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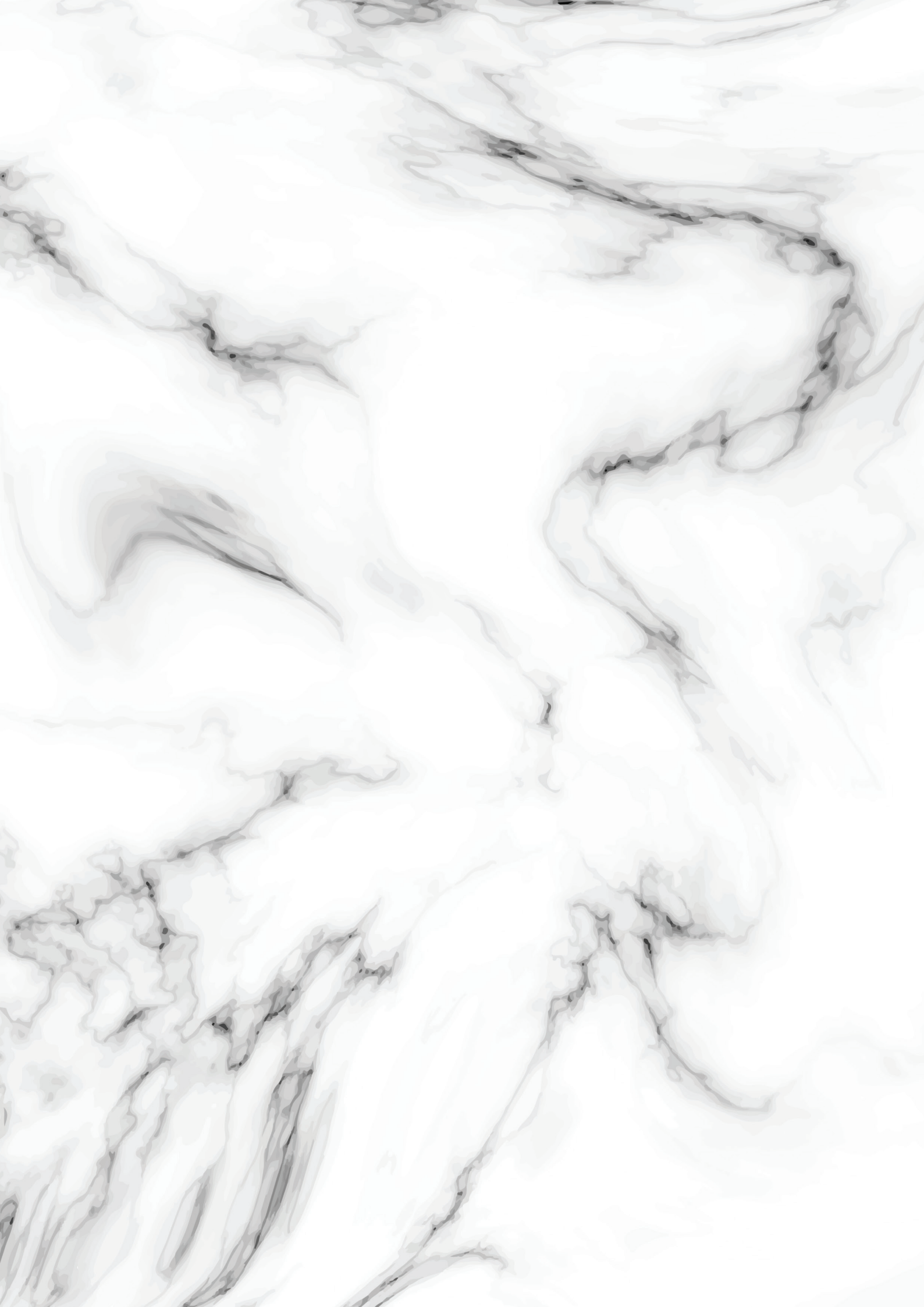
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ABOUT

Turkish Journal of Applied Social Work is an international refereed journal. The journal started its publication life in 2018. The present scientific journal is published in December and June, with two issues per year. The working languages of the journal are English and German. Turkish Journal of Applied Social Work is meeting the academic community with the first issue in December, 2018 and the processes required to be screened in many indexes have already started. Our journal, which

is the first academic Social Work Journal in Turkey operating in foreign languages (English and German), is planning to have a new lease on social work and expects the support of the authors. Any publications which can contribute to the development of the social work academic field and the related areas are welcome to our journal.

AIM

Turkish Journal of Applied Social Work started its publication life in 2018. This journal has embarked on the Open Access Policy with the idea that scientific information produced by academics, professionals, and others can be accessed by anyone, both locally and internationally, without any limitation.

SCOPE

Any publications which can contribute to the development of the social work academic field and the related areas are welcome to our journal. Academic studies which were carried out by academicians from social work field, social workers, social work undergraduate and graduate students, professionals from different professions working in the field of social work, and other academic units with social work on mind are the scope of this journal.

PUBLICATION POLICIES

Turkish Journal of Applied Social Work is an international refereed journal that adopts double-blind peer-review process. Editorial board of our journal follows Editorial Policy of the Council of Scientific Committee.

PUBLICATION PERIOD

Our journal is published twice a year in June and December. Publications are made from the following areas, which will contribute to the development of social work discipline and contribute to the literature:

Other disciplines assessed in relation to Social Work, Sociology, Medicine, Psychology, Psychological Counseling and Guidance, Human Rights, Social Policy, Philosophy, Law, Economics, Health Management, Nursing, Physiotherapy, Gerontology, Geriatrics, Child Development, Special Education.

EDİTÖRDEN

TR

Çıkmaz Sokaktan Çıkış:

“Kendine Yardım Ederek Diğereine Yardım Etmek”

Çok deęişmiş bir dünyada yaşıyoruz.

Belki de gelecek, hiç olmadığı kadar gelmiş durumda.

Oysa gelecek kader deęil, bir tercihti. Ancak tercihlerimizi de kendi aleyhimize kullandık. Bunları kaba bir üslupla, arkamıza bakmadan, kendimizden kaçarcasına yaptık. Kim olduğumuzu unuttuk ya da unutturulduk. Nedense kendimize düşman kesildik. Bazen buna gönüllü olduk bazen buna zorlandık. Ama bir şekilde her zaman yolun sonunda kaybeden hep biz olduk.

Sanki insanlar Dismorfofobi (kendinden nefret etme) halinin ötesine geçmiş, kendilik bilincini kaybetmiş gibi. Belki de büyük bir hayal kırıklığının vardıęı nokta burası, ötesi var mı bilinmez. Görünen o ki insanlar büyük bir hayal kırıklığının içinde.

Neden olmasın ki?

Vücutta serotonin düzeyini artırarak sahte mutluluk yaratan antidepresan ilaçlar gibi insanlığa vaat edilen şeyler tek tek boşa çıkmış durumda. Boş vaatlere vakfedilmiş hayatlar ve gelinen noktada elde var hiçbir ‘şey’. Elde var hiçbir şey ve kendini kaybetmek de bunun cabası. Dahası insanlık Beşparmak dağlarında yaralarına bakarak terk edilmişliği yaşayan kedi misali yorgun, bitkin ve başıboş.

Böylesine tespitlerin bir söylemden öteye geçebilmesi, insanlığın içinde bulunduğu çıkmazdan nasıl çıkabileceğine dair yolun tarif edilmesi ile mümkün görünmektedir. Dolayısıyla bu kaybolmuşluktan çıkışın belki de ilk koşulu bir yola girmek olmalıdır. Bunun bireylerdeki psikolojik karşılığı genel manada mevcudu reddetmekten geçer. Tüm gerçek gelişimler mevcudu reddetmekle başlar. Deęişim ve gelişim için gerekli gücün ve kuvvetin kaynağı budur, yani içseldir. Çünkü ‘Dışarıdan gelen yardımın etkisi genellikle zayıftır, ancak içerden gelen yardım istisnasız şekilde, güç katar.’

Samuel Smiles (1812-1904) bu sözü ifade ettiğinde 19. yüzyıl Viktoryan dönemi gençleri için ilham kaynağı olmuştu. Gençler o dönemde etraflarında olup biten şeyleri bertaraf etmek ve sosyal bir karmaşayı andıran insan manzaralarını deęiştirmek adına dost ziyaretçiler olarak kendilerine yardım ederken diğereine yardım eden bir hareket başlatmışlardı. Ne var ki bu tür hareketler mevcudu reddetmedięi için dönemin yarattığı atmosfer içinde sınırlılıklar ile kurgulanmış kurumlara kontrol edilmişti.

Bugün de durum pek farklı deęil. Hatta çok daha karmaşık bir hal almıştır. Dönemsel olarak insanlar ‘kurtarılmış coğrafyalarda’ zaman zaman refah, bolluk ve özgürlük ile tanıştırlsa da gelinen noktada anlaşıldığı üzere kendine uzak, iyi olan her şeyi kendisi dışında arayan, kendisi için iyi olan ile iyi olmayanı ayırt etme becerisinden feragat etmiş, yanılsanmış bir bilincin esiri halindedir. En iyi kurumlar bile aktif bir şekilde insanlara yardım edemez durumda. Genellikle kurumların meslekleri kullanarak yaptıęı yardımlar ise mevcudu deęiştirememekte, aksine pekiştirmektedir.

Pek muhtemeldir ki kurumların ya da otorite konumunda olanların, insanlar için yapabileceęi en iyi şey insanlara mevcut durumlarını reddetmelerine izin vermeleri ve onları kendi şartlarını iyileştirebilmeleri için özgür bırakmalarıdır. Ancak ne tuhaftır ki her daim insanlar iyilik hallerininin, kendi idareleri dışındaki başka kurumlara güvence altına alınmasına daha meyilli ola gelmişlerdir. Bunca yıldır insanların sosyal bir güvence çatısı altında iyilik hallerinin geliştirilmesine yönelik abartılmış beklentiler, insanlığa beklenenin aksine daha kırılğan, daha kısıtlı ve daha pasif bir yaşamı getirmiştir.

Hayatına karşılık sosyal bir güvence,

Bunun ötesinde gönüllü bir şekilde kendi olmamaya ant içilmiş sözler, sözleşmeler...

Kestirmeden bu çıkmaz sokaktan çıkışın yolu; ilk önce kendisine sırtını dönmüş olan insanlığın artık yüzünü kendisine dönmesi, kendisinde olan ile tanışması ve kendisini hatırlaması olacaktır. Böylece kendisine yardım ederken diğereine yardım edecek ve gayesinin sadece bilme ve bildirme olmasının getirdiği sevinçle kendine hoş gelecektir.

İşte bilimin ve özelde sosyal hizmet mesleğinin ve disiplinin de gyesi bu olmalıdır. Sosyal hizmetin köklü tarihinde de bunu görmek mümkündür.

İnsanlığın belki de daha önce hiç olmadığı kadar sosyal hizmete ihtiyacı belirlemiştir. Ancak ne yazık ki sosyal hizmet buna hazır deęildir. İnsana yardım meslek grupları içinde insanı merkezine bu denli almış başka bir meslek de bulunmamaktadır. Bu yönüyle sosyal hizmet, tarihsel sorumluluk bilinci ile kendisini unutmüş insanlığı kendine getirme potansiyeline sahip belki de tek meslek ve disiplindir.

Artık kaybedecek bir vakit kalmadı.

Topyekün bir dönüşüm ile insanlık yeni bir insan biliminin doğmasını ve yeni nesil bir sosyal hizmet eğitimini beklemektedir.

Dr. Öğr. Üyesi Talip YİĞİT

FROM EDITOR

Out of the dead end

“Helping one another by helping yourself”

EN

We live in a world that has changed a lot.

Whereas the future was a choice, not fate.

However, we have also used our choices to our own detriment. We have done it in a rude manner, without looking back, running away from ourselves. We forgot who we were, or were made to forget. For some reason we have turned against ourselves, sometimes voluntarily, sometimes forced, but somehow we have always been the losers at the end of the road.

It's as if people have gone beyond Dymorphophobia (self-hatred) and have lost self-awareness. Maybe this is the point of great disappointment, it is not known if there is more to it. It seems that people are in a state of great frustration.

Why wouldn't it be?

Promises to humanity, such as antidepressant drugs that create false happiness by increasing the level of serotonin in the body, have failed one by one.

Lives devoted to empty promises and at this point there is nothing. There is nothing and losing oneself is a bonus. Moreover, humanity is tired, exhausted and stray, like a cat that lives abandoned in the Beşparmak mountains, looking at its wounds.

For such determinations to go beyond a discourse, it seems possible to describe the way out of the impasse in which humanity finds itself. Therefore, perhaps the first condition for getting out of this lostness is to embark on a path. The psychological equivalent of this in the individual is, in general terms, the rejection of the status quo. All real progress begins with rejecting the status quo. This is the source of the power and strength necessary for change and development. Therefore it is internal. Because 'Help from outside is often weak, but help from within, without exception, adds strength.'

When Samuel Smiles (1812-1904) coined this phrase, it was an inspiration for the young Victorians of the 19th century. In order to eliminate what was going on around them at that time and to change the human landscapes that resembled a social chaos, young people had started a movement that helped one another, while helping themselves, as friendly visitors. However, since such movements did not reject the status quo, they were controlled by institutions built with limitations within the atmosphere created by the period.

The situation is not much different today. In fact, it has become much more complex. Although people are periodically introduced to prosperity, abundance and freedom in 'liberated geographies', at this point, it is understood that they are in the thrall of a deluded consciousness that is distant from itself, that seeks everything good outside itself, that has renounced the ability to distinguish between what is good for itself and what is not. Even the best institutions are unable to actively help people. Generally, the help provided by institutions using professions does not change the status quo, but rather reinforces it.

It is very likely that the best that institutions or those in positions of authority can do for people is to allow them to reject their current situation and leave them free to improve their circumstances. But strangely enough, people have always been more inclined to have their well-being secured by institutions other than their own authority. All these years of exaggerated expectations of improving people's well-being under the umbrella of social security have, contrary to expectations, brought humanity a more fragile, restrictive and passive life.

A social security in exchange for life...

Beyond that, promises, contracts that are voluntarily sworn not to be their own...

A shortcut out of this dead-end street; First of all, the humanity, which has turned its back on itself, turns its face towards its own, meets what is in its own and remembers itself. Thus, by helping the other while helping himself, he will be pleasing to himself with the joy that comes from the fact that his aim is only to know and to inform.

This should be the goal of science and the profession and discipline of social work in particular. It is possible to see this in the deep-rooted history of social work.

Humanity needs social services perhaps more than ever before. Unfortunately, social work is not ready for this.

There is no other profession among the humanitarian professions that puts human beings at its center to such an extent. In this respect, social work is perhaps the only profession and discipline that has the potential to bring back the humanity that has forgotten itself with a sense of historical responsibility.

There's no more time to loose.

With a total transformation, humanity awaits the birth of a new human science and a new generation of social work education.

Asst. Prof. Dr. Talip YİĞİT

ANMERKUNG DES HERAUSGEBER

DE

Raus aus der Sackgasse
"Einander helfen, indem man sich selbst hilft"

Wir leben in einer Welt, die sich stark verändert hat.

Die Zukunft war eine Wahl, kein Schicksal.

Aber wir haben unsere Entscheidungen auch zu unserem eigenen Nachteil genutzt. Wir haben es auf unhöfliche Weise getan, ohne zurückzublicken und sind vor uns selbst weggelaufen. Wir haben vergessen, wer wir waren, oder wir wurden dazu gebracht, es zu vergessen. Aus irgendeinem Grund haben wir uns gegen uns selbst gewandt, manchmal freiwillig, manchmal gezwungen, aber irgendwie waren wir immer die Verlierer am Ende des Weges.

Es ist, als ob die Menschen über die Dysmorphophobie (Selbsthass) hinausgegangen sind und die Selbstwahrnehmung verloren haben. Vielleicht ist dies der Punkt der großen Enttäuschung, man weiß nicht, ob noch mehr dahintersteckt. Es scheint, dass sich die Menschen in einem Zustand großer Frustration befinden.

Warum sollte das nicht so sein?

Die Versprechen an die Menschheit, wie z. B. Antidepressiva, die ein falsches Glücksgefühl erzeugen, indem sie den Serotoninspiegel im Körper erhöhen, sind einer nach dem anderen gescheitert. Leben, die leeren Versprechungen gewidmet sind, und an diesem Punkt gibt es nichts. Es gibt nichts, und sich selbst zu verlieren ist ein Bonus. Außerdem ist die Menschheit müde, erschöpft und verirrt, wie eine Katze, die verlassen in den Besparmak-Bergen lebt und auf ihre Wunden schaut.

Damit solche Feststellungen über einen Diskurs hinausgehen, scheint es möglich, den Weg aus der Sackgasse zu beschreiben, in der sich die Menschheit befindet. Die erste Bedingung, um aus dieser Verlorenheit herauszukommen, ist also vielleicht, sich auf einen Weg zu begeben. Das psychologische Äquivalent dazu im Individuum ist, allgemein gesprochen, die Ablehnung des Status quo. Jeder echte Fortschritt beginnt mit der Ablehnung des Status quo. Dies ist die Quelle der Kraft und Stärke, die für Veränderung und Entwicklung notwendig sind. Denn "Hilfe von außen ist oft schwach, aber Hilfe von innen verleiht ausnahmslos Kraft".

Als Samuel Smiles (1812-1904) diesen Satz prägte, war er eine Inspiration für die jungen Viktorianer des 19. Jahrhunderts. Um das, was damals um sie herum geschah zu beseitigen und die menschlichen Landschaften, die einem sozialen Chaos glichen, zu verändern, hatten junge Menschen eine Bewegung ins Leben gerufen, die sich gegenseitig halfen und gleichzeitig sich selbst halfen, als freundliche Besucher. Da diese Bewegungen jedoch den Status quo nicht ablehnten, wurden sie von Institutionen kontrolliert, die in der von der damaligen Zeit geschaffenen Atmosphäre mit Einschränkungen aufgebaut wurden.

Die Situation ist heute nicht viel anders. Vielmehr ist sie noch viel komplexer geworden. Auch wenn den Menschen in "befreiten Geografien" regelmäßiger Wohlstand, Überfluss und Freiheit vorgeführt werden, so ist doch klar, dass sie sich im Bannkreis eines verblendeten Bewusstseins befinden, das sich von sich selbst entfernt hat, das alles Gute außerhalb seiner selbst sucht und das auf die Fähigkeit verzichtet hat, zwischen dem, was für sich selbst gut ist, und dem, was nicht gut ist, zu unterscheiden. Auch die besten Institutionen sind nicht in der Lage, den Menschen aktiv zu helfen. Die Hilfe, die von Institutionen mit Hilfe von Berufen geleistet wird, verändert in der Regel nicht den Status quo, sondern verstärkt ihn eher.

Es ist sehr wahrscheinlich, dass das Beste, was die Institutionen oder die Verantwortlichen für die Menschen tun können, darin besteht, ihnen die Möglichkeit zu geben, ihre gegenwärtige Situation abzulehnen und ihnen die Freiheit zu lassen, ihre Umstände zu verbessern. Aber selbstsamerweise waren die Menschen schon immer eher geneigt, ihr Wohlergehen durch andere Institutionen als ihre eigene Autorität sichern zu lassen. All die Jahre der überzogenen Erwartungen an die Verbesserung des Wohlbefindens der Menschen unter dem Dach der sozialen Sicherheit haben der Menschheit wider Erwarten ein zerbrechlicheres, restriktiveres und passiveres Leben beschert.

Eine soziale Sicherheit im Austausch gegen das Leben...

Darüber hinaus Versprechungen, Verträge, die freiwillig geschworen werden, nicht die eigenen zu sein...

Eine Abkürzung aus dieser Sackgasse: Zunächst einmal wendet die Menschheit, die sich selbst den Rücken zugekehrt hat, ihr Gesicht dem Eigenen zu, begegnet dem, was im Eigenen ist und erinnert sich an sich selbst. Indem er dem anderen hilft, während er sich selbst hilft, wird er sich selbst mit der Freude erfreuen, die aus der Tatsache entsteht, dass sein Ziel nur darin besteht: zu wissen und zu informieren.

Dies sollte das Ziel der Wissenschaft und insbesondere des Berufs und der Disziplin der Sozialarbeit sein. Man kann dies an der tief verwurzelten Geschichte der Sozialen Arbeit ablesen.



Die Menschheit braucht soziale Dienste vielleicht mehr als je zuvor. Leider ist die Soziale Arbeit darauf nicht vorbereitet. Es gibt keine andere Profession unter den humanitären Berufen, die den Menschen so sehr in den Mittelpunkt stellt. In dieser Hinsicht ist die Sozialarbeit vielleicht der einzige Beruf und die einzige Disziplin, die das Potenzial hat, die Menschheit, die sich selbst vergessen hat, mit einem Gefühl der historischen Verantwortung zurückzubringen.

Es gibt keine Zeit mehr zu verlieren.

Mit einer totalen Transformation erwartet die Menschheit die Geburt einer neuen Humanwissenschaft und einer neuen Generation der Sozialerziehung.

Dr. Talip YİĞİT

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PSYCHO-SOCIAL SUPPORT HELPLINES CALLS DURING THE FIRST YEAR OF THE COVID-19 PANDEMIC IN TURKEY TÜRKİYE'DEKİ COVID-19 PANDEMİSİNİN İLK YILINDA PSİKO- SOSYAL DESTEK HATLARI ÇAĞRILARI

Abstract

The necessary measures taken to limit the effects of the COVID-19 pandemic have had an unfortunate negative effect on the mental well-being of people across the world. The pandemic affected the service delivery of mental health services in Turkey. Unlike many countries, that made use of digital health services and of telephone helplines to respond to increased need for information and support, Turkey had no prior experience with national mental health helplines. It established a national-wide helpline in a short time and responded to calls for information and support. This study looks at the helpline establishment, support given, reasons for calls and referrals, for a period of 12 months. Top reasons for calls included COVID-19 infection or loss of relative, anxiety and need for information. The helplines were essential at the beginning of the pandemic to respond to the need for information and support.

Keywords Psycho-social support helplines, COVID-19 pandemic, Mental health, Psychiatric disorder

Özet

COVID-19 salgınının etkilerini sınırlamak için alınan gerekli önlemler, dünya genelinde insanların ruh sağlığı üzerinde olumsuz etkiler oluşturmuştur. Pandemi, Türkiye'de ruh sağlığı hizmetlerinin hizmet sunumunu etkilemiştir. Artan bilgi ve destek ihtiyacına yanıt vermek için dijital sağlık hizmetlerinden ve telefon yardım hatlarından yararlanan birçok ülkenin aksine, Türkiye'nin daha önce ulusal ruh sağlığı yardım hatları deneyimi bulunmamaktaydı. Türkiye'de kısa sürede ülke çapında bir yardım hattı kurularak bilgi ve destek çağrılarına cevap verilmiştir. Bu çalışmada, 12 aylık bir süre boyunca yardım hattının kurulması, verilen

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destek, arama ve yönlendirme nedenleri incelenmiştir. Çağruların en önemli nedenleri arasında COVID-19 enfeksiyonu veya akraba kaybı, kaygı ve bilgi ihtiyacı yer almıştır. Yardım hatları, pandeminin başlangıcında bilgi ve destek ihtiyacına yanıt vermek için çok önemliydi.

Anahtar kelimeler Psikososyal destek hatları, COVID-19 pandemisi, Ruh sağlığı, Psikiyatrik bozukluk

Introduction

The coronaviruses (CoV) are a large family of viruses that are commonly found in the community, such as common cold, and can cause more serious forms of infection, such as the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Ksiazek et al., 2003; Drosten et al., 2003). The World Health Organization (WHO) Country Office in China reported the pneumonia cases with unknown aetiology in the Wuhan city of China on 31 December 2019. The factor was identified as a new coronavirus (2019-nCoV) that was not detected in humans before. Then, the name of the 2019-nCoV disease was approved as COVID-19 and named as SARS-CoV-2 due to its close similarity with the virus SARS CoV. The COVID-19 outbreak was declared as a pandemic by the WHO on 11 March 2020 (WHO, 2020). The first case in Turkey was reported on 10 March 2020. The Government took measures like flight bans or quarantine after international travels, isolation, and contract tracing within the same week. As of March 16th, all schools including universities were closed, social events including sports, movie theatres, night clubs, weddings were postponed, all legal courts proceedings were postponed, activities in crowded places including Friday worships were suspended. The mitigation strategy also included measures related to health system. People with chronic disorders began to receive their medicine through home delivery, care homes and hospitals were closed to the visitors. By March 20th all hospitals in the country, regardless of being private, foundation or government hospital, were declared pandemic response hospitals. Residents in medicine and dentistry were allowed to be repurposed in emergency by a presidential decree. These developments had a huge effect on elective medical services including mental health services. The country has a limited numbers of mental health professionals, mostly located at the secondary and tertiary care hospital, and some of these professionals were repurposed in COVID clinics, appointments were postponed or cancelled.

By March 22nd movements of people at 65 years old and older people and others with chronic diseases were restricted and they were asked not to leave their homes, go to parks and recreational areas. Flexible work hours, including telecommuting and rotational work were put in place. Hairdressers, barber shops and beautify salons were closed until further notice, restaurants and patisseries were allowed to offer only take out and

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food delivery services. Tables were removed from restaurants. Public transport vehicles were allowed to carry only half their capacity. By March 26th intercity travels were restricted and quarantines for villages and towns started. By April 3rd curfew for people under 20, and over 65 put into action. A 15-day ban on vehicles leaving or entering in 30 metropolitan provinces and mandatory use of face masks was announced on the same day. On April 10th a curfew for the whole country was announced and continued with gaps until June. The Government continued to revise the prevention measures according to the changes in the pandemic.

Pandemics and related measures like isolation and quarantine may have a negative effect on mental well-being of people (Dubey et al., 2020, Rodríguez-Rey et al., 2020). Fast spread of the virus, concerns about the capacity of health services, interruption of regular mental health services complicated the problem. Factors like unclarities on pandemic, difficulties in reaching vaccines, lack of specific treatment, high risk of contagion, isolation and financial problems related to pandemic commonly resulted with an anxiety about future, and feeling of despair, and stress reactions. Studies also have shown common and profound psychosocial impacts of the COVID-19 pandemic on mental health, such as stress-related symptoms, depression, and anxiety (Cao et al., 2020; Qiu et al., 2020). Long-continued anxiety or stress may cause physical functional disorders and further progression may lead to physical and mental disorders, such as anxiety disorders, depressive disorders, endocrine disorders and hypertension (Dong and Zheng, 2020; Shigemura et al., 2020).

Therefore, an urgent need to carry out mental health and psychosocial support services emerged immediately after start of the COVID-19 outbreak. Mental health and psychosocial support are defined by Interagency Standing Committee (IASC, 2020) as “all kinds of internal or external support aiming at protecting or supporting the psychosocial wellbeing and/or preventing or treating mental disorders”. Considering the pandemic prevention measures described above, face to face health service delivery including mental health services could not be continued. The health care delivery can be altered by telephone or video visits where in-person interventions are not possible. These alternative methods have the potential to decrease difficulties in access to care and improve outcomes among the vulnerable populations (McElroy et al, 2020). Several studies have found that telehealth offered an efficient and safe way for people to consult healthcare professionals for psychological issues (Elbeddini et al, 2020; Kirsch et al, 2015) Previous outbreak experiences showed that the telephone or video calls may be useful for mental health and psychosocial services delivery where face-to-face interviews are not possible. (Keshvaridoost et al., 2020, Song et al., 2020, Miu et al., 2020).

Considering the quarantine measures, many countries adopted online mental health services such as hotlines and

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mobile application platforms during COVID 19 pandemic, (Wen Li et al., 2020; Brooks, et al., 2020). Before the COVID 19 pandemic, psychologists performed 7.07% of their clinical work through telecommunication technologies, whereas, during the pandemic, this number increased to 85.53%, (Pierce et al., 2020). As of 2019, 98% of adults in Turkey were using mobile phones while 67% of them were using internet (MOBISAD, 2020)

Within these conditions MoH decided to establish Psychosocial Support Helpline for COVID-19 Pandemic. The country did not have a nationwide psycho-social helpline experience before. The initiative aimed at screening and identifying the psychosocial problems of the callers, informing them on COVID-19, steps to be taken to keep and promote mental wellbeing in pandemic environment and possible solution alternatives for emerging problems; referring to the social care and health institutions based on the problems identified, provide basic psychosocial support.

This paper aims to describe development and implementation of the helpline as well as lessons learnt from this experience.

Methods

The study is planned as a cross-sectional descriptive study. Characteristics of calls between 18 March 2020 to 30 March 2021 and callers are evaluated.

There are no exclusion criteria in the study. Necessary approvals were taken from MoH and local ethical board. Data used in the study was not collected specifically for the study but retrieved from database of MoH. STATA 16 was used to analyse data. Analysis of the data by groups was done using bivariate analysis. Chi square tests were used to look for associations. Statistical significance was reported for p-values of 0.05 or less.

Establishment Process of the Helplines

Helplines were established in 81 provinces to ensure that persons access psychosocial support services within the three weeks after identification of first COVID-19 case in the country.

Voluntary mental health professionals working in healthy life centres and provincial health directorates were repurposed to work in helplines.

The staff did not have previous experience on working remotely, moreover some of the staff had limited training on psychotherapeutic interventions.

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Due to time restriction and lack of experienced qualified staff, a very structured guideline was prepared and shared with all staff to be used in the calls to ensure a standard operation in these lines. Guidelines were prepared by MoH, WHO, field mental health staff and academicians. The algorithms to be followed during the calls were supported by interview forms, scales for screening depression and anxiety, and information packages for frequently asked questions.

A short basic training supported the usage of guideline. The basic training package consisted of Psychological First Aid, operating procedures for the Helpline, including usage of assessment scales and forms, referral procedures, short information on institutions in referral list, COVID-19 prevention measures, tips to promote well-being for different age groups, screening and referral for possible cases of domestic violence, abuse and/or maltreatment, understanding needs of vulnerable groups (people with disabilities, elderly, children) and services for these groups. Training was delivered through distant learning platform of MoH and other online platforms like Zoom, WebEx and Microsoft Teams. The study guideline and the training also include information on suggestions to be shared during the interview.

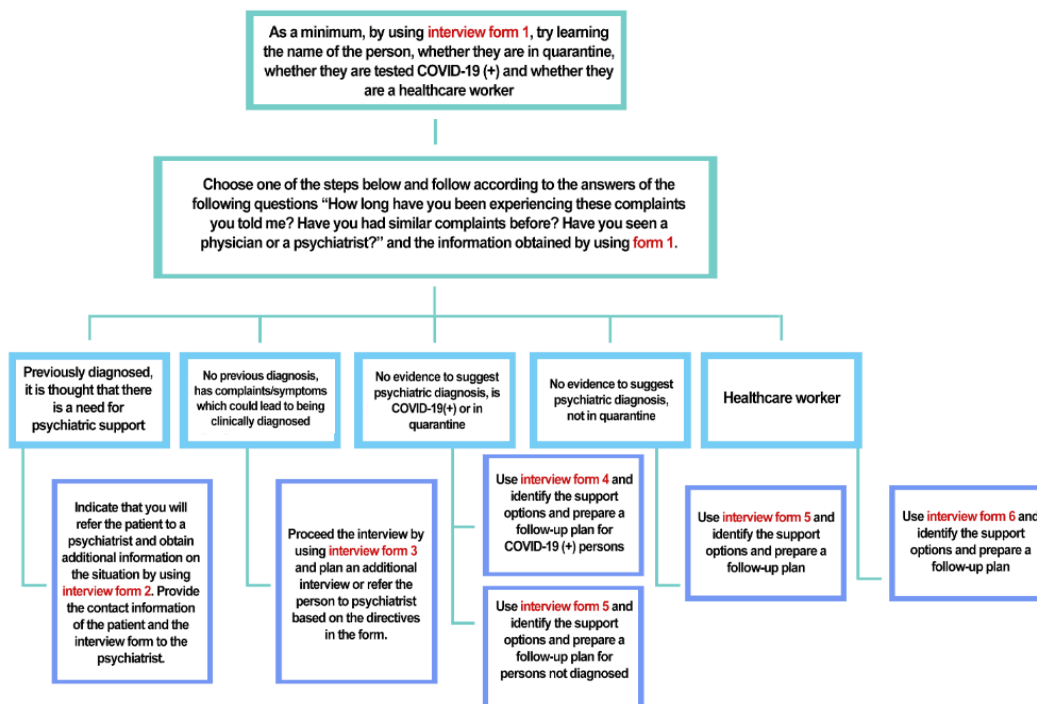
In parallel to the trainings a communication group was established by Ministry of Health to identify the problems in the implementation and support staff immediately.

Operational Process for the Helplines

The helplines served on 7/24 basis. Core interview algorithm used may be seen in Figure 1.

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Figure 1 The interview algorithm

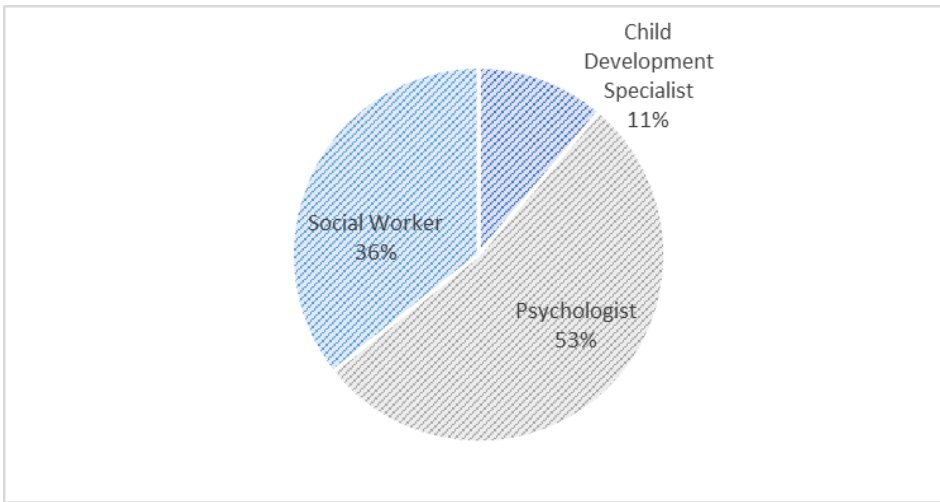


Results

A total of 2,036 staff served in the Helplines. Most of the Helpline staff were psychologists. The other professional groups were social workers and child development specialists (Figure 2). 172 psychiatrists and 16 child and adolescent psychiatrists supported the helpline staff.

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Figure 2 Helpline staff according to the professions



A total of 49,736 calls were received between March 2020-March 2021 period. Sex of the person in need is recorded only in one third of the calls while age is recorded for two third of the calls. Of the callers for whom the gender was registered, 43.99% of callers were female while 56.01% were male. Mean duration for calls was 10.93 (± 0.05) minutes.

The calls are grouped according to age groups. Frequency of calls according to age group may be seen in Table 1.

Table 1 Distribution of service users according to age groups

Age-group	Calls	Percent	Cum.Percent
0-7 yrs	133	0.42	0.42
8-14 yrs	1100	3.45	3.87
15-18 yrs	1466	4.6	8.47
19-25 yrs	4634	14.54	23.01
26-40 yrs	10236	32.11	55.12
41-65 yrs	10624	33.33	88.45
65+ yrs	3682	11.55	100
Total	31875	100	100

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The most frequent reasons of calls were causes related to COVID-19 diagnosis, feeling anxious, information request about services and prevention measures related with COVID-19, support request for ongoing treatment of psychiatric disorders. Frequencies of the most common reasons may be seen in Table 2.

Table 2 Common reason for reaching out helplines

Reason for the call	Number of calls	Percentage in total calls
COVID-19 Diagnosis (have COVID-19 in self or a relative or loss of a loved one due to COVID-19)	38,324	77.1
Anxiety	21,551	43.3
Information requests about COVID-19 and prevention measures	5,387	10.8
Support for ongoing psychiatric disorder	2,267	4.6
Support request for basic needs	2,216	4.5
Difficulties in coping with stressors	1,930	3.9
Information and support request for people over 65	687	1.4
Information and support request for people with disabilities	445	0.9
Others	6816	13.7

As described in the methods section, helpline staff refer callers to the other services according to the needs identified in the call. A total of 6770 people were referred to other services. Of these 3741 people were referred to health services, 340 people were referred to the employment agency, 1617 people were referred to social support services and 1072 people were referred to protection services. 1365 people (2.7%) received psychoeducation without any need of referral to other services. Distribution of service users referred to the other services may be seen in Table 3.

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Table 3 Distribution of service users referred to the other services

Referred services	Number of calls	Percentage in total calls
Psychiatry clinics	1,611	3.2
Primary Health Services	574	1.2
COVID-19 Polyclinic	163	0.3
Mobile social support teams	1,009	2.0
Alcohol & Substance Use Treatment centers	28	0.1
Social support services	608	1.2
Employment agency	340	0.7
Centre for the Prevention and Monitoring of Violence	895	1.8
Child Advocacy Centre	177	0.4
Total	5405	10.8

A total of 38,284 people called for causes related to COVID-19 diagnosis. Of these 30,043 reported infections in themselves and 9,094 had COVID-19 infection in relatives. 295 of these callers also reported a loss of relative or a loved one.

When we looked at reasons of call between the callers with and without a COVID-19 diagnosis, we saw significant differences between groups (Table 4). COVID-19(+) callers reported more difficulties in coping with stressors and anxiety and they needed more support for ongoing psychiatric disorders compared with COVID (-) group. COVID (-) cases significantly requested more information and support for other needs.

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Table 4 Reasons of calls in people with and without COVID-19 diagnosis

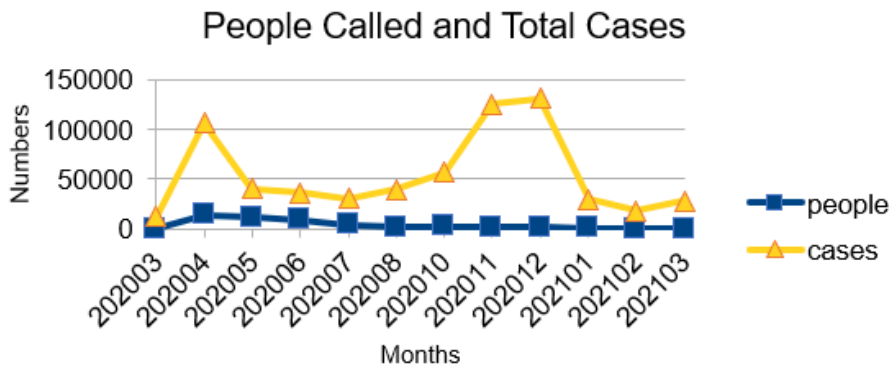
Reason	COVID-19 (-) N=11,412		COVID-19 (+) N=38,324		Pearson Chi2	P-value
	Number	Percent	Number	Percent		
Support for ongoing psychiatric disorder	21	0.2	2,246	5.9	651	0.000
Difficulties in coping with stressors	382	3.3	1,548	4.0	11	0.001
Anxiety	780	6.8	20,771	54.2	8,000	0.000
Support request for needs	659	5.8	1,557	4.1	61	0.000
Information requests about COVID-19 and prevention measures	2,238	19.6	3,149	8.2	1,200	0.000
Information and support request for people over 65	678	5.9	9	0.0	2,300	0.000
Information and support request for people with disabilities	242	2.1	203	0.5	251	0.000
Others	1,622	14.2	1,463	3.8	1,600	0.000

3,731 (7.5%) of the callers reported a chronic health problem. Frequency of chronic disorders in callers with a diagnosis of COVID-19 diagnosis was significantly higher than callers without a COVID 19 diagnosis (9.6% versus 0.5%, $p=0.000$)

Elective mental health services stopped during March-June 2020 period. Staff of CMHCs and some of other services tried to reach out their service users but these efforts could not cover majority of service users. Moreover, stress related to the pandemic may trigger mental health problems. Therefore, we checked if there is a relation between the number of calls and availability of services. Number of callers were highest in April and May period and began to decrease by June 2020 (Figure 2). Comparison between monthly calls and new cases reported monthly for COVID-19 shows that the number of people calling followed the number of cases only for the first phase of the pandemic (Mar-Jul 2020) but not in the second wave (peak) of the pandemic (Oct-Jan 2021). The number of persons calling and the new COVID-19 cases by month for all Turkey is displayed in the graph below.

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Figure 3 The number of persons calling and the new COVID-19 cases by month



Number of callers per 10,000 population in different provinces was changing from 0.1/10,000 to 519.4/10,000. This variable was not related with the number of hotline staff in the province, size of province, or location of the province in the country.

Discussion

Almost concurrently with the global COVID-19 pandemic, MoH set-up a country-wide helpline system to deal with the increased need for information and assistance. The helpline was available to all the population of 81 provinces, with operators trained, guided, and supported by multidisciplinary teams. Despite of lack of previous expertise with similar helplines, the initiative supported a large number of callers with information, guidance, support and referral to other specialized services. The data collected for the first 13 months of the pandemic was fed into a central database, analyzed, and presented in this article.

Most callers were males in our study contrary to the literature (Du et al 2021). But since the helpline accepts calls for the needs of other people and only one third reported gender of person in need in calls, it is not possible to comment.

Most common reasons of call were having a COVID-19 positive test result and feeling anxious. This is in line with the in previous studies reporting anxiety as leading cause of calls (Brulhart et al 2021, Du et al 2021).

Support request for any ongoing psychiatric disorder was also common. Mental health services are disrupted almost in all countries during the COVID-19 pandemic (Chen et al 2021) and that was the case in Turkey. WHO reported that 70% of 130 member states adopted telemedicine interventions and 67% of them established helplines to overcome difficulties in providing face to face services (WHO 2020). Turkey did not have telemedicine implementation in the field of mental health before COVID-19 pandemic. Several universities,

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NGOs or private health care centers started services using telecommunication tools after the pandemic, but the helpline defined in this paper is the only initiative covering all country therefore large number of calls asking support for an ongoing psychiatric disorder (4.6% of calls) is understandable. No other articles were available in the published literature on helplines from other initiatives.

Helplines are good alternatives to continue services in difficult times such as COVID-19 pandemic, however it cannot cover the gap of the in-person services especially if the person needs specialized (Lestari et al 2021) or intensive care. The helpline staff needed to refer more than 10% of the callers to the other services, most common services used for referrals were psychiatry clinics, social support teams and centre for the prevention and monitoring of violence. Referral to other services as needed was unique and no other published articles has a similar feature (Berdullas et al 2020; Michaud et al 2020).

When we looked at the reasons of calls in COVID-19 (+) and COVID-19 (-) callers we saw that more than half of COVID-19 (+) cases experienced anxiety. Anxiety is one of the leading reasons for calling helplines (REF) but we did not see a comparison between COVID19 (+) callers and (-) callers in previous studies. Research on COVID-19 (+) cases showed high prevalence of anxiety disorders and anxiety symptoms (Taquet et al 2021, Michaud et al 2021), this finding supports our observations, but we also need to keep in mind that our results are not representing all COVID-19 cases and probably biased. COVID-19 (-) callers requested significantly more information and support for other needs. COVID-19 (+) cases might receive information about the disease and services as well as social support since COVID-19 contract tracing teams and the mobile social support teams were in touch with the COVID-19 (+) cases especially at the first months of pandemic. The country did not have a previous experience of nationwide mental health helpline. Therefore, we could not compare pre and post COVID-19 pandemic period. We observed significant high numbers during the first lockdown period. This is in line with the experiences reported by other countries (Scerri et al 2021). We did not observe an increase in the

period that the country went on partial lockdowns at the weekends in autumn 2021. This may be related with the partiality of the lockdowns in autumn period, the unclarity during the first lockdown or availability of face-to-face mental health services in Autumn 2021.

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The top three reasons for the calls were the COVID-19 infection or loss of relative, anxiety and need for information, confirming findings in the literature (Vindegaard and Bendros 2020). The demographic information of the callers could not always be recorded (age, gender, profession), but the rest of the records on reason for the call, call duration and referrals were complete. The data shows that the number of callers followed the number of new COVID-19 cases for the first wave of the pandemic, but not the second. This supports the conclusion that the helplines were essential at the beginning of the pandemic to respond to the need for information and support. As the pandemic entered into its second year, the number of calls plateaued, and it's not linked to the COVID-19 incidence. By now, enough information on the pandemic is available, and the restrictions on movement of people, curfews, working conditions, and other necessities have been lifted. The experience of setting up, operating, providing support at a national scale to the general population during a global pandemic could be useful in the future should similar events reoccur.

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Research Article

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**INVESTIGATION OF TRAUMA TRANSMISSIONS BASED
ON SOCIAL WORKERS' EXPERIENCES**
TRAVMA AKTARIMLARININ SOSYAL HİZMET UZMANLARININ
DENEYİMLERİNE DAYALI OLARAK İNCELENMESİ**ABSTRACT**

The purpose of the study is to evaluate social work examinations on the trauma transmission. The study is qualitative research. The study uses the phenomenological approach, which is one of the qualitative research methods, and observation and interviews have been used as data collection techniques. In the study, 15 participants with a year or more of work experience were joined using the snowball technique. The data were analyzed using the descriptive method of analysis and grouped into three major themes. All of the participants highlighted the role of the social work profession at the point of trauma transmission intervention. In a similar manner the participants mentioned the social workers' pivotal role in detecting and diagnosing, empowering, supporting, consulting, bringing together resources, and determining. The majority of the participants emphasized the deficiencies in the education system, preventive studies, case tracking system and regulations, and the inadequacies in the number of personnel. They also stated that the current social work practices are insufficient for trauma studies. As a significant profession that works in the field of mental health and evaluates the individual in his/her environment unlike other disciplines, social work is extremely important in breaking the chain of trauma for generations. In order to achieve this goal, it is necessary to make the social work profession more competent and active in the area of trauma.

Keywords: Trauma, trauma transmission, intergenerational trauma, secondary trauma, social work.

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ÖZET

Araştırmanın amacı, travma alanında çalışan sosyal hizmet uzmanlarının travma aktarımına ilişkin görüşlerinin değerlendirilmesidir. Araştırma nitel bir araştırmadır. Araştırmada nitel araştırma yöntemlerinden biri olan fenomenoloji (olgu bilim) yaklaşımı kullanılmış, veri toplama tekniği olarak gözlem ve görüşmeden yararlanılmıştır. Araştırmada kartopu tekniği kullanılarak en az bir yıllık çalışma deneyimine sahip 15 katılımcıya ulaşılmıştır. Veriler betimsel analiz yöntemi ile analiz edilmiş ve üç ana tema halinde gruplandırılmıştır.

Katılımcıların tamamı travma aktarımına müdahale noktasında sosyal hizmetin; tespit ve teşhis edici, güçlendirici, destekleyici, danışmanlık edici, kaynaklarla buluşturucu ve belirleyici rollerinin uygulandığını dile getirmiştir. Katılımcıların büyük çoğunluğu; eğitim sistemindeki, önleyici çalışmalarda, vaka takip sistemindeki ve yönetmeliklerdeki eksikliklere, personel sayısındaki yetersizliklere vurgu yaparak mevcut sosyal hizmet uygulamalarının travma çalışmaları için yetersiz olduğunu dile getirmiştir.

Ruh sağlığı alanında çalışan ve diğer disiplinlerden farklı olarak bireyi “çevresi içinde” değerlendiren çok önemli bir meslek dalı olarak sosyal hizmet, nesiller boyu travma zincirinin kırılması noktasında son derece önemlidir. Bu misyonun gerçekleştirilmesi için sosyal hizmet mesleğinin travma alanında daha yetkin ve daha aktif hale getirilmesi gerekmektedir.

Anahtar kelimeler: Travma, travma aktarımı, nesiller arası travma, ikincil travma, sosyal hizmet.

Introduction

Trauma is defined as the event or witnessing of an event that may occur against the physical integrity of the person, such as death and threat of death.(DSM-5, 2013). The trauma suffered can have a significant impact on the well-being of the person, family, environment, and society. Clinical observations and empirical studies have shown that the consequences of traumatic events are not only limited to the person exposed to the event but also affect the people around (Dekel & Goldblatt, 2008). The trauma transmission to future generations can vary with time, area of influence, type, and form of trauma (Yalçın & Öztürk, 2018).

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According to Kellermann, there are four different types of trauma transmission. Depending on the psychodynamic model, emotions, not consciously experienced by the first generation, are left to the second generation. Depending on the socio-cultural model, growing up with traumatized parents enables children to learn about certain emotional and behavioral disorders through observation and imitation. Depending on the communication model and family systems, trauma is transmitted by the unique communication styles of the family. It is thought that this transfer takes place with “*non-verbal, ambiguous and guilt-inducing communication*” (Klein, 1988) or “*silence (with a secret agreement not to speak of the trauma)*” (Daniel, 1998; Hocaoglu, 2014). Genetic and biological models have argued that genes transmit diseases and inherited trauma from generation to generation (Kellermann, 2001; Hocaoglu, 2014). Kellermann’s research is very useful in understanding the modes of transmission of trauma. At the same time, Kellerman pointed out that a holistic perspective, in which all models are examined together, is necessary for understanding trauma transmission (Hocaoglu, 2014).

When literature on the post-traumatic recovery process is reviewed, hospitals, social service centers, institutions, organizations, and non-governmental organizations providing services to disadvantaged groups stand out. Institutions provide protection, prevention, rehabilitation, and support for victims of trauma, and in this context, these are the first places where people who have been exposed to primary trauma enroll. This service is delivered by mental health workers, and the social worker is a front-line professional at the trauma response point. Experts try to minimize the effects of traumatic events experienced by individuals by providing psycho-social support to disadvantaged groups and individuals. At the same time, they cooperate with other mental health professionals such as psychiatrists and psychologists for psychiatric treatment in trauma intervention (Gündüz, 2020).

Intergenerational trauma transmission is discussed in detail in the article “Intergenerational Trauma” published by Sue Coyle (2014). Due to its approach to trauma transmission from the social work perspective, this article considered as one of the most important sources in this regard. Additionally, the article draws attention to the need for social workers to consider that trauma can be an intergenerational process when examining a traumatic case. Additionally, detailed explanations of what trauma transmission

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is, its causes, and treatment are provided. Coyle's study, which highlights the transmission and treatment of trauma, emphasized that social workers have to be very careful when working with such cases. In addition, in the article, it is mentioned that Cognitive Behavioral Therapy and EMDR schools are effective in cases of intergenerational trauma transmission by experts who are qualified to give therapy. However, it is outstanding that in Coyle's article, micro-solutions for the treatment of trauma transmission are emphasized, and mezzo and macro-solution suggestions are not mentioned much. On the other hand, Sider (2015) affirmed that there is a great need for systemic change and social work interventions within the community, especially to support the healing of trauma. If society has an equity-based system, it will facilitate the process of change and improvement. Accordingly, the social work profession will pave the way for the implementation of a prevention model to support improvement and change in the lives of clients. In the same article, it is stated that in the current system, the social worker experiences great stress and works with insufficient support against secondary trauma as well as a high workload. According to Sider, in order for a more effective recovery to take place, the responsibility for trauma healing should not be placed solely on the client and social worker; however, a preventive approach should be taken in the society and social service system. Sider also draws attention to the fact that acknowledging the effects of trauma, which arises by directly witnessing the trauma or someone else's experience, is not just an individual problem in society, but a shared experience and responsibility (Sider, 2015). For this reason, it is extremely important for the social worker to take part in cooperation with other disciplines in the intervention of trauma, micro, mezzo, and macro developments, in terms of effective solutions to the problem.

The purpose of this study is to assess the perspective of social workers working in trauma on trauma transmission based on their work experiences. Within the scope of this main purpose, answers to the following questions were sought.

- 1) *How do they view trauma and trauma transmission?*
- 2) *What is their perspective on the role of the social work profession in trauma research and collaboration with other professions?*
- 3) *What do they think about the appropriateness of current social work practices and what are their suggestions in this regard?*

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In addition, as a result of the literature review, it has been seen that the subject of trauma transmission is a unique field in the discipline of social work and has not been adequately addressed. For this reason, it is expected that the study will contribute to the literature, as well as it will help health workers and social workers working in the area of trauma.

2. METHOD

Methodology

The qualitative research method was used in this study. In this method, the researcher deals with the phenomenon or event in its natural environment, asks explanatory questions, and tries to comprehend the meaning that the participant attributes to the phenomenon or event (Büyüköztürk et al., 2013; Tekintal et al., 2021). In Qualitative research, generalization is not the primary goal. It is important to provide the perspective on the subject with the results obtained after the study, to understand the different factors, and to understand the reality of the private. There are various research approaches in the qualitative research methodology. One of them is the phenomenology approach. The phenomenological approach was also used as part of this study. Phenomenological research does not reveal definitive results that can be generalized according to the nature of qualitative research. It also seeks to understand human experience by focusing on events, orientations, concepts, and perceptions of which we are aware, but of which we do not have a thorough and detailed understanding. In this regard, it is very important to present examples, explanations, and experiences, and to contribute to literature and practice (Yıldırım & Şimşek, 2016).

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Data Collection Technique

Interviews and observation were used as methods of collecting data in the research. The objective here is to monitor the process of revealing events, perceptions, and facts in a realistic and holistic manner (Seale, 1999).

Data Collection Tools

In this study, a “*demographic questionnaire*” containing age, gender, educational attainment, job experience, etc., and a “*semi-structured interview form*” with 14 questions were used. The semi-structured interview method was preferred because it provides immediate feedback to the questions directed by the researcher and the answers obtained, the flexibility to ask questions according to changing conditions, and the opportunity to obtain complete and in-depth information (Yıldırım & Şimşek, 2008).

Sample of the Study

The snowball technique, a deliberate sampling technique, was used to determine the search sample. Snowball techniques are used when it is difficult to access the units that make up the sample of the research or when there is incomplete information on the universe. This technique focuses on people with rich data and critical situations to determine the data, and the sample of the research is achieved through those people and critical situations. This technique focuses on persons with rich data and critical situations in the determination of data, and the universe is reached by these people and critical situations. A researcher who wants to make a snowball sampling asks the person who he thinks has the most information in the universe about the subject he is interested in, *and asks who should I talk to when it comes to this subject*. When the ongoing research chain reaches data saturation, the data collection phase of the research is finished (Baltacı, 2018).

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Phenomenological research design data sources; Participants are the ones who experience the phenomenon and can express it, or reflect on it. As a result, the sample for this study consists of 15 social workers with at least one year of experience working in trauma. As Table 1 shows, 6 of the 15 participants were female and 9 were male. The age of the participants varies from 26 to 70 years, and the professional experience of the participants varies from 1 to 45 years.

Table 1: Demographic Information of Participants

Participant Queue	Gender	Age	Working Experience
P1	Female	26	2
P2	Female	26	4
P3	Male	28	6
P4	Male	27	5
P5	Male	28	6
P6	Male	25	4
P7	Female	25	3
P8	Male	43	20
P9	Male	26	1
P10	Female	28	10
P11	Female	70	25
P12	Male	54	35
P13	Female	68	45
P14	Male	27	5
P15	Male	29	6

Data Collection Process

The study was conducted between 15.04.2021 and 15.05.2021, online and on scheduled days and hours using the Zoom Meeting conference program. Each interview lasted an average of 90 minutes. A pilot study was carried out with two participants ahead of time. The search was completed by the time it

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reached saturation.

Prior to beginning the study, the consent form was read and participants gave their consent. Participants were informed that the data collected would remain confidential and would be used for nothing but research purposes. Transparency was taken into account in all research processes. For participant confirmation, the data collected at the end of each interview was summarized and participants were able to change/add seats. The data were evaluated in conjunction with expert advice on research and qualitative research methods (Creswell, 2003).

Analysis of Data

75 pages of data were obtained using audio recordings obtained during the study. The data collected at the end of the study process were evaluated using the descriptive-analytical method. In the descriptive analysis method, the data obtained from the participants is evaluated and in this method, the subjects that are related to each other are grouped and interpreted (Karataş, 2017). In this study, related topics were categorized and interpreted into three main themes.

3. FINDINGS

In this part of the study, qualitative research findings are presented under 3 major themes: (1) *Views of social workers about the transmission of trauma*, (2) *Views of social workers on the role of the social work profession in trauma studies and cooperation with other professions*, and (3) *Views of social workers on the adequacy of current social work practices and suggestions on the ground*. The findings in the text are supported by direct quotations. (Codings in direct quotations are in the form of interview order and work experience. For example, 8P20 means 8th participant, 20 years of experience).

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3.1. Social Workers' Views About Trauma and Trauma Transmission

When the questions “*What does trauma mean to you, and what are the effects of trauma on the mental health of individuals?*” were asked, most of the participants defined trauma as a negative event by drawing attention to different factors and drawing attention to both the physical and mental aspects of trauma. It has been stated that trauma has many negative effects on individuals such as not being able to focus on the present, and not being able to maintain integrity in thoughts and emotions.

While expressing the effect of trauma, one participant pointed to the time factor (7P3): “*The traumatized person may not show its effect immediately after experiencing his/her own trauma. It may take a while or he/she doesn't show, but through a transmission his child does*”. Another participant (10P10) said, “*I think that even when we are born from scratch, we take on some things and experience all these effects together with that state of being human. Because what we refer to as trauma; its effect is not something that disappears in an instant, that is reset*” highlighting that trauma is an archaic trauma transmitted from one generation to another and that if left untreated, it will create a vicious circle. In response to “*What does intergenerational trauma transmission mean to you?*” participants highlighted two main aspects of trauma. The first is intergenerational trauma transmission, and the other is secondary trauma. In terms of intergenerational transmission, 13 out of 15 participants emphasized that raising children is very effective and that trauma transmission occurs through learning. Once again, 13 of the participants drew attention to the transfer of social work domains, especially in cases neglect, and abuse. Some participants made a distinction by explaining the dynamics that cause the transmission and focusing on the cultural factor. A few of the participants, who also evaluated the trauma transmission from the perspective of secondary trauma, stated that they forgot the case in a short time, while some stated that there were some cases that remained in their minds for many years. A few participants said they decided to change jobs because of their secondary trauma. On this topic, 7 out of 15 experts mentioned that they require direct support or supervision. 8 of the 15 participants made direct reference to their familiarization process. All professionals who have addressed this issue have said that they have become more professional over time and that the negative impacts on them have diminished. In addition, some participants stressed that

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feeling satisfied after the positive conclusion of working with a difficult case is an important factor to bear the aforementioned negatives. One participant (9P1), while describing intergenerational trauma, gave an example of poverty inherited from generation to generation in the Romani people subculture. In this regard, another participant (8P20) mentioned that folk songs and laments within the culture are reflections on the transmission of trauma, and another participant (2P4) said that monuments or museums, which are seen as a means of recovery after traumatic events and built to be remembered, have a role in the transmission of trauma. (10P10), on the other hand, highlighted that tales, which are a part of the culture, transfer to the next generations and are part of the traumas experienced by people themselves. On a different side, another participant (5P6) compared intergenerational trauma to infectious disease and emphasized that it would affect future generations.

One participant (8P20) described trauma transmission “Social workers use a very subjective technique of family therapy when doing family work. We call it a genogram. The transmission also varies depending on the person, the region, the individual’s thoughts, emotions, behavior triad, religion, and cultural characteristics. Another participant (14P5) outlined that psychiatric disorders such as schizophrenia and bipolar disorder can sometimes be transmitted genetically. In terms of the subject, one participant (3P6) said, “His mother was educated in child welfare, and her child is in child welfare. The mother cannot take care of the child, she does not know how to care for the child, and she does not know how to raise it.” highlighting that trauma progresses in succession by being learned from parents between generations and causes the same upbringing style to be applied while raising children. likewise, one of the participants (13P45) expressed his experiences on the subject as follows:

“There was a family. Two poor sisters lived in the same house. One day I went to this house. They washed a 3-year-old little girl with bleach and then the ambulance came. When I talked to them, they said, 'Our mother always used to beat us like this. Then she would wash us with bleach.'”

One participant (5G6) explained that the experts were exposed to secondary trauma due to the cases they experienced in their working lives, as follows:

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“I went to a family in Sultangazi district in Istanbul. They live in a tent. I’m from Aydın, I don’t know about snow or tents. There is a baby and a disabled father in the house. I was about to go crazy, I left the family and came home. I turned off all natural gas, I did not burn natural gas for days, and I starved myself. I’m on the verge of losing my mind.”

Another participant mentioned the following while describing the secondary trauma he was exposed to during his professional work:

“... rapes and violence against children. I still can’t forget these for the rest of my life. I’ve been a little overprotective of my own children as well, so there are some things I remember almost every day.” (13G45)

Talking about the familiarization process, one participant (3G6) mentioned that professionalization in the field reduces the risk of secondary trauma: *“You become like the surgeon who performs the surgery. You perform social treatment, you get used to it.”* in the same way, one participant emphasized the same point with those words:

“You went to the trashed baby case. Is there anything beyond that? Is there any chance you won’t be affected here? But over time, you get used to it, and now you realize that this is a job and that you make money from it, and now you mature too.” (5G6)

While views on the dynamics of trauma transmission differ, the majority of participants outlined that trauma transmission occurs through learning, genetic and cultural mechanisms. Social workers’ feelings of fatigue due to the negative emotions caused by their working life can make the professional staff from the position of providing service to the position of demanding service. Most of the participants, who evaluated trauma transmission in terms of the secondary trauma they encountered in their working life, underlined that the secondary traumas caused by the clients had a negative impact on their daily lives.

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3.2. Opinions of Social Workers on the Role of Social Work Profession in Trauma Studies and Cooperation with Other Professions

When the participants get asked “*What is the place and role of the social work profession in the field of trauma?*” 6 of them emphasized that social work is one of the most important professions in the field of trauma. 3 of the participants described the role of observation and investigation, 8 of them mentioned empowering, 3 of them mentioned advocacy, 3 of them mentioned counseling and informing, and 10 of them mentioned detective, directing, and bringing together the resources role of social work in trauma studies. There were 4 participants who used the concept of case management regarding the decisive roles of social work in the field. 6 of the participants emphasized that the generalist/holistic social work model should be applied. Referring to the same model, 3 participants emphasized psychosocial evaluation, and 2 participants highlighted that services should be provided within the framework of systems theory.

One participant (15P6) expressed the importance of social work in the field of mental health as “Breaking the chain of trauma is a process that we definitely need to be involved in”. Another participant (1P2) explained the roles of social work in the field saying “Should I be realistic here or (laughs)... Actually, at this point, at least foreign resources are leading the way that social work has a much bigger role.”. A participant working in a non-governmental organization expressed his views on the detection and diagnostic role of the expert as follows (5P6): “Social workers act as radar. Observations of social workers in the households they go to examine are very important. One observation can save a child’s life.”

One of the participants highlighted the role of empowerment and support saying (2P4): “We can define a social worker as a professional who will support in coping with trauma and finding different alternatives, not only on the basis of individual interviews but also by strengthening the dynamics around the person.”

One participant draws attention to preventive studies and the informative role of the social worker with the following words (4P5): “*We are able to work directly with the victims of these crimes. Of course, our*

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task here is not only to ensure their rehabilitation after exposure but also to prevent this and to inform the society correctly.”

Another participant (6P4): “Social work plays a very key role here. Because we can say that it is a professional position that directs the process by analyzing it, evaluating the trauma, and designing the holistic case management system - of course, the client’s participation is important here. He also drew attention to the necessity of a holistic approach in trauma studies and social work roles. Another participant (6P4) emphasized the holistic approach of case management and said, “Actually, a multidisciplinary approach is necessary when working, because it is a multidimensional process, a holistic approach that affects both the social and psychological life and health of the person in every aspect should be followed.”.

“Can you talk about the cooperation process of social workers with other professionals while working with trauma?” When this question was asked, all 15 participants agreed that the social work profession should cooperate with the professional disciplines of psychology and psychiatry in trauma studies and that they should carry out the process together. Most of the participants said that they can cooperate with all professions in line with their needs, but there are role divisions.

While expressing cooperation in the working process, one participant (13P45) said: *“So there is a very good correlation between all professions and the social worker. Social workers, police, doctors, psychiatrists, psychologists, all of them.”*

One of the participants (8P20) summarized the role division in the cooperation process as follows: *“The psychologist deals with the individual, the social worker deals with the individual in his/her environment, the psychiatrist deals with psychopathology, the physician deals directly with health. That’s why we look at trauma not by going deep into the individual like a psychologist, but by considering the situation in his environment, family, and environmental dynamics. Our point of view with psychology is different in this respect.”*

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There are a number of defined roles that professionals must perform when faced with a traumatic event. When asked about the role of the social worker in trauma studies, most of the participants brought up the role of empowering, identifying, and bringing together resources. In response to the same question, there are also participants who mentioned that the process should be carried out with a generalist/holistic social work model. All participants agree on the need to work in cooperation with other professional groups, especially psychology and psychiatry, in case of need, on the cooperation of social work with other professionals in trauma studies.

3.3. Opinions of Social Workers on the Sufficiency of Existing Social Work Practices and Suggestions on the Field

Asked the participants, "What are your suggestions at the micro, mezzo, and macro level about breaking the chain of trauma based on your experiences?" Participants in response to the question; Emphasizing the deficiencies in the studies, 7 of them stated that the existing social work models are not sufficient in practice, 2 of them stated that preventive studies are not carried out, 2 of them there is no follow-up system. Most of the participants emphasized that the social work profession is in a different place from the professional position it should be in Türkiye. A few of the participants stated that social work should not be given through open education. While talking about the suggestions, 5 of the participants stated that preventive studies should be expanded, and 4 emphasized that it is important to increase social awareness and inform people about trauma. Most of the participants highlighted that the relevant ministries should cooperate with social work and other mental health fields in policy-making processes. Again, most of the participants emphasized that the trauma and mental health education they received was insufficient even though they directly encountered trauma cases in the social work profession, that they received training from outside, and that such courses should be emphasized in the curriculum. Only one of the participants (13P45) mentioned that the training provided was sufficient.

One participant (1P2) expressed the system's shortcomings as follows: "*There is a history of trauma, and this individual needs an intervention network. Sometimes seeing the inadequacy of those interventions, seeing that the system does not allow it...*" Another participant (3P6) similarly mentioned the following

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regarding the subject: *“There is a problem here, okay? Inadequacy of legislation, regulations, and system in social services. Because you are the only social worker working in the institution, there are 50 children. You can't get your head up from the file once.”*

One of the participants (10P10) described the lack of preventive work and inadequacies at the macro level as follows: *“When working with women who are victims of violence and with children who are victims of abuse, the effects of this at the social level; So we should be talking about what it means in total. I do not think that these are problems that occur only with a cause-effect relationship at the individual level. I think there are issues that are more structured and that need to be studied more deeply.”* Another participant (3P6) working on the children's home site stated that there are no permanent solutions to the problems: *“The interventions act as pain relievers, all the problems continue in the process. Children's emotional, behavioral and psychological problems are the same. So there is no social improvement.”*

A participant (5P6) working in one of the non-governmental organizations stated the following while expressing the current state of the social work profession: *“Let me put it this way, unfortunately, social work in our country has turned into a profession that approves and rejects aid completely. I am in touch with all social service centers in Istanbul, I do not know any social worker who deals with trauma.”* Another participant (12P35) similarly used the following statements: *“They are trying to keep us out in the field of mental health. In fact, we are the most important occupational group in mental health in the world...”*

One of the participants (4P5) described the importance of preventive studies and informing processes as follows: *“Social workers are the professionals who have the highest level of knowledge in cases such as child neglect and abuse and violence against women. We can work directly with the victims. Of course, our mission here is not only to ensure their rehabilitation after exposure but also to prevent it and inform the society in the right way.”*

One participant (8P20): *“Let me put it this way, social workers abroad are obliged to express their views*

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to a higher institution, organization and related family ministry and government officials regarding the problem areas that come out of their field of practice... If they receive such ideas, the idea arising from the practice is a valuable idea." In his words, he stated that opinions should be taken from the professionals working in the field in policy-making processes.

A participant who thinks that social work should not be given through open education (11P25): "There is no social work education without touching the client's shoulder and looking into his eyes. Don't forget that too. One of the professions that will not exist in the world is social work through open education. Just as there is no medicine, no psychology"

One of the participants (12P35) outlined that the trauma and mental health education they received was insufficient even though they directly encountered traumatic cases and said "*One of the parts I complain about is that trauma education should be given as a course in social work education because we work with traumatized people in all areas of social work. This is real even for a family applying for adoption.*"

One of the participants (13P45) outlined that the education provided was sufficient and he realized this while working as a social worker in the USA: "*I graduated from the Social Services Academy and realized that my education was very good here. I looked at the social workers around me. I found us so well-educated. But right now, of course, I mention this because I don't know your curriculum and what you are studying. But I am of the opinion that the specialists who graduated in 1972 at that time were very well educated.*"

When asked about their recommendations for breaking the chain of trauma, most of the participants responded based on the problems they encountered in the field. They expressed their opinions about the inadequacy of the studies in the current order. Answering the same question, some of the participants touched upon their suggestions for preventive studies and the importance of informing the public. Receiving trauma-specific training and supervision support during the interviews was the most underlined issue by the participants. In this context, it was stated by the participants that specialization in the field

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of trauma and mental health in the field of social work practice would be beneficial for both experts and clients.

4. Discussion

This study aims to collect information about the views of social workers working in the field of trauma on trauma and trauma transmission and to present a different perspective on the topic. Within the scope of the study, some questions were asked to the participants in order to examine the sustained trauma cycles that are frequently encountered in the field of social work.

“What does trauma mean to you and what are the effects of trauma on individuals’ mental health?” When the questions were asked, most of the participants emphasized both the mental and physical aspects of trauma and defined trauma as a life-threatening event or situation that negatively affects a person’s life. As included in the diagnostic manual of the American Psychiatric Association, the most general definition of the word trauma is death and the threat of death, an event that may occur against the physical integrity of the person, or witnessing, hearing, repetition of the event, and as a result, reactions such as fear and anxiety (DSM- 5). It is seen that the definitions of the participants and their views on the effect of trauma on individuals are similar to the statements in the literature (Herman, 2007; Van der Kolk, 2014; Öztürk & Derin, 2019).

Participants in response to the question *“What does intergenerational trauma transmission mean to you?”* emphasized two main aspects of transmission and explained their views on intergenerational trauma transmission and secondary trauma. Regarding the definition and dynamics of intergenerational trauma transmission, 13 of the participants mentioned that transmission occurs through learning – especially by drawing attention to the importance of raising children-, while some participants outlined that in addition to learning, transmission occurs through cultural factors and genes. In the literature, it has been emphasized that as genes transmit diseases, traumas are also inherited from generation to generation, and other types of transmission are learning and cultural ways (Görkem, 2001; Hocaoglu, 2014; Kellerman, 2001; Sevinç Yalçın & Öztürk, 2018).

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On the point of intergenerational trauma transmission, all 15 participants referred to their work experiences on the subject, and 13 of the participants gave examples of the transmission of traumas of violence, neglect, and abuse across generations, particularly from the working areas of social work.

For secondary trauma, which is another manner of trauma transmission, 8 out of 15 participants directly mentioned the adaptation processes and stated that the harm decreases as they become professionals. 7 out of 15 experts outlined that they needed immediate support, and 5 stated that secondary traumas caused by clients had a negative impact on their daily life. All social workers agree upon the necessity of receiving supervision support. Indeed, in the literature, it is alleged that in the current system, social workers experience significant stress, work with insufficient support against secondary trauma as well as a high volume of work (Sider, 2015; Wilson & Lindy 1994;). Furthermore, similar to the findings of the study, McKenzie-Mohr (2004) also mentioned that social work graduates are more likely to be exposed to severe trauma because they are usually on the front lines. In the same study, it was stated that students without trauma-specific education were at risk of secondary trauma (Adams & Riggs, 2008; Jackson, 2016; Dane, 2000; Figley, 1995).

When the question *“What is the place and role of the social work profession in the field of trauma?”* was asked, all of the participants mentioned that the case should be managed holistically and that this role belongs to social work. It was also outlined by many of the participants that all roles are interconnected and that all of them should be used when needed. 6 participants emphasized that social work is one of the most important professions in the field of trauma. 10 of the participants mentioned the detective, guiding, and resourceful role of social work in trauma studies. 8 of them mentioned the role of empowerment, 3 of them the observation and investigation, 3 of them the advocacy, and 3 of them about the role of consultancy and information. In the literature, it is stated that the social worker has 10 interrelated basic roles. These; link building, advocacy, teaching, consultancy, case management, workload management, personnel development, management, social change agent, and professionalism (Duyan, 2003; Zastrow, 2016). The comments of the participants and the findings in the literature are largely similar. It is especially meaningful that all of the participants emphasized the holistic approach

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and that 10 participants expressed the guiding role. Social work discipline, unlike the others, considers and evaluates the individual in his/her environment, and for this reason, it carries on its work by making required referrals to the relevant authorities and all the services needed, taking into account all the factors that cause and maintain the trauma. All of these roles, which are expressed by most of the participants and have their counterparts in the literature, are interrelated roles.

When the question “*Can you talk about the cooperation process of social workers with other professionals while working with trauma?*” was asked, it was seen that all 15 participants agreed that the social work profession should cooperate with the psychology and psychiatry professions in trauma intervention and they should carry out the process together. Most of the participants mentioned that they can cooperate with all professions in line with their needs, but there are role divisions. In the related literature, it has been stated that other mental health professionals such as psychiatrists and psychologists work in cooperation for psychiatric treatment at the point of intervention to trauma and that social workers should also take part in this process, and social service centers, which are the first places that social workers apply to individuals who have been exposed to trauma, provide services to disadvantaged groups. It has been stated that he works as primary professional staff in organizations and non-governmental organizations that provide services to the public (Gündüz, 2020). It is seen that there are similar expressions in the discourses of the participants and in the literature.

“*Based on your experiences, what are your micro, mezzo, and macro suggestions for breaking the chain of trauma?*” when asked, most respondents mentioned inadequacies in current practices, systems, and policies. 11 of the participants emphasized the inadequacy of existing social work models in practice. While expressing the inadequacies, the deficiencies in the preventive studies and follow-up system, the inadequacies in the regulations and the number of personnel, and the problem of the social work profession being in a different place from the professional position it should be in our country were emphasized. In the literature, there are studies that discuss the negative working conditions of social workers, uncertain job expectations, heavy paperwork, insufficient budget, and especially personnel shortages are mentioned (Kim & Stoner, 2008; Kalliath & Kalliath, 2013; Calitz et al., 2014; Cetin, 2000; Gemici, 2002). No study has been found that specifically addresses the deficiencies in policies and

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social work models. On the other hand, the comments of the participants and the findings jointly refer to the inadequacies in the number of personnel. Based on the remarks of the participants and the literature findings, it is understood that there are some deficiencies in the system and that trauma studies are far from what they should be. It is an important finding that should be considered that all of the participants were experts selected by random sampling working in different fields of social work and that 11 of the participants agreed on the inadequacies of the system.

Most of the participants emphasized that the trauma and mental health courses in the undergraduate education they received were insufficient even though they directly encountered trauma cases in their careers. In the literature on the subject, it has been stated that trauma-specific education is necessary for social work students and that students are at risk of secondary trauma due to the absence of such education (Adams & Riggs, 2008; Jackson, 2016). Another study focused on the importance of providing sufficient information about trauma to social work students (Courtois & Gold, 2009; Sider, 2015). When the findings and the literature are compared, it can be said that there are similar remarks about the necessity of trauma lessons.

When asked about their recommendations for breaking the chain of trauma, the majority of the participants mentioned that research results in social work and other mental health fields should be taken into account in policy-making processes and that social workers should take a more active role in breaking the chain of trauma. Some of the participants emphasized that it is important to disseminate preventive studies, increase social awareness, and inform people about trauma. In the relevant literature, it is stated that systemic changes and social work interventions need for the healing of trauma, that a preventive model of social work is inevitable to support the healing and change in the lives of the clients, and that the responsibility of trauma healing is not only imposed on the client and the social worker; It has been stated that a preventive approach should also be exhibited in the society and social service system (Hamilton, 1952; Daniş, 2007; Sider, 2015). When the remarks of the participants were examined, it was determined that individual competencies came to the fore in micro-scale interventions and deficiencies were not mentioned much. In the mezzo and macro-level interventions, it was observed that the participants had

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the opportunity to compare with the practices abroad and offered more suggestions regarding this.

5. Conclusion and Recommendations

This study was conducted with 15 social workers who have at least one year of working experience in the field of trauma. The study discussed trauma, trauma transmission, secondary trauma, the role of the social worker in trauma intervention as well as breaking the chain of trauma and cooperation with other disciplines. The study findings point out that social workers are more likely to work with trauma and show that they use the rules of detecting, diagnosing, empowering, supporting, guiding, and bringing together resources. As a professional who works with clients with traumatic life experiences and has a high risk of secondary trauma, the participants emphasized the practical inadequacy of today's social work models and social work education. Additionally, the participants outlined that there is no tracking system in Türkiye. The participants likewise mentioned that preventive studies and the number of personnel are less than necessary, the workload is high, and the regulations are lacking.

As a very important profession working in the field of mental health, the social work profession needs to be made more active at the point of breaking the chain of intergenerational trauma. In this respect, it is recommended to enrich social work undergraduate education on trauma, empower social workers against secondary trauma, provide supervision support by institutions, support inter-professional cooperation to break the chain of intergeneration trauma, reduce the workload of the social worker by increasing the number of personnel as well as take into account the recommendations of professional staff in eliminating deficiencies in regulations, carry out preventive and preventive studies, establish a powerful follow-up system, and to present the results of research in the field of trauma in a way that will contribute to the policy-making processes.

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ATTITUDES OF SOCIAL WORK STUDENTS TOWARDS DEAF PEOPLE: A UNIVERSITY CASE FROM TÜRKİYE

SOSYAL HİZMET ÖĞRENCİLERİNİN SAĞIRLARA YÖNELİK TUTUMLARI: TÜRKİYE'DEN BİR ÜNİVERSİTE ÖRNEĞİ

ABSTRACT

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This study aimed to measure the attitudes of social work students in Türkiye. Although the use of hearing aids and implants is common in Türkiye, the rate of those who have severe hearing problems or who cannot hear at all is 1.1% of the total population. It is important to determine the attitudes of social work students towards the deaf, because the attitudes of social workers towards the deaf will directly affect both their clinical practice with deaf clients at the micro level and the political practices that target the deaf community at the macro level. The Attitudes to Deafness Scale (AD Scale) was administered to 299 participants online along with a socio-demographic form. The data were analysed using the SPSS statistical package. Attitudes toward deaf people were used as the dependent variable. Socio-demographic characteristics of the students and some characteristics related to knowledge, and thoughts about the participation of deaf people in social and work life were the independent variables. The results show that the participants have relatively positive attitudes towards deaf people. Additionally, students have positive opinions about the capabilities of deaf individuals in both social and work life. Gender significantly affects attitudes and female students generally have more positive attitudes towards deaf people.

Keywords: attitude, deaf, sign language, social work, university student

ÖZET

Bu çalışmada, Türkiye'deki sosyal hizmet öğrencilerinin sağır insanlara yönelik tutumlarını ölçmek amaçlanmıştır. Türkiye'de işitme cihazı ve implant kullanımı yaygın olmasına rağmen ciddi işitme sorunu yaşayan veya hiç duyamayanların toplam nüfusa oranı %1.1'dir. Sosyal hizmet bölümü öğrencilerinin sağırlara yönelik tutumlarını belirlemek önemlidir çünkü sosyal hizmet uzmanlarının sağırlara yönelik tutumları, hem mikro düzeyde sağır müracaatçılarla yürütecekleri klinik uygulamaları hem de makro düzeyde sağır topluluğu hedef alan politik uygulamaları doğrudan etkileyecektir. Araştırmada 299 katılımcıya online olarak sosyo-demografik soru formu ve Sağırlığa Yönelik Tutum Ölçeği (AD Ölçeği) uygulanmıştır. Veri analizi için SPSS istatistik programı kullanılmıştır. Bağımlı değişken olarak işitme engellilere yönelik tutumlar kullanılmıştır. Öğrencilerin sosyo-demografik özellikleri ile sağırların sosyal yaşama ve iş yaşamına katılımlarına dair bilgi ve düşüncelerine ilişkin bazı özellikler bağımsız değişkenleri oluşturmuştur. Sonuçlar, katılımcıların sağır insanlara karşı nispeten olumlu tutumlara sahip olduğunu göstermektedir. Ayrıca öğrenciler sağır bireylerin hem sosyal hem de iş hayatındaki yetenekleri hakkında olumlu görüşlere sahiptirler. Cinsiyet, tutumları önemli ölçüde etkilemektedir ve kız öğrenciler genellikle sağırlara karşı daha olumlu tutumlara sahiptir.

Anahtar Sözcükler: tutum, sağır, işaret dili, sosyal hizmet, üniversite öğrencisi,

ATTITUDES OF SOCIAL WORK STUDENTS TOWARDS DEAF PEOPLE: A UNIVERSITY CASE FROM TÜRKİYE

INTRODUCTION

Attitudes as an internal state are not directly observable, but are the source of observable responses. Attitudes are a tendency to evaluate a particular asset to some degree in favor or against it (Eagly & Chaiken, 1998). Attitudes are accorded special status because of their presumed influence on people's choices and actions (Petty & Briñol, 2010).

Deafness is viewed primarily as the inability to hear, to participate in conversations, to appreciate music or birds singing or to be aware of sounds indicating warnings of danger (AÇSHB, 2019). Deafness is defined in two different ways as medical and cultural in current discussions in the literature; using the word deaf to start with a lowercase letter is an audiological based definition used to express hearing impairment. Hearing impairment refers to complete or partial hearing loss in one or both ears and having a hearing threshold below 25 dB (WHO, 2021) and this usage corresponds to the medical definition of deafness. Using the word as Deaf to begin with a capital letter is one of the ways the deaf identify themselves as a different culture. This usage, which is an opposition to the labeling (stigma) of deafness as a disability, is an expression that deafness is a subculture (Clason, 2019). Deafhood is a concept that aims to disrupt medically oriented and oppressive discourses, by offering a deaf constructed model that grows out of people's own ontologies (i.e., deaf ways of being in the world), emphasizing positive, experience-oriented views of deaf people (Ladd, 2003; Kusters & De Meulder, 2013).

Positive attitudes toward deaf individuals are critical aspects of integration into social and academic activities (Vignes et al., 2009). It is known that negative attitudes toward individuals with disabilities have been prevalent throughout history (DeLambo et al., 2007) and negative attitudes towards people with disabilities are more common than expected (Tervo & Palmer, 2004). Tringo (1970) claimed that discrimination against people with disabilities may impede employment opportunities. The educational opportunities of the deaf individuals tend to be reduced when compared to the educational opportunities of hearing individuals (Breadmore, 2007; Gaustad 2000; Kargin et al. 2019). Approximately 5% of people in most countries have deafness or significant hearing loss. This significant minority is under-represented in mainstream universities across the World (Woodcock et al. 2007) and as indicated by Corlett (1991), generally poor level of services are available to deaf students. An ignorance of their required support needs and a reduced representation of deaf people within higher education also exists. A growing number of deaf students are attending higher education worldwide. Education is a fundamental human right as prescribed in the Universal Declaration of Human Rights (United Nations 1948). All people have a right to equal opportunities for attaining higher education regardless of any difficulties. Higher education can provide and lead to many rewarding career choices for deaf people (Bisol et al., 2010).

Understanding attitudes towards deaf people is an important aspect of integration into a broader social world. Studies showing negative attitudes towards the deaf in the literature associate these attitudes with stereotyping, seeing deafness as an obstacle and deficiency (Coryell, 1992; Kiger, 1997). Studies that reveal positive attitudes towards the deaf show that having knowledge about the deaf and deaf culture, having experience of communicating with the deaf, learning deaf culture through direct contact and interaction with

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the deaf are factors that positively affect attitudes (Enns et al., 2010; Lee & Pott, 2018; Nikolarazi and Makri, 2005).

The cultural structure in different parts of the world has an impact on attitudes towards deaf people. Culture has a fundamental function in understanding the social, and individual differences as a part of the identities of societies. Today, identity is one of the basic processes of cultural analysis (Sharma, 2014). Different social associations and rituals formed in the communication and interaction process feed into cultural structure which has a determining effect on social life (Engelke, 2018; Wylie, McAllister, Davidson et al., 2017).

Although the use of hearing aids and implants is common in Türkiye, the rate of those who have severe hearing problems or who cannot hear at all is 1.1% of the total population (AÇHSB, 2021). In the early years of the Turkish Republic, Turkish Sign Language (TİD) was taught, but in 1953 it was banned across the country. This was due to the increase in the "oralist" effect, that is the view that it is more appropriate to teach verbal language and the perspective that disabled people should be forced to speak. It was not until 1992 that a "Sign Language Guide for Adults" was prepared and it was finally published in 1995. In official education, the teaching of Turkish Sign Language (TİD) was only permitted by a Law passed in 2005, 52 years after its ban. Then, in 2007, the "First Turkish Sign Language Workshop" was held. The date of June 7, when this workshop, in which the "TİD Finger Alphabet" was determined, was held, has been officially celebrated as the "Turkish Sign Language Day" since then (Akalm, 2013; Kemaloğlu ve Kemaloğlu, 2012). In 2012, the "Turkish Sign Language (TİD) Dictionary" was prepared by the Ministry of National Education, and it was updated in 2015. In the same year, the "Turkish Sign Language (TİD) Grammar Book" was published by the Ministry of Family and Social Policies. As of the 2016-2017 academic year a Turkish Sign Language (TİD) Course has been taught in specialist hearing impaired primary schools. "Turkish Sign Language (TİD) Teaching Materials" have been prepared for this course. In 2018, "The Department of Turkish Sign Language and Deaf Studies" was established at Ankara University Institute of Social Sciences (AÜSBE, 2020). In this context, this study examines the attitudes of university students, who are key potential agents of attitude change in relation to people who are deaf in Turkish culture.

Despite the importance of this topic, it appears that there are only a few studies investigating the attitudes of university students towards deaf people (e.g. Glintic et al, 2014; Lee & Pott, 2018; Kikuchi 2010; Lozano et al 2020) and none of these studies have been conducted with Turkish. University students who are prospective professionals with potentially important roles in the future. For this reason, their attitudes and opinions at the macro level. The purpose of this article is to reveal these attitudes so that early interventions can be made to change the social work curriculum.

Hypothesis

The research hypothesis that guided this study are as follows:

H1. There will be a relationship between students' socio-demographic characteristics and their attitudes towards deaf people.

H1.1. It is anticipated that women will have more positive attitudes than men

H1.2. It is anticipated that individuals who are younger will have more positive attitudes

H1.3. It is anticipated that individuals who come from urban areas have more positive attitudes

H1.4. It is anticipated that individuals who are at their senior year have more positive attitudes

H2. The greater the knowledge of students have about people who are deaf, the more positive their attitudes are likely to be.

H3. Higher scores by student's on their perceptions regarding the capabilities of people who are deaf will be associated with attitudes that are more positive.

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Data was collected in October 2021. Research e-mails including the online survey, an invitation letter and the URL link was sent to four research assistants who work in Ankara University Faculty of Health Sciences Department of Social Work. The research assistants forwarded the survey to 1st, 2nd, 3rd and 4th grade social work students within their network. All participants answered the research questions online. Participants were treated in accordance with the Turkish Association of Social Workers' ethical guidelines for research with human participants, and were given no special inducement to participate in the study and were assured of no penalty for not participating and told that they could withdraw from the study at any time until data analysis. They were informed that the purpose of the survey was to obtain information about their attitudes toward deaf people. They were assured of anonymity and confidentiality and asked to answer the questionnaire honestly. The form was sent to 400 students and 299 students agreed to participate in the study (74.75%). The questionnaire consisted of The Attitudes to Deafness Scale and there was a short questionnaire requesting information on a range of demographic characteristics from participants.

The Attitudes to Deafness Scale (AD Scale)

The Attitudes to Deafness Scale aims to measure attitudes towards deaf people and it is designed for human service professionals who may work with deaf people. This scale includes 22 statements and measures attitudes to deafness. Statements such as "Deaf couples should receive genetic counselling to avoid having deaf children" are rated on a 6-point scale that ranges from 1 (most negative) to 6 (most positive). Negatively worded items are reversely coded, such that higher scale scores indicate more positive attitudes. Internal consistency of the scale items using Cronbach's alpha is acceptable at .71 (Cooper et al., 2004). The scale has acceptable validity and reliability in its original form. Since this instrument was being used in a different cultural setting than the one in which it was originally designed, the language validity of the AD Scale was ascertained by the translation-retranslation method to develop the Turkish version. Minor modifications to the wording were made to the original set of items however the meaning remained the same. Internal consistency of the Turkish form of the scale items was examined using Cronbach's alpha and the value for Cronbach's Alfa for the whole dataset was found to be acceptable at .736. The Turkish form of the scale is given in the appendix.

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General questionnaire

The rest of the questionnaire consists of four subgroups of questions about the characteristics of the students, including demographic information (i.e., sex, age, year in university, where they live, socioeconomic status), knowledge about deaf culture and sign language, opinions regarding the participation of deaf people in society and work life (i.e., leadership, management, working in unqualified jobs). All items are positively worded and rated on a 4-point scale that ranges from 1 (completely disagree) to 4 (completely agree).

Data Analysis

The data were analysed using the SPSS (version 17) statistical package, Attitudes toward deaf people were used as the dependent variable. Socio-demographic characteristics of the students and some characteristics related to knowledge, and thoughts about the participation of deaf people in social and work life were the independent variables. An independent samples t-test procedure was employed to compare means across two groups (e.g. gender, where they live most). Pearson correlations coefficients were also employed in order to determine correlations between dependent and independent variables. Additionally, ANOVA was employed to compare means across more than two groups (e.g. socio-economic status - SES). The minimum acceptable level of significance was set at .01.

Ethical considerations

The Ethics Committee of the OOO University has approved this study (code: OOO). Before participation, the participants were guaranteed of the confidentiality of their information, and informed consent was obtained from them.

RESULTS

Participants

Participants were 259 women (86.6%) and 40 men (13.4%), ranging in age from 18 to 43 years old ($M = 21.26$, $SD = 2.04$) who were attending the faculty of health sciences of a state university located in the central Anatolian region of Türkiye. All of the participants were single, some of the students (42.1%) were from rural areas, but the majority (57.9%) were from urban areas of Türkiye. 34.8% reported that they were freshmen, 25.8% were second-year students, 21.7% were third-year students, and 17.7% were senior (fourth year) students. Participants were asked to choose between low, medium or high options to determine their socioeconomic status, and they reported that the majority of the participants (88.6%) came from middle-class

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families, and none of them were overseas students (see table 1).

Table 1. Demographic characteristics of the sample

<i>Demographics</i>	<i>n</i>	<i>%</i>
Gender		
Female	259	86.6
Male	40	13.4
<i>Age (M=21.26; SD=2.04)</i>		
18	16	5.4
19	63	21.1
20	58	19.4
21	69	23.1
22	40	13.4
23	18	6.0
24 and over	35	11.6
<i>Where they live most</i>		
Rural	126	42.1
Urban	173	57.9
<i>Year in the university</i>		
1	104	34.8
2	77	25.8
3	65	21.7
4	53	17.7
<i>Socio-Economic Status</i>		
Low	25	8.4
Middle	265	88.6
High	9	3.0

The first hypothesis focused on the relationships between the demographic characteristics (e.g. gender, age, where they lived, and SES) of the students and their attitudes toward deaf people. As seen in Table 2, the scores on the AD Scale ranged 52 to 130 ($M = 87.78$; $SD=1.28$) and with respect to gender, the mean score for the female students on the ADS was 88.68 ($SD = 12.0$), the mean score for the male students was 81.95 ($SD = 15.62$). The female students had more positive attitudes toward the deaf people ($t(298) = 3.150, p < 0.01$). Additionally, no statistically significant difference were found between the attitudes of students living in rural areas and students living in urban areas towards deaf individuals ($t(298) = -0.684, p > 0.01$). Finally, no relationship was seen between students' socio-economic status and their attitudes towards deaf individuals ($F(2)=2.915, p > 0.01$). As can be seen from Table 2, only the gender variable among the socio-demographic characteristics of the participants supports the first hypothesis of the study.

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Table 2. Relationships between the demographic characteristics and attitudes toward deaf people

	N	Mean	SD	Statistics	p
Gender					
Female		88.68	12.06	t= 3.150	.002
Male	40	81.95	15.62		
T o t a l (range=52-130)		87.78	1.28		
Age		21.26	3.07	r=-.085	.143
Where they live most					
Rural		87.19	11.77	t= -.684	.495
Urban		88.21	13.47		
SES					
Low	25	82.24	11.17	F= 2.915	.056
Middle		88.40	12.77		
High	9	85.00	14.30		

The second hypothesis dealt with the relationship between the knowledge of university students about deaf people and their attitudes towards them. The attitude score of students who knew deaf individuals was 88.07 (SD=12.21), while the attitude score of students who did not know deaf individuals was 87.20 (SD=13.88). There was no statistical difference between these attitude scores.

The attitude score of the students who had information about deaf culture was 89.77 (SD=14.56), while the attitude score of the students who had very little information was 87.01 (SD=12.15) and the attitude score of the students who had no information was 88.02 (SD=12.60). There is no statistically significant difference between the attitude scores of the students in terms of their level of knowledge about deaf individuals (F(2)=1.089, p>0.01).

The attitude score of the students who had adequate knowledge about sign language was 89.46 (SD=12.57), while the attitude score of the students who had no information about sign language was 83.95 (SD=13.33). There is not statistical difference between the groups (F(2)=3.592, p>0.01). As a result of these findings, the second hypothesis of the study was not supported (Table 3).

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Table 3. Relationships between the knowledge about deaf people and attitudes toward deaf people

	n	Mean	SD	Statistics	p
<i>Know a deaf people</i>					
Yes		88.07	12.21	t= -.552	.581
No		87.20	13.88		
<i>Knowledge about deaf culture</i>					
There is little knowledge		87.01	12.15	F= 1.089	.338
Yes		89.77	14.56		
No		88.02	12.60		
<i>Knowledge about sign language</i>					
There is little knowledge		87.95	12.44	F= 3.592	.029
Yes		89.46	12.57		
No		83.95	13.33		

The third hypothesis dealt with the relationship between the participant's perceptions regarding deaf people's capabilities and their attitudes toward them. As it can be seen from Table 4, there is a positive and statistically significant relationship between the participants' level of agreement that deaf individuals can drive safely in traffic ($r=.197$; $p < 0.01$), have graduate education ($r = .137$; $p < 0.01$), live alone and take care of themselves ($r = .197$; $p < 0.01$), and that they can go shopping alone ($r = .339$; $p < 0.01$) and increasingly positive attitudes towards deaf individuals. Similarly, there is a positive and statistically significant relationship between the participants' level of agreement that deaf individuals can lead in their work life ($r=.275$; $p < 0.01$); are able to work in qualified jobs ($r=.162$; $p < 0.01$); can be managers ($r=.269$; $p < 0.01$); and are able to work in jobs that require communication skills ($r=.308$; $p < 0.01$) with more positive attitudes toward deaf people. As a result, the third hypothesis of the study was supported (Table 4).

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Table4. Relationships between student's attitudes and their perceptions about deaf people's capabilities

		N	%	Mean	SD	Statistics	p
<i>Deaf people able to drive safely</i>	Completely disagree	17	5.7	2.58	.77	r = .197	.001
	Disagree	125	41.8				
	Agree	123	41.1				
	Completely agree	34	11.4				
<i>Deaf people can do higher education</i>	Completely disagree	2	.7	3.79	.46	r = .137	.018
	Disagree	1	.3				
	Agree	55	18.4				
	Completely agree	241	80.6				
<i>Deaf people can live alone and take care of themselves</i>	Completely disagree	1	.3	3.22	.67	r = .181	.002
	Disagree	39	13.0				
	Agree	152	50.8				
	Completely agree	107	35.8				
<i>Deaf people can go shopping alone</i>	Completely disagree	8	2.7	3.36	.75	r = .339	.000
	Disagree	25	8.4				
	Agree	117	39.1				
	Completely agree	149	49.8				
<i>Deaf people can lead in work life</i>	Completely disagree	3	1.0	3.38	.64	r = .275	.000
	Disagree	16	5.4				
	Agree	143	47.8				
	Completely agree	137	45.8				
<i>Deaf people are able to work in qualified jobs</i>	Completely disagree	3	1.0	3.74	.54	r = .162	.005
	Disagree	6	2.0				
	Agree	56	18.7				
	Completely agree	234	78.3				
<i>Deaf people can be managers</i>	Completely disagree	2	.7	3.59	.58	r = .269	.000
	Disagree	8	2.7				
	Agree	100	33.4				
	Completely agree	189	63.2				
<i>Deaf people able to work in jobs that require communication skills</i>	Completely disagree	8	2.7	3.40	.73	r = .308	.000
	Disagree	20	6.7				
	Agree	114	38.1				
	Completely agree	157	52.5				

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The first hypothesis focused on the relationships between the demographic characteristics (e.g. gender, age, where they lived, and SES) of the students and their attitudes toward deaf people. As shown in Table 2, attitude scores toward deaf people ranged 52 to 130 (Mean=87.78; SD=1.28). In our study, attitude scores of the participants were slightly lower than the Cooper, Rose, & Mason (2004) findings. This suggests that attitudes in Turkish students are comparable to health care professionals in the UK. While this finding is encouraging, the data from the UK was collected 16 years before the data in the current study and is likely to have changed over time. As a result of the research, it appears that the students have relatively positive attitudes towards deaf individuals.

In relation to the first hypothesis women participants were found to have more positive attitudes towards deaf people, and our results are consistent with previous studies in this regard. Namely, Cooper, Rose, & Mason (2004) found a significant difference between the attitudes of men and women), whereby women had more positive attitudes than men. Similar to our study, there are other studies in which women's attitudes towards deaf individuals are found to be more positive than men (Martin et al. 2005; Vignes et al. 2009; Şahin & Akyol 2010; Yıldız-Çoksan & Çoksan, 2019). No other relationships were found with demographic characteristics however this may be due to the fact that we were researching a relatively homogeneous group particularly in relation to age and socioeconomic status.

The second hypothesis considered the relationship between attitudes and knowledge of university students about deaf people and the analysis revealed no statistical difference between these attitude scores. Although studies on this subject are limited in the literature, this situation is inconsistent with the literature. At the end of the research conducted by Lee & Pott (2018), it was stated that recognizing the deaf culture and interacting with deaf people strengthens positive attitudes towards deaf people and can provide a cultural understanding. In addition, Enns et al. (2010) indicates that their respondents who had deaf friends had more positive attitudes toward deaf people than those who did not have deaf friends.

The finding in this study that there is no statistically significant difference between the groups in terms of attitudes towards deaf individuals among those who have information about the deaf population, who have no knowledge and little knowledge is again inconsistent with the literature (Hunt & Hunt, 2000; Hoang et al., 2011). The similarity between the attitudes of students with no knowledge of sign language and those with knowledge was also unexpected. This result may reflect generally positive attitudes to people who are deaf in the undergraduate population.

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The third hypothesis dealt with the relationship between the participant's perceptions of the deaf people's capabilities and their attitudes toward them. As it can be understood from Table 4, participants were given 8 propositions (e.g. deaf people able to drive safely, can do higher education) to test this hypothesis and they were asked to indicate how much they agree with each statement. In relation to all of the statements, more positive support for capabilities was associated with more positive attitudes towards people who are deaf. In the majority of cases positive and significant relationships were found between the level of agreement with the propositions and the attitude towards deaf individuals. In general, this suggests that the attitude scale is valid, with more positive scores on the attitude measure reflected in expressed support for people who are deaf.

Finally, the results show that the number of students who have a positive opinion on the participation of deaf people in work life was quite high and is encouraging. The results bode well for the future of people who are deaf in Türkiye. This result is very important because unfortunately we do not have official data on the participation of the deaf in the labor force in Türkiye, but we know that the labor force participation rate of the total population with at least 1 disability is only 35.4% (AÇSHB, 2021). These official data show that deaf employment is quite low.

The question arises as to how can students have positive attitudes in a country where sign language was banned until recently. Wouldn't they be expected to have negative attitudes? For many years in Türkiye there was almost no news about deaf people in the mass media, and deaf society was largely ignored for half a century. After the reintroduction of sign language, the increasing visibility of sign language and the deaf community has brought with it an interest in this language and the deaf community in society. Turkish Sign Language (TİD) was accepted as a language when the expression of TİD was included in a legal net for the first time in Article 15 of Law 5378 (Official Gazette, Number: 25868, 2005) in 2005. Türkiye in 2009. The United Nations (UN) Convention on the Rights of Persons with Disabilities has been signed by the parties (Official Gazette, No. 27288, 2019). The positive developments over the years following these developments have made significant contributions to deaf culture and promoted social awareness as a subculture. With the regulation published in the Official Gazette (No: 30915, 2019) in 2019, it has been determined as an obligation for media service providers to publish one of their main news bulletins daily with sign language translation in order to ensure freedom of expression and information. This not only allows deaf individuals to follow national news bulletins, but also contributes to the visibility of the deaf community and sign language.

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Opportunities to engage positively with deaf, and inclusion of core courses in deaf community and deaf culture in social work curriculum could be an important factor for minimising negative attitudes. In workshops at the Ankara University Faculty of Health Sciences, information is provided on sign language for deaf individuals, the mistakes known in sign language, deaf society, the culture of the deaf, the history of the deaf schools is explained and samples of sign language are given. More experiential elements include a sign language translation of a short section from a novel, information and examples of using Turkish sign language in strings ranging from daily spoken language to literary texts, basic concrete requirements and the expression of complex emotions is provided. The workshops enable students to actively participate in the process and they do not only acquire knowledge but also gain experience. One of the instructors is Deaf and this has enabled the students to use Turkish sign language and also created an opportunity for communication with someone who is deaf through the Turkish sign language. It has been concluded that the study conducted in the research affects students' attitudes towards communication with deaf individuals in a positive way (Karahan & Duyan, 2020). It is thought that the workshop has contributed to these positive results. In a study conducted in Japan, the ASL (American Sign Language) program was opened for the students of the English language teaching department. The program included lessons on the use of sign language in daily communication skills, deaf culture and deaf studies. At the beginning of the semester, it was determined that the students stated that sign languages lacked precision, subtlety and flexibility in comparison with spoken language and were inferior, and they portrayed deaf people in a negative way. At the end of the semester, the survey revealed that 85.7% of the total number of students changed their attitudes about ASL and the deaf. Since 97.1% of students who completed the ASL program accepted the importance of learning ASL, researchers stated that the ASL program had a tremendous impact on students who completed it (Kikuchi, 2010).

Knowledge of the deaf, sign language and deaf culture is a powerful factor that positively influences attitudes. The number of deaf confederations, associations, deaf sports clubs and other voluntary non-governmental organizations in Türkiye has increased rapidly over recent years. The contribution of national and international organizations and the news in mass media related to these organizations has contributed to the visibility of the deaf community and sign language. The 17th World Deaf Congress, of the World Federation of the Deaf in 2015 which deals with global deaf society policies, was held in Istanbul. The 23rd Summer Deaflympics, organized by the International Olympic Committee (IOC) was held in Samsun, Türkiye, in 2017 (Deaflympics, 2017). More than three thousand athletes participated in the games, which were the widest participation Deaflympics in its history, and the games were widely reported in the Turkish national media. All of these and a range of other events are almost certainly contributing to the relatively positive attitudes that are found in the young well educated individuals in this research.

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Limitations

The data was gathered from a single institution. The limited diversity of the participants may have contributed to more positive results regarding attitudes towards deaf individuals. Studies involving students from different universities and larger groups should be conducted to obtain more comprehensive findings on how university students perceive deaf people.

Another potential limitation relates to the demographic characteristics of participants. This study included unequal numbers of women and men, with far more women in the sample. This limitation is likely to have biased attitudes towards deaf people positively. This study utilized self-report of perspectives and attitudes, so the actual attitudes and behaviours of university students may differ from their reported ones.

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EK: Sağırılığa Yönelik Tutum Ölçeği (AD Ölçeği)

SORULAR	1- Kesinlikle Katılmıyorum			6- Kesinlikle Katılıyorum		
	1	2	3	4	5	6
1. Sağır çiftler, sağır çocuk sahibi olmamak için genetik danışmanlık almalıdır.						
2. Sağır çocuklar, işiten ebeveynleriyle iletişim kurmak için konuşmayı öğrenmelidir.						
3. Daha fazla sağır arkadaşımın olmasını isterdim.						
4. Sağır okulları ve sağır kulüpleri sağır “gettoları” yaratır.						
5. Sağır bireyler işaret dili yerine konuşmayı öğrenmelidir.						
6. Sağır bireyler engellidir.						
7. Sağırılığın tedavisini bulmak için daha fazla araştırma yapılmalıdır.						
8. Sağır çocuklara işaret dilinde eğitim verilmelidir.						
9. Sağır ebeveynlerin işiten çocukları duygusal yoksunluk riski altındadır.						
10. Sağır bireyler güvenli sürücülerdir.						
11. Daha fazla sağır meslektaşımın olmasını isterdim.						
12. Sağır bireyler dudak okumayı öğrenmelidir.						
13. İşyerlerinde sağır kişiler için tercümanlar bulunmalıdır.						
14. Sağır bireyler ev ortamlarında otomatik olarak yardım almalıdır.						
15. Tüm sağır bireylere düzeltici cerrahi tedavi önerilmelidir.						
16. Sağır müracaatçılarla çalışmak için daha fazla profesyonele eğitim vermek zaman kaybı olacaktır.						
17. Sağır bir meslektaşımın olması işyerinde sorunlara neden olacaktır.						
18. Sağır bireyler fizyolojik olarak engellidir.						
19. Sağır bireyler “engelli” olarak görülmemelidir.						

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20. Katıldığım kulüplerde/topluluklarda daha fazla sağır bireyler görmek isterdim.							
21. Sağır bir arkadaşına sahip olmak zor olurdu.							
22. Sağır bireylerin kendilerine ait kültürleri vardır.							

Research Article

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CODAs and SIGN LANGUAGE KODA'LAR ve İŞARET DİLİ

ABSTRACT

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The aim of this research is to explore the meaning of sign language for CODAs through a qualitative design and phenomenological approach.

The study group of the research consisted of 15 female and 15 male CODAs. The data of the study were collected through in-depth interviews with the participants using a semi-structured interview form and data analysis was conducted using MAXQDA 2020 software. In the research, it was determined that CODAs attribute a special meaning to sign language beyond being a means of communication. Sign language has a central place in their lives, both because of the emotional connection they have established and because it enables them to have a profession and a job. The fact that it enables them to make the deaf visible in society, to help the deaf, to take part in various social responsibility projects for the deaf are important dynamics in the process of making sense of sign language.

Sign language is also the language they prefer to use extensively. Language use preferences in their daily lives are structured on the basis of habits. As children of deaf parents, the lives of CODAs, as part of the deaf community, involve interaction with both the deaf and hearing community, and the findings of the study show that the participants are heavily engaged with the deaf community. One of the important findings of the research is that CODAs intensely feel a sense of belonging to the deaf community.

Keywords: CODA (Children of Deaf Adults), Deaf Community, Sign Language, Phenomenology.

This article was produced from the first author's doctoral thesis who received YÖK 100/2000 PhD Scholarship in the sub-field of Sign Language during her doctoral period.

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ÖZET

Bu araştırmanın amacı nitel desen ve fenomenolojik yaklaşımla CODA'lar için işaret dilinin anlamını keşfetmektir. Araştırmanın çalışma grubunu 15 kadın ve 15 erkek CODA oluşturmuştur. Araştırmanın verileri katılımcılarla yarı-yapılandırılmış görüşme formu kullanılarak yapılan derinlemesine görüşmeler yoluyla toplanmış ve veri analizleri MAXQDA 2020 programı kullanılarak yapılmıştır. Araştırmada CODA'ların işaret diline bir iletişim aracı olmasının ötesinde özel bir anlam yükledikleri belirlenmiştir. İşaret dili hem kurdukları duygusal bağ nedeniyle hem de meslek ve iş sahibi olmalarını sağlayan niteliğiyle yaşamlarında merkezi bir yere sahiptir. Sağırları toplumda görünür kılmalarını, sağırlara yardım etmelerini, sağırlar için çeşitli sosyal sorumluluk projelerinde yer almalarını sağlıyor olması işaret dilini anlamlandırma süreçlerinde önemli dinamiklerdir. İşaret dili aynı zamanda kullanmayı yoğun olarak tercih ettikleri dildir. Gündelik yaşamlarındaki dil kullanım tercihleri ise alışkanlıklar temelinde yapılanmaktadır. Sağır ebeveynlerin çocukları olarak, sağır toplumun bir parçası olan CODA'ların yaşamları hem sağır hem işiten toplumla etkileşimi içermekte, araştırmanın bulguları katılımcıların yoğun olarak sağır toplum ile ilişki içinde olduklarını göstermektedir. Araştırmanın önemli bulgularından birisi de CODA'ların yoğun olarak sağır topluma aidiyet hissettiklerini ortaya koymuş olmasıdır.

Anahtar Kelimeler: CODA (Sağır Ebeveynlerin İşiten Çocukları), Sağır Toplum, İşaret Dili, Fenomenoloji.

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INTRODUCTION

CODA is a concept that refers to hearing children of deaf parents and is used not only in the literature but also in everyday life, and its awareness is spreading rapidly with the increased visibility of the deaf community.

In current discussions in the literature, deafness is defined in two different ways: medical and cultural. Using the word deaf with a lower case letter is an audiological based definition used to refer to hearing impairment and corresponds to the medical definition of deafness. Capitalizing the word Deaf is one of the ways Deaf people identify themselves as a separate culture. This use, which is an opposition to the labeling of deafness as a disability (stigma), is a statement that deafness is a subculture (Clason, 2019). The use of Deaf, which corresponds to the cultural definition of deafness, expresses a perspective and stance on the deaf community. It positions the person referred to within a subculture of deaf people rather than groups of people with disabilities and forms the basis for understanding the deaf community, which has different dynamics beyond being deaf. The deaf community as a subculture includes deaf people as well as their deaf or hearing children, parents and other relatives (Singleton and Title, 2000). As children of deaf parents, CODAs are part of the deaf community and their lives involve interaction with both the deaf and hearing community.

Sign languages, which are the means of communication for deaf communities, are natural languages whose historical origins date back to the beginning of human history. CODAs are children who acquire sign language as their mother tongue and usually through the language acquisition process like deaf children of deaf parents, although there are sometimes variations depending on family structure. Mother tongue is the language that a child acquires from his/her family and the community in which he/she lives. language acquisition describes the child's acquisition of language in the natural environment where he or she is exposed to that language (Uçak, 2026). Since CODAs acquire both sign language and spoken language as their mother tongue in the language acquisition process, they are defined as bilingual individuals in the literature; and since they are naturally positioned both within the deaf culture, which is a subculture, and within the mainstream culture, they are defined as bicultural individuals in the literature.

Human society is unthinkable without language. Language is an integral part of an individual's identity (Byram, 2006). Defining language as "the most fascinating talent in nature, an ordinary and unique skill", Fischer (2020) points out that language is a universal ability and states that any living being that transmits information to other living beings, regardless of the era, uses some kind of language. According to Corballis, who argues that sign language is closer to the origins of language than spoken language, the fact that wherever

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there is a deaf community in the world, a sign language naturally develops there is one of the proofs of this closeness (Corballis, 2003). Sign language is a non-verbal, visual-based and three-dimensional communication channel. Sign languages are not the expression of spoken languages with signs; they are independent of spoken languages with their own structure and rules (ASL Dictionary, 2022). Sign language users perceive this language visually. Having their own grammar and vocabulary, sign languages have a rich internal structure that expresses not only concrete meaning but also abstract meaning (Macurová, 2001, cited in Klimentova & Hynkova, 2017).

Positioning sign language as an independent and natural language with its own rules makes it possible to evaluate sign language from a sociological and anthropological perspective, in the context of its relationship with culture and society. As a community that uses its own language, the deaf community is a community that defines its life according to this language and formulates its thoughts through the use of this language. Sign language is the most important element that binds the deaf community together (Filer & Filer, 2000) and to reject sign language is to reject the deaf (Lane, Hoffmeister, & Bahan, 1996). For the deaf, using sign language primarily means the freedom to be themselves. Therefore, accepting sign language as a language and as the language of the deaf community is perhaps the first step towards understanding the deaf community.

Sign language, whose origins date back to the beginning of human history, was recognized as a language and taught in schools only in the 18th century. However, in 1880, the International Congress on Education of the Deaf convened in Milan banned the teaching of sign language in deaf schools with a majority decision, and the ban was implemented in the USA, European countries and many other countries around the world. The process of re-acceptance of sign language came to the fore after the Second World War. In 1960, William C. Stokoe's studies on the structure of sign language, which proved that ASL was a real and natural language with its own grammar and syntax, formed the basis of Gallaudet University's acceptance of American Sign Language as a re-teaching language. In the 1970s, Stokoe's studies restarted the process of transition to education and training with sign language in addition to verbal education in the world (Corballis, 2003; Gallaudet, 2022).

In Turkey, Turkish Sign Language was taught in schools for the deaf in the early years of the Republic, but sign language education was banned nationwide in 1953 with an understanding based on the methodology adopted after the Milan Conference. Despite the transformation in the world in the 1970s and the introduction of sign language education in deaf schools and the widespread understanding that sign language is also taught to non-deaf people, the ban continued in Turkey. In official education, Turkish Sign Language was liberalized with a law enacted in 2005, 52 years after it was banned (Akalın, 2013; Akalın, 2020; Kemalöglü & Kemalöglü,

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2012). Sign language is not only a natural language used by deaf individuals in their families and close relationships, but also an important element for the deaf community and one of the basic components of deaf culture. Today, sign language is recognized as a natural and real language in almost every country in the world and in our country.

METHOD

The aim of this research is to explore the meaning of sign language for CODAs through a qualitative design and phenomenological approach. The sub-objectives of the study are to understand whether they prefer sign language or spoken language when communicating and how this preference is structured, how they describe their relationship with the deaf community and the hearing community, and their sense of social belonging.

Research Design

Qualitative research design and phenomenological approach were used in the study. The phenomenological approach defines the common meaning of people's experiences of a phenomenon or concept and is a descriptive study that integrates what is experienced and how it is experienced and discusses the essence of individuals' experiences. Data are collected from individuals who have experience with the phenomenon and through in-depth interviews with them (Creswell, 2017). In this study, data were collected from and through in-depth interviews with CODAs in relation to the purpose of the study.

Data Collection and Analysis

The target group of the study consisted of CODAs in Turkey who know sign language and are over the age of 18. In this study, "Coda" refers to hearing individuals who have both deaf parents. Purposive sampling was used to create a study group within the target group.

For the study group, a specific number of interviews was not determined at the beginning of the research, and interviews were continued until the saturation point was reached. The saturation point is the point at which no new information is received from the sampling units and at this point, the inclusion in the sample is stopped (Shenton, 2004). Special attention was paid to the gender distribution of the participants forming the study group and the balance was constantly maintained during the data collection process. Thus, at the end of the process, the study group consisted of 30 CODA participants, 15 women and 15 men.

The data were collected through in-depth interviews with the participants using a semi-structured

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interview form. In the process of analyzing the research data, the research process steps used in qualitative research were followed and MAXQDA 2020 program was used to analyze the research data. First of all, the audio recordings of the in-depth interviews were transcribed, the data obtained were organized and the database created was uploaded to the program. The data were read over and over again, and after obtaining a general understanding of the database, data-specific coding was performed.

Ethical Matters

For this research, an application was made to the Ethics Committee of Ankara University Rectorate and the research was initiated after the decision of the Committee No. 17/280 that the research was ethically appropriate.

FINDINGS

In this research, the data obtained from the participants were coded, similar codes were brought together and grouped under categories and a code map was created.

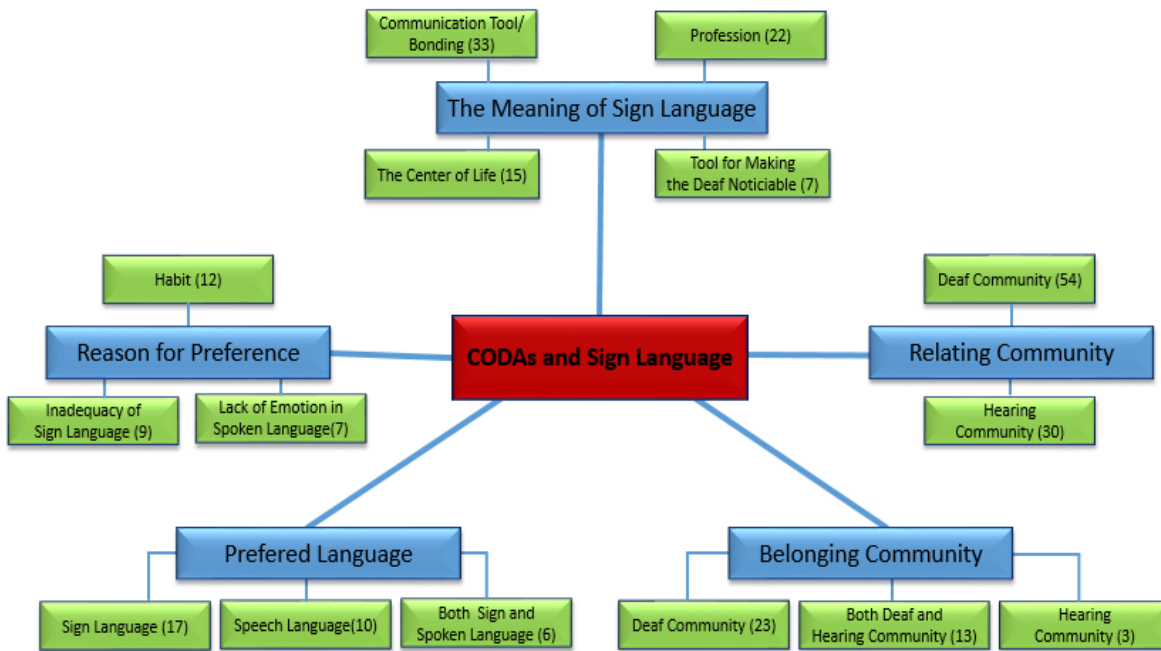
As seen in Figure 1., 5 categories were obtained under the theme of CODAs and Sign Language as a result of the analysis. These categories are; (1) the meaning of sign language, (2) the society with which the relationship is established, (3) the society to which one feels belonging, (4) the preferred language and (5) the reason for preference. Findings related to each category are presented below.

1. The Meaning of Sign Language

The Meaning of Sign Language category was expressed with 4 different codes in line with the participant expressions; (1) Communication tool/connection, (2) Profession, (3) Center of life and (5) Tool for Making Deaf People Visible.

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Figure 1. Code Map



1.1. Communication Tool/Bonding

Participants interpret sign language primarily as a means of communication and a way of connecting. It is seen in the narratives that sign language has a very fundamental place in the lives of the participants. The participants' expressions point to the meaning of sign language as a means of communication and bonding with their parents, relatives and the deaf community. Emphasizing the emotional bond they establish with sign language, the participants intensely expressed the meaning they attributed to the fact that it enables them to bond with their parents. P7 explained this situation as follows: *“Sign language means my mother and father for me. Why because I can establish my bond with them through sign language.”* The findings show that sign language has an integrity of meaning far beyond being a language for the participants. In P4's statement, *“I have an emotional connection with sign language because it allows me to communicate with my parents and*

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also with my uncle.”, it is seen that they attribute meaning to the fact that it is the way they can access their parents and sometimes their uncles, aunts, uncles, aunts, grandparents, and that it enables them to connect with them as a means of communication.

1.2. Profession

Participants intensively stated that sign language is their profession and that they make a living as professional sign language interpreters. P23 expressed this situation as follows, *“It is my source of livelihood, I mean, the biggest part of it is my source of livelihood.”* In addition to the fact that sign language interpreting is a regular job that provides economic income, P25 said, *“Right now, for one thing, my life status is thanks to sign language. You know, thanks to sign language, I am in a very special place and I have a high status.”* As seen in this statement, they stated that it provided them with their status. In the statements collected under this code, the participants stated that the meaning of sign language for them is that it is their profession, and that their profession constitutes an important part of their lives.

1.3. The Center of Life

As seen in the statements of P6 *“Sign language is everything for me.”*, P10 *“Sign language is my life.”*, P16 *“Sign language is at the center of my life.”*, the participants stated that sign language occupies a big place in their lives and that their lives are shaped on the basis of sign language, that they are integrated with it and that they see it as the center of their lives.

1.4. Tool for Making the Deaf Noticeable

Some participants stated that they attach importance to sign language in order to make deaf people noticeable in society and that they work for this purpose. They stated that the meaning of sign language is that it is a means to do something for the deaf community, which is very important to them, and to draw attention to their social existence.

2. Relating Community

In line with the participant statements, the category of the community with which the relationship was established was expressed with 2 different codes, namely (1) deaf community and (2) hearing community.

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1.1. Deaf Community

The participants stated that they have been in contact with their deaf relatives, deaf friends of their parents, deaf neighbors and their children since their childhood, and that they come together with deaf people through deaf associations. P12 expressed this situation as follows; “It has been like this since I was a child, I mean, I have more deaf friends around me than my normal friends, as friends. It is the same now, it was the same in my childhood. I have CODA friends.” They stated that their professional choices also increased these relationships, and that after they started working as sign language interpreters, their relations with the Deaf community increased and they established more relationships with the Deaf community.

1.2. Hearing Community

The hearing community code was expressed with less intensity than the Deaf community code. Some participants stated that they had made friends with hearing individuals since their childhood, that there were no other deaf families or children in their environment, that they were always intertwined with the hearing community, especially during the school period, and that for this reason, they established more relationships with the hearing community. In the narratives of the participants who stated that the society they relate with is the hearing society, the emphasis on the fact that their environment consists of hearing individuals and therefore they naturally relate with the hearing society can be seen in the narrative of P3, “It was always like this, school, school, I mean, when I came home, there were only two deaf people in my life. Other than that, everyone at school, my teachers, my friends, they were all on the hearing side.” (P3).

3. Belonging Community

In line with the statements of the participants, the category of the society to which they felt belonging was expressed with 3 different codes: (1) deaf society, (2) hearing society and (3) both deaf and hearing society. Belonging is a state of relationality that expresses connectedness and nurtures a sense of being ourselves.

3.1. Deaf Community

In the category of the society to which the participants felt belonging, expressions related to the codes of the deaf community were intensely expressed. P13 said, “I feel closer to the deaf, I feel close, belonging, close.” P8 said, “For example, if I talk to the deaf, I feel more relaxed, I mean, talking people stress me more.

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Talking communities, for example, always give me trouble. Well, I mean, I feel more comfortable, I mean, there is no reason for this.” In their narratives, the participants intensely expressed that they felt that they belonged to the deaf community, stated that they felt more comfortable when they were together with the deaf community, and defined the sense of belonging they experienced as being close and finding themselves. It is seen that the deaf culture, in which they have been involved since their childhood, has created a space in which they feel comfortable and can move easily.

3.2. Hearing Community

A small number of participants stated that they felt that they belonged to the hearing community. Some participants defined themselves as closer to the hearing community and expressed that they preferred to be together with hearing people. However, it should be noted that these expressions are much less distinct and less sharp than the expressions gathered under the code of the deaf community. Although participants expressed that they felt they belonged to the hearing community, they also emphasized their strong ties with the deaf community.

3.3. Both Deaf and Hearing Community

The other code expressed by the participants is the code for both deaf and hearing society. As in P28's statement “Since we grew up in the same time periods and under the same conditions with both communities, I feel very comfortable in both.”, some participants stated that they felt comfortable when they were together with both communities, that they were close to both communities and that they could adapt to both communities. In their narratives, it is seen that they attribute this to the fact that they have lived a life intertwined with both communities since their childhood.

4. Preferred Language

The preferred language category was expressed with 3 different codes in line with the participant statements; (1) sign language, (2) spoken language and (3) both sign and spoken language.

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4.1. Sign Language

Participants intensively stated that they prefer to use sign language in their daily lives. They stated that sign language is their mother tongue, that they express themselves more comfortably in sign language, that they have difficulty in finding the equivalent of what they want to say in spoken language, but that they can easily express themselves in sign language, that they think in sign language and even see their dreams in sign language, and that they like and prefer sign language more. P16 stated the following on this subject: “*Sign language. Because I know that when I use sign language, I express everything I want to say very easily. I feel very comfortable when I use sign language. But when I chat in a normal friend environment, I may experience stumbling or expression problems.*”.

4.2. Speech Language

The other code expressed by the participants with less intensity than sign language is the code for spoken language. In their less intense narratives, the participants stated that they prefer to use spoken language in their daily lives. They stated that they express themselves better and more comfortably in spoken language and that using this language makes them happier, as in K14’s statement “*Actually, I am happier in Turkish.*”

4.3. Both Sign and Spoken Language

Another code expressed by the participants with less intensity is the code for both sign and spoken language. As can be seen in P28’s statement “*Neither of them is dominant, I think I am very comfortable with both, I think I can express myself very comfortably. There is no difference.*” Some participants stated that they prefer both sign language and spoken language in their daily lives. It was determined that the participants who expressed this code grew up exposed to both languages and were in active and continuous relationships with community members who use both languages in their lives.

5. Reason for Preference

The reason for preference category was expressed with 3 different codes in line with the participant statements; (1) habit, (2) inadequacy of sign language and (3) lack of emotion in spoken language.

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5.1. Habit

Regarding the language they prefer, the participants stated that they prefer that language mostly because it is a habit. The findings show that the participants tend to use the language they use more intensively depending on environmental factors, in other words, depending on the intensity of their interaction with the society using the language, the habits acquired with the effect of repetition are decisive. P23 expressed this situation as follows, *“I mean, we got used to it, I mean, I can say that for myself, because I got used to it. I communicated with sign language, I got used to it, that’s how I grew up, so you get used to whatever language you grow up with.”*

5.2. Inadequacy of Sign Language

Participants who prefer spoken language in their daily lives stated that they prefer spoken language because sign language is insufficient. They explained the reason for this preference with factors arising from the language itself, emphasizing that sign language may be insufficient for deeper expressions or require indirect expression. In their narratives, the participants emphasized that the vocabulary of sign language is small, that it is more difficult than spoken language, and that terms in fields such as law and medicine have no equivalent in sign language. P7 expressed this situation as follows, *“The answer I give to questions about what is the biggest problem when translating Turkish into sign language is this: Only 30% of the words to be explained in Turkish have a representation in sign language.”*

5.3. Lack of Emotion in Spoken Language

Participants who prefer sign language in their daily lives stated that they prefer sign language due to the lack of emotion in spoken language. Participants stated that they use more intense facial expressions in sign language, that facial expressions enable them to express emotions more clearly and that they prefer to use sign language for this reason. They stated that sign language is a language that can be used effectively in the expression of emotions, that it enables them to experience that emotion and make the other party experience it at the same time while signaling what they feel, and that spoken language cannot provide the intensity needed for emotional expressions. P5 expressed this situation as follows: *“Because I think people communicate more comfortably because gestures and facial expressions come into play there. For example, there is saying “I love you”, and there is emphasizing it. That’s how he uses his gestures, it increases the effect there.”*

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DISCUSSION

For the participants, sign language has a very fundamental place in their lives as it is the tool they use to communicate and connect with their parents, extended family members and the deaf community. The results of the study conducted by Gürboğa and Kargin (2013) with 100 participants over the age of 25 and examining the communication methods/skills used by deaf people in different environments show that deaf people mostly use signs in the dimension of understanding and self-expression at home, shopping, friendship relations, public transportation vehicles, and workplaces. The results of the study indicate that they marry deaf people and prefer to communicate with non-deaf family members at home by signing (Gürboğa & Kargin, 2003). The data of this study also show that the participants communicate with sign language at home and with their family members. In the narratives of the participants, it is seen that they have an emotional connection with sign language, that they attribute a special meaning to the fact that it enables them to communicate with their parents, and that sign language has an integrity of meaning far beyond being a language for them.

The findings of the study show that CODAs have a more intense relationship with the deaf community. It is seen that CODAs have been in contact with their deaf relatives, deaf friends of their parents, deaf neighbors and their children since their childhood, and they come together with the deaf community through deaf associations. Activities organized by deaf associations such as picnics, trips, meals or invitations were the time periods when the participants were in intensive contact with the deaf community. In the findings, it is seen that the participants who had more contact with the hearing community had hearing friends since childhood, there were no other deaf families or children in their environment, they were always intertwined with the hearing community, especially during the school period, their environment consisted of hearing individuals, and therefore they naturally established contact with the hearing community. Hoffmeister (2007) states that all CODAs grow up in deaf families, but not all CODAs grow up in the deaf community. This study supports Hoffmeister's finding. All of the participants of the study grew up with deaf parents, but some of them had very limited exposure to the deaf community. In addition, the results of another study revealing that most of the CODAs define their identities mostly through the language they use, shows that there are great differences among CODAs in how much they are related to hearing or deaf communities (Pizer et al., 2013).

Analyses of the community to which the participants feel belonging, which includes community loyalty and relatedness states that nurture their sense of being us, point to the deaf community intensely, both the deaf and hearing community to a much lesser extent, and rarely only the hearing community. The results obtained by

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A decorative graphic element consisting of a blue and red shape that resembles a stylized flame or a downward-pointing arrow.

Seven and Göl-Güven (2016) from their qualitative research with 2 male and 2 female CODA participants are that CODAs express that they feel that they belong to both deaf and hearing communities, and they presented this as the most striking finding of their research. In another study, “Between the deaf and the hearing world, which one do you belong to?” when asked, it was stated that all five CODAs answered “both”, although two tended towards the Deaf World (Gobbo, Gan, Zheng, 2022). However, the findings of this study, as explained above, do not support the findings of the aforementioned researchs, showing that the participants intensely felt belonging to the deaf community. The number of participants and the sampling method are considered to be effective on this result, because in this study, there were participants who stated that they felt that they belonged to both deaf and hearing communities, but this code was expressed much less intensely. On the other hand, the results of this research are similar to Preston’s research. Preston (1994) stated that CODAs who grew up with deaf parents see the deaf culture as their “home” and feel themselves as a part of this culture.

The findings show that the participants intensively prefer to use sign language in their daily lives and that the first factor shaping their preferences regarding which language to use is their habit. Participants who prefer to use spoken language in their daily lives explained the reason for their preference with factors arising from the language itself, emphasizing that sign language may be insufficient for deeper expressions. This evaluation of sign language should be considered together with the education provided by Deaf schools, the time the deaf community spends together in common areas, the literary and artistic works of the deaf community, and academic scientific studies. It is clear that factors such as the prolonged banning of sign language, the limited areas of use and the lack of academic studies have many disadvantages for sign language from a developmental perspective.

CONCLUSION

CODAs acquire sign language as their mother tongue at the language development stage through their relationship with their parents. The findings obtained show that the meaning of sign language is intensely a means of communication/connection for CODAs, then it means having a profession for them, they place sign language at the center of life and sometimes use it as a means of making deaf people visible. Sign language has a central place in their lives both because of the emotional bond they establish and because it enables them to have a profession and a job. Due to these dramatic effects on their lives, they perceive sign language as the center of their lives, even as their life itself.

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Sign language is also the language they prefer to use intensively. Language use preferences in their daily lives are structured on the basis of habits. They tend to use whichever language they use more intensively, in which community they have spent more time and used the language of that community more often.

As children of deaf parents, CODAs are part of the deaf community and their lives involve interaction with both the deaf and hearing community. The findings of the study show that the participants are heavily engaged with the deaf community. CODA children generally interact with their parents' deaf friends, deaf neighbors and their children from early childhood. The fact that they have chosen sign language interpreting as a profession as adults is an important factor in the continuation of this intensity of interaction. Their interaction with the hearing community varies depending on environmental factors.

In their relations with the deaf community, the close relations they establish through deaf associations is a noteworthy context. The association spaces where the deaf community comes together or the organizations attended by the members of the association are the time periods in which the deaf community is in intense relationship. When it comes to their sense of belonging and the states of relatedness that nourish the sense of being themselves, they intensely feel belonging to the deaf community. When they are in the deaf community, they can act together and with a sense of "we", they can easily communicate in these times that they define as finding themselves, and they prefer to be with deaf people. Being a child of deaf parents has an impact on their whole lives, and it is seen that the community experiences, as well as the community they spend more time with, are an important factor in their sense of belonging.

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PERSPECTIVES ON SEXUALITY OF MARRIED WOMEN LIVING IN MALAZGIRT DISTRICT
MALAZGIRT İLÇESİNDE YAŞAYAN EVLİ KADINLARIN CİNSELLİĞE BAKIŞLARI

ABSTRACT

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This study was carried out in order to determine the sexuality perspectives of 20 married women living in Malazgirt district, and to discover their sexual cultural behavior patterns, which are described as a private area and are not easy to share with others. The study group of the research consisted of 20 married women living in the town of Malazgirt and participating in sexual education courses organized by the Family Support Center. One of the researchers has been working in the relevant center for three years and received verbal permission from the institution administration. The women participating in the study participated in this study on a voluntary basis. The research is a qualitative model study and was carried out with field research method and interview technique. The data were collected between 03.11.2021 and 24.11.2021 with in-depth face-to-face interview technique using a structured interview form. The obtained qualitative data were first coded in the computer environment qualitatively and then quantitatively, and analyzed with the help of SPSS (22.0) package program. In Malazgirt, sexual issues are still considered as a very private area. The average age of the women participating in the study was 35.8, but only one third of them perceived sexuality positively and used expressions in this direction. The vast majority of women either ignored sexuality or considered it an ordinary ask. The times of sexual intercourse were limited according to the family structure and child status; the large family structure and the number of children were effective in this. Approximately one-third of the participants received information about sexuality from their families, and one-third from their spouses. The rate of those who get information about sexuality from the media is surprisingly low (6.9%). It has been shown that the married women, living in Malazgirt district, who participated in the study, are restricted in exercising their free will in relation to sexuality and sexual intercourse,

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that they feel pressured, and that therefore a considerable number of the participants do not realize their sexual needs and desires at the level of satisfaction. Although a significant number of women use sexuality as a means of power against their husbands to achieve their goals, the fact that they do not know that sexual desire and desire is a right and an important need for women as well as for men, or that they consider it a shame and a sin, has created a barrier to the expression of their sexual feelings.

Keywords: Malazgirt district, woman, sexuality, sexual intercourse.

ÖZET

Bu çalışma, Malazgirt ilçesinde yaşayan 20 evli kadının cinselliğe bakış açısının tespiti, mahrem alan olarak nitelendirdikleri ve paylaşımlarının kolay olmadığı cinsel kültür davranış kalıplarının keşfi amacıyla gerçekleştirilmiştir. Araştırmanın çalışma grubunu Malazgirt ilçesinde yaşayan, Aile Destek Merkezi'nce düzenlenen cinsel eğitim kurslarına katılan 20 evli kadın oluşturmuştur. Araştırmacılardan biri ilgili merkezde üç yıldan beri çalışmakta olup kurum idaresinden sözlü olarak izin almıştır. Araştırmada yer alan kadınların bu çalışmaya gönüllülük esasına dayalı bir şekilde katılımı sağlanmıştır. Araştırmamız nitel model bir çalışma olup alan araştırması yöntemi ve mülakat tekniğiyle gerçekleştirilmiştir. Veriler yapılandırılmış mülakat formu kullanılarak derinlemesine yüz yüze görüşme tekniğiyle 03.11.2021 ve 24.11.2021 tarihleri arasında toplanmıştır. Elde edilen nitel veriler bilgisayar ortamına önce nitel, sonra nicel kodlamaları yapılarak girilmiş ve SPSS (22.0) paket programı yardımıyla analizleri gerçekleştirilmiştir. Araştırmaya katılan 20 evli kadının yaş ortalaması 35,8 olup, ancak üçte biri cinsel birlikteliği olumlu algılamış ve bu doğrultuda ifadeler kullanmıştır. Kadınların büyük çoğunluğu cinsel birlikteliği ya önemsememiş ya da sıradan bir görev olarak değerlendirmiştir. Hamilelik dönemlerinde cinsel birliktelik bebeğe (fetus) zarar vereceği kaygısıyla cinsel yaşamda önemli sınırlandırmalara gidilmiştir. Cinsel birliktelik vakitleri aile yapısı ve çocuk durumuna göre sınırlılık arz etmiş; geniş aile yapısı ve çocuk sayısı bunda etkin olmuştur. Katılımcıların yaklaşık üçte biri cinsellik hakkında bilgisini ailesinden, üçte biri eşinden edinmiştir. Medyadan cinsellikle ilgili bilgi edinilenlerin oranı oldukça düşüktür (%6,9). Araştırmaya katılan evli kadınların cinsellik ve cinsel birliktelik konusunda hür iradelerini kullanmada sınırlı oldukları, kendilerini baskı altında algıladıkları, bundan dolayı da önemli sayıdaki katılımcının cinsel ihtiyaç ve arzularını doyum düzeyinde gerçekleştirmedikleri ortaya çıkmıştır. Kadınların önemli bir kısmı cinselliği hedeflerine ulaşmada eşlerine karşı bir güç olarak kullansa da, cinsel

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arzu ve isteğin kadınlar için de erkekler kadar hak ve önemli bir ihtiyaç olduğunu bilmemeleri ya da ayıp, günah kabul etmeleri, cinsel duygularını dillendirmenin önüne set oluşturmuştur.

Anahtar kelimeler: Malazgirt ilçesi, kadın, cinsellik, cinsel birliktelik

1. INTRODUCTION

Sexuality, which is an inevitable element of life, is an interaction with many aspects such as social, moral, cultural, psychological and biological. Individual characteristics, past experiences, emotions, behavioral examples, traumas that affect the psychology of the person determine their attitudes towards sexuality (Bilgin & Kömürçü, 2016). The meanings of sexual practices are drawn from specific cultures and their beliefs about the self and the world, and cultural gender systems construct different sexual beliefs and practices for men and women (Blackwood, 2000). This is why in many societies it is considered inappropriate for women to express their needs or desires for sexual intercourse (George, 1998).

For centuries, women's perceptions were compared to those of the male gender (Peplau, Garnets & Katz, 2000), and the differences between men and women were accepted as women's deficits, and women struggled in almost all areas of life (Crawford & Popp, 2010). According to Rulman (Komut, 2011) when male philosophers have thought about historical evolution of women, they usually did it to determine, for example, their lack of soul (Aristotle), their lack of reason (Kant), or the limits of their emotions. As a natural consequence of such evaluations, women are prevented from freely expressing their sexual feelings and thoughts.

Although the meanings attributed to women vary from society to society, from time to time and exhibit cultural relativity, the concepts of fertility, motherhood and productivity have generally been at the forefront (Akyüz, 2018; George, 1998). Throughout the historical process, women have gained value as a conductive element that they find their position with the relative meanings attributed to themselves in the social and cultural environment in which they live. They were considered sometimes as the basis of culture according to the perspective of positive discrimination and sometimes as a conductive element that ensures continuity through the transmission of culture to future generations (Akyüz, 2018). However, it is only in recent decades that women have been able to assert their equality with men for the first time in history (Giddens, 1992).

As a result of the international developments towards the end of the twentieth century, it can be stated that

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the approach to the status of women has changed along with the change in the perception of women (Yumuş, 2011). Although many studies have been conducted on sexuality in western societies and eastern societies such as China and India (Yuxin, Petula, & Lun, 2007; George, 1998), considering that sexuality is still seen as taboo in the Turkish society and avoided to be discussed, and therefore the silence in the field of sexuality, whose subject is women, needs to be examined (Komut, 2011). Again, the roles and responsibilities that the social work discipline can assume in defining the problems encountered in these issues and making the solution of these problems sustainable have not been defined. It is hoped that this and similar studies will help to close the gap in this area.

Only by implementing research on women and sexuality and the recommendations derived from it is possible for women to freely express their ideas about their own bodies and sexuality in marriage, as well as their sexual wishes and desires, and to ensure women's visibility. Very limited amount of researches and publications identifying such problems in our society hinder the development of sustainable solutions to these problems. In particular, the number of studies on social work intervention areas are almost non-existent. There are no studies on women's sexuality in Malazgirt district, which is the subject of our research, where patriarchal family structure prevails and women's position is secondary. Our study is important in that it contributes to research on the understanding of sexuality of women living in Malazgirt, where traditional social structure and culture are still effective, and may encourage the reaserches for future studies in this topic.

METHOD

Our study was conducted using the field research method, in-depth interview technique, and structured interview form. The study group consisted of 20 married women from Malazgirt district who volunteered to participate in the study. They were among the approximately 200 women who participated in the sex education courses organized by the Family Support Center in 2022. The interview form contained a total of 26 questions about the women's sociodemographic characteristics (age, education level, employment status, family structure, etc.), sexuality, and sexual intercourse. The qualitative data obtained were coded and transferred to the computer environment, first performing a quantitative analysis with the SPSS program (22.0) and then a qualitative analysis. This article gives the main results of the field research.

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RESULTS

Twenty married women participated in the study. Participants ranged in age from 18 to 58 years, averaged 35.8 years of age, had been married at least one year and no more than 40 years, averaged 19.05 years of marriage, and had 2.7 children; 14 (70%) were arranged marriages and 6 (30%) met and married. Of the participants, 3 (15%) were illiterate, 1 (5%) could read and write, 4 (20%) had an elementary school degree, 4 (20%) had a middle school degree, 6 (30%) had a high school degree, 1 (5%) had an associate's degree, 1 (5%) had a bachelor's degree, 17 (85%) were housewives, and 3 (15%) were civil servants.

Fifteen (75%) of the participants had a nuclear family and 5 (25%) had an extended family. Seventeen (85%) had children and 3 (15%) did not. Of the families with children, 14 (70%) had a children's room in the house, while 6 (30%) did not. 12 (60%) had stove heating, while 8 (40%) had central heating. From this point of view, it can be seen that Malazgirt district still preserves the traditional socio-cultural features of the traditional society and continues the transition process.

Table 1. Status of experiencing sexual problems during pregnancy

Problem Status	Frequency	Valid Percent
Yes	11	64,7
No	6	35,3
Total	17	100,0
No Children	3	
	20	

While 11 (64.7%) of the pregnant women who participated in the study experienced problems with their husbands regarding sexual intercourse during pregnancy, 6 (35.3%) had no problems. The responses indicate that the problems experienced and the extent of their severity varied.

“P2: “I had problems during pregnancy because I avoided sexual intercourse, especially in the first pregnancy, because I thought it would harm my baby. But my husband wanted us to be together because he thought nothing would happen. In the first months I did what he wanted, but in the last months we stopped having sexual intercourse because there was a risk of premature birth. My husband pushed me a lot during this time, and most of the time these situations ended in a fight.”

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P3: “My husband never took me to the hospital during pregnancy, and I didn’t want to have sex with him in case something happened to my baby.”

P5: “I had a lot of edema during pregnancy, I was very swollen and could hardly move. Unfortunately, my husband had no understanding, I had to have sex with him when he asked me to, but I had big difficulties.”

Judging from the women’s answers to this question, they had problems with their spouses and avoided sexual intercourse during pregnancy due to insufficient information about sexual life during this period. Different perceptions about sexuality between spouses have a strong impact on the quality of life of couples (Bilgiç, Demirel, & Dağlar, 2018). During and after pregnancy, conditions such as decreased desire during intercourse (O’Malley, 2021), sexual stimulation, and satisfaction may lead to a decrease in the frequency of sexual intercourse, and disagreements and sexual problems may occur between spouses (Kouakou et al., 2010). One of the factors that cause this situation is the assumptions and attitudes about sexuality during pregnancy (Kouakou et al., 2010).

Our study is in line with the findings of other studies; due to the prejudice of women experiencing pregnancy, they believe that they should stop or terminate their sexual activities because they might harm the baby during this period (Trutnovsky et al, 2006, <https://www.nhs.uk/pregnancy/keeping-well/sex>, cited in. (Bilgiç, Demirel, & Dağlar, 2018; Kouakou et al, 2010; Shojaa et al, 2009, Naim et al, 2000). In addition, some studies emphasize that sexual intercourse during pregnancy is normal unless there is a risk situation, that it is a natural process during pregnancy, and that there is no danger. (<https://www.oviahealth.com/guide/10124/sex-during-third-trimester/>; <https://www.nhs.uk/pregnancy/keeping-well/sex/>). Some hormones released during intercourse are hormones that the woman and her baby need, and the fact that intercourse takes place without contraception is especially pleasurable for some couples. Only in special cases or in high-risk pregnancies should women be counseled about sexual intercourse and urged to be more careful (<http://www.babygaga.com/10-fears-and-truths-about-sex-during-pregnancy>). The lack of information channels led to such misperception among women, and 64.7% of women who became pregnant due to incomplete information had problems with their husbands as a result.

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Women's sexual health is an important part of life at any age, especially during pregnancy and postpartum, which bring biological, psychological, and social changes that can affect sexual health (Gutzeit, 2020). Despite the complexity of the issue, sexual function has been shown to decline during pregnancy and not return to baseline levels in the postpartum period (Gutzeit, 2020).

Table 2. The state of wanting to have sexual intercourse after having a child

Change in Demand	Frequency	Valid Percent
Change happened, decreased	13	76,5
No change, remained the same	4	23,5
Total	17	100,0
No Children	3	
	20	

Thirteen (76.5%) of the women who participated in the study and had children stated that their sexual desire changed after having children, in the direction of a decrease, while 4 (23.5%) stated that there was no change. Looking at the participants' statements, we find that they attributed the decrease in their sexual desire after childbirth to reasons such as children, work, fatigue, and their attitude toward sexuality;

P4: "My husband is very fond of sexuality. That's why it was a constant thing for us, I wasn't very enthusiastic anyway, after I had a child my workload increased and sexuality was an extra task for me. My little desire became less and less."

P6: "I mean, since sexuality did not mean much to me, my desire decreased after having a child."

P7: "After I had my child, I was devoted to his care, so there was a decrease. I was already tired and there was an extra tiredness after the baby and I did not want sexual intercourse."

Since the mother, who was given the responsibility for child care, had to perform household tasks on top of that, sexuality was seen as a duty and avoided so as not to create a new task. It was also found that living conditions influenced women's attitudes toward sexuality.

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Table 3. Status of what sexuality means for women

State of Meaning	Frequency	Valid Percent
Need and Pleasure	2	10,0
Something Beautiful	3	15,0
Shame and Sin	1	5,0
Duty	6	30,0
Important	2	10,0
Unnecessary	2	10,0
Unimportant	4	20,0
Total	20	100,0

Looking at the responses of the women who participated in the survey to the question “What does sexuality mean to you?”, 6 (30%) of the women describe sexuality as a duty, 4 (20%) as unimportant, 3 (15%) as something beautiful, 2 (10%) as unnecessary, 2 (10%) as important, 2 (10%) as a need and pleasure, 1 (5%) as a shame and sin.

The analysis of the responses shows that a significant proportion of women attach a negative meaning to sexuality. It is assumed that women do not understand themselves as subjects and cannot fully grasp sexuality. It turns out that the majority of women place themselves in the second level and does not recognize sexuality for themselves. The internalization of negative messages about their sexuality in Turkey has made it difficult for many women to make free and informed decisions about their sexual experiences, thus limiting their opportunities to establish a healthy sexual life for themselves (Avcı & Özdedeli, 2015).

Table 4. The use of sexual power as a force

Power use Status	Frequency	Valid Percent
Yes	17	85,0
No	3	15,0
Total	20	100,0

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Seventeen (85%) of the women who participated in the study stated that they used sexuality as a power, while 3 (15%) stated that they did not. When we look at the answers of the women to the question “Is sexuality a power you can use against your husband?”

P20; “Yes, my husband has a preference for sexuality and does what I want at that moment.”

P19; “Yes, it is a power I can use against my spouse. I can make my spouse do what I want with sex.”

P18; “Yes, it is a power I can use against my spouse, since we are newly married, I can use sexuality against my spouse a lot.”

P15; “Yes, I do. Because men are not like us in this regard, they are weak.”

P14; “Yes, I can use it. I make my spouse do what I want through sex.”

From the women’s answers, it is clear that they take advantage of this situation because they believe that their men are sexually weak. The women used the men’s excessive lust as an opportunity and tried to realize their desires in this direction.

Table 5. Situation at the time of the union

Time Condition	Frequency	Valid Percent
Evening	9	45,0
Night	10	50,0
All the time	1	5,0
Total	20	100,0

Sexual intercourse takes place at night for 10 women (50%) and in the evening for 9 women (45%). The answers to the question are as follows;

P2: “Since we have children, we can’t be alone at home during the day and evening. Since we wait until the children are asleep, we have sexual intercourse at night”.

P3; “Since our house is crowded and we have a culture, sexual intercourse happens at night when everyone goes to bed.”

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P4; “Sexual intercourse happens at night when everyone is asleep; we have sex at night without anyone hearing because we always think that sex is something shameful.”

P12; “Sexual intercourse happens at night. We are ashamed of my children; we wait for them to sleep.”

P13: “Sexual intercourse usually takes place at night because we are a crowded family, I wait until everyone is asleep, I don’t want anyone to know. It is easier for me to shower at night. Since we live with my husband’s family, it would be a shame for us to have sexual intercourse outside the night.”

P18; “Because the times when we are alone with my husband at home are at night, we have sexual intercourse at night. Since my husband’s family also lives with us, sexual intercourse does not happen at all times.”

From the women’s answers to the questions it is clear that they associate sexual intercourse with the evening and night time. Especially the large family structure and the presence of children at home make couples feel uncomfortable. The fact that women perceive sexuality as shameful and believe that it should be hidden has led them to perform sexual intercourse at times when everyone is asleep or in privacy.

As can be seen from these data, sexuality is still perceived by district residents as a behavior that must be hidden, and they are uncomfortable having sexual intercourse with their spouses. Sexual intercourse does not occur at times when people want or need to have sexual intercourse, but at relatively late times when household members are sleeping, which is considered appropriate by society.

Table 6. The importance of the woman’s request in the union

Importance Status	Frequency	Valid Percent
Important	12	60,0
Insignificant	8	40,0
Total	20	100,0

For sexual intercourse, 12 (60%) of the women reported that their own wishes were important, while 8 (40%) reported that they were not important. Although 60% of the women who participated in our study stated that their own wishes and desires were important, the fact that 40% of them thought that their wishes and desires

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were not important shows the prevalence and suppression of the problem.

For centuries, women have found their place in the social and cultural structure in which they live, defining relative meanings for themselves, sometimes as the main element of the culture and sometimes as the guiding element in passing on the culture to the new generation (Akyüz, 2018).

The fact that 40% of the respondents consider the woman's opinion insignificant, especially when the woman is also a subject in sexual intercourse and her desire should be important in the realization of sexual intercourse, stems from the fact that they adopt the patterns set by society for women's sexuality.

Table 7. The situation of women telling their spouses about their sexual intercourse requests

State of Making Demands	Frequency	Valid Percent
Yes	11	55,0
No	9	45,0
Total	20	100,0

To the question "Can you tell your husband about your demand at any time?" 11 (55%) of the women answered yes, while 9 (45%) answered no. Looking at the response rates, we see that they are very close to each other and that a significant proportion of women cannot express their demands for reasons such as embarrassment and shame. The answers given by the participants explain this situation very well;

P6; "No, I don't think that my desire is important, so even if I have a desire, I don't tell my husband about it. Besides, we have learned that sexuality is a shameful thing, so I can't say it because I feel like I will do something shameful if I say it."

P4; "My request is not very important, it usually happens if my husband wants it, I never have any sexual desire or demand."

P6; "No, I cannot say it; I am ashamed to say it, even if it is my husband of 20 years."

When we look at the answers above, we see that although women have desires, they hesitate to express them, and some are even embarrassed to tell their husbands.

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Participants' inadequate sources of information about sexuality meant that the concept of sexuality was not fully understood and women had difficulty expressing themselves.

In our country, understandings of sexuality shaped according to gender roles are instilled in children at a very early age. Girls are warned that it is shameful to see their underwear, even by accident, while playing. The genitals associated with shame; It causes women to perceive sexuality as shame. Again, the social elements added to this basis determine women's sexuality and sexual behavior of women (Dinçer, 2007). It has been observed that sexual desires and desires are not unique to men, but that these impulses exist in women as well as men, that women try to suppress these impulses and do not express them against their spouses.

Table 8. Forced sexual intercourse by their husbands when women do not want sexual intercourse

Forced Sexual Intercourse	Frequency	Valid Percent
Yes	17	85,0
No	3	15,0
Total	20	100,0

Seventeen of the women (85%) stated that their husbands forced them to have sexual intercourse even when they did not want to and that they had sexual intercourse with their husbands, while 3 of them stated that their husbands did not force them. This shows that women are forced to have sexual intercourse, that they do not have enough power to use and realize their own will, and that there is a male-dominated relationship in sexual intercourse. One of the participants (P2) stated that traditional values play an important role in forming such understanding: "Yes, he tries to persuade me, for him it is my duty towards him. He does not accept my refusal because he thinks like that": from this statement it is clear that it is natural for the spouse to persuade her and exercise power (impose his will on her) and that she easily gives in. On the other hand, 18 (90 percent) of the women said that they do not force their husbands to have sexual intercourse when their husbands do not want to have sexual intercourse, and 2 (10 percent) said that they force their husbands to have sexual intercourse. While the number of women who force (use force) their wives to have sexual intercourse even if they do not want to is 2, the number of men who force their will on their wives even if they do not want to is 17, indicating that the majority of men force their wives to have sexual intercourse. They explained that even if women had demands and desires, they would give up if their husbands did not want these. Women are considered to have a subordinate position in terms of their sexuality and are not as oppressive and dominant as men. The fact that 19 of the women (95%) reported that their husbands took a negative attitude towards them when they resisted sexual intercourse shows that sexual life is dominated by men. P1; "When I don't feel like having sexual in-

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tercourse, my spouse takes a negative attitude. Because he doesn't like to be rejected. And then he sulks, and since he prolongs this sulking, I usually don't refuse my husband's requests.”, P3; *“Yes, he puts up a negative attitude, if he asks for sexual intercourse and I don't respond, he tells everyone in the morning that his wife is not being a woman to him and tries to pave the way for a second marriage.*”, P9; *“Yes, to convince me not to refuse him when he asks for it.”* These statements summarize the current situation. Such a one-sided oppressive situation, if we consider the attitude of women when their husbands are averse to sexual intercourse, 16 (80%) of the women in contrast to the men stated that they do not take a negative attitude towards their husbands when they are averse to sexual intercourse, while only 4 (20%) of them take a negative attitude. Comparing the attitude towards the spouse in case of aversion by sex, it is found that women are more understanding towards their spouses and the majority of them do not have a negative attitude towards sex towards their spouses.

Table 9. The situation of women's husbands requesting anal sex

Request Status	Frequency	Valid Percent
Yes	8	40,0
No	12	60,0
Total	20	100,0

When it was examined whether the women's husbands demanded anal intercourse from them and how they responded, 12 (60%) of the women indicated that their husbands did not demand anal intercourse, while 8 (40%) indicated that their husbands demanded anal intercourse but they did not comply with the demand. Looking at the answers given;

P19: “It used to happen in the first years of our marriage, I did not accept this request because it was a sin, we used to argue with my husband, but now my husband has stopped requesting it.”

P15: “Yes, it happens, but I don't allow it, and because I don't want it, we have a lot of problems and arguments.”

P13: “Yes, it happened a few times, but I didn't accept it because I don't want to try it because it's haram (forbidden in Islam).”

From the responses, it appears that men demand anal sex from their wives, but the wives do not accept this and therefore have problems. The fact that 40 percent of men demand anal sex from their wives, even if they

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refuse, and that they are relatively persistent in doing so is not only interesting, but also shows that the prevailing culture tends to disappear to a significant extent. In the verse in the Qur'an and in Surat al-Baqara (2/222); the prohibition of anal sex with the provision "approach them from where Allah has commanded you" has caused women to show sensitivity on this issue, and it has been understood that religious values have an effect on women's perspective and acceptance of sexuality. The fact that women do not accept this form of sexual intercourse because it is religiously forbidden shows that their religious beliefs still have an important place in their social and sexual lives, and that women are not helpless when it comes to finding a legitimate basis such as the religious rules, and that they impose their will on their husbands to the end.

Ten (34.5%) of the women reported that they were informed about sexuality by their families, 10 (34.5%) by their husbands, 7 (24.1%) by their boyfriends, and 2 (6.9%) by the media. When we look at women's sources of information about sexuality, we find that the sources are not healthy and scientific sources are not used. Inadequate sources of information resulted in women not being adequately informed about sexuality. It was admitted to the researcher during the interview that they did not receive information that sexuality is a physiological state, that they have urges just like men, and that women can also demand sexuality. The answers of P7 and P6 to the corresponding question explain the situation: *"I cannot tell my husband about my desire for sexual intercourse; I am ashamed to tell him, even if he has been my husband for 20 years"*. P6 said, *"I don't think my desire for sexual intercourse is important. That's why I don't tell my spouse about it even if I have a desire. Also, we learned that sexuality is a shameful thing, so I can't say it because I feel like I'm doing something shameful if I say it."* From the participants' statements, it appears that the meaning of "shame" associated with the term "sexual intercourse" prevents them from having sexual intercourse. In a study conducted in India, it was found that women feel ashamed to express their sexual desires and needs and that these feelings prevent them from having sexual intercourse. (Kouakou ve ark., 2010).

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Table 10. The effect of family type on the time of sexual intercourse

Family Types Status		The Times of Sexual Intercourse			Total
		Evening	Night	All the Time	
Nucleary family	Number	7	7	1	15
	%	77,8	70,0	100,0	75,5
Extended Family	Number	2	3	0	5
	%	22,2	30,0	0,0	25,0
Total	Number	9	10	1	20
	%	100,0	100,0	100,0	100,0

In our study, it was found that family type does not have a great influence on the timing of sexual intercourse, and sexual intercourse in both family types takes place in the evening or at night.

Sexuality, on the other hand, is greatly affected by the individual's relationship with the environment, living conditions and the culture in which she lives (Kingsberg & Janata, 2007). Female sexuality is affected by the components of her and her partner's environment. Social culture plays an important role in the formation and maintenance of sexual health of both women and men. Traditions, on the other hand, determine how a woman should live her sexuality throughout her life (Avcı & Özdedeli, 2015).

CONCLUSION AND RECOMMENDATIONS

It can be observed that married women living in Malazgirt district, where the traditional cultural structure is still relatively dominant, are restricted in exercising their free will regarding sexuality and intercourse, feel pressured, and therefore a considerable number of participants do not fulfill their sexual needs and desires at the level of satisfaction. Even though a considerable number of women use sexuality as a means of power against their husbands to achieve their goals, the fact that they do not know that sexual desire and wish is a right and an important need for women as well as for men, or that they consider it a shame and a sin, prevents them from expressing their sexual feelings. This situation shows that sexual life in Malazgirt is male dominated. The fact that women have misinformation and prejudice that sexual intercourse during pregnancy is harmful to the baby has reduced the quality of their sexual experience, and sexuality has been perceived as a duty rather than a need, pleasure and relaxation. It has been understood that women do not see themselves as subjects in their marriage and sexuality, that the majority of women put themselves in the background, that

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they are not aware of the fact that sexuality is an important factor for them in their marriage, and that they realize their sexuality and sexual intercourse for their spouses. The impact of the female subculture, rather than the male culture, is believed to be important in creating such a situation. In addition, it has been observed that women do not accept their husbands' requests for anal and oral sex on the grounds that it is religiously forbidden, that religious acceptance still has an important place in their social and sexual lives, that women are not helpless when they find a basis accepted by the society, such as religious rules, and that they impose their decisions on their husbands to the end.

Evidence-based training programs should be offered to women to correct their prejudices and eliminate their lack of knowledge. Also their participation in training should be encouraged and supported. In this regard, we believe that better results can be achieved with the responsibility and cooperation of institutions such as the Ministry of Family and Social Affairs, the Ministry of Education, the Ministry of Health, and the Ministry of Religious Affairs. In order to understand how widespread this research, which was conducted in Malazgirt district using the field research method, is in the district and in this cultural area, it is necessary to conduct research using the survey/screening method.

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THE RELATIONSHIP BETWEEN LEVELS OF THE SELF-ESTEEM AND THE SELF-CONTROL OF PROBATIONERS DENETİMLİ SERBESTLİK YÜKÜMLÜLERİNİN BENLİK SAYGISI DÜZEYLERİ İLE ÖZDENETİMLERİ ARASINDAKİ İLİŞKİ

ABSTRACT

This research was conducted with the purpose of determining the relationship between self esteem and self control of individuals in the probation system and fullfill their obligations in Ankara Probation Office. In the scope of the study, information about socio-demographic status, family characteristics, parental education level, crime and substance use status, exposure to violence, type of crime of 520 individuals included in probation system was obtained. It was determined that there is a significant difference in self esteem of the individuals according to education level, parental educational level, exposure to violence in the family, substance use and type of crime. There is also a positive and significant relationship between individuals' self-esteem and self-control levels. As the level of self-control of individuals involved in crime and included in the probation system increases, their self-esteem also increases. In this study, a basis for increasing the self-esteem and self-control levels of individuals in social work intervention programs for the prevention of recidivism in the probation system is presented.

Key Words: Probation, self-esteem, self-control, social work

ÖZET

Bu araştırma, Ankara Denetimli Serbestlik Müdürlüğü bünyesinde yükümlülüklerini yerine getiren bireylerin benlik saygısı ve özdenetim düzeyleri arasındaki ilişkinin belirlenmesi amacıyla yapılmıştır. Araştırma kapsamında görüşme formu ile denetimli serbestlik sistemine dahil olan 520 yetişkin bireyin sosyo-demografik durumu, ailevi özellikleri, madde kullanım durumu, şiddet görme durumu, suç

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türü gibi değişkenler ile ilgili bilgi edinilmiştir. Araştırmaya katılan bireylerin benlik saygısı eğitim durumu, anne ve baba eğitim durumu, ailede şiddet görme, madde kullanım durumu ve suç türü durumuna göre anlamlı bir farklılık göstermektedir. Bireylerin özdenetim düzeyleri baba eğitim seviyesi, madde kullanımı ve suç türüne göre anlamlı farklılık göstermektedir. Bireylerin benlik saygısı ile özdenetim düzeyleri arasında da pozitif yönde anlamlı bir ilişki bulunmaktadır. Suça karışan ve denetimli serbestlik sistemine dahil olan bireylerin özdenetim düzeyleri arttıkça benlik saygılarında da artış olmaktadır. Bu çalışma denetimli serbestlik sisteminde suçun tekrarının önlenmesine yönelik geliştirilebilecek sosyal hizmet müdahale programlarında bireylerin benlik saygısı ve özdenetim düzeylerinin artırılmasına ilişkin bir temel sunulmaktadır.

Anahtar Kelimeler: Denetimli Serbestlik, Benlik saygısı, Özdenetim, Sosyal hizmet

INTRODUCTION

The probation model, which offers a perspective based on the restorative justice mechanism instead of the classical criminal justice system, is a system that aims to ensure the adaptation of individuals involved in crime to the social order and to improve their mental, emotional and social well-being. Individuals undertake various obligations in order to evaluate the risk factors that cause criminal behavior, to provide change on the basis of cognition, thought and behavior, and to prevent recidivism. In the probation system, the probation specialists is expected to be able to establish positive communication with professionals, to develop healthy behavioral patterns, and to be an individual who adapts to the society.

In order to organize probation services according to the needs of the probationers and to develop more effective intervention programs, there is a need for information about the probationer profile. Therefore, dynamics such as the unique qualities, differences and self-perception of each probationers should be taken into account in order to ensure the desired change in their feelings, thoughts and behaviors. Successful rehabilitation and adaptation to social life has a very strong relationship with individuals' self-esteem, attitudes in negative situations and self-control skills.

Self-control: Self-control is the ability to suppress or change one's inner reactions and impulses, as well as avoiding unwanted behavioral tendencies (Friese & Hofmann, 2009). However, according to Gillebaart (2018), the concept of self-control is handled with a more limited conceptualization, it is defined only as the suppression of impulses with 'effort'. De Ridder et al. (2011) emphasize that proactive and initiating self-control dimensions should be considered as well as effort and inhibition variables when explaining self-control.

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Self-control is a subject that has been researched in relation to many dynamics such as anger, crime, mood, familial factors, alcohol and substance use (Friese & Hofmann, 2009; Moffitt et al., 2011). Anti-social behavior and negative social outcomes, family structure, parenting attitudes, inadequate parental control and exposure to physical violence were considered among the important predictors of low self-control (Butler, Tyler, & Melander, 2011; Higgins & Ricketts, 2005). Low self-control is an important risk factor for personal and interpersonal problems; It is argued that higher self-control is associated with better adjustment (less psychopathology, higher self-confidence), less alcohol consumption, secure attachment, and more appropriate emotional responses. Self-control requires suppressing long-term unwanted, irrational, and dominant behaviors such as self-harming (Tangney et al., 2004; Oaten and Cheng, 2006). Individuals with high self-control regard themselves as valuable individuals and tend to maintain this positive self-view relatively over time and conditions (Tangney et al., 2004). Some studies draw attention to the protective function of self-control, which enables individuals to cope with stressful life events and to control their negative mood and behaviors (Bakker et al., 2011).

Moffitt et al. (2011) observed that self-control predicted physical health, substance abuse, personal finances, and criminal behavior among siblings in the same family among 1000 children they followed from birth to age 2. In a study conducted by Ford and Blumenstein (2012) with 1,000 university students, it was determined that students with low self-control were in a higher risk group for alcohol and substance use. As important as it is for individuals included in the probation system to be able to control their own emotions, thoughts and behaviors during the rehabilitation process, it is equally important for them to be respected, accepted and feel valued.

Self-Esteem: Self-esteem is the awareness of one's worth in various fields. In other words, it is the whole of attitudes and beliefs that enable us to stand against reality and the world (Duclos, 2016). It expresses the feelings of love, respect and trust that the person feels towards himself/herself as a result of self-acceptance and realistic evaluation of himself/herself. Accepting and adopting its characteristics are the leading factors in the formation and development of self-esteem (Yörükoğlu, 1985). It has been reported that individuals who are involved in a crime and then included in the probation system with the label liable have low self-esteem and feelings of self-worthlessness (Merten et al., 2012). Low self-esteem causes individuals to feel worthless and inadequate. Self-blame, fear of not being loved, self-stigmatization, insecurity, and negative thoughts about life. Probation is an important support mechanism for individuals both to cope with these dysfunctional

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thoughts and to develop functional behaviors. In the study by Woessner and Schneider (2013), which included 101 male individuals convicted of violent crimes, a significant relationship was found between self-esteem, self-control and family problems. Accordingly, the higher the person's self-esteem, the higher the level of self-control. Yang et al. (2019), in their study with 298 individuals with substance use disorder, determined that self-control was positively related to resilience and self-esteem. Rubite (2021), in his study with 83 high school students, mentions a significant relationship between students' self-control and self-esteem levels.

The aim of this research is to determine the self-esteem and self-control levels of individuals included in the probation system and the relationship between these two variables. On the basis of previous literature, the researcher proposed the following hypothesis:

Hypothesis 1: The level of self-control and the level of self-esteem of probationers differ significantly according to variables such as the introductory characteristics of individuals and their families, experience of domestic violence, substance use status and type of crime.

Hypothesis 2: There would be a positive correlation among the level of self-esteem and the self control.

METHOD

In this study, the socio-demographic characteristics of individuals with different criminal backgrounds and different obligations, who are included in probation system at Ankara Probation Office, characteristics of their families, characteristics of substance use and criminal history, characteristics of the probation process, the relationship between self-control and self-esteem levels of individuals are discussed. The research was carried out using the relational screening model.

Study group

The study group of the research consists of probationers who are included in the probation system and who study in the Ankara Probation Office to fulfill various obligations such as individual interviews, group work, and seminars.

The data collection period of the study was limited to 3 months. During this period, 520 volunteer adult probationers who participated in individual interviews, group work (change for life, anger, cigarette, alcohol and substance addiction group work, etc.) and seminars in Ankara Probation Office were reached. In the data collection process, first of all, the purpose of the research was explained verbally, written consent was

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obtained from the individuals, and data were collected by individual interview forms and scales with the support of probation specialists.

Table 1. Descriptive Information on Probationers

	N	%
Age		
29,49	520	30,8
Education		
Illiterate	3	0,4
Secondary school	142	21,1
High school and +	467	69,7
Marital status		
Single	298	63,4
Married	169	36,0
Do you have children?		
Yes	172	36,6
No	298	63,4
Livelihoods		
Own income	398	84,7
Other	82	15,4
Social insurance		
Yes	356	75,7
No	112	23,8
Income Status		
Very low	28	6,0
Low	90	19,1
Middle	317	67,4
Very good	28	6,0
Other	7	1,5

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In table 1, all of the individuals included in the study were male; their average age is 29.4. 23% of the participants are high school; 21% are secondary school graduates. Most of the participants (43%) were single, nearly half (48%) had no children; 28% of them have children and the average number of children is 2. 61% of individuals work in an income-generating job and more than half (56.6%) make a living with their own income. The majority of individuals (75%) have social security and define their income as medium (67%). One fourth (25%) of the participants do not have social security.

Data Collection Tools

In the study, an individual interview form and self-control and self-esteem scales were used to collect data on the socio-demographic and socio-economic status, mental state, history of violence and crime, substance use and probation process of the participating individuals.

In the individual interview form created by the researcher, the socio-demographic status of the individuals, their socio-economic status, their introductory information about their families (living status, education level of parents); history of violence (experience of domestic violence), criminal history (type of crime, cause of crime, age at first crime, conviction for another crime, length of stay in prison, criminal background of family and friends); substance use status (cause and duration of substance use, substance use status of family and friends); It consists of 34 questions aiming to determine the situation regarding the probation process (how long he/she has been under probation, the number of probation measures).

Self-Control Scale: The Turkish adaptation of the scale developed by the Self-Control Scale (Rosenbaum, 1980) was made by Duyan, Gülden, and Gelbal (2012). The scale is used to measure people's self-control behavioral repertoire and how they use this repertoire in problems encountered in daily life. There are 36 items in total in the scale, which consists of three different dimensions. Statements specified in the items are rated between "It totally fits me + 3" and "It totally doesn't fit me - 3". The total score that can be obtained from the Experiential Self-Control and Restorative Self-Control subscales ranges from -33 to +33; The total score that can be obtained from the Regenerative Self-Control subscale ranges from -42 to +42, and the total score that can be obtained from the whole Self-Control Scale ranges from -108 to +108. High scores obtained from the scale indicate high self-control; low scores mean low level of self-control. The internal consistency coefficient for the entire scale was determined as .80.

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Self-Esteem Inventory: The short form of the scale, which was developed by the Self-Esteem Inventory (Coopersmith, 1967) and adapted into Turkish by Turan and Tufan (1987), consists of a total of 25 items with two-choice answers as “Like Me” or “Not Like Me”, and a total score for general self-esteem gives. The scores obtained range from 0 to 100. High scores obtained from the scale are interpreted as individuals’ high self-esteem. In the reliability study, the internal consistency coefficient of the scale was found to be 0.77.

Data Analysis

After the information obtained from the data collection tools was made ready for data entry, a database was created through the SPSS 22 program. In the analysis of the data, the t-test for the comparison of the means in the analysis of the data was analyzed using the analysis of variance (ANOVA test) for cases where there was more than one relationship, and correlation in terms of revealing the relationships.

RESULTS

It has been evaluated within the scope of the research whether levels of the self-control and self-esteem of the probationers included in the probation system vary depending on some demographic variables, and the findings related to this are presented in Table 2.

Table 2. The relationship between probationers of education levels and prevalence of crime in the environment and self-esteem and self-control

	<i>N</i>	<i>Mean</i>	<i>Sd</i>	<i>Statistic</i>	<i>p</i>
<i>Educational status of probationers</i>					
Self esteem	520	18,83	3,80	$r=,126$,004
Self-control	520	32,03	25,96	$r=,398$,427
<i>Mother education status of probationer</i>					
Self esteem	520	18,83	3,80	$r=,170$,000
Self-control	520	32,03	25,96	$r=,460$,297
<i>Father education status of probationer</i>					
Self esteem	520	18,83	3,80	$r=,100$,000
Self-control	520	32,03	25,96	$r=,096$,029
<i>Prevalence of crime in the environment</i>					
Self esteem	520	18,83	3,80	$r=,162$,000
Self-control	520	32,03	25,96	$r=,081$,065

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In table 2, there is a positive and significant relationship between the educational status of the probationers and their self-esteem. Among the participants, the self-esteem and self-control mean scores of the married and children are higher than the single ones, but there is no significant difference. It is seen that the self-esteem of the participants who have an income-generating job, have social security and have a medium or higher income level are significantly high, but there is no significant difference in their self-control levels. It can be said that the participants living with their nuclear family have a significantly higher self-esteem, and those living in a nuclear family have higher self-control score averages, but it is not significant. It is seen that the self-esteem of the participants who stated that the prevalence of crime in the environment is lower and almost non-existent, is significantly higher; It is seen that there is no significant difference in the levels of self-control. There was a positive correlation between the education level of the mothers of the participants and their self-esteem; There is a positive and significant relationship between the education level of their fathers and both their self-esteem and self-control levels.

In a study conducted with 2.213 adolescents, it was determined that the level of parental education positively affected the self-esteem of the adolescents (Sahin ve diğ., 2013). According to the study of Baybek and Yavuz (2005), there is a positive relationship between the education level of the student's mother and father and children's self-esteem.

Table 3. Self-esteem and self-control levels of probationers according to violence and crime

		N	Mean	Sd	Statistic	p
Violence						
Self esteem	No	153	19,42	3,40	t=6,69	,000
	Yes	367	16,90	4,35		
Self-control	No	153	32,72	24,92	t=1,16	,224
	Yes	367	16,90	29,15		
Substance use						
Self esteem	No	153	39,83	3,25	t=8,11	,000
	Yes	367	39,24	2,94		
Self-control	No	153	153,00	35,75	t=1,52	,018
	Yes	367	140,75	29,05		

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Type of crime						
Self-control total	Drug crime	369	157,42	37,27	F=1,706	,047
	Violence	55	152,56	34,45		
	Crime against property	44	156,63	36,54		
	Drug dealing	19	160,73	40,43		
	Other	33	148,67	28,86		
Self esteem	Drug crime	369	39,36	3,17	F=,255	,005
	Violence	55	39,74	3,23		
	Crime against property	44	39,31	3,14		
	Drug dealing	19	39,73	3,21		
	Other	33	39,51	3,19		

In table 3, while self-esteem differs significantly according to the state of being exposed to violence; There is no difference in the levels of self-control. It is observed that the self-esteem and self-control levels of individuals with substance use differ significantly. According to these findings, it can be said that individuals with substance use have lower self-esteem and self-control levels. Therefore, the first hypothesis can be confirmed.

In a study of 425 male juvenile delinquents in two prisons in China, It was determined that the chain mediator effect of self-esteem and self-control on the relationship between childhood abuse and aggressive behavior was significant (Xie and Su., 2022). Other studies with similar results conducted with 1,000 university students and 1000 children show that low self-control were in a higher risk group for alcohol and substance use (Ford and Blumenstein, 2012; Moffitt et al., 2011). In another study conducted with 124 adolescents aged 14-20 years, it was found that adolescent boys who are using substance had lower self esteem levels and lower self control levels compared to the boys who are not using substance (Kaya, 2016).

In the study, which included 129 juveniles, also have shown that self-esteem scores of alleged malicious wounding group was higher than the theft (Hesapcioglu, 2017). In a study conducted with a total of 80 male juvenile delinquent, 40 of whom were delinquent and 40 of whom were not delinquent, it was determined that the juvenile delinquent group had lower self-control skills (Özen, 2020).

When the levels of self-control according to the type of crime were examined, a statistically significant

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difference was found between the mean scores of the individuals, due to the difference between the individuals included in the probation system due to drug trafficking and other crimes. The self-esteem of individuals also differed significantly according to the type of crime; it has been determined that this difference is due to the difference between crime against property and violent crime.

The findings show a partial confirmation of the first hypothesis. By this, educational status, parental educational status, prevalence of crime in the environment, violence, substance use and type of crime are associated with level of self esteem. The father education status, substance use and type of crime are associated with the level of self-control.

The hypothesis that self-control would be related to self-esteem was partially confirmed. As shown in Table 4, both self control total and experimental self-control scores were significantly positively correlated with self esteem.

Table 4. The relationship between probationers' self-esteem and self-control levels

		Self-esteem total
Experimental self-control	r	,275**
	p	,000
	n	519
Regenerative self-control	r	,012
	p	,783
	n	519
Restorative self-control	r	,005
	p	,917
	n	519
Self-control total	r	086*
	p	,049
	n	519

*p<0,05 **p<0,005

In Table 4, the results of the pearson correlation test for the relationship between the self-esteem and self-control levels of the probationers within the scope of the research are given. Accordingly, a highly positive and significant correlation was found between probationers' self-esteem and experiential self-control ($R=.275$, $p<0.005$) and overall self-esteem (SE) total score ($R=.086$, $p<0.005$). Experiential self-control (SC) refers to

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the behaviors that enable the individual to overcome the consequences of the cognitive control process and turn towards pleasurable activities such as music, art, and sports (Duyan et al., 2012). In other words, as the self-control levels of the participants increase, their self-esteem increases. Previous studies also have shown that a significant relationship between students' self-control and self-esteem levels (Yang et al., 2019; Rubite, 2021).

Table 5. Results of regression analysis to find self-esteem predictors

Independent variable	B	Sh	Beta	t	p	R ²
Costant (a)	40,558	,639		63,463	,000	,076
Experimental SC	,332	,091	1,209	3,651	,000*	
Costant (a)	40,558	,639		63,463	,000	,026
Regenerative SC	,212	,096	,885	2,211	,027*	
Costant (a)	40,558	,639		63,463	,000	,005
Restorative SC	,226	,096	,840	2,342	,020*	
Costant (a)	40,558	,639		63,463	,000	,086
Self-control total	,233	,090	2,365	2,579	,010*	

a. The dependent variable: Self-esteem total, * $p < 0,05$

In Table 5, multiple regression analysis was applied to find predictors of the overall total score of SE. In the model established within the parameters, SC total ($t=3.651$; $p < 0.05$), Experiential SC ($t=2.211$; $p < 0.05$), Regenerative SC ($t=2.342$; $p < 0.05$) and Reparative SC ($t=2,579$; $p < 0.05$) sub-dimensions were found to be significantly predictive parameters and statistically significant. The established model accounts for 0.076% of the BS grand total score for the Experiential SC sub-dimension, 0.026% for the Regenerative SC sub-dimension, 0.005% for the Reparative SC sub-dimension, and 0.086% for the SC grand total explains.

DISCUSSION

In this study, it was aimed to determine the relationship between the self-control and self-esteem levels of the liable individuals included in the probation system. According to the results of the research, it is seen that as the education level of the individuals and the education level of their parents increase, the self-esteem of the

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individuals increases. These results are consistent with the results of previous studies (Sancar, 2017; Şahin, 2017; Avşar et al., 2016), which found that self-esteem levels of individuals have a positive and significant relationship with their own education level and the education level of their parents. The high level of education can be considered as an important factor that supports the development of individuals' openness to development and self-confidence. Ras (2016) states that individuals' self-ideal and self-esteem are affected by different dynamics such as parents' attitudes, behavior styles, expressions used, and tendencies. In this context, it can be concluded that as the education level of the parents increases, the tendency to exhibit a more functional parental attitude towards their children also increases.

In addition to education, it is emphasized that the quality of communication and relationship within the family (Tangney et al., 2004) is associated with high self-control. As the education level of their fathers increases, the level of self-control of individuals also increases. It can be said that the higher effect of father's education on the level of self-control is related to the fact that individuals grow up in a family with a patriarchal structure and the father figure takes a more active role in the family.

The violence in the family of the individuals participating in the research predicts lower self-esteem and lower self-control levels. Past experiences of abuse and violence and family problems such as lower control and attention within the family have been associated with low self-control in individuals (Butler et al., 2011; Woesner & Schneider, 2013). Low self-control has a strong relationship with certain dynamics such as delinquency, risky peer groups, and criminal environment (Forrest, et al., 2019; Burt, 2020). Individuals with low self-esteem and low self-control are more open to risky experiences such as self-harm, suicidal tendencies, crime and substance use, since they cannot delay gratification in the short term before taking action (Sankır, 2014; Masi et al., 2015; Boccio et al., 2016). Individuals with low self-esteem may impose negative labels on themselves and exhibit substance use and criminal behavior in line with these beliefs (Eryalçın & Duyan, 2017). Within the scope of the research, a significant positive relationship was found between the low prevalence of crime in the environment and the self-esteem of individuals.

It was determined that individuals with substance use had a higher level of self-control than those without substance use. This result coincides with other research findings which argue that there is a significant negative correlation between substance use and delinquency and self-control (Tangney et al., 2004; Moffitt et al., 2011; Ford and Blumenstein, 2012; Malouf et al., 2014). Increasing self-control and self-esteem can improve self-efficacy among patients with substance use disorders (Yang et al., 2019). Similarly, individuals with substance

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use who participated in the study had significantly lower self-esteem scores than individuals without substance use. This result is consistent with the results of studies pointing to lower self-esteem in individuals with substance use (Kaya, 2016; Sankır, 2014). It can be said that the experiences of stigmatization, exclusion and disapproval in the society of individuals with substance use have a negative effect on self-acceptance and feeling valuable.

A positive correlation was found between the self-esteem and self-control levels of the probationers included in the study. This result is consistent with previous study outcomes that found that self-control level and self-esteem are closely related (Tangney et al., 2004; Lee et al., 2013; Odacı and Kımık, 2018; Rubite, 2021). People with high self-control regard themselves as valuable individuals and can relatively maintain this positive self-view in the face of time and conditions (Rubite, 2021). Some studies suggest that improvements in individuals' self-control levels predict reductions in recidivism (Forrest and Hay, 2011, Hay et al., 2010).

CONCLUSION AND RECOMMENDATIONS

It is of key importance to evaluate the self-perception of probationers included in the probation system and their ability to control their emotions, thoughts and behaviors in the process of reorienting the individual's life. As can be understood from the results of the research, there is a positive and significant relationship between the education levels of the individuals, the education levels of the parents, and self-control and self-esteem; There is a negative significant relationship between violence in the family, crime and substance use in the environment, and self-control and self-esteem. There is a significant positive correlation between the self-esteem of probationers and the experiential self-control sub-dimension of self-control and general self-control. In the light of these findings, some suggestions for professionals and academicians studying in this field are presented below:

- Considering the protective function of self-control skills, it is key importance to develop self-control skills in probationers in terms of preventing recidivism, especially in risky groups. Promoting higher self-control not only deters risky behavior (substance abuse, crime), but also encourages individuals' integration into society. In this context, intervention programs, professional studies and projects should be developed to increase self-regulation skills, especially for individuals included in the probation system. It can be said that social work interventions aimed at increasing an individual's

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self-control skills will increase individuals' self-esteem, improve their social functioning, and increase their capacity to evaluate the results of their actions. It is thought that the development of self-control skills such as delaying gratification, saying no, setting limits, and developing willpower will be a protective source against the delinquency of individuals.

- It is seen that there is no data on the levels of self-control in the process of the probation system and the levels of self-control for the period after leaving the system about the probationers in the probation system. In this respect, it is necessary to determine whether the social work intervention programs in the system develop important protective personal resources such as self-esteem and self-control levels of individuals and what their tendency is to maintain their treatment gains. Conducting long-term studies on this may be an important priority for future research.
- It is considered that the professionals who provide psycho-social support to probation officers should be supported with vocational trainings on knowledge, skills and values on self-esteem and self-control.
- It will provide support for probationers to build healthy relationships with their families and parents, to organize training programs for the development of functional coping methods, and to maintain individuals' cognitive and behavioral treatment gains. In addition, interventions to increase self-control and self-esteem have the potential to benefit the health of the society in the long term as well as change the lives of individuals.

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