The impact of the COVID-19 pandemic on domestic abuse against Turkish immigrant women in Germany

Elif Duygu Cindik-Herbrüggen●**, Rahman Demirkol**●

Department of Psychiatry, Neuro-Psychiatrisches Zentrum Riem, Munich, Germany

ABSTRACT

Objectives: This study aimed to investigate the relationship between psychological violence, psychological maltreatment, and depression, anxiety among Turkish immigrant women living in Germany during the COVID-19 pandemic.
Methods: The Profile of Psychological Abuse of Women, Psychological Maltreatment of Women Inventory, Generalized Anxiety Disorder-7 (GAD-7) Scale, and The Patient Health Questionnaire-9 (PHQ-9) were delivered to participants.
Results: Our results showed that participants who had been exposed to psychological abuse and domestic violence reported having higher depression and anxiety scores. Furthermore, participants with low income and married to spouses with no formal education or only primary school graduates were reported to have higher depression, anxiety, domestic abuse, and psychological maltreatment scores during the COVID-19 outbreak.
Conclusions: Our findings demonstrated that Turkish immigrant women who had experienced psychological abuse and domestic violence by their partners during the pandemic were reported to have higher depression and anxiety.
Keywords: COVID-19, psychological violence, depression, anxiety

COVID-19, which emerged at the end of 2019 in the city of Wuhan, quickly spread to many countries and gained a global dimension. Thus, the World Health Organization declared this epidemic as a pandemic on March 11, 2020. As a result, all living areas such as social and working life, education, as well as our daily life habits were affected all over the world. While the pandemic caused a global crisis in the macro plan due to its threatening nature, problems occurred on the family and individual basis in the micro plan as well [1]. The pandemic continues to affect individuals' not only leisure activities and hobbies but also their core problem solving skills in the dynamics of marriage, family, friendship, and work. Tension among couples increased and started to have a devastating effect. In this process, factors such as education level, income status, and unemployment pose a risk to relationships. As it was reported in a study which was aimed to investigate the quality of life (QoL) among married people during the COVID-19 pandemic, employed participants stated higher QoL scores than unemployed; higher educated participants stated higher QoL than those with lower education; respondents with higher income reported higher QoL than those with lower income [2]. External factors caused by COVID-19, such as changes in daily routines, de-

crease in social relations, finding a balance between intertwined roles, reduce the quality of couples' relationships.

Studies have shown that increased domestic violence and psychological abuse against women during COVID-19 have become a risk that threatens family relationships. The most common but hidden form of violence against women is domestic violence. As a result of the social isolation measures and quarantine practices brought by the COVID-19 pandemic, reports of domestic violence against women have increased [3]. Women have been subjected to greater surveillance and coercive control, especially by their partners during the pandemic. The cause of domestic violence and psychological abuse is related to various factors such as the uncertain nature of the pandemic, economic stress, and increased exposure to abuse [4]. According to a study prepared by the United Nations, Germany, the United Kingdom, France, Cyprus, the United States, Canada, and Singapore, it was stated that there was an increase in reports of domestic violence [5]. In addition, a study conducted by Prof. Steinert from the Technical University of Munich and Dr. Ebert from the RWI – Leibniz Institute for Economic Research scientifically proved an increase in domestic violence and psychological abuse in German society. The research was conducted through an online survey, in which 3,800 women aged 16-65 reported violent crimes they encountered in their homes. The findings illustrated that approximately 2.2% of participants could not go out without their husband's permission, 3% were subjected to physical violence and 3.6% to sexual violence and 3.8% were threatened by their partners. Prof. Steinert and Dr. Ebert's report showed that victims of domestic violence experienced not only physical violence but also sexual and emotional violence during the pandemic [6].

According to the findings of a literature review of longitudinal studies conducted in Western European countries, unemployment, and low socioeconomic status were associated with symptoms of depression and anxiety [7]. As a result of the recent outbreak the economic, mental, and emotional difficulties caused increased stress, depression, and anxiety disorders, which adversely affected social relationships and marriages at a high level. Depression, somatic complaints, and anxiety were more common in women even before the pandemic [8]. Immigrant women were men-

tally more vulnerable to the COVID-19 pandemic as they stay at home for a long time due to the recent regulations and try to meet the care needs of family members. Research showed that women suffered more emotional and life distress than men during COVID-19 and according to a report published by German Institute for Economic Research, immigrant women laborers were more likely to be affected by socio-economic difficulties [9, 10]. It was reported that depression was the most prevalent negative mental health consequence of domestic violence as well [11].

Studies highlighted that domestic violence and psychological abuse were serious issues against not only the native German female population but also immigrant women during the COVID-19 pandemic in Germany. An increase in workloads at home, traditional gender roles and time spent at home with a partner due to social isolation during the pandemic might be considered possible reasons for domestic violence and psychological abuse against immigrant women. The findings of another study carried out by the Federal Ministry for Family, Senior Citizens, Women and Young People in Germany, which sampled native German women and immigrant women from Turkey, showed that 9% of women living in Germany reported that they experienced several forms of abuse and misuse; 45% was in the domestic setting [12]. Therefore, it is necessary to address the factors that may increase domestic violence against immigrant women during the pandemic process. It was highlighted by previous research that the COVID-19 pandemic had an unprecedented impact on Turkish immigrants in Germany. Unemployed respondents and participants with low education levels were reported to worry more during the pandemic [13]. In addition, social support plays a significant role in the mental conditions of Turkish immigrants. Individuals, who received more family and friend support, showed better coping strategies for different problems [14]. Employees' working hours were cut by some employers as a response to the current pandemic. 17% of the population, particularly immigrants, in Germany had reduced working hours as of April 2020 and people with low education levels and income had a higher percentage of "short-time work" [15].

Considering the previous studies, our research aimed to investigate the relationship between domestic abuse, psychological maltreatment and depression,

and anxiety among Turkish immigrant women living in Germany during the COVID-19 pandemic. Furthermore, their mental health conditions and the sociodemographic data of the participants and their impact were analyzed.

The study was designed based on the following hypothesis:

H1: There is a positive relationship between domestic abuse, psychological maltreatment, and anxiety scores of the participants.

H2: There is a positive relationship between domestic abuse, psychological maltreatment, and depression scores of participants.

H3: There is a positive relationship between domestic abuse, anxiety, depression scores, and the partners' education level.

METHODS

Study Design and Population
One hundred ninety-two female participants were recruited among patients who were first- and second-generation immigrants treated at the Neuro Psychiatrisches Zentrum Riem (NPZR) living in Munich, Germany. The data was collected between December 2021 and March 2022. The NPZR is specialized in transcultural psychotherapy and offers neurological, psychiatric, and psychotherapeutic therapies as well as the treatment of psychosomatic diseases in ten different languages. Applied culture-specific therapies consist of mother tongue therapies for Turkish patients, and the knowledge about several migration-specific topics such as discrimination, fear of cultural assimilation, different concepts of sickness and healing, and different ways to express the disease, e.g., psychosomatic reactions to mental problems.

Procedure and Ethics
The Ethics Committee of the Bavarian State Medical Association has confirmed that no additional ethical approval is required. An informed consent form was signed by all participants of the study. The participants had the opportunity to ask further questions and seek clarification about any aspect of the research before taking part in it.

Data Collection Tools
"Profile of Psychological Abuse of Women", "Psychological Maltreatment of Women Inventory (PMWI)-Short Form", "Generalized Anxiety Disorder-7 (GAD-7) Scale" and "Patient Health Questionnaire-9 (PHQ-9)" were distributed to collect the data.

Sociodemographic Form
The sociodemographic form consists of sociodemographic questions including age, income, marital status, education status of both participants and their partners, and employment status of participants and their partners.

Profile of Psychological Abuse of Women Scale
The Profile of Psychological Abuse of Women was developed by Sackett and Saunders [16], to measure psychological abuse and show the relationship of different forms of abuse to self-esteem and depression. The scale contains 21 items and responses are rated on a Likert scale. Four types of abuse were derived from factor analysis: ridiculing of traits (e.g., "He mocks the traits you like or value most in yourself"), criticizing behavior (e.g., "He mocks the traits you like or value most in yourself"), ignoring (e.g., "He ignores that you need help when you are sick, tired or overworked"), and jealous control (e.g., "He gets angry or upset when you want to be with others instead of with him"). Each subscale had sufficient internal reliability. Scales were related to outcome variables in expected ways, supporting their validity. The validity and reliability of the Turkish version of the scale was performed and approved by Boyacioglu [17]. In the current research, Cronbach's α for the Profile of Psychological Abuse of Women Scale was 0.94, demonstrating very good internal reliability.

Psychological Maltreatment of Women Inventory
Psychological Maltreatment of Women Inventory was developed by Tolman and measures the psychological violence of women by their male partners [18]. The scale includes 18 questions. The assessment was performed between 1-5 points Scale from 1 (never) to 5 (very often). Furthermore, not applicable option with a score value of 0 was added for some relationships and participants such as items related to childcare. Cronbach's alpha of the Psychological Maltreatment

of Women Inventory was between 0.93. In the current study, Cronbach's α for the scale was 0.94, demonstrating good internal reliability. The validity and reliability of the Turkish version of the scale was performed and approved by Cem-Ersoy [19].

Generalized Anxiety Disorder-7 (GAD-7) Scale

GAD-7 Scale was developed by Spitzer to determine anxiety levels of participants [20]. The scale is not only used for screening generalized anxiety but also, panic disorder and social anxiety disorder. The high scores obtained from the individuals show the severity of the anxiety. The following cut-off scores determine the level of anxiety: 5, 10, and 15 were determined for mild, moderate, and severe anxiety respectively. The scale includes 7 items and is a measure of 4 Likert types between 0–3. The scale was adapted to the Turkish language by Konkan [21]. The internal consistency of the Turkish version of the scale was 0.85. In the current study, Cronbach's α for the Generalized Anxiety Disorder-7 (GAD-7) Scale was 0.88, demonstrating very good internal reliability.

The Patient Health Questionnaire-9 (PHQ-9)

PHQ-9 was designed to diagnose the severity of depression by asking for 9 diagnosis criteria included in DSM-IV. It was developed by Kroenke [22] and the Turkish reliability study was performed by Sari [23]. The scale contains 9 questions, and each item was assessed between 0 (not at all) and 3 (nearly every day). Scores between 1-4 are evaluated as minimal, 5-9 mild, 10-14 moderate, 15-19 moderately severe, and 20-27 severe depression. The Turkish version of the scale was found to be reliable (Cronbach's α 0.842). In the current study, Cronbach's α for the PHQ-9 Scale was 0.90, demonstrating very good internal reliability.

Statistical Analysis

Statistical Package for the Social Sciences (SPSS) was performed for data analysis. First of all, the kurtosis and skewness coefficients were analyzed to determine the conformity of the scores to the normal distribution. The data showed a normal distribution according to the Kolmogorov-Smirnov (K-S) test. Therefore, the correlation between the scale scores was conducted with the Pearson correlation test. Parametric test techniques were used in the study due to the normal distribution of the scores. The t−test and

analysis of variance (ANOVA) were used to analyze the differences in scale scores according to the variables. While the t−test was used in the analysis of demographic variables with two groups, the ANOVA was used in the analysis of the variables with k (k > 2) groups.

RESULTS

Description of the Sample

Sociodemographic of participants were demonstrated in Table 1. Among the sample of participants, 138 (71.9%) were married, 24 (12.15%) were divorced, 11 (5.7%) were widowed, 12 (6.3%) were living with a partner and 7 (3.6%) were single. Most participants (n = 59; 30.7%) were primary school graduates, followed by high school graduates (n = 38; 19.8%), secondary school (n = 34;17.7%), and university graduates (n = 39; 16.6%). Only 10.4% of the participants (n = 20) had a master's or PhD degree and 5.7% (n = 11) were illiterate. While the rate of employed participants was 49.0% (n = 94), the percentage of unemployed participants was 51.0% (n = 98). 66.1% (n = 127) had average income status.

Investigating the Relationship Between Scale Scores

Correlation between scale scores is represented in Table 2. To investigate the relationship between the scale scores, the Pearson correlation test was carried out. The findings demonstrated that there was a positive and moderate correlation between Profile of Psychological Abuse of Women Scale scores and the Generalized Anxiety Disorder Scale (r = 0.533) as well as Patient Health Questionnaire scores (r = 0.532). According to the results participants who had encountered psychological abuse were reported to have higher depression and anxiety scores. In addition, there was a moderate and positive correlation between the Psychological Maltreatment of Women Inventory and the Generalized Anxiety Disorder Scale (r = 0.519) as well as Patient Health Questionnaire scores (r = 0.487). The findings showed that participants who had experienced psychological violence by their partners were reported to have higher depression and anxiety scores. Furthermore, there was a strong and positive correlation (r = 0.852) between Profile of Psychological Abuse of Women Scale scores and the Psy-

chological Maltreatment of Women Inventory. Generalized Anxiety Disorder Scale scores and The Patient Health Questionnaire were positively correlated as well (r = 0.803).

Analysis of Scale Scores in terms of Monthly Income

Table 3 shows the analysis of scale scores in terms of monthly income. The ANOVA test was conducted to investigate the relationship between scale scores and the income levels of participants. The findings showed that there was a significant relationship between psychological resilience scale scores and monthly income of participants ($p < 0.05$). According to the findings, anxiety, and depression scores were

higher among participants with low-income levels. There was also a statistically significant difference between different monthly income groups and Profile of Psychological Abuse of Women Scale scores ($p < 0.05$). The findings show that psychological abuse was higher among participants with low income. ($p < 0.05$).

Analysis of Scale Scores in terms of Partner's Education Level

Analysis of scale scores in terms of partner's education level in Table 4. There was a significant relationship between Profile of Psychological Abuse of Women Scale, Generalized Anxiety Disorder Scale,

Table 1. Demographic characteristics (n = 192)

		n	%
Marital Status	Married	138	71.9
	Single	7	3.6
	Divorced	24	12.5
	Partner	12	6.3
	Widowed	11	5.7
Employment Status	Employed	94	49.0
	Unemployed	98	51.0
Education Level	Uneducated	11	5.7
	Primary School	59	30.7
	Secondary School	34	17.7
	High School	38	19.8
	University	30	15.6
	Master's / PhD	20	10.4
Which income group do you think you belong to according to your monthly income?	Low	39	20.3
	Average	127	66.1
	High	26	13.5
What is your partner's education level?	Uneducated/Primary School Secondary School	99	51.5
	High School	47	24.5
	University	23	12.0
	Master's / PhD	23	12.0
Did you lose your job during the pandemic?	Yes	23	12.0
	No	169	88.0
Did your partner lose his job during the pandemic?	Yes		
	No		

Table 2. Investigating the relationship between scale scores

		Profile of Psychological Abuse of Women Scale	Psychological Maltreatment of Women Inventory	Generalized Anxiety Disorder	The Patient Health Questionnaire
Profile of Psychological Abuse of Women Scale	r	1	.852	.533	.532
	p		< 0.001	< 0.001	< 0.001
Psychological Maltreatment of Women Inventory	r		1	.519	.487
	p			< 0.001	< 0.001
Generalized Anxiety Disorder	r			1	.803
	p				< 0.001
The Patient Health Questionnaire	r				1
	p				

Patient Health Questionnaire, Psychological Maltreatment of Women Inventory, and education level of the participants' partners ($p < 0.05$). The findings illustrated that depression, anxiety, domestic abuse, and psychological violence scores were higher among participants whose partner was either illiterate or had a primary school degree.

Analysis of Scale Scores in terms of Partner's Job Loss During the Pandemic

Table 3. Analysis of scale scores in terms of monthly income

Which income group do you think you belong to according to your monthly income?		n	Mean	SD	F	*p* value
Profile of Psychological Abuse of Women Scale	High	39	1.32	1.86	6.032	**0.003**
	Average	127	1.78	1.69		
	Low	26	2.84	1.84		
Psychological Maltreatment of Women Inventory	High	39	2.02	1.19	2.740	0.067
	Average	127	2.21	1.14		
	Low	26	2.70	1.27		
Generalized Anxiety Disorder Scale	High	39	.96	.88	17.394	**< 0.001**
	Average	127	1.79	.92		
	Low	26	2.21	.82		
The Patient Health Questionnaire	High	39	.98	.81	22.006	**< 0.001**
	Average	127	1.73	.75		
	Low	26	2.16	.67		

SD = standard deviation

Table 4. Analysis of scale scores in terms of partner's education level

What is your partner's education level?		n	Mean	SD	F	*p* value
Profile of Psychological Abuse of Women Scale	Uneducated/Primary School	99	2.29	1.71	8.300	**< 0.001**
	High School	47	1.59	1.79		
	University	46	1.08	1.68		
Psychological Maltreatment of Women Inventory	High	39	2.02	1.14	4.799	**< 0.001**
	Average	127	2.21	1.20		
	Low	26	2.70	1.14		
Generalized Anxiety Disorder Scale	High	39	.96	.85	19.375	**< 0.001**
	Average	127	1.79	1.05		
	Low	26	2.21	.81		
The Patient Health Questionnaire	High	39	.98	.68	20.525	**< 0.001**
	Average	127	1.73	.89		
	Low	26	2.16	.75		

SD = standard deviation

The findings showed that there was a statistically significant relationship between Profile of Psychological Abuse of Women Scale, Generalized Anxiety Disorder Scale, Patient Health Questionnaire, Psychological Maltreatment of Women Inventory, and job loss status during the pandemic ($p < 0.05$). According to the results, depression, anxiety, domestic abuse, and psychological violence scores were higher among participants whose partner had lost his job during the pandemic. Table 5 illustrates the analysis of scale scores in terms of partner's job loss during the pandemic.

Table 5. Analysis of scale scores in terms of partner's job loss during the pandemic

Did your partner lose his/her job during the pandemic?		n	Mean	SD	F	*p* value
Profile of Psychological Abuse of Women Scale	Yes	99	2.29	1.71	8.300	**< 0.001**
	No	46	1.08	1.68		
Psychological Maltreatment of Women Inventory	Yes	39	2.02	1.14	4.799	**< 0.001**
	No	26	2.70	1.14		
Generalized Anxiety Disorder Scale	Yes	39	.96	.85	19.375	**< 0.001**
	No	26	2.21	.81		
The Patient Health Questionnaire	Yes	39	.98	.68	20.525	**< 0.001**
	No	26	2.16	.75		

SD = standard deviation

DISCUSSION

According to the latest reports and studies domestic violence against women has increased in Germany during the pandemic outbreak. However, there is not much research conducted about the problems of immigrant women, especially of Turkish origin in Germany. We aimed to investigate whether Turkish immigrant women suffered from psychological abuse and domestic violence as well. Furthermore, the purpose of the current study was to investigate the relationship between psychological abuse, psychological maltreatment, and depression, anxiety among Turkish immigrant women living in Munich, Germany during the COVID-19 pandemic. Furthermore, the relationship between socio-demographics of the participants and mental health conditions was analyzed.

According to the results of previous research, participants stated incidents of physical conflict and emotional abuse during the COVID-19 outbreak [6]. In addition, another study conducted even before the pandemic revealed that Turkish immigrant women living in Germany reported that almost half of the participants experienced physical or psychological violence from their husbands [24]. Psychological violence can turn into physical violence over time. Accordingly, the increase in the time spent at home with a partner during the pandemic may show many negative outcomes. In accordance with previous studies, participants in our study reported psychological abuse and domestic violence as well.

When the types of violence against women are discussed, even though physical violence is considered first, it is also very important to mention the psychological and emotional violence against women. It was reported in several previous studies that women who encountered psychological violence more frequently experienced mental health problems as well. For instance, several mental disorders including depression, anxiety, and panic attacks occurred among those who were affected by psychological abuse or psychological maltreatment [25, 26]. Furthermore, in another study conducted among a Turkish population by Kıvrak *et al*. [27] with women who had been exposed to psychological violence and women who had not been exposed to violence, it was observed that the depression scores of the group exposed to psychological violence were much higher than the other group. Our findings

were in line with the previous findings reporting that Turkish immigrant women who had experienced psychological abuse or domestic violence by their partners during the pandemic were reported to have higher depression. In addition to previous studies, women's anxiety levels are higher than men. It was stated that anxiety is mostly low in perceived social support from the family and higher in those who experience psychological violence [28]. Our study conducted in Germany showed similar results with researchers in Turkey. Our participants who suffered from psychological abuse and domestic violence reported higher anxiety scores.

There are some common factors affecting women being exposed to economic, psychological, and physical violence including the education and income level of both women and their spouses, employment of the spouses [29-30]. Our findings demonstrated that there was a statistically significant difference between the scales used in our study and variables such as the education level of the spouses and income level of participants who encountered psychological violence or abuse. Participants married to spouses with no formal education or primary school graduates were reported to have higher depression, anxiety, psychological abuse, and domestic violence during the COVID-19 outbreak in Germany. In addition, Turkish women, whose spouses lost their jobs during the COVID-19 outbreak, reported higher depression, anxiety, psychological abuse, and domestic violence scores as well.

Limitations

Our research has some limitations that should be mentioned. First, the sample is restricted to Munich and the surrounding area in Germany. This characteristic of the sample clearly limits generalization of our findings. Second, another research is needed for the special conditions of domestic violence in immigrant communities such as discrimination, insufficient proficiency of German language skills to ask for help in precarious situations. Third, the reality of women with a migration background in Germany in terms of gender roles might be still different from the situation of German women. Without falling into the trap of trying to explain everything with different cultures and religions and customs and virtues we should investigate the migration status of women. Their economic and social status were addressed in this study and can be

compared with their level of integration, discrimination, and legal status.

CONCLUSION

Our findings demonstrated that Turkish immigrant women who had experienced psychological abuse and domestic violence by their partners during the pandemic were reported to have higher depression and anxiety. Participants married to spouses with no formal education or primary school graduates were reported to have higher depression, anxiety, psychological abuse, and domestic violence scores during the COVID-19 outbreak.

Authors' Contribution

Study Conception: EDC-H; Study Design: EDC-H; Supervision: EDC-H; Funding: EDC-H; Materials: EDC-H; Data Collection and/or Processing: EDC-H, RD; Statistical Analysis and/or Data Interpretation: EDC-H, RD; Literature Review: EDC-H, RD; Manuscript Preparation: EDC-H and Critical Review: EDC-H.

Conflict of interest

The authors disclosed no conflict of interest during the preparation or publication of this manuscript.

Financing

The authors disclosed that they did not receive any grant during the conduction or writing of this study.

REFERENCES

1. James S, Brik AB, Jorgensen-Wells M, Esteinou R, Aceno IDM, Mesurado B, et al. Relationship quality and support for family policy during the COVID-19 pandemic. Fam Relat 2022;30:10.
2. Purba FD, Kumalasari AD, Novianti LE, Kendhawati L, Noer AH, Ninin RH. Marriage and quality of life during COVID-19 pandemic. PLoS One 2021;16:e0256643.
3. Bourgault S, Peterman A, O'Donnell M. Violence against Women and Children during COVID-19 One Year On and 100 Papers. In: A Fourth Research Round Up. 2021.
4. Pieper J, Blofield M, Madera N. Domestic Violence Infrastructure before and since COVID-19 in Uruguay, Chile, Peru, Bolivia and Ecuador, GIGA COVID-19 Gender-Based Violence Policy Tracker Working Paper. 2021; German Institute for Global and Area Studies (GIGA), www.giga-hamburg.de/de/projekte/policy-tracker-gender-based-violence/
5. The Shadow Pandemic: Violence against women during COVID-19. UN Women – Headquarters. Available at:https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19. Accessed August 12, 2022.
6. Ebert C, Steinert JI. Prevalence and risk factors of violence against women and children during COVID-19, Germany. Bull World Health Organ 2021;99:42938.
7. Linder A, Gerdtham UG, Trygg N, Fritzell S, Saha S. Inequalities in the economic consequences of depression and anxiety in Europe: a systematic scoping review. Eur J Public Health 2020;30:767-77.
8. Delisle VC, Beck AT, Dobson KS, Dozois DJ, Thombs BD. Revisiting gender differences in somatic symptoms of depression: much ado about nothing? PLoS One 2012;7:e32490.
9. Ding Y, Yang J, Ji T, Guo Y. Women suffered more emotional and life distress than men during the COVID-19 pandemic: the role of pathogen disgust sensitivity. Int J Environ Res Public Health 2021;18:8539.
10. Hammerschmid A, Schmieder J, Wrohlich K. Women in coronavirus crisis more severely affected on the labour market than men. DIW Berlin – German Institute for Economic Research. 2020; 42
11. Dienemann J, Boyle E, Baker D, Resnick W, Wiederhorn N, Campbell J. Intimate partner abuse among women diagnosed with depression. Issues Ment Health Nurs 2000;21:499-513.
12. Müller U, Schröttle M, Hess D, Prussog-Wagner, A. Lebenssituation, Sicherheit und Gesundheit von Frauen in Deutschland. Eine repräsentative Untersuchung zu Gewalt gegen Frauen in Deutschland. Zusammenfassung zentraler Studienergebnisse. BMFSFJ 2004.
13. Cindik-Herbrüggen E, Demirkol R. Analysing the psychological impact of the COVID-19 pandemic among Turkish immigrants. Migration Lett 2021;19:171-7.
14. Cindik-Herbrüggen, E. D., Demirkol, R., & Zengin, O. (2021). The effects of perceived discrimination on immigrants' mental health: A pilot study from Germany. Perspectives in psychiatric care, 10.1111/ppc.12998. Advance online publication. https://doi.org/10.1111/ppc.12998
15. Grunau P, Steffes S, Wolter S. Homeoffice in Zeiten von Corona: In vielen Berufen gibt es bislang ungenutzte Potenziale. Nürnberg: IAB-Forum 2020.
16. Sackett LA, Saunders DG. The impact of different forms of psychological abuse on battered women. Violence Vict 1999;14:105-17.
17. Boyacioglu I, Uysal MS, Erdugan C. [Measuring Psychological Violence: The Adaptation of the Profile of Psychological Abuse and the Psychological Maltreatment of Women Inventory into Turkish]. Studies in Psychology 2020;40:1-37. [Article in Turkish]
18. Tolman RM. The development of a measure of psychological maltreatment of women by their male partners. Violence Vict 1989;4:159-77.
19. Cem-Ersoy N, Hünler OS, Namer Y. [Psychological maltreat-

ment of women inventory short form - Turkish adaptation]. Klinik Psikiyatri 2017;20:276-286. [Article in Turkish]

20. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 2006;166:1092-7.

21. Konkan R, Senormancı O, Güçlü O, Aydin E, Sungur MZ. Validity and Reliability Study for the Turkish Adaptation of the Generalized Anxiety Disorder-7 (GAD-7) Scale. Arch Neuropsychiatry 2013;50:53-8.

22. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med 2001;16:606-13.

23. Sari YE, Kokoglu B, Balcioglu H, Bilge U, Colak E, Unluoglu I. Turkish reliability of the patient health questionnaire - 9. Biomed Res-India 2016;27:460-2.

24. İlkkaracan P. Domestic violence and family life as experienced by Turkish immigrant women in Germany. Women for Women's Human Rights Report 1996.

25. Hornberg C, Schröttle M, Bohne S, Khelaifat N, Pauli A. Gesundheitliche Folgen von Gewalt unter besonderer Berück-

sichtigung von häuslicher Gewalt gegen Frauen. Berlin: Robert-Koch-Institut 2008.

26. Khelaifat N, Schröttle M. Gesundheit - Gewalt - Migration: Eine vergleichende Sekundäranalyse zur gesundheitlichen Gewaltsituation von Frauen mit und ohne Migrationshintergrund in Deutschland 2008.

27. Kivrak Y, Gey N, Kivrak HA, Kokaçya MH, Çöpoğlu ÜS, Arı M. [Partner violence against women, childhood trauma, depression and quality of life: a population based-study]. Anatolian J Psychiatr 2015;16:314-22. [Article in Turkish]

28. Yorulmaz E, Boyacioglu İ. The effect of perceived social support on psychological health among women exposed to psychological violence Abstract. Nesne Psikoloji Dergisi 2020;8:441-56.

29. Ackerson LK, Kawachi I, Barbeau EM, Subramanian SV. Effects of individual and proximate educational context on intimate partner violence: a population-based study of women in India. Am J Public Health 2008;98:507-14.

30. Hill TD, Mossakowski KN, Angel RJ. Relationship violence and psychological distress among low-income urban women. J Urban Health 2007;84:537-51.