest degree		
0–2 years	35	30
3–5 years	28	24
6–10 years	28	24
11–15 years	13	11
16–20 years	7	5
21 + years	6	5
Missing	4	3

N varies due to missing values

Participants' Professional Experiences and Attitudes Related to Family and Sexual Violence

Client Populations Served

Participants were asked to describe the types of client populations they serve. Note that participants were able to indicate as many client populations as applied to their work. The most frequent responses were young adults (n = 71; 60.0%), adults (n = 68; 57.0%), and adolescents (n = 60; 50.0%). Other responses were children (n = 50, 42.0%), clients with family relationship problems (n = 50; 42.0%), clients who have experienced family violence (n = 40; 34.0%), clients with couple relationship problems (n = 36; 30%), clients with diagnosed mental health disorders (n = 26; 22.0%), older adults (ages 65 and older) (n = 24; 20.0%), and clients with substance abuse problems (n = 21; 18.0%). Ten participants (13.0%) indicated that they serve "other" client populations, and the examples they provided included the following: applying psychological

tests, all types of violence, abuse and neglect, families of martyrs and war veterans, traumatized people, abused children, young people who have adaptation problem, and refugees.

Professional Work with Clients Impacted by Family and/or Sexual Violence

Participants were asked to indicate whether had ever worked with any clients who had experienced any forms of family and/or sexual violence. Ninety participants (76.0%) indicated that they had this experience, while 28 (24.0%) did not. Among the participants with any experiences working with clients impacted by family and/or sexual violence, 85 people (70.0%) reported that they had clients from this population within the past year. These participants also reported an average of 26.29% (SD = 27.17) of their caseloads within the past year as having experienced family and/or sexual violence.

The survey also asked participants to report whether they currently do any professional work that addresses clients who have experienced family and/or sexual violence. The vast majority of participants (n = 87; 74.0%) said that they did, leaving only 31 (26.0%) participants who reported that they do not currently serve clients who have experienced family and/or sexual violence. Participants who said that they do serve clients impacted by family and/or sexual violence were asked to indicate the professional activities that they do with this population. Most participants (n = 79; 91.0%) provide individual counseling. Other professional activities included public speaking (n = 21; 24.0%), victim advocacy (n = 21; 24.0%), couple counseling (n = 19; 22.0%), support groups (n = 15; 17.0%), group counseling (n = 10; 11.0%), administrative duties (n = 8; 9.0%), and answering crisis hotlines (n = 2; 3.0%). Some participants (n = 11; 13.0%) added other professional activities, including the following: providing an opinion about divorce and custody cases, serving as an expert witness in court, assessment and evaluation, preparing a report following a social examination, providing referrals to other services, doing forensic interviews, and working in NGOs.

Participants were asked to rank order, from most to least common, the forms of family and/or sexual violence that they had seen among the clients they served. The five most common forms of violence were reported to be (a) child maltreatment: physical abuse (n = 79); (b) intimate partner violence: physical abuse (n = 75), (c) intimate partner violence: emotional abuse (n = 74), (d) child maltreatment: emotional abuse (n = 60), and (e) intimate partner violence: sexual abuse (n = 55).

Attitudes toward Working with Clients Impacted by Family and/or Sexual Violence

The attitudes assessed on this survey included participants' perceived confidence in working with clients impacted by family and/or sexual violence, as well as their perceptions about the availability and sufficiency of services and resources in their community to serve this population. First, participants were asked to indicate how confident they feel in their ability to serve clients who have experienced various forms of abuse. Table 2 presents the results, which are ranked in order from the areas in which participants felt the most to least confident in their abilities (1 = not confident at all to 10 = very confident; $\alpha = .96$).

As indicated in Table 2, the participants were most confident in addressing emotional and physical abuse within child maltreatment and intimate partner violence, and they were least confident in their ability to address physical and sexual elder abuse and the needs of clients who have experienced multiple forms of abuse.

Table 2
Participants' confidence levels about their abilities to work with clients who have experienced various forms of abuse

	M	***SD***
Child maltreatment: Emotional abuse	6.28	2.53
Intimate partner violence: Emotional abuse	6.14	2.51
Child maltreatment: Physical abuse	6.04	2.60
Intimate partner violence: Physical abuse	5.52	2.36
Elder abuse: Financial exploitation	5.20	2.92
Elder abuse: Emotional abuse	5.13	2.74
Child maltreatment: Sexual abuse	4.99	3.04
Intimate partner violence: Sexual abuse	4.80	2.60
Sexual assault (not perpetrated by a family member or intimate partner)	4.84	2.83
Elder abuse: Physical abuse	4.76	3.03
Clients who have experienced multiple forms of abuse	4.51	2.80
Elder abuse: Sexual abuse	3.97	2.77

1 = not confident at all to 10 = very confident

Participants were asked to indicate which resources are available in their communities to serve survivors of family and/or sexual violence, and for services that are available, they were asked to indicate whether they believe the services are sufficient to meet the needs within their community. As reflected in Table 3, the most common response for every one of the services listed was that the services were available, but were insufficient to handle the needs of clients in their communities.

Table 3
Availability and sufficiency of services in the community

	Available and sufficient to handle the need	**Available but insufficient to handle the need**	**Service is not available**	**Unsure**	**Total Responses**
24 h crisis on line	10	66	14	25	115
Child care /after school	6	68	20	20	114
Jobs	0	59	34	19	112
Law enforcement	5	97	8	6	116
Legal/court	9	99	2	7	117
Medical services	10	88	7	11	116

Mental health services	4	95	11	6	116
Money	1	61	31	21	114
Safe address	3	84	15	14	116
Shelter	7	86	6	16	115

N varies due to missing values

Participants' Training Experiences and Needs Related to Family and Sexual Violence

Past Training Experiences

Participants were asked to indicate whether they had taken any university-level courses that addressed family and/or sexual violence. One-fourth (n = 28; 23.1%) of participants reported that they had never taken any university-level courses that addressed family and/or sexual violence. Among those who had taken any relevant university coursework, the largest number of participants (n = 44; 36.4%) had taken an undergraduate course that covered family and/or sexual violence, but these subjects were only part of the course's content, and 24 participants (19.8%) reported that they had taken a graduate-level course that similarly addressed family and/or sexual violence, but not as a primary focus of the course. Only 15 (12.4%) participants had taken a full undergraduate course on family and/or sexual violence, and only 5 (4.1%) had taken a full graduate-level course on family and/or sexual violence. 5 cases were missing (4.1%).

We also asked participants if they had received any training about family and/or sexual violence since they completed their highest levels of education. Of 121 participants, 41 participants (33.9%) indicated they had received such training, and 76 participants (62.8%) indicated that they had not.

We assessed the effect of taking any university-level courses and trainings that addressed family and/or sexual violence on participants' self-reported confidence in their ability to serve clients impacted by family and/or sexual violence. From the items in Table 4, items 8, 9, and 10 (i.e., "I am aware of resources in my community to help survivors of family and/or sexual violence;" "I am confident in my ability to serve victims and survivors of family and/or sexual violence;" and "I am confident in my ability to serve perpetrators of family and/or sexual violence") were combined into a scale for this analysis, with a Cronbach's alpha coefficient of .77, indicating high internal consistency for these items. On this three-item scale for this analysis, participants' scores could range between 3 and 15, with higher scores indicating greater confidence and knowledge to serve clients affected by family and/or sexual violence.

Table 4

Needs for future trainings

	M	***SD***
1. I believe it is important for mental health professionals in Turkey to receive more training on how to work with clients impacted by family and/or sexual violence	4.77	0.43
2. I would like to see trainings on family and/or sexual violence offered at professional counseling conferences in Turkey	4.55	0.65

3. I believe I need additional training in order to increase my competence to serve clients who have been impacted by family and/or sexual violence	4.43	0.90
4. I would attend a day-long training on family and/or sexual violence if it were available in my community	4.40	0.96
5. I would attend a half-day-long training on family and/or sexual violence if it were available in my community	4.40	0.88
6. I would complete an on-line training on family and/or sexual violence if it were available to me	4.31	1.05
7. I would travel to a community in another part of Turkey to attend a training on family and/or sexual violence	3.60	1.26
8. I am aware resources in my community to help survivors of family and/or sexual violence	3.39	1.05
9. I am confident in my ability to serve victims and survivors of family and/or sexual violence	3.25	1.05
10. I am confident in my ability to serve perpetrators of family and/or sexual violence	2.85	1.30

1 = strongly disagree, 5 = strongly agree

We first conducted an ANOVA to explore the impact of any university-level courses on the confidence scale. Participants were in five groups as explained above. The result of the ANOVA was statistically significant, $F(4107) = 4.808$, $p = .001$, $\eta 2 = .15$), indicating that the groups differed in their confidence levels based on past training experiences. Post-hoc comparisons using the Tukey HSD test indicated that mental health professionals who had never taken any university-level courses ($M = 8.038$; $SD = 2.568$) reported less confidence compared to mental health professionals who had taken a full undergraduate ($M = 10.571$; $SD = 2.737$) or full graduate course ($M = 12.750$; $SD = 2.568$).

We then conducted a second ANOVA to compare the confidence levels of mental health professionals based on whether they had or had not received any training about family and/or sexual violence since they completed their highest levels of education. There was a statistically significant difference on the confidence scale, [$F(1111) = 6.436$, $p = .002$, $\eta 2 = .08$)]. Mental health professionals who had received any training regarding family and/or sexual violence reported more confidence compared to those who had not. Together, the results of these two ANOVAs indicate that participants who have been trained on the topic of family and/or sexual violence report greater confidence and knowledge in their ability to work with clients in this population.

Participants were asked about how important they believe that it is for Turkish counselors to be trained on each topic related to family and/or sexual violence (1 = not at all important 4 = very important; $\alpha = .95$), and the results are presented in Table 5.

As indicated in Table 5, all of the training topics were rated, on average, as being important or very important to address.

Table 5
Importance of training topics in Turkey

	M	*SD*
1. Counseling interventions for child maltreatment survivors/victims	3.87	0.41
2. Counseling interventions for sexual violence survivors/victims	3.87	0.34
3. Counseling interventions for intimate partner violence survivors/victims	3.85	0.43
4. Safety planning	3.84	0.39
5. Clinical assessment related to family and/or sexual violence	3.83	0.40
6. Interventions for child maltreatment perpetrators	3.83	0.40
7. Community resources that address family and/or sexual violence	3.81	0.44
8. General dynamics of child maltreatment	3.81	0.45
9. Ethical considerations for counseling clients impacted by family and/or sexual violence	3.79	0.43
10. Interventions for sexual violence perpetrators	3.78	0.43
11. Interventions for intimate partner violence perpetrators	3.77	0.48
12. General dynamics of sexual violence	3.76	0.51
13. Turkish laws related to family and/or sexual violence	3.74	0.52
14. Counseling interventions for elder abuse survivors/victims	3.68	0.51
15. Intersections of substance abuse and family and/or sexual violence	3.66	0.51
16. Interventions for elder abuse perpetrators	3.63	0.54
17. General dynamics of elder abuse	3.56	0.63
18. Intersections of mental health and family and/or sexual violence	3.34	0.87
19. Religious issues related to family and/or sexual violence	3.34	0.87
20. Other (supervision, cultural norms, legal issues/law enforcement)	3.60	1.03

1 = Not at all important, 4 = Very important

Participants' Views on Cultural Influences that Impact Clients' Experiences with Family and Sexual Violence

Participants were asked to indicate the extent to which they agreed or disagreed with the following statements about family and/or sexual violence in Turkey, and the results are presented in Table 6 (Note: 1 = strongly disagree, 5 = strongly agree; $\alpha = .66$). Table 6 shows the highest to lowest ratings according to participants' responses.

Table 6
Most significant cultural influences impacting clients' experiences with family and sexual violence

Statements	*M*	*SD*
1. People in my community who have been abused have a hard time accessing help they need.	4.06	.95
2. People in my community who have been abused would be more likely to turn to informal sources of help (e.g., friends or family members) than to formal sources (e.g., a family violence agency or the police) to get help related to their abuse.	3.87	.94
3. There is a stigma related to family and/or sexual violence in Turkey.	3.86	.87

4. Many people in my community blame the victim in cases of family and/or sexual violence.	3.53	.89
5. In the general population in Turkey, people recognize that family and/or sexual violence are problems.	2.88	.96
6. If someone in my community learned that a friend or family member was being abused, they would do something to help that person.	2.86	.92
7. Clients who seek counseling in my community would have access to mental health professionals who are trained and competent to address abuse in counseling.	2.42	.89
8. Medical professionals in my community are equipped to help people who experienced family and/or sexual violence.	2.29	.85
9. In the general population in Turkey, people understand the dynamics of family and/or sexual violence.	2.10	.99
10. My community has enough resources to help people who experienced family and/or sexual violence.	2.10	.84
11. Law enforcement agencies in my community are equipped to help people who experienced family and/or sexual violence.	2.03	.97
12. Most people in my community would know who to call for help if they knew someone who experienced family and/or sexual violence.	1.94	.77
13. Religious organizations in my community are equipped to help people who experienced family and/or sexual violence.	1.84	.81

1 = Not at all important; 4 = Very important

Discussion

Limitations

The findings of this study must be considered within the context of its limitations. One of these limitations is that the participants were from different mental health disciplines, and there were not an equal number of participants within each discipline. Second, some participants reported lacking any professional experiences related to family violence. These participants may not have been informed enough to provide meaningful responses to some of the questions on this survey. Third, the survey instrument was newly developed by researchers, and there is no information about its psychometric properties, including its validity and reliability. Fourth, the size of the sample was relatively small, and an accurate response rate was not possible to determine due to the convenience and snowball sampling strategies used. Fifth, the electronic (i.e., email and social media) recruitment strategies used in this study may limit the number of people who received the invitation to participate, as it may not have been accessible to mental health professionals who do not use technology frequently. Finally, we believe that mental health professionals in Turkey should uniquely and critically be placed to intervene with violence issues within and beyond the family and that victims of such violence seek help from these professionals. However, we were unable to add any information about how many victims of violence seek help from mental health professionals currently, as we were not able to identify any sources of data on this topic.

Overview of Major Findings

This study aimed to gain an understanding of Turkish mental health professionals' experiences, perspectives, and training needs related to family and sexual violence, and several significant results were identified. First, in general, there was a significant need for training for Turkish mental health professionals to better equip them with to work with clients impacted by family and sexual violence. This lack of training may result in mental health professionals lacking awareness of best practices for treating this population. For example, among the participants in this study who work with clients impacted by family and/or sexual violence, nearly one-quarter of them reported that they provide couple counseling with this population. However, couple counseling is generally not recommended when intimate partner violence is present (Austin and Dankwort 1999) due to safety risks it may pose for victims. Professionals who have not been trained to understand and address these risks may not be able to provide safe, competent services to clients they serve.

Second, two of the five most common forms of violence among the clients that participants served related to child maltreatment, physical abuse (n = 79) and emotional abuse (n = 60). Due to these common experiences of counseling children who have been impacted by violence, it is important for mental health professionals to receive training on the impact of violence on children. Children who face direct and indirect exposure to violence may experience emotional, behavior, and learning problems (McCloskey et al. 1995; Margolin and Gordis 2000). Mental health professionals in Turkey must become equipped to address these impacts in their clinical work with children.

Third, we explored mental health professionals' attitudes toward working with clients impacted by family and/or sexual violence, beginning with their perceived confidence in working with these kinds of clients. Their confidence levels were especially low in relation to sexual assault for women, children, and elderly clients. This finding might be linked to cultural norms in Turkey that hold sexual issues to be taboo; and therefore, sexuality-related concerns are often unspoken and hidden in Turkish society (Ercevik-Amado 2006). Thus, Turkish mental health professionals may regularly work with clients facing challenges related to sexuality, and therefore they may not feel confident in addressing these issues due to a lack of professional experience. Accordingly, participants were asked to describe the resources and availability of services in their communities to serve survivors of family and/or sexual violence. In general, participants reported that services were available but insufficient to handle the needs of clients. This outcome is also parallel to a recent study in Turkey, in which Sallan-Gül (2013) reported that helpful resources for mental health professionals and client populations were insufficient. This finding suggests a need for greater public and governmental support for organizations to meet the mental health and social services needs of the Turkish population. Additionally, some participants were unsure whether resources and services existed; therefore, their availability and functions should be made more visible among professionals.

Fourth, we asked professionals to describe their past training experiences relevant to family and sexual violence. The results demonstrated diversity among past training experiences. One-fourth of participants reported that they had never taken any university-level courses that addressed family and/or sexual violence. Additionally, most participants had taken an undergraduate course, but these subjects were only part of the course's content. One of the most notable findings of this study was that participants who had received prior training, whether in a

university course or in post-graduate training experiences, on the topic of family and/or sexual violence reported greater confidence in their ability to serve clients impacted by these forms of violence. Future research is needed to further examine what types of training are most effective for equipping mental health professionals in Turkey with the knowledge and skills needed to address these issues in their work. In addition, future research is needed to determine whether mental health professionals' confidence in their abilities translates into actual effective practices. Overall, there is a need for Turkish mental health professionals to receive greater training on family and sexual violence both during their undergraduate and graduate training, as well as throughout their careers in various professional development opportunities. Furthermore, the content of undergraduate, graduate, and in-service training should be tailored to address the unique dynamics surrounding family and/or sexual violence in Turkey. It seems that culture is a key element to the success of those training programs.

Fifth, participants were asked to indicate their future training needs related to family and/or sexual violence. Their responses further demonstrated that Turkish mental health professionals desire more training on how to work with clients impacted by family and/or sexual violence. The participants were especially interested in receiving trainings about interventions for child maltreatment, sexual violence survivors, and intimate partner violence. In addition, safety planning was emphasized as an essential topic for future trainings. Many participants indicated that they would like to receive training on how to address religious issues related to family and/or sexual violence. Religion is important issue in Turkey, in that it is a key factor in determining many Turkish people's daily life experiences (Gülalp 2003). However, religious norms in Turkey are prominent and closely held, so care must be given to developing trainings for mental health professionals that support clients in exploring the links between violence and religious and cultural norms, while also maintaining respect for clients' values and belief systems.

Finally, participants reported their views on significant cultural influences on family and sexual violence in Turkey. Some of the cultural influences they noted as most significant included (a) the difficulty that Turkish people may have in accessing help for family and sexual violence, (b) the greater likelihood of Turkish victims of family and sexual violence to turn to informal sources of help (e.g., friends or family members) than to formal sources (e.g., a family violence agency or the police) to get help related to their abuse, and (c) the influence of patriarchal values on family and sexual violence in Turkey. According to current literature about cultural norms in Turkey, men are often viewed as having to protect and control their wives and children and their family's "honor" (Hortaçsu et al. 2003), and this view may imply the notion that a woman is a property of man. Additionally, violence is perceived as an acceptable behavior and a common feature of marriage in patriarchal family structures (Akar et al. 2010).

Patriarchal family structures may render women in some Turkish communities as having less power and status as their husbands, and this can contribute to their risk of violence. Thus, Turkish mental health professionals must consider appropriate ways to support clients impacted by violence within a patriarchal context, such as by empowering and encouraging women. However, safety considerations must also guide mental health professionals' treatment decisions in cases of violence and abuse, and therefore mental health professionals must use caution in using any interventions with a potential of increasing the risk of further violence.

Implications

The results of the current research offer insights for practitioners working with survivors of family and/or sexual violence in Turkey. Based on the findings, there is value for mental health professionals in seeking out training on the topic of family and/or sexual violence. These concerns present often for Turkish mental health professionals in their practice, so seeking out the training needed to be confident and competent in one's abilities to serve this population are crucial. Training programs for mental health professionals in Turkey can play an important role in ensuring that students gain these training opportunities during their educational experiences. By reviewing the content of current trainings, new educational programs or trainings for mental health professionals can be developed, or the content of existing training offerings can be enriched. Furthermore, in Turkey, there is a gap between research and practice related to family and/or sexual violence. This study leads to many future research questions and future practice needs that offer opportunities for collaboration between researchers and practitioners who are concerned with addressing family and/or sexual violence. Together, researchers and practitioners can build a stronger knowledge base and greater practice resources to help improve the services and resources available to victims and survivors of family and/or sexual violence in Turkey.

Conclusion

This study highlights the need for more advances in research, practice, and professional training to ensure that mental health professionals in Turkey are equipped to competently serve clients who have been impacted by family and/or sexual violence. A significant number of the mental health professionals in this study lacked sufficient training in the dynamics of abuse and interventions to address this issue with clients. As this study was the first known examination of Turkish mental health professionals' experiences and perspectives toward family and sexual violence, additional research with larger samples is needed to further understand this issue and identify effective training strategies.

Recent high-profile cases of family and sexual violence in Turkey have helped to raise the visibility of this issue in the country. Although governmental and non-governmental organizations, as well as many committed professionals, including those working in the mental health field, have increased their efforts to address this issue, the findings of the current study and other existing research suggests that the current resources are insufficient to meet the needs within communities. Overall, mental health professionals have an important role to play in supporting victims of family and sexual violence in Turkey. However, additional research and greater attention to training and strengthening interventions is needed to ensure that Turkish mental health professionals are equipped to effectively serve clients who have experienced abuse.

References

Akar, T., Aksakal, F. N., Demirel, B., Durukan, E., & Özkan, S. (2010). The prevalence of domestic violence against women among a group woman: Ankara, Turkey. *Journal of Family Violence*, 25, 449–460. doi:10.1007/s10896-010-9306-8.

Aldikacti Marshall, G., & Furr, A. (2010). Factors that affect women's attitudes toward domestic violence in Turkey. *Violence and Victims*, 25(2), 265–277.

Asquith, C. (2015). Turkish men get away with murder: Ozgecan Aslan and violence against women in Turkey. The New York times. Retrieved from http://www.nytimes.com/2015/02/24/opinion/ozgecan-aslan-and-violence-against-women-in-turkey.html?_r=1.

Austin, J. B., & Dankwort, J. (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence*, 14, 152–168. doi:10.1177/088626099014002004.

Cetin, I. (2015). Defining recent femicide in modern Turkey: Revolt killing. *Journal of International Women's Studies*, 16(2), 346–360.

Çorum'da 13 yaşındaki çocuğa aile içi istismar (2016). Retrieved from http://nediyor.com/corumda-13-yasindaki-cocuga-aile-ici-istismar/.

Ercevik-Amado, L. (2006). Promoting sexual rights through human rights education: Experiences at grassroots in Turkey. *IDS Bulletin*, 37, 117–122. doi:10.1111/j.1759-5436.2006.tb00312.x.

Gökalp, R. P., & Aküzüm, Z. N. (2007). Community mental health services in Turkey. *International Journal of Mental Health*, 36, 7–14. doi:10.2753/IMH0020-7411360302.

Gülalp, H. (2003). Whatever happened to secularization? The multiple Islams in Turkey. The *South Atlantic Quarterly*, 102, 381–395. doi:10.1215/00382876-102-2-3-381.

Hacettepe University Institute of Population Studies (2008). Turkey demographic and health survey. Retrieved from http://www.hips.hacettepe.edu.tr/eng/tdhs08/TDHS-2008_Main_Report.pdf.

Hortaçsu, N., Kalaycioğlu, S., & Rittersberger-Tiliç, H. (2003). Intrafamily aggression in Turkey: Frequency, instigation, and acceptance. *The Journal of Social Psychology*, 143, 163–184. doi:10.1080/00224540309598438.

Huzurevinde yaşlıya dayak atıldı iddiası (2008). Retrieved from http://www.hurriyet.com.tr/huzurevinde-yasliya-dayak-atildi-iddiasi-7998193.

Margolin, G., & Gordis, E. B. (2000). The effects of family and community violence on children. *Annual Review of Psychology*, 51, 445–479. doi:10.1146/annurev.psych.51.1.445.

McCloskey, L. A., Figueredo, A. J., & Koss, M. P. (1995). The effects of systemic family violence on children's mental health. *Child Development*, 66, 1239–1261. doi:10.1111/j.1467-8624.1995.tb00933.x.

Müftüler-Bac, M. (1999). Turkish women's predicament. *Women's Studies International Forum*, 22, 303–315. doi:10.1016/S0277-5395(99)00029-1.

Murray, C. E., & Graves, K. N. (2012). *Responding to family violence*. New York: Routledge.

Sallan-Gül, S. (2013). The role of the state in protecting women against domestic violence and women's shelters in Turkey. *Women's Studies International Forum*, 38, 107–116. doi:10.1016/j.wsif.2013.01.018.

Sanderson, S. (2015). Domestic violence in Turkey reaches boiling point. Deutshe Welle (DW.com). Retrieved from http://www.dw.com/en/domestic-violence-in-turkey-reaches-boiling-point/a-18576377.