

# Femicide: Psychosocial Characteristics of the Perpetrators in Turkey

International Journal of Offender Therapy and Comparative Criminology I-13
© The Author(s) 2018
Reprints and permissions: sagepub.com/journalsPermissions.nav
DOI: 10.1177/0306624X18763765
journals.sagepub.com/home/ijo



Şengül Tosun Altınöz<sup>1</sup>, Ali Ercan Altınöz<sup>2</sup>, Çisem Utku<sup>3</sup>, Altan Eşsizoğlu<sup>2</sup>, and Selçuk Candansayar<sup>3</sup>

#### **Abstract**

Female homicides are widely prevalent in Turkey with rising trend. The aim of this study is to identify gender role attitudes, childhood trauma histories, and individual characteristics of men who have been involved in the femicide, and to compare them with men who do not exercise violence against women. Participants completed a Sociodemographic and Clinical Information form, Semistructured Interview form, and the Childhood Trauma Questionnaire. Case group was not significantly different than the control group in terms of any measured individual characteristics including childhood traumas, psychopathology, and gender attitudes. Our data indicate that only migration history may be linked to femicide. A unique psychopathology that could be related to being a femicide perpetrator was not identified. Migration and perception of gender roles stand out as factors that separate men who exercise violence from men who do not.

### **Keywords**

violence against women, femicide, female homicide, victimization, societal gender role, migration

## Introduction

Female homicides are widely prevalent in Turkey with rising trend. According to the data published on the "we will stop the femicides" platform, in 2010, 180 women were

#### **Corresponding Author:**

Ali Ercan Altınöz, ESOGU Tip Fakultesi Hastanesi, Psikiyatri Anabilim Dali, Meselik Kampusu, Odunpazari / Eskisehir 26480, Turkey. Email: ercanaltinoz@hotmail.com

<sup>&</sup>lt;sup>1</sup>Eskişehir Yunus Emre State Hospital, Eskişehir, Turkey

<sup>&</sup>lt;sup>2</sup>Eskişehir Osmangazi University, Eskişehir, Turkey

<sup>&</sup>lt;sup>3</sup>Gazi University, Ankara, Turkey

murdered in Turkey, and this number increased to 328 in 2016 (Kadın Cinayetlerini Durduracağız Platformu, 2017).

Empirical evidence indicates a lack of distinction between men who perpetrate violence against their partners and those who commit femicides (Aldridge & Browne, 2003). In domestic violence cases resulting in the victim's death, increase in both frequency and intensity of violence is observed in time (Adams, 2007). Domestic violence is known to precede femicides (Dobash, Dobash, Cavanagh, & Lewis, 2004; Mcfarlane et al., 1999; Moracco, Runyan, & Butts, 1998; Mouzos & Rushforth, 2003). Therefore, in evaluating the risk factors for femicide victimization, all types of domestic violence should be considered as the precursors of femicides (Van Wormer & Roberts, 2009).

Extant findings indicate that femicides are not a result of random or spontaneous acts (Adams, 2007). Thus, it is useful to understand the factors that increase their prevalence to prevent femicides (Aldridge & Browne, 2003). Despite ample body of research investigating the characteristics of femicide victims, those of the perpetrators remain insufficiently explored (Adams, 2007; Fonagy, 1999; Jewkes, 2002; Mohanty, Panigrahi, Mohanty, & Das, 2004).

The highest femicide rates have been reported in the developing societies. As women in these societies participate in the workforce and are trying to change gender roles, these factors are assumed to contribute to the growing prevalence of this type of violent crime (Counts, Brown, & Campbell, 1992; World Health Organization [WHO], 2002).

Factors affecting victimization of femicides are categorized as individual, social, and cultural factors. In general, "young age," "low income," and "unemployment" were found to be risk factors for femicide, although inconsistencies were found in the study when individual characteristics were evaluated. Many studies have shown that pregnancy is a risky period in terms of femicide. Femicides are observed at all socioeconomic levels it is stated that prevalence of femicides is higher at lower socioeconomic levels. A comprehensive study of WHO revealed that social factors related to femicide are the rate of other violent crimes, social capital, social norms related to family confidentiality, and social norms on male authority. Besides, migration is stated to be another risk factor for femicide. Besides, migration is another factor affecting victimization of femicides (Adams, 2007; Campbell et al., 2003; Prieto-Carrón, Thomson, & Macdonald, 2007; WHO, 2002).

The aim of this study is to compare the individual characteristics of femicide perpetrators and men without any history of violence against women to identify individual factors that may be related to being a perpetrator.

Our hypothesis is that men who believe that women should have less autonomy and fewer rights than men do, and were subjected to violence in childhood, are more likely to attempt femicide.

# **Material and Method**

This study was conducted with the approvals of the local ethical committee. In addition, permission was received from Republic of Turkey Ministry of Justice General Directorate of Prisons and Detention Houses.

# Sampling

Male prisoners and convicts incarcerated at the Ankara Penal Execution Institutions due to committing or attempting femicide between April 15, 2013, and December 31, 2013, were identified as potential study participants on the basis of information received from the Turkish Ministry of Justice. The final list of candidates suitable for taking part in the study was formed based on the information provided by the directorate of prisons. These individuals were reached through the psychosocial unit in the prison and volunteers were recruited for the study. Criteria for inclusion in the case group were voluntary acceptance of participation and being a femicide perpetrator. Candidates meeting the aforementioned criteria were excluded from the case group if they had low level of intelligence, as this would prevent them from comprehending the questions, potentially resulting in inappropriate responses.

In addition, a group of individuals who matched the case group in terms of age and educational attainment served as the control group. The criteria for inclusion in the control group were voluntarily agreeing to take part in the study and having no prior history of committing any type of violence against women. This information was verified by the spouses of these participants. The case group was formed using the data of the Turkish Ministry of Justice while the snowball technique was used for forming the control group. Each individual participating in the study was informed of the right to withdraw from the study at any time without any penalty.

## Procedure

Based on the information received from Turkish Ministry of Justice, 61 male prisoners and convicts were incarcerated at the Ankara Penal Execution Institutions due to femicide between April 15, 2013, and December 31, 2013. Researchers could reach 55 of these males as the remaining six were evacuated. However, as 12 prisoners did not agree to participate in the study and two were found non-eligible for the study as they did not attempt femicide, the case group comprised of 41 male prisoners. In addition, 20 controls were recruited, resulting in the final study sample of 61 individuals. The interviews were conducted by three psychiatrists (A.E.A., S.T.A., and S.C.), during which a sociodemographic form and questionnaires were completed. Participants received the interview form and the questionnaires within a single session. These individuals were informed about the details of the study under the supervision of the psychosocial support unit members of the prison. After the participants read and approved the informed consent form, they voluntarily agreed to the inclusion in the study. Semistructured interviews were conducted with all participants. In addition, all participants received Sociodemographic and Clinical Information form, Semistructured Interview form, and Childhood Trauma Questionnaire (CTQ).

# Assessment Tools

Sociodemographic and Clinical Information form. This form was designed by the researchers to collect sociodemographic and clinical data, such as age, marital status, educational

status, psychiatric history (in terms of previous psychiatric diagnosis), and alcohol and substance use, in accordance with the study's aims.

Semistructured Interview form. This form contains two parts. The first part includes structured questions aiming to assess the nature of the violence and the qualitative and quantitative characteristics of the person who has been subjected to the violence. The second part comprises of structured questions that address gender role attitudes, as well as the person's opinions on gender equality, social equality of women and men, the social rights of women, and the role of women in society.

CTQ. This self-assessment instrument developed by Bernstein and colleagues was used to retrospectively and quantitatively assess the experiences of abuse and neglect before 20 years of age (Bernstein & Fink, 1994). The questionnaire was adapted into Turkish by Şar, Öztürk, and İkikardeş (2012).

# Statistical Analyses

Statistical analyses of the data were conducted using SPSS 17.00. Parametric analysis methods were utilized for analyzing the effects of independent variables, whereas the demographic data were subjected to descriptive analysis methods for the sample group. Pearson correlation was chosen to evaluate the relationship between the independent variables of the two groups comprising the study sample, and binary comparisons were conducted using Mann–Whitney U and t tests. Mean values, standard deviations, and maximum and minimum values of the responses on the total and subscales of the Childhood Trauma Scale did not follow a normal distribution. Therefore, the difference between the mean values of the two groups was analyzed using Mann–Whitney U test, which is a nonparametric analysis method.

## Results

Individual characteristics of perpetrators and victims are presented in Table 1. In terms of sociodemographic data, there were no significant differences between the case group and the control group with respect to age, education, and ongoing employment (t = 2.89, p = .09;  $\chi^2 = 0.77$ , p = .78;  $\chi^2 = 0.50$ , p = .48, respectively). Similarly, no differences between the two groups were noted in terms of alcohol or substance use ( $\chi^2 = 0.24$ , p = .63). Evaluation of the participants' background data revealed history of psychiatric disorders in 19.5% of the case group (four major depressions, one dissociative disorder, one delusional disorder, one schizophrenia, one border mental capacity) and 10% of the control group members (one major depression, one primer insomnia). The difference between the groups was not statistically significant (Fisher's Exact p = .47). In addition, 22% of the case group had committed at least one previous crime, while this was the case for only 5% of the control group (n = 1). This difference, once again, was not statistically significant (Fisher's Exact p = .14). When the migration history in the last three generations was examined, the findings revealed that 78% of the

Table 1. Individual Characteristics of Perpetrators and Victims.

Variables	Cases (%)
Have you been violent toward this person before?	
Yes	17 (41.5)
No	24 (58.5)
Were there previous attempts of injury/homicide toward victim?	
Yes	3 (7.3)
No	38 (92.7)
Would the results be similar if you did not have any weapon?	
Yes	10 (37.0)
No	17 (63.0)
Your relationship with the victim of violence?	
Partner	37 (90.2)
Sibling	2 (4.9)
Aunt	I (2.4)
Daughter	I (2.4)
Educational status of the victim	
Illiterate	2 (4.9)
Literate but no formal education	3 (7.3)
Primary school graduate	16 (39.0)
Secondary or high school graduate	18 (43.9)
University graduate	2 (4.9)
Occupational status of the victim	
Ongoing insurance	4 (9.8)
No insurance	3 (7.3)
Intermittent insurance	7 (17.1)
Unemployed	27 (65.9)

case group (n = 32) and 45% of the control group had a history of domestic migration. The difference between the two groups was statistically significant ( $\chi^2 = 6.66$ , p = .02).

Violence-related characteristics of the perpetrators are presented in Table 2, which indicates that 56.1% (n=23) of the case group members have committed a violent act resulting in homicide, 51.2% (n=21) of whom have reported intimidation of the other person as the reason. Majority of the participants in the case group (85.4%, n=35) reported not planning the violent acts in advance, but rather performing them spontaneously. A significant proportion (82.9%, n=34) of these acts were reported to have followed an argument between the two parties. Shared household emerged as the most frequent setting for the violent act (53.7%, n=22). In addition, 70.7% (n=29) of the participants reported regretting the act, stating that they would not have behaved in the same way if they were given a second chance now. A substantial proportion (22%, n=9) of the perpetrators reported being intoxicated during the incident, and more than one third (36.6%, n=15) indicated that factors such as honor and tradition had played an important part in the femicide. More than half of the perpetrators had previously been subjected to violence (51.2%, n=21).

Table 2. Violence-Related Characteristics of the Case Group.

Variables	Cases (%)
Type of violence	
Injury	18 (43.9)
Homicide	23 (56.1)
Purpose of application	
Honor	15 (36.6)
Financial	2 (4.9)
Jealousy	5 (12.2)
Dominance	12 (29.3)
Other	7 (17.1)
Planned or impulsive	
Planned	6 (14.6)
Impulsive	35 (85.4)
Scene of violence	
Shared house	22 (53.7)
Victim's house	8 (19.5)
Common space	4 (9.8)
Public space	7 (17.1)
Tool of violence	
Cutting or drilling tool	16 (39.0)
Firearms	11 (26.8)
Assault using body, without weapons	14 (34.1)
Were you under the influence of alcohol or drugs dur	• • •
Yes	9 (22.0)
No	32 (78.0)

A significant proportion of the participants in the case group was violent toward the victims before (41.5%, n = 17); however, only a small percentage had attempted homicide previously (7.3%, n = 3). More than half of the perpetrators had previously been subjected to violence (51.2%, n = 21). About two thirds of the participants in the case group stated that the outcome would be different if no weapons were available (63%, n = 63). Almost half of the case group had secondary or high school diploma (48.8%, n = 20), but majority of this group was unemployed (65.9%, n = 27).

The participants in the case and control groups were not statistically significantly different in terms of their views on gender equality ( $\chi^2 = 3.33$ , p = .07). Nevertheless, their viewpoints on male–female relations were statistically different from each other ( $\chi^2 = 5.73$ , p = .02). The significant difference between groups based on gender role attitudes pertained to women's ability to deserve heritage (p = .01) and to actively contribute to family decisions (p = .01). The groups' beliefs about the gender roles of the communities they lived in, as well as society in general, were also statistically significantly different (p = .001). The main divergence stems from the opinions on women's ability to deserve heritage (p = .01), and capacity to actively participate in family decisions (p = .01) (See Table 3).

 Table 3. Comparison of Perceptions of Participants' Gender Roles in Groups.

	Groups			
	Case n (%)	Control n (%)	$\chi^2$	Þ
How should a male-female relationship be?			5.73	.02*
One side is dominant (male)	19 (46.3)	3 (15.0)		
Two sides equal	22 (53.7)	17 (85.0)		
What is the role of women in society?	(****)	(55.5)	11.40	.001*
Active, producer, independent	12 (29.3)	15 (75.0)		
Home-bound, obedient, silent	29 (70.7)	5 (25.0)		
Ability to work	27 (70.7)	3 (23.0)	2.45	.12
Yes	20 (48.8)	14 (70.0)	2. 15	
No	21 (51.2)	6 (30.0)		
A woman can do this without getting permission from a man: Ability to divorce	21 (31.2)	0 (30.0)	1.76	.18
Yes	31 (75.6)	18 (90.0)		
No	10 (24.4)	2 (10.0)		
A woman can do this without getting permission from a man: Ability to get education <sup>a</sup>	(2)	2 (10.0)		.10
Yes	36 (87.8)	20 (100.0)		
No	5 (12.2)	0 (0.0)		
A woman can do this without getting permission from a man: Ability to deserve heritage <sup>a</sup>	,	,		.01*
Yes	30 (73.2)	20 (100.0)		
No	11 (26.8)	0 (0.0)		
A woman can do this without getting permission from a man: Ability to be active in family decisions	,	,		.01*
Yes	26 (63.4)	19 (95.0)		
No	15 (36.6)	I (5.0)		
If my wife divorces me, society determines that it means I am a weak man	, ,	, ,	6.21	.01*
True	17 (41.5)	2 (10.0)		
False	24 (58.5)	18 (90.0)		
If my wife/daughter/mother acts without my permission, society determines that it shows I am a weak man.			4.38	.04*
True	24 (58.5)	6 (30.0)		
False	17 (41.5)	14 (70.0)		
If my wife/daughter/mother gets education/works/deserves heritage, society determines that it	, ,	` ,	9.49	.002*
shows I am a weak man	10 (43 0)	L (F 0)		
True	18 (43.9)	1 (5.0)		
False	23 (56.1)	19 (95.0)		

<sup>&</sup>lt;sup>a</sup>Fisher Exact Test.

<sup>\*</sup>p < .05.

	Case M ± SD	Control M ± SD		
	(minimum-maximum)	(minimum-maximum)	U	Þ
Emotional abuse	7.98 ± 4.91 (5-23)	5.55 ± 0.95 (5-8)	300.50	.06
Physical abuse	7.37 ± 4.74 (5-25)	5.35 ± 0.75 (5-8)	367.50	.41
Sexual abuse	5.49 ± 1.77 (5-15)	5 ± 0.00 (5-5)	370.00	.15
Physical neglect	10.49 ± 3.36 (5-19)	10.75 ± 2.15 (8-15)	354.00	.38
Emotional neglect	11.63 ± 5.80 (5-24)	9.55 ± 3.52 (5-17)	343.50	.31
Total childhood traumas	42.95 ± 15.70 (25-84)	36.20 ± 5.09 (30-46)	356.00	.41

Table 4. CTQ Subscale Values of Participants.

Note. CTQ = Childhood Trauma Questionnaire.

Case and control groups did not exhibit statistically significant differences in terms of physical-sexual abuse, physical-sexual neglect, and total childhood traumas ( $U_{\rm physical~abuse}=367.50,\,p=.41;\,U_{\rm sexual~abuse}=370.00,\,p=.15;\,U_{\rm physical~neglect}=354.00,\,p=.38;\,U_{\rm emotional~neglect}=343.50,\,p=.31;\,U_{\rm totalchildhood traumas}=356.00,\,p=.41$ ). Participants in the case group (7.98  $\pm$  4.91) reported greater emotional abuse than did the control group members (5.55  $\pm$  0.95;  $U_{\rm emotional~abuse}=300.50,\,p=.06$ ) (See Table 4).

# **Discussion**

There were no significant differences between the case and the control group (which were matched in terms of age and education level) in terms of individual factors, such as presence of mental disorders, socioeconomic status, occupation, and criminal record. This finding highlights the importance of evaluating femicide as a primarily society-related phenomenon, rather than an individual act. Within this context, in our study, having migration history and male-dominant view of societal gender roles stand out as the major differences between the case group and the control group.

Migration does not only result in a change of location, but it also requires a marked societal change. In the extant literature, whether the migration was due to financial or mandatory reasons, males and females are reported to have different experiences in terms of the interaction with the host society, depending on the gender-based division of labor (İlkkaracan & İlkkaracan, 1998). It is noted that, after migration, women usually cannot be as active in the workforce as men are (Abraham, 2000). In the interviews conducted with immigrant women in the United States, 87% of the participants underlined gender-based division of labor and reported taking on household and child care duties (Erez, Adelman, & Gregory, 2009). Findings yielded by a study conducted

with families who have migrated from the Central Anatolia and Eastern Anatolia regions of Turkey to Ankara indicated that, for women who have immigrated to the city, to work means having an income outside the house. Yet, as this is considered as "inappropriate" by their husbands or families, most of these women have to withdraw from the labor market (Kalaycıoğlu, 1996). Similarly, another study investigating domestic migration process in Malaysia from the perspective of women revealed that women who migrate with their partners have a lower probability of joining the workforce and their career progress is affected negatively (Chattopadhyay, 1997). Researchers investigating the rise of violence against women in Asian families who have immigrated to the United States commented that this situation might be due to men's propensity to make up for the financial and social status loss with domestic aggression (Bui & Morash, 2008). All these studies suggest that migration fortifies societal roles within the family, restricting women to the domestic duties, while men work to support the family. In another study emphasizing the change in roles within the household, the authors suggested that because women in immigrant families are obligated to work, they gain financial power. As this weakens men's sovereignty and demolishes the patriarchal system in the house, incidence of domestic violence often increases (Min, 2001). In the light of these findings, considering the effect that migration—a challenging process for both families and individuals—has on societal roles, findings yielded by our study are not surprising, as they suggest an increase in violence against women for immigrant individuals or those who were raised in immigrant families. To our knowledge, this is the first study examining migration as a risk factor for femicide perpetrators.

Majority of the perpetrators stated that they committed the femicide to protect honor and exert dominance over their spouse. It is reported that intimate partner violence is generally committed to resolve a crisis of male identity, at times caused by inability to control women (Jewkes, 2002). Our findings are in line with these assertions. Although there is no difference regarding their views on gender equality between the case and the control group, the significant difference between the groups regarding opinions about "ability to deserve heritage" and "ability to be active in family decisions" may suggest that men commit violence due to fear of losing their dominance (Whaley & Messner, 2002). These results show that, while men in Turkey claim to be supportive of gender equality, they remain dominant within the home, potentially contributing to the growing prevalence of domestic violence. In a study investigating the views of male university students on social gender roles in Turkey, participants who stated that women's role should be restricted to giving birth, doing housework, and looking after the elderly household members approved honor killing and supported violence against women (Adana et al., 2011).

Majority of the participants in the case group admitted that the femicides they committed were not planned but were rather impulsive. Two thirds of the femicides were committed by a firearm or other tools. In addition, two thirds of the perpetrators stated that the outcome of violence would be different if they did not have any weapons at their disposal. In this context, in countries like Turkey, where it is easy to obtain firearms, disarmament may be a highly effective femicide prevention strategy.

Our results show that at least half of the perpetrators were violent toward their partner prior to the femicide without causing any physical injury. These findings are inconstant with those reported in pertinent literature, where domestic violence is cited as a precursor to femicide (Dobash et al., 2004; Mcfarlane et al., 1999; Moracco et al., 1998; Mouzos & Rushforth, 2003).

As a significant percentage of participants reported being subjected to and witnessing domestic violence, this, along with high scores on the CTQ, indicates that individuals in the case group live in a violent culture. Yet, as CTQ scores were also high for the individuals in the control group, who reported being subjected to physical neglect and physical and sexual abuse, these men also seem to live in a violent culture in Turkey. Therefore, being subjected to domestic violence or having experienced traumatic incidents during childhood cannot be treated as a risk factor for being femicide perpetrator. However, empirical evidence indicates that childhood traumas increase the risk of exercising violence (Chen, Jacobs, & Rovi, 2013; Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 1999; Vung & Krantz, 2009; Whitfield, Anda, Dube, & Felitti, 2003). Violence risk was stated to be the greatest in societies where the use of violence is a socially accepted phenomenon (Jewkes, 2002). Based on the social learning theory, being subjected to or witnessing violence is likely to result in emulating these behaviors. Nevertheless, considering the multifaceted nature of violence, it would be beneficial to investigate why some men who have been subjected to violence do not commit violent acts.

The risk factors of violence against women have been subject of extensive body of research aimed at prevention (Adams, 2007; Aldridge & Browne, 2003; Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Campbell et al., 2003; Kiss et al., 2012; Moffitt & Caspi, 1999; Nagassar et al., 2010; Saltzman, Johnson, Gilbert, & Goodwin, 2003; Van Wormer & Roberts, 2009). In this study, many factors related to the perpetrator, the victim, and the societal and cultural structures were investigated. However, individual pathologies on the perpetrator's behalf that could predict femicide were not identified. Second, the link between being subjected to violence in the past and future violent behavior was shown to be possibly not specific. Migration and gender role perception stand out as significant differences between men who commit femicide and men who do not. The finding that male violence is more related to domestic migration and gender role perceptions rather than factors such as education level, employment, being subjected to violence, or a psychopathology suggests that this kind of violence is more strongly related to characteristics of the society in which the individual lives, compared with the individual characteristics of the perpetrator. For this reason, policies emphasizing gender equality may be expected to decrease femicide. In addition, disarmament can be generally useful in reducing the number of murders including femicides. This study indicates that policies aimed at preventing femicide should be based on the promotion of societal gender equality.

When interpreting these findings, however, some study limitations should be noted. First, the case group comprised of prisoners. Prison population is not a representative of the population of those who commit femicide. Besides, being in prison may prevent the participants from expressing their opinions freely. In addition, some questions

required binary "yes/no" responses, making it difficult to distinguish among multiple variables and also increasing risk for interpretative forcing. Both these limitations may affect the reliability of the data collected. To collect more data on gender roles and attitudes, only male perpetrators were included in the study. For this reason, only male views on gender roles were evaluated. As the suicidal behavior immediately after committing femicide is known to be common, our sample might be a small homogeneous group, thus unlikely to be representative of all femicide perpetrators (Mathews et al., 2008). At last, not evaluating the participants in terms of Axis I and Axis II clinical diagnosis is another limitation.

#### **Authors' Note**

Presented in part as an oral presentation at 51st National Congress Psychiatry, Antalya, Turkey. The institutional review board approval was obtained for the study protocol and informed consent was obtained from all study participants.

# **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## **Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

#### **ORCID iD**

Ali Ercan Altinöz (D) https://orcid.org/0000-0003-2233-2105

## References

- Abraham, M. (2000). Speaking the unspeakable: Marital violence among South Asian immigrants in the United States. New Brunswick, NJ: Rutgers University Press.
- Adams, D. (2007). Why do they kill? Men who murder their intimate partners. Nashville, TN: Vanderbilt University Press.
- Adana, F., Arslantaş, H., Ergin, F., Biçer, N., Kıranşal, N., & Şahin, S. (2011). Views of male university students about social gender roles: An example from east of Turkey. *Journal of Family Violence*, 26, 519-526. doi:10.1007/s10896-011-9385-1
- Aldridge, M. L., & Browne, K. D. (2003). Perpetrators of spousal homicide: A review. *Trauma Violence Abuse*, *4*, 265-276. doi:10.1177/1524838003004003005
- Bernstein, D. P., & Fink, L. (1994). *Manual for the Childhood Trauma Questionnaire (CTQ)*. Bronx, NY: Veterans Affairs Medical Center.
- Bui, H., & Morash, M. (2008). Immigration, masculinity, and intimate partner violence from the standpoint of domestic violence service providers and Vietnamese-origin women. *Feminist Criminology*, 3, 191-215. doi:10.1177/1557085108321500
- Campbell, J. C., Glass, N., Sharps, P. W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma Violence Abuse*, 8, 246-269. doi:10.1177/1524838007303505

- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., . . . Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, *93*, 1089-1097.
- Chattopadhyay, A. (1997). Family migration and the economic status of women in Malaysia. *International Migration Review*, *31*, 338-352.
- Chen, P. H., Jacobs, A., & Rovi, S. L. (2013). Intimate partner violence: Childhood exposure to domestic violence. FP Essentials, 412, 24-27.
- Counts, D. A., Brown, J. K., & Campbell, J. (1992). Sanctions and sanctuary: Cultural perspectives on the beating of wives. Boulder, CO: Westview Press.
- Dobash, R. E., Dobash, R. P., Cavanagh, K., & Lewis, R. (2004). Not an ordinary killer—Just an ordinary guy when men murder an intimate woman partner. *Violence Against Women*, 10, 577-605. doi:10.1177/1077801204265015
- Ellsberg, M. C., Pena, R., Herrera, A., Liljestrand, J., & Winkvist, A. (1999). Wife abuse among women of childbearing age in Nicaragua. *American Journal of Public Health*, 89, 241-244.
- Erez, E., Adelman, M., & Gregory, C. (2009). Intersections of immigration and domestic violence. *Feminist Criminology*, 4, 32-56. doi:10.1177/1557085108325413
- Fonagy, P. (1999). Male perpetrators of violence against women: An attachment theory perspective. *Journal of Applied Psychoanalytic Studies*, 1, 7-27. doi:10.1023/a:1023074023087
- İlkkaracan, P., & İlkkaracan, İ. (1998). Women and Migration in Turkey's of 1990's. In *Bilanço 98: From The Villages to Towns in 75 Years* (pp. 305-322). İstanbul, Turkey: Tarih Vakfı Publications.
- Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet*, *359*, 1423-1429. doi:10.1016/S0140-6736(02)08357-5
- Kalaycıoğlu, S. (1996). Educational and Occupational Achievement Differences with Respect to Place of Origin, Religious Sect and Gender: A Sample from Ankara. Paper presented at the Society and Migration, II. National Sociology Conference, Ankara, Turkey.
- Kiss, L., Schraiber, L. B., Heise, L., Zimmerman, C., Gouveia, N., & Watts, C. (2012). Gender-based violence and socioeconomic inequalities: Does living in more deprived neighbour-hoods increase women's risk of intimate partner violence? *Social Science & Medicine*, 74, 1172-1179. doi:10.1016/j.socscimed.2011.11.033
- Mathews, S., Abrahams, N., Jewkes, R., Martin, L. J., Lombard, C., & Vetten, L. (2008). Intimate femicide-suicide in South Africa: A cross-sectional study. *Bulletin of the World Health Organization*, 86, 552-558.
- Mcfarlane, J. M., Campbell, J. C., Wilt, S., Sachs, C. J., Ulrich, Y., & Xu, X. (1999). Stalking and intimate partner femicide. *Homicide Studies*, 3/4, 300-316.
- Min, P. G. (2001). Changes in Korean immigrants' gender role and social status, and their marital conflicts. *Sociological Forum*, 16, 301-320. doi:10.1023/A:1011056802719
- Moffitt, T. E., & Caspi, A. (1999). Findings about partner violence from the Dunedin Multidisciplinary Health and Development Study. Washington: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Mohanty, M. K., Panigrahi, M. K., Mohanty, S., & Das, S. K. (2004). Victimiologic study of female homicide. *Legal Medicine*, 6, 151-156. doi:10.1016/j.legalmed.2004.05.001
- Moracco, K. E., Runyan, C. W., & Butts, J. D. (1998). Femicide in North Carolina, 1991-1993. *Homicide Studies*, 2/4, 422-446.
- Mouzos, J., & Rushforth, C. (2003). Family homicide in Australia. Australian Institute of Criminology. Canberra, Australia: Australian Institute of Criminology.

Nagassar, R. P., Rawlins, J. M., Sampson, N. R., Zackerali, J., Chankadyal, K., Ramasir, C., & Boodram, R. (2010). The prevalence of domestic violence within different socio-economic classes in Central Trinidad. West Indian Medical Journal, 59, 20-25.

- Prieto-Carrón, M., Thomson, M., & Macdonald, M. (2007). No more killings! Women respond to femicides in Central America. *Gender & Development*, 15, 25-40.
- Saltzman, L. E., Johnson, C. H., Gilbert, B. C., & Goodwin, M. M. (2003). Physical abuse around the time of pregnancy: An examination of prevalence and risk factors in 16 states. *Maternal and Child Health Journal*, 7, 31-43.
- Şar, V., Öztürk, E., & İkikardeş, E. (2012). Validity and reliability of the Turkish version of Childhood Trauma Questionnaire. *Turkiye Klinikleri Journal of Medical Sciences*, 32, 1054-1063. doi:10.5336/medsci.2011-26947
- Van Wormer, K. S., & Roberts, A. R. (2009). Death by domestic violence: Preventing the murders and murder-suicides. Westport, CT: Praeger.
- Vung, N. D., & Krantz, G. (2009). Childhood experiences of interparental violence as a risk factor for intimate partner violence: A population-based study from northern Vietnam. *Journal of Epidemiology & Community Health*, 63, 708-714. doi:10.1136/jech.2008.076968
- We Will Stop Femicide Platform. (2017). We Will Stop Femicide Platform: The Report of the Year 2016. Retrieved from http://kadincinayetlerinidurduracagiz.net/veriler/2786/kadincinayetlerini-durduracagiz-platformu-2016-yili-raporu
- Whaley, R. B., & Messner, S. F. (2002). Gender equality and gendered homicides. Homicide Studies, 6(188), 188-210.
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, 18, 166-185. doi:10.1177/0886260502238733
- World Health Organization (WHO). (2002). World Report on Violence and Health (L. D. Etienne Krug, J. Mercy, A. Zwi, & R. Lozano, Eds.). Geneva: WHO.