



The Level of Hopelessness and Psychological Distress among Abused Women in A Women's Shelter in Turkey[☆]



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ABSTRACT

Hopelessness prevents abused women from participating in social life and increases the risk of suicide. The aim of this study was to determine the level of hopelessness and psychological distress among abused women admitted to shelter in a conservative country. The sample included 40 abused women. A questionnaire, Beck Hopelessness Scale and the General Health Questionnaire were used to collect data. Chi-square, the Pearson correlation analysis test, and variance analysis were performed. Half of the women experienced moderate and severe hopelessness. Higher levels of hopelessness were found to be associated with higher psychological distress. Women had problems with decision-making, concentrating on a job, felt unhappiness, and depression. The results of the study would be useful in designing training programs for nurses, social workers and counselors as well as policy makers who assist women facing domestic violence to provide better physiological and psychological care for sheltered women in conservative countries.

Introduction

Violence against women (VAW) is the most prevalent violations of human rights worldwide (Galano, Hunter, Howell, Miller, & Graham-Bermann, 2013; Nur, 2012; Romito & Grassi, 2007; Suman, 2015; WHO, 2013). World Health Organization (WHO) report indicated that violence by an intimate male partner is prevalent in all countries and in every culture. One in three women experience physical violence at some point in their lifetime (WHO, 2013). However, the women in conservative cultures, face the high rates of domestic violence (Ben-Porat, 2017; Childress, Panchanadeswaran, & Joshi, 2017).

Researchers indicated that abused women were more likely to experience hopelessness, worthlessness, despair, guilt, shame, decrease in self-confidence, depression, post-traumatic stress disorder and suicide (Avanci, Assis, & Oliveira, 2013; A. Durak, 2008; Fridh, Lindstrom, & Rosvall, 2014; Machado, de Azevedo, Facuri, Vieira, & Fernandes, 2011; Romito & Grassi, 2007; Ruiz-Perez & Plazaola-Castano, 2005; Sato-DiLorenzo & Sharps, 2007; Suman, 2015; Vives-Cases, Ruiz-Cantero, Escriba-Aguir, & Miralles, 2011; Wong, Tiwari, Fong, Humphreys, & Bullock, 2011). According to the hopelessness theory of depression, people who have negative expectations about negative events, develop depression and consequently, see suicide as the only way out of insoluble problems (Qiu, Klonsky, & Klein, 2017). Authors of

suicide related studies revealed that feeling of hopelessness was one of the most important factors in suicide (Brezo, Paris, & Turecki, 2006; Marco, Guillen, & Botella, 2017; Page et al., 2006; Qiu et al., 2017; Wolford-Clevenger, Smith, Kuhlman, & D'Amato, 2016).

Theoretical framework

Hopelessness had different definitions in the literature such as negative expectancies for the future, being without hope, a sense of impossibility of the future, a negative attributional style about prospects for the future, loss of control in relation to the future, and the loss of the will to live (Beck, Weissman, Lester, & Trexler, 1974; Haatainen et al., 2003; Qiu et al., 2017; Tanaka, Sakamoto, Ono, Fujihara, & Kitamura, 1996).

Factors associated with hopelessness were grouped under two headings as individual and environmental factors (Haatainen, 2004). The individual factors included socio-demographic factors such as increasing age, lower education (Haatainen, 2004; Kocalevent et al., 2016), female gender (Haatainen et al., 2003), lower socio economic status, unemployment, and poor financial situation (Eslami, Kovacs, Moons, Abbasi, & Jackson, 2017; Kocalevent et al., 2016); health related factors such as psychological distress, chronic diseases, and childlessness (Eslami et al., 2017; Haatainen, 2004); life events such as

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early maternal or paternal death, conflict with the spouse, and divorce (Eslami et al., 2017; Haatainen et al., 2003; Kocalevent et al., 2016); experiential factors such as beliefs, self-confidence, trust, autonomy (Haatainen, 2004) and environmental factors included number of people living together, satisfaction with marital life, satisfaction with accommodation (Haatainen, 2004).

Abused women who are unemployed, uneducated, and in a poor financial situation feel hopeless to solve problems with an abusive partner. Hopelessness prevents abused women from participating in social life and increases the risk of suicide. Moreover, hopelessness disables individuals making plans for the future and asking for help from others by causing loss of the motivation to move into action (Qiu et al., 2017). Among the factors affecting hopelessness of abused women were reported to be advanced age (Haatainen et al., 2003; Kocalevent et al., 2016; Tanaka et al., 1996), lower socioeconomic status (Eslami et al., 2017; Kocalevent et al., 2016), lower education (Haatainen et al., 2003; Kocalevent et al., 2016), unemployment (Haatainen et al., 2003; Kocalevent et al., 2016), poor financial situation (Haatainen et al., 2003; Kocalevent et al., 2016; Lawoko & Soares, 2002), psychological distress, chronic diseases, childlessness (Eslami et al., 2017), early maternal or paternal death, and divorce (Eslami et al., 2017; Haatainen et al., 2003; Kocalevent et al., 2016; Tanaka et al., 1996).

Women's shelters provide a safe place for short periods (three to six months by law in Turkey) for women and their children who were victims of any kind of violence, rape or honor killing and have no place to go. They provide services for sheltered women to build a new life, such as legal support for divorce, help in finding a job, support for children who need care, and psychological support to abused women and children. Researchers indicated that women starting a new life in a shelter face an array of problems such as financial difficulties, loneliness due to living separated from loved ones, difficulties in concentrating, inability to meet their own expectations, and difficulty making new friends (Cleary, Keniston, Havranek, & Albert, 2008; Galano et al., 2013; Lyon, Lane, & Menard, 2008). In addition, they had trouble in relating to others due to lack of trust, difficulty in communicating with people, and struggle moving forward with their lives (Çiftçi, 2007; Sato-DiLorenzo & Sharps, 2007). Therefore, women living in shelters are at high risk of experiencing hopelessness, suicidal ideas, and loss of social support in addition to other health issues such as respiratory ailments, diabetes, STIs and HIV, hypertension and dental problems (Ali, Mogren, & Krantz, 2013; Çiftçi, 2007; Cleary et al., 2008; Jonker, Jansen, Christians, & Wolf, 2014).

Turkey

Turkey is an emerging country with important differences in economic and social development between Eastern and Western regions and between high and low income groups. Turkey was ranked 71st out of the 186 countries on the Gender Inequality Index and 90th out of the 186 countries on the Human Development Index (UNDP, 2013). Also, conservative gender and family norms such as premarital sexual restraint, husband leadership, and father involvement, are still very dominant. The South Eastern Turkey is the region with the second highest rate of domestic violence (TDHS, 2008). Early and forced marriages, bride price and honor killings continue as a result of deeply ingrained traditions and are often accompanied by a high rate of female illiteracy (29.5%), low levels of education, and widespread poverty (DGSW, 2013; Sallan Gül, 2013). Despite the increasing rates of women's literacy, labor force participation, political and educational participation, an overwhelming percentage of women (85%) are still exposed to violence by their partners in Turkey (DGSW, 2013). In 2013, at least 214 women who decided to leave violent partners were killed by their abusive husbands or partners while under protection by the government (DGSW, 2013).

In many western countries, like Norway, the U.S.A, and Canada,

shelters are opened to prevent women from staying homeless and dragged into prostitution. However, domestic violence shelters are a new concept in conservative countries like Turkey, where domestic violence is considered a taboo that is not to be discussed in public. Every municipality which has over 50.000 population is obligated to open a shelter for abused women in Turkey. However, due to increasing conservatism, municipalities are hesitant to open domestic violence shelters for women. Conservative countries, such as Turkey and Middle East countries, have a patriarchal family structure where women's perspectives on violence are shaped by the male dominated society. In such a society, women were seen as the cause of the violence and therefore instead of leaving an abusive husband or divorcing from him, they prefer to continue living with their abusers. Usually, abused married women who are not accepted by their families - especially women without any income - are left between a choice of violence and death. Therefore, understanding of hopelessness among women who seek shelter, and associated factors are especially important for three reasons. First, hope is an important resource to cope with difficult and stressful situations for abused women. Second, hopelessness has severe consequences for women resulting in morbidity, mortality, and declining quality of life. Third, abused and hopeless women who are illiterate, without income and have a risk of exposing to violence when they return home, are at the most severe risk for suicidal attempt. However, we have been unable to find studies on the hopelessness of abused women who have been admitted to shelters. As a result of the study, researchers aimed to fill the gap in the literature by determining the hopelessness, individual factors associated with hopelessness and psychological distress among abused women in a shelter.

Method

Participants

The sample included 40 abused women who were attending the Women's Shelter in Gaziantep Metropolitan Municipality. Gaziantep is the sixth largest city in Turkey, has a population of nearly 1.8 million people and is located in South Eastern Turkey. This shelter was established in January 2010. There are nineteen regular rooms, one room for disabled and twenty beds in total. Ninety-six women enrolled in the shelter since its establishment. Women's shelters accept victims of violence, rape or honor killing who have no place to go. During the study period, 48 women were admitted to the shelter after violence from their abusive partners. All of the abusers were legally married to abused women. Eligible women (48) were informed and asked to participate in the study. Of those, six women refused to participate and two women were transferred to another shelter in a different city.

Materials

A questionnaire, Beck Hopelessness Scale (BHS) and the General Health Questionnaire (GHQ 12) were used to collect data. The questionnaire consisted of 28 questions about socio-demographic characteristics, obstetric history, questions related to marriage and characteristics of violence. In the questionnaire, the term of formal marriage (registered) is used for "Marriage that is a legally sanctioned contract between a man and a woman", love marriage is a type of marriage where the couples meet before getting married, love each other and get married with or without parents' consent and arranged marriage by parents used for "a marriage in which the husband and wife are chosen for each other by their parents". In addition, two open-ended questions related to violence were used such as "How long have you been subjected to violence from your partner?", "What are the reasons for your partner to express violence?" and one open-ended question was used to find out participating women's future plans such as "What are your plans for the future after leaving the shelter?" Open ended questions were coded according to the responses to the questions. After data

collection, we went back to the responses given for open ended questions and similar responses were combined and categorized.

General health questionnaire (GHQ 12)

The GHQ 12 is one of the most used questionnaires for screening current general psychological status. The questionnaire was developed to identify common acute mental illness in society by David Goldberg and Blackwell (Goldberg & Blackwell, 1970) and the Turkish version of the Scale was adapted and revised by Kılıç in 1992 (Cronbach's Alpha = 0.78; test-retest correlation 0.84) and used among women in Turkey. In this study, the Cronbach's alpha reliability coefficient was 0.93. Each item had four response categories, e.g. "Better than usual", "Same as usual", "Less than usual" and "Much less than usual". The Likert scoring method results in a score ranging from 0 to 36 and it can be broken down for interpretation into five categories. A score of 1 to 10 indicates 'low psychological distress', scores between 11 and 12 indicate 'typical distress', scores between 13 and 15 indicate 'more than typical distress', scores between 16 and 20 show 'evidence of psychological distress', and scores over 20 indicate 'severe psychological distress' (Goldberg et al., 1997).

Beck hopelessness scale (BHS)

Beck et al. developed the BHS in 1974 (Beck et al., 1974). Durak (1994) adapted and revised the Turkish version of the scale. BHS is one of the best scales to determine the status of an individual's future expectations, hope and hopelessness (Carretta, Ridner, & Dietrich, 2014). The Cronbach's alpha reliability coefficient of the scale was 0.85 (Durak, 1994). In this study, the Cronbach's alpha reliability coefficient was 0.84. Items scored either 0 or 1 with a score range of 0 to 20 in this scale. While scoring the items, the option of "Yes" had one point for eleven questions (2,4,7,9,11,12,14,16,17,18 and 20) and the option of "No" had one point for nine questions (1,3,5,6,8,10,13 15 and 19). Higher scores indicate greater level of hopelessness. The validity and reliability study of the scale included three subscales: respectively "Feelings and expectations about the future" (1,3,7,11 and 18), "Loss of motivation" (2,4,9,12,14,16,17 and 20) and "Hope" (5,6,8,10,13,15 and 19). The subjects of the scale were classified into four groups: no hopelessness (scores between 0 and 3), mild hopelessness (scores between 4 and 8), the moderate hopelessness/risk of suicide (scores between 9 and 14), and severe hopelessness/greater risk of suicide (scores between 15 and 20).

Procedure

Within the framework of the sensitivity and secrecy, detailed information given to the participant's related to the research topics and no identification information was recorded on the questionnaires. The researcher read the questions to all participants and the interview took approximately one hour and forty-five minutes in a quiet and undisturbed setting due to the sensitivity of the subject.

Statistical analysis

We used the Statistical Package for the Social Sciences version (SPSS) 17.0 to analyze the data. Student's *t*-test for normally distributed variables and Mann–Whitney *U* test for parametric variables with non-normal distributions were used to compare groups. Chi-square, the Pearson correlation analysis test and invariable analysis of variance (ANOVA) were performed. Cronbach's alpha coefficient (Cronbach α) was used to assess the internal consistency of the BDI and GHQ-12. An alpha level of 0.05 was established at a level of significance for all statistical tests.

Ethical considerations

Gaziantep University obtained a written permission from the Municipality of Gaziantep. The Ethical Committee of Zirve University gave the approval (05.02.2012 - No: 505) to the study protocol. The researchers informed the women about the study procedures and obtained their written consent as well. Participation was completely voluntary.

Results

Socio-demographic characteristics

The mean age of the women was 31.45 ± 8.90 (min = 19 years, max = 59 years). Nearly half of the participants were in the 30–39 age-range, 20% were illiterate, 82% of the women and 35% of the women's partners were unemployed, 15% had no children, and 30% stated their income level as 'low'.

Characteristics of marriage and violence

Almost half of the women (47.5%) had their first marriage at 18 years of age and younger, the age difference between spouses was ten years among 25% of the participants, 82.5% of the women had a formal marriage. Nearly half of the participating women had been admitted to the shelter due to physical violence, 45% reported both physical and psychological violence, and 60% had a duration of violence for five years or less than five years. It was found that 27% of the women planned to return their abusive partners, 45% stated finding a job and be independent, and 17.5% had no plans for the future (see Table 1).

Table 1
Characteristics of Women's Marriage and Violence
n = 40.

	Number	%
Age at first marriage (woman)		
18 and under	19	47.5
19–25 years	17	42.5
26 and higher	4	10.0
Age at first marriage (partner)		
20 and under	8	20.0
21–30 years	26	65.0
31–40 years	5	12.5
41 and higher	1	2.5
Age difference between partners		
1–4 years	13	36.1
5–9 years	14	38.9
10 and more	9	25.0
Registration of marriage		
Formal marriage (registered)	33	82.5
Living together without any contract	7	17.5
Duration of violence (years)		
5 years and under	24	60.0
6 to 10 years	9	22.5
11 to 15 years	5	12.5
16 years and more	2	5.0
Reasons to come to the shelter (current incident) ^a		
Conflict between families	9	22.5
Beating exposure/physical violence	17	42.5
Deception of her abusive husband	6	15.0
Unemployment/financial situation	8	20.0
Future plans ^a		
Find a job and be independent	18	45.0
Make peace with her abusive husband	11	27.5
Return back to her parents	4	10.0
Has no plan for the future	7	17.5

^a Open ended question. Responses were categorized according to the participant's responses.

Table 2
Findings of General Health Questionnaire.

	Better than usual		Same as usual		Less than usual		Much less than usual		Mean	Std
	n	%	n	%	n	%	n	%		
Able to concentrate	7	17.5	12	30.0	11	27.5	10	25.0	1.60	1.06
Playing a useful part	9	22.5	13	32.5	11	27.5	7	17.5	1.40	1.03
Capable of making decisions	8	20.0	9	22.5	10	25.0	13	32.5	1.70	1.14
Able to enjoy day-to-day activities	5	12.5	18	45.0	8	20.0	9	22.5	1.53	0.99
Able to face problems	10	25.0	14	35.0	9	22.5	7	17.5	1.33	1.05
Feeling reasonably happy	4	10.0	14	35.0	13	32.5	9	22.5	1.68	0.95

	Not at all		No more than usual		Rather more than usual		Much more than usual		Mean	Std
	n	%	n	%	n	%	n	%		
Loss of sleep over worry	8	20.0	18	45.0	9	22.5	5	12.5	1.28	0.93
Felt constantly under strain	7	17.5	14	35.0	12	30.0	7	17.5	1.48	0.98
Couldn't overcome difficulties	8	20.0	15	37.5	13	32.5	4	10.0	1.33	0.92
Losing confidence in oneself	10	25.0	14	35.0	7	17.5	9	22.5	1.37	1.10
Feeling unhappy and depressed	7	17.5	15	37.5	6	15.0	12	30.0	1.58	1.11
Thinking of one-self as worthless	15	37.5	9	22.5	8	20.0	8	20.0	1.22	1.16

BHS and GHQ scores

The mean of the BHS score was 8.60 ± 4.96 . When the scores for the subgroups of the BHS were examined, 15% of the women scored 3 points and below (no hopelessness), 35% scored 4 to 8 points (mild hopelessness), 35% scored 9 to 14 points (moderate hopelessness), and 15% obtained scores 15 and higher (severe hopelessness). Half of the participating women had an experience of moderate to severe hopelessness which indicate a higher risk of suicidal attempt. The mean GHQ score for the participating women was 1.45 ± 0.84 . The women scored above the average from the items such as “able to concentrate on what I am doing” ($X = 1.60 \pm 1.06$); “feel capable of making decisions about things” ($X = 1.70 \pm 1.14$); “feel unhappy and depressed” ($X = 1.58 \pm 1.11$); “feel reasonably happy” ($X = 1.68 \pm 0.95$) (see Table 2). The relationship between women's psychological wellbeing and hopelessness was examined. As expected, authors found a statistically significant positive correlation between hopelessness and GHQ 12 scores ($p < 0.05$, $r = 0.51$). Higher levels of hopelessness were found to be associated with higher psychological distress. The second measure of respondents' psychological wellbeing used was the GHQ 12.

Factors affecting the women's level of hopelessness and psychological health

No statistically significant differences were found between the hopelessness level and the variables such as age, educational and income level, employment and spousal employment status ($p > 0.05$). However, when we analyzed the mean scores of the subscales of the BHS, we found that there was a statistically significant difference between the education level and motivation loss. Women with less than a primary school education ($X = 1.91 \pm 1.81$) had the lowest score on motivation loss than women with more than a primary school education ($X = 4.34 \pm 2.82$) ($p < 0.05$; $t = -2.65$). Another relationship was found between education and feelings and expectations about the future. Women with less than a primary school education ($X = 1.27 \pm 0.90$) had a lower score on feelings and expectations about the future compared to women with more than a primary school education ($X = 2.20 \pm 1.80$) ($p < 0.05$; $t = -1.64$). A statistically positive correlation was found between the women's long-lived place of residence until they reached primary school years and hopelessness scores ($p < 0.05$; $t = -0.215$). Women, who had lived in urban areas ($X = 8.48 \pm 5.74$) had a lower hopelessness score than women, who had lived in the rural area until they reached primary school years ($X = 8.85 \pm 2.88$) ($p < 0.05$; $t = -0.215$) (see Table 3).

The authors reveal that no statistically significant differences were found between the level of psychological distress and age groups

($p > 0.005$; $F = 0.74$), educational status ($p > 0.005$; $t = -0.08$), partners working status ($p > 0.005$; $t = 0.34$), and income level ($p > 0.005$; $F = 1.07$). However, a positive statistical correlation was found between women's work status and psychological health of the women ($p < 0.005$; $t = -2.24$). The mean GHQ score (for working women) was found to be 10.57 while it was 18.93 for non-working women. We found that non-working women had more psychological distress than working women (see Table 3).

No statistically significant differences were found between the hopelessness level and the variables such as age at marriage ($p > 0.005$; $t = -1.31$), form of marriage ($p > 0.005$; $t = 0.43$), type of marriage ($p > 0.005$; $t = 0.36$), number of children ($p > 0.005$; $t = 0.77$), and future plans ($p > 0.05$; $t = 1.65$). We found no statistically significant difference between psychological distress and the variables such as age at marriage ($p > 0.05$; $t = -1.91$), the status of having children ($p > 0.005$; $t = -0.28$), number of children ($p > 0.005$; $F = 0.62$), and future plans ($p > 0.005$; $F = 0.562$). Statistically significant differences were found between psychological distress and marriage form ($p < 0.05$; $t = 1.079$) and the type of marriage ($p < 0.05$; $t = 0.31$) (see Table 4). Women with formal marriage obtained a higher mean GHQ score than the women living together only.

Discussion

In this study, we determined that one out of five abused women in the shelter were illiterate, mostly non-working, had low income levels, and nearly half of them had a marriage at an early age. These results were consistent with the literature (Galano et al., 2013; Machado et al., 2011). Despite social and legal aspects of development in Turkey, women's social status is still low in rural parts of Turkey, consequently, women are still dependent socially and economically on their partners. In the rural areas, families are in a patriarchal family structure that accept traditional gender roles and the applicability of violence against women (Fleming et al., 2015; George et al., 2016; Linos, Slopen, Subramanian, Berkman, & Kawachi, 2013). According to men in this society, women are weak and need protection and the authority of men within the family is unquestionable and men are allowed to apply violence against women. As a result, abused women who are unemployed, uneducated, and in a poor financial situation feel hopeless to solve problems with an abusive partner.

We found that half of the women have moderate to severe levels of hopelessness. The result shows greater risk of suicide among these women. The results were consistent with the literature (Machado et al., 2011; Shurman & Rodriguez, 2006; Wolford-Clevenger et al., 2016). A

Table 3
The distribution of the women's hopelessness and general health status according to their socio-demographic characteristics.

	n	Total score for BHS		Feelings and expectations about the future		Loss of motivation		Hope		GHQ	
		Mean	Std	Mean	Std	Mean	Std	Mean	Std	Mean	Std
Education											
Illiterate, Literate with no graduation	11	6.36	2.80	1.27	0.90	1.91	1.81	3.18	2.60	17.45	9.12
Elementary school or above	29	9.44	5.36	2.20	1.80	4.34	2.81	2.89	2.66	17.48	9.67
Statistical analysis		$p = 0.61; t = -1.81$		$p = 0.01; t = -1.64$		$p = 0.03; t = -2.65$		$p = 0.62; t = 0.30$		$p = 0.65; t = -0.08$	
Work status											
Working	7	7.00	2.76	1.14	1.21	3.28	2.81	2.57	3.20	10.57	6.92
Not working	33	8.93	5.27	2.12	1.69	3.75	2.82	3.06	2.52	18.93	9.29
Statistical analysis		$p = 0.19; t = -0.94$		$p = 0.37; t = -1.44$		$p = 0.44; t = -0.40$		$p = 0.35; t = -0.44$		$p = 0.15; t = -2.24$	
Long lived place of residence until they reach primary school years											
Urban	27	8.48	5.74	1.88	1.78	3.77	2.72	2.81	2.63	16.41	10.10
Rural	13	8.85	2.88	2.07	1.38	3.46	3.01	3.30	2.65	19.70	7.68
Statistical analysis		$p = 0.001; t = -0.215$		$p = 0.19; t = -0.33$		$p = 0.60; t = 0.33$		$p = 0.95; t = 0.55$		$p = 0.42; t = -1.35$	
Income level											
High	6	9.16	4.91	2.00	1.41	4.33	3.01	2.83	2.99	18.50	8.50
Medium	22	7.63	5.49	1.68	1.88	3.36	2.62	2.59	2.54	15.59	8.69
Low	12	10.08	3.75	2.42	1.24	3.91	3.11	3.75	2.63	20.41	10.94
Statistical analysis		$p = 0.38; F = 0.99$		$p = 0.47; F = 0.77$		$p = 0.71; F = 0.34$		$p = 0.47; F = 0.76$		$p = 0.33; F = 1.07$	

study from Brazil reported that 22.4% of women had moderate or severe hopelessness in the first month of violence (Machado et al., 2011). Researchers indicated that women with higher scores (9 or higher) of hopelessness should be watched for the suicidal ideation (Beck et al., 1974; Forman, Berk, Henriques, Brown, & Beck, 2004; Marco et al., 2017).

Our results also highlight that women who were over 40 years of age, graduated from elementary school, were not working, lived in urban areas until they had reached primary school years, had low income levels, and had no children were found to experience more hopelessness. These results were consistent with the literature (Eslami et al., 2017; Haatainen et al., 2003; Kocalevent et al., 2016; Tanaka et al., 1996). It is indicated that women with elementary school degrees or lower may be more prone to hopelessness due to low social status,

gender and economic conditions (Page et al., 2006). According to the WHO multi-country report, a lower educational level was associated with increased risk of violence in many sites and partners with a higher educational attainment had been protective despite the controlling of income and age differences. Women with a higher education may have more freedom, greater autonomy and more choices to find jobs compared to women with lower or no education (WHO, 2005). A study conducted by Lynch and Graham-Bermann (2004) suggests that employment can be used to help define a woman's sense of self and, therefore, improve self-esteem related to abuse.

In the present study, women with no plans for the future and planning to return to their families were found to have more hopelessness. Learned helplessness is a psychological state of being where previous experiences can cause disruptions in motivation, cognitive

Table 4
The distribution of the women's hopelessness and general health status according to characteristics of marriage and future plans.

	n	Total score for BHS		Feelings and expectations about the future		Loss of motivation		Hope		GHQ	
		Mean	std	Mean	std	Mean	std	Mean	std	Mean	std
Age at first marriage											
18 years and under	19	7.53	5.54	1.63	1.70	3.63	2.60	2.26	2.25	14.57	8.51
19 years and higher	21 ^a	9.57	4.27	2.23	1.57	3.71	3.00	3.61	2.80	20.09	9.61
Statistical analysis		$p = 0.23; t = -1.31$		$p = 0.60; t = -1.17$		$p = 0.38; t = -0.09$		$p = 0.16; t = -1.67$		$p = 0.27; t = -1.91$	
Registration of marriage											
Formal marriage (registered)	33	8.75	5.35	2.09	1.72	3.63	2.90	3.03	2.72	18.21	9.98
Living together without any contract	7	7.85	2.47	1.28	1.11	3.85	2.34	2.71	2.21	14.00	5.25
Statistical analysis		$p = 0.17; t = 0.43$		$p = 0.21; t = 1.18$		$p = 0.21; t = -0.18$		$p = 0.08; t = 0.29$		$p = 0.01; t = 1.079$	
Type of marriage											
Love	28	8.78	4.90	1.89	1.72	4.00	2.82	2.89	2.78	17.79	1.96
Arranged by parents	12	8.16	5.28	2.08	1.50	2.91	2.64	3.16	2.28	16.75	2.00
Statistical analysis		$p = 0.96; t = 0.36$		$p = 0.39; t = -0.33$		$p = 0.33; t = 1.13$		$p = 0.10; t = -0.30$		$p = 0.01; t = 0.31$	
Future plans											
Have not any plans	7	10.57	5.97	2.71	1.89	4.57	3.26	3.29	2.87	14.28	10.45
Find a job and be independent	18	7.22	3.90	1.50	1.42	3.11	2.69	2.61	2.63	15.67	8.92
Make peace with her abusive husband	11	8.91	5.76	2.09	1.92	3.72	3.00	3.09	2.80	20.64	10.14
Return back to her parents	4	10.50	5.06	2.25	1.26	4.50	1.91	3.75	2.22	22.50	5.07
Statistical analysis		$p = 0.38; F = 1.05$		$p = 0.36; F = 2.12$		$p = 0.60; F = 0.96$		$p = 0.82; F = 0.63$		$p = 0.27; F = 0.39$	

^a Open ended question. Responses were categorized according to the participant's responses.

thinking, and emotions, which can result in women being depressed and hopeless (Galano et al., 2013). Hopeless individuals think negatively about themselves; they believe that they are unworthy and view the future with despair. Therefore, they may lose the ability to make the right decisions.

We found a positive correlation between general health and hopelessness of women. Women who have moderate to severe levels of hopelessness were found to have problems with decision-making and concentration on a job. Usually, they are more depressed and feel unhappy. Exposure to violence is a difficult and stressful situation. Hope is an important resource to cope with difficult and stressful situations. Researchers reported that women who had experienced partner violence had poor psychological health and social functioning scores than women who had not experienced partner violence (Avanci et al., 2013; Fridh et al., 2014; Nur, 2012; Sato-DiLorenzo & Sharps, 2007; Vives-Cases et al., 2011). Romito and Grassi (2007) indicated the excess health problems among women result from more intense or more frequent experiences of violence. A study from Spain showed that women who experienced abuse in the past were more likely to have higher psychological distress than never-abused women (Ruiz-Perez & Plazaola-Castano, 2005). Another study from Sweden reported that abused women showed nearly doubled the odds of poor psychological health (Fridh et al., 2014).

We reveal that most of the women planned to leave their abusive husbands and go out to find a job. Only one out of ten women considered returning back to their parents' house and two out of ten women stated having no plan for the future when they left the shelter. These results were consistent with the literature. Lynch and Graham-Bermann (2004) found a positive association between employment status and a woman's decision to leave her abuser. A study reported that 72% of the women indicated a desire to terminate their relationships with their assailants (Sullivan & Rumpitz, 1994). In this study, one out of four women intent to return home to her abusive husbands. Krishnan, Hilbert, McNeil, and Newman (2004) reported that the type, severity, frequency, and duration of abuse, hopelessness, and a lack of perception of social support may account for women's intention to return to their abusers. Women's decision to leave a violent partner is affected by the level of participation of women in the work life, educational status, vocational status and the presence of children, as well as the pressure of society. Especially in rural areas, the family and marriage institution is perceived as sacred and spreads the idea that marriage must be preserved in every circumstance and the status of women obtained by marriage is lost by divorce. In addition, women seeking shelter in a women's shelter need a job and a home where they can stay with their children to build a new life away from the violence. If the woman is separated from the violent partner, she has a risk of exclusion by the society, this makes her difficult to find a job or a home. For these reasons, hopeless sheltered women choose to continue their violent relationship, thinking that they will not be able to cope with these problems (Sallan Gül, 2013).

Conclusion

In the literature, consequences of hopelessness have been well established, however, very few studies have been done to address the level and the factors associated with hopelessness among abused women who seek shelter in conservative countries like Turkey. The present study is the first to our knowledge, to show that the level of hopelessness was significant among abused women admitted to shelters in Turkey. The variables of age, education, work status, urban-rural setting, and marriage type are shown to be important factors that affect the hopelessness. The results of this study can be used as a guideline in designing training programs such as home visitation for nurses, social workers and counselors as well as policy makers who assist women facing domestic violence to provide better physiological and psychological care for sheltered women in countries where domestic violence

shelters are a new concept. We recommend that especially in conservative countries, women seeking shelter for domestic violence should be assessed in a safe environment without judgment, for the hopelessness that increases the risk of suicide, by female health professionals before they send to the shelter. In addition, empowerment programs to ensure women's participation in the labor force and society such as vocational training and personal development courses and prevention programs such as personal relationship courses, problem focused coping, suicide prevention and behavior modification courses, are needed to diminish the hopelessness and protect the psychology of women. Future studies are recommended about the relationship between hopelessness and the residency period, assessment of empowerment programs provided by shelters and the hopelessness level of the women who stay in the shelter to determine the impact of sheltered life on the mental health.

Strengths and limitations of the study

Although we interviewed more than half of the eligible women in the study area with a validated scale and assessed hopelessness and general health within a hard to reach population, there are several limitations of this study. First, the study with small sample size may not be representative of women in other shelters. Therefore, the generalization of findings should be done with caution. Second, we used descriptive analysis with only bivariate associations, multivariable model was not used to describe independent risk factors due to the small sample size. Third, because of the sensitive nature of the topic, the women in this study were not randomly selected. We included all the eligible women who choose to be part of the study. Moreover, data are presented only for women who were newly admitted to the shelter. We did not collect data from women who were already residents of the shelter to make comparison and no information was collected related to their abusive partners. Despite these limitations, little is known about hopelessness among abused women in shelters and we believe that the research results will shed light on the literature about discussing how to advocate for more resources to develop preventive programs in shelters that can be placed to strengthen women's socioeconomic circumstances and psychological health.

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Conflict of interest

The authors have no conflicts of interest.

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