

ORIGINAL RESEARCH ARTICLE

Relationship between people's hopeless, intolerance of uncertainty, and their attitude towards violence against women in Turkey

DOI: 10.29063/ajrh2023/v27i5.2

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Abstract

The purpose of this research to determine the attitudes of individuals living in rural and urban areas on hopelessness, intolerance of uncertainty and violence against women. The research was carried out with 1112 individuals randomly selected from two family health centers determined by lot in a province located in the east of Turkey. This descriptive study utilized the Beck Hopelessness Scale, Intolerance of Uncertainty Scale, the ISKEBE Attitude Scale for Violence against Women. An independent groups t test and multiple regression were used in analysis of the data. It was found that the participants' level of hopelessness was moderate, the level of intolerance to uncertainty was above moderate, and attitudes towards violence against women were high. It was determined that hopelessness and intolerance to uncertainty significantly predicted the attitudes towards violence against women. It is recommended to conduct more research on violence against women, to bring violence against women to the agenda through the media, to give deterrent punishments to individuals when there is an action on the subject, and to provide education on violence against women starting from school age. (*Afr J Reprod Health 2023; 27 [5]: 21-29*).

Keywords: Rural, urban, hopelessness, uncertainty, violence against women, attitude

Résumé

Le but de cette recherche pour déterminer les attitudes des individus vivant dans les zones rurales et urbaines sur le désespoir, l'intolérance de l'incertitude et la violence contre les femmes. La recherche a été menée auprès de 1112 personnes sélectionnées au hasard dans deux centres de santé familiale déterminés par tirage au sort dans une province située à l'est de la Turquie. Cette étude descriptive a utilisé l'échelle de désespoir de Beck, l'échelle d'intolérance à l'incertitude et l'échelle d'attitude ISKEBE pour la violence à l'égard des femmes. Un test t de groupes indépendants et une régression multiple ont été utilisés dans l'analyse des données. Il a été constaté que le niveau de désespoir des participantes était modéré, que le niveau d'intolérance à l'incertitude était supérieur à modéré et que les attitudes à l'égard de la violence à l'égard des femmes étaient élevées. Il a été déterminé que le désespoir et l'intolérance à l'incertitude prédisaient de manière significative les attitudes à l'égard de la violence à l'égard des femmes. Il est recommandé de mener davantage de recherches sur la violence à l'égard des femmes, de mettre la violence à l'égard des femmes à l'ordre du jour par le biais des médias, d'infliger des sanctions dissuasives aux individus lorsqu'il y a une action sur le sujet et de dispenser une éducation sur la violence à l'égard des femmes dès l'école. âge. (*Afr J Reprod Health 2023; 27 [5]: 21-29*).

Mots-clés: Rural, urbain, désespoir, incertitude, violence contre les femmes, attitude

Introduction

Pandemics can create problems in terms of nutrition, shelter and basic needs as well as being affected by the disease/situation during an unprecedented extraordinary situation and isolation periods. In addition to physical health, the mental health of society can be significantly affected during pandemic periods and an increase in the

tendency towards violence can follow on the basis of hopelessness, uncertainty and a deterioration of interpersonal relations^{1,2}. The concept of hopelessness, which is also associated with poor health, was defined by Beck as a cognitive state characterized by negative ideas and expectations about the future. Despair, believing that it is not possible to overcome the failures experienced, causes one to wait for negative situations instead of

making an effort at finding a solution³. Hopelessness is an independent predictor of all-cause mortality, even after controlling for depressive symptoms and medical risk factors⁴. Cognitive bias, which affects an individual's perception, interpretation, behavioral, emotional and cognitive reactions to uncertain situations, is defined as intolerance to uncertainty⁵. The individual tends to think about the possibility of encountering a threatening, negative event, regardless of the likelihood of this event happening, and shows a tendency to interpret uncertain information as threatening⁶. Every person naturally wants to feel safe and maintain a sense of control over their life. In contrast, fear and uncertainty can lead to stress, anxiety and exhaustion^{6,7}.

Violence has existed throughout the history of humanity and is an inseparable part of life, manifesting itself on a physical level, but also psychologically. Even in the 21st century when developments are experienced in the global sense, violence continues to be one of the biggest problems of humanity. The World Health Organization defines violence as “injury, death, psychological harm, developmental delay or deprivation perpetrated against another person, group or community”. While the phenomenon of violence appears in all areas of life, it is more common in the form of violence against women, in our country and in the world. Women face different types of violence like physical, emotional, economic and sexual attacks on a daily basis^{8,9}. Reports show that the rate of women's exposure to violence is increasing day by day, and this is happening at almost every sociocultural and economic level⁹. It is known that around 30% of women worldwide have experienced physical or sexual violence. In countries in the Eastern Mediterranean region, these rates go as high as 31%¹⁰. In Turkey, 55.3% of physical violence, 51.7% of emotional violence, 57% of economic violence and 51.4% of sexual violence is committed against women who are primary school graduates¹¹. Attitudes with cognitive, emotional and behavioral aspects are approaches that have developed over a long period of time. Beliefs, which are among the tendencies defined as attitudes, include cognitive, emotional and behavioral components formed by observable activities. The use of violence, exposure to violence and attitudes towards violence are

effective in the prevalence and continuation of violence in society⁹. Personality traits of individuals, perceived social support, attachment¹², gender in married men, exposure to violence¹³, bodily identity in men⁹, self-esteem in educated youth¹⁴ examined little/no hopelessness and intolerance to uncertainty, although the relationships between many factors¹⁵ and attitudes towards violence against women are well known in university students. There is a gap in the literature in terms of two factors, especially in terms of rural and urban dimensions. No study has been found in the literature examining the relationship between feelings of hopelessness, intolerance of uncertainty and violence against women in rural and urban individuals. Therefore, the aim of this study is to reveal the relationship between people's hopelessness, intolerance to uncertainty and their attitudes towards violence against women in the context of individuals living in rural and urban areas.

Research questions

1. What is the level of hopelessness, intolerance of uncertainty and violence against women among individuals living in rural and urban areas?
2. Is the socio-demographic data of individuals living in rural and urban areas effective on the attitude towards violence against women?
3. Are the levels of hopelessness and intolerance of uncertainty of individuals living in rural and urban areas effective on the attitude towards violence against women?

Method

Type of study

It is a cross-sectional study.

Research design and participants

The research was carried out between January and March 2022. The population of the research consisted of 13 Family Health Centers (FHCs) located in a province in the east of Turkey. Two of them were included in the sample by using the random sampling method (by drawing lots), which is one of the probability sampling methods of the research sample. There are 4500 people living in the

villages of the selected FHCs and 5000 people living in the center. While determining the sample size, the required sample was calculated as 354 for the village and 357 for the province, with 95% confidence level, 5% confidence interval and $\pm 5\%$ sampling error for the inhomogeneous universe¹⁶. Data were collected from 616 individuals living in rural areas and 496 individuals living in urban areas. Research was ultimately performed with a total of 1112 individuals.

Collection of research data

Data were collected in-person from participants through a surveyor and using online tools in cases where individuals could not be reached. A Sociodemographic Information Form, Beck Hopelessness Scale, Intolerance of Uncertainty Scale, and Violence Against Women Scale were used to collect research data.

Sociodemographic information form: This survey contains 18 questions designed to gather the sociodemographic characteristics of individuals in the study.

Beck Hopelessness Scale (BHS): Beck *et al.* (1974) developed this measurement tool consisting of 20 items in order to determine the hopelessness level of individuals. A Turkish validity and reliability study of the scale was performed by Seber *et al.*, and Durak and Palabıyıköğlü. There are 20 questions with 11 yes and 9 no answers, and 3 sub-dimensions: "feelings about the future", "loss of motivation", "expectations about the future". Higher scores on the Beck Hopelessness Scale show low levels of hopelessness and expectations for the future are high. Comments can be made using score intervals. The scoring is as follows: 0-3 points = no hopelessness, 4-8 = mild, 9-14 = moderate, 14-20 = intense hopelessness^{17,18}. The Cronbach alpha value of this scale was found to be 0.84.

Intolerance of uncertainty scale-12: Developed by Carleton, Norton, and Asmundson (2007), the scale is a 5-point Likert-type consists of 12 items (from 1 - Not at all suitable for me to 5 - Completely suitable for me). A Turkish validity and reliability study was conducted by Sarıçam, Erguvan, Akın, and Akça (2014). The first item is reverse coded.

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Scores between 12 and 60 can be are possible. Higher scores indicate that individuals are intolerant of uncertainty. The scale contains 2 sub-dimensions: "anticipatory anxiety" and "obstructive anxiety". The Cronbach alpha coefficient of the scale was identified as $\alpha=0.88$ ¹⁹, and the Cronbach alpha value was calculated at $\alpha=0.83$.

İSKEBE Violence against women attitude scale: This rating system was developed by Kanbay *et al.* (2017) to determine an individual's attitude on violence against women. The scale consists of 30 items, is in a five-point Likert type and is scored from 1 = I totally agree to 5 = I strongly disagree. The scale has two sub-dimensions, "Attitudes Towards the Body" (16 items) and "Attitudes Towards Identity" (14 items). Question 5 and 24 in the survey are reverse scored. The total score range that can be obtained is between 30 and 150 points. Higher scores from the scale indicate a high attitude towards violence against women. In the validity and reliability study of the scale, the Cronbach alpha value was found to be 0.86²⁰ and in this study, it was calculated at 0.90.

Evaluation of research data

Data were analyzed using the SPSS for Windows 22 package program. For the purpose of data analysis, numbers, percentages, minimum and maximum values, mean and standard deviations are given determined according to a normality distribution analysis of the data (using the skewness and kurtosis - 1.5 to +1.5 coefficients)²¹. Independent samples t-test was used to compare the scale averages of individuals living in rural and urban areas. Multiple regression analysis was used to find the predictors of the participants' attitudes towards violence against women. Hosmer Lemeshow goodness of fit test was used to check the models for consistency. Cronbach's alpha reliability coefficient was calculated. The results were evaluated at the 95% confidence interval, at the 0.05 level of significance.

Results

Table 1 shows the socio-demographic characteristics of participants living in rural and urban areas. The average age of those living in rural

Table 1: Comparison of descriptive characteristics of individuals living in rural and urban

Variables	Categorie	$\bar{x} \pm SD$	
		Rural (N=616)	Urban (N=496)
Age		45.23±19.25	32.15±10.89
Age at marriage		19.97±4.162	23.63±4.61
Spouse's age		47.23±15.32	37.31±10.98
		N (%)	
Gender	Female	254 (51.2)	326 (52.9)
	Male	242 (48.8)	254 (51.2)
Marital status	Married	354 (71.4)	363 (58.9)
	Single	109 (22.0)	235 (38.1)
	Widow	33 (6.7)	18 (2.9)
Number of children	None	35 (8.9)	86 (21.1)
	1 piece	30 (7.7)	54 (13.3)
	2 units	73 (18.6)	108 (26.5)
	3 and above	254 (64.8)	159 (39.1)
Income status	Low	115 (23.2)	63 (10.2)
	Middle	362 (73.0)	469 (76.1)
	High	19 (3.8)	84 (13.6)
Substance use	Not using	302 (60.9)	342 (55.5)
	Cigarette	183 (36.9)	239 (38.8)
	Alcohol	9 (1.8)	31(5.0)
	Drugs	2 (0.4)	4 (0.6)
Family structure	Core	200 (40.3)	436 (70.8)
	Large	273 (55.0)	161 (26.1)
	Broken	23 (4.6)	19 (3.1)
Educational status	Primary school	42 (6.8)	239 (48.2)
	Secondary education	263 (42.7)	178 (35.6)
	High school	176 (28.6)	53 (10.7)
	University	135 (21.9)	26 (5.2)
Spouse's educational status	Primary school	29 (7.7)	202 (52.9)
	Secondary education	214 (56.8)	156 (40.8)
	High school	52 (13.8)	15 (3.9)
	University	82 (21.8)	9 (2.4)
Type of marriage	Voluntarily	107 (28.5)	250 (66.1)
	Arranged at will	103 (27.4)	86 (22.8)
	Arranged against his will	166 (44.1)	42 (11.1)
Chronic disease status	Yes	218 (44.0)	79 (12.8)
	No	278 (56.0)	537 (87.2)
Violence in childhood	Yes	226 (45.6)	96 (15.6)
	No	270 (54.4)	520 (84.4)
Psychiatric illness status	Yes	87 (17.5)	59 (9.6)
	No	409 (82.5)	557 (90.4)
Working status	Yes	169 (34.1)	347 (56.3)
	No	327 (65.9)	269 (43.7)
Spouse's employment status	Yes	127 (25.6)	259 (61.8)
	No	286 (57.7)	160 (38.2)

areas is 45.23±19.25, the average age of marriage is 19.97±4.162, and the average age of their spouse is 47.23±15.32. Of the individuals living in rural areas, 51.2% are women, 71.4% are married, 64.8% have three or more children, 73% have a middle income, 55% have an extended family, 42.7% are secondary school graduates, 56.8% are spouses were secondary school graduates, 44.1% got married against their own will, 60.9% did not use

substances. In addition, it was determined that 56% did not have a chronic disease, 54.4% did not experience violence as a child, 82.5% did not have a psychiatric disease, 65.9% did not work, and 57.7% did not have a spouse. The average age of the people living in the city is 32.15±10.89, the average age of marriage is 23.63±4.61 and the average age of the spouse is 37.31±10.98. 52.9% of the individuals living in the city are women, 58.9%

Table 2: Comparison of hopelessness, intolerance of uncertainty and violence against women scale scores of rural and urban individuals

Scale and its sub-dimensions	Number of items	Min - Max	$\bar{X} \pm SD$		Test and p-value
			Rural	Urban	
Hopelessness scale	20	0.00-17.00	7.26±4.98	7.11±3.73	t= -0.586 p= 0.570
Feelings about the future	5	0.00-5.00	1.81±1.77	1.62±1.52	t= -2.003 p= 0.045
Loss of motivation	8	0.00-8.00	3.27±2.12	3.15±1.88	t= -0.938 p= 0.348
Future prospects	5	0.00-5.00	2.17±1.68	2.33±1.37	t= 1.720 p= 0.086
Intolerance of uncertainty scale	12	12.00-60.00	36.91±10.23	39.96±11.36	t= 4.652 p < 0.001
Anxiety about the future	7	7.00-35.00	21.54±6.28	23.78±6.80	t= 5.625 p < 0.001
Disabling anxiety	5	5.00-25.00	15.36±5.24	16.18±5.78	t= 2.447 p= 0.015
ISKEBE attitude scale for violence against women	30	30.00-150.00	99.66±27.66	114.07±25.62	t= 8.994 p < 0.001
Attitude towards the body	16	16.00-80.00	59.30±16.27	66.33±15.06	t= 7.463 p < 0.001
Attitude towards identity	14	14.00-70.00	40.36±14.09	47.73±13.47	t= 8.846 p < 0.001

are married, 39.1% have three or more children, 76.1% are middle-income, 70.8% are nuclear family, 48.2% are primary school graduates, 52.9% are spouses were primary school graduates, 66.1% got married voluntarily, 55.5% did not use drugs. In addition, it was determined that 87.2% did not have a chronic disease, 84.4% did not experience violence as a child, 90.4% did not have a psychiatric disease, 56.3% were working, and 61.8% had a spouse (Table 1).

In Table 2, the averages obtained from the Hopelessness, Intolerance of Uncertainty, Violence Against Women scales and all sub-dimensions for participants living in rural and urban areas are given. The average of the "feelings about the future" sub-dimension of the hopelessness scale was found to be 1.81±1.77 in rural area participants and 1.62±1.52 in urban area participants. The difference was found to be statistically significant (t= -2.003, p= 0.045). The intolerance of uncertainty scale was found to be 36.91±10.23 for rural participants and 39.96±11.36 for urban participants. The difference was found to be statistically significant (t= 4.652, p < 0.001). ISKEBE violence against women scale was found to be 99.66±27.66 in rural area participants and 114.07±25.62 in urban area participants. The

difference was found to be statistically significant (t= 8.994, p < 0.001).

Table 3 shows the total scores from rural and urban participants' violence against women in ISKEBE and results of the multiple regression analysis. The main variables were determined as gender, marital status, education level, place of residence, family structure, type of marriage, exposure to violence during childhood and psychiatric illness. After analysis, the model was found to be significant (F:20.252, p<0.001). The adjusted R2 value was found to be 0.235 and the explanatory power of the model was 23.5%. It was determined that the attitudes of the participants' towards violence against women by gender ($\beta=9.976$), education level ($\beta=7.221$), place of residence ($\beta=7.059$), family structure ($\beta=15.126$), type of marriage ($\beta=18.138$), exposure to violence during childhood ($\beta=5.040$) and psychiatric illness ($\beta=-6.636$). In Table 4, the results of a multiple regression analysis between rural and urban individuals' attitudes towards violence against women in ISKEBE and the total scores of hopelessness and intolerance to uncertainty are given. The ISKEBE attitude towards violence against women scale score was taken as the dependent variable. Accordingly, it was determined

Table 3: Total scores of rural and urban individuals' attitudes to violence against women in ISKEBE and multiple regression analysis

Variables	B*	SE†	t	p	Adj. R ²	F
Constant	66.018	8.612	7.666	<0.001	0.235	20.252
Gender	9.976	1.776	5.618	<0.001		
Marital status	3.223	7.024	0.459	0.646		
Educational status	7.221	3.335	2.165	0.031		
Living place	7.059	2.148	3.286	0.001		
Family structure	15.126	4.658	3.247	0.001		
Type of marriage	18.138	2.549	7.117	<0.001		
Violence in childhood	5.040	2.160	2.133	0.020		
Psychiatric illness status	-6.636	2.624	-2.530	0.012		

*: β : regression coefficient, †: SE: standard error. $p < 0.05$.

Table 4: Multiple regression analysis between rural and urban individuals' attitudes to violence against women in ISKEBE and their total scores of hopelessness and intolerance for uncertainty

Variables	B*	SE†	t	p	Adj. R ²	F
Constant	101.938	3.229	31.569	<0.001	0.057	34.657
Hopelessness scale	-1.204	0.185	-6.517	<0.001		
Intolerance of uncertainty scale	0.372	0.073	5.092	<0.001		

*: β : regression coefficient, †: SE: standard error. $p < 0.05$.

that hopelessness and intolerance of uncertainty predicted the violence against women figures in ISKEBE, for both individuals living in rural and urban areas ($F:34.657$, $p < 0.001$). A variance of 5.7% in the levels of hopelessness and intolerance to uncertainty explains the participants' levels of violence against women in ISKEBE (Adjusted $R^2=0.057$).

Discussion

Periods of economic uncertainty, disaster and unrest typically impact the hopes and expectations of individuals for the future negatively, and an intolerance of uncertainty originating from uncertainties can occur along with violence. In this study examining the perspective of hopelessness, intolerance to uncertainty and violence against women in rural and urban areas, the level of hopelessness of rural participants was found to be higher than that of urban participants, but it was also noted that the difference was not statistically significant ($p > 0.05$). It was determined that the scores of intolerance to uncertainty and attitudes towards violence against women were higher for those living in rural areas, and the difference between these averages was statistically significant ($p < 0.05$). When both national and international literature was reviewed, no study was identified that

dealt with the attitude of violence against women, hopelessness and intolerance to uncertainty together.

In the current research, it was determined that 36.9% of the participants experienced mild hopelessness and 30% felt a moderate hopelessness. 84 participants were evaluated at the severe hopelessness level. Severe hopelessness was defined as an increase in suicidal tendencies in the literature²². In a study similar to this one, it was reported that mild hopelessness was found in 30.6% of participants and moderate hopelessness in 17.7%²². In a study of 1026 participants aged 18-65, it was reported that 10.8% of the subjects showed severe (suicidal) hopelessness symptoms, 17.7% showed moderate symptoms, and one in three participants showed moderate to severe hopelessness symptoms²². In a study conducted with forty women who lived in women's shelters and had been abused, half of the women reported a level of hopelessness as moderate and severe. It was stated that the general average of hopelessness level did not differ according to age, education or income level, employment or marital status. When we look at the sub-dimensions of hopelessness, it has been reported that there is a statistically significant difference in the mean feelings and expectations about the future, and the sub-dimension of loss of motivation compared to education level. Those with

primary school and above education scored higher than those with only primary school and below education. It has been determined that the general average of the hopelessness scale shows a statistically significant difference between rural and urban individuals, and the hopelessness levels of individuals living in the city are higher²³. In our study, the average hopelessness score of individuals living in rural areas was found to be higher than those living in urban areas. In a study conducted with university students, it was reported that as hopelessness increases, a general self-efficacy, intolerance to uncertainty and the probability of finding a job decrease²⁴.

Exhibiting a negative emotional and behavioral reaction in the face of actions with unclear outcomes is referred to as intolerance to uncertainty²⁵. In the current study, it was seen that intolerance to uncertainty is moderate in individuals living in rural areas, and above moderate levels in participants living in urban areas. This difference is statistically significant ($p < 0.05$). In a few studies conducted with university students, it has been reported that the average intolerance of uncertainty level is high^{24,25}. It is thought that the difference between this result and the current study may be due to the high uncertainty of university students about their futures such as profession and marriage. In the literature, it has been reported that intolerance to uncertainty affects coping with stress²⁶, positive and negative beliefs about anxiety²⁵, hopelessness, anxiety about finding a job in the future and self-efficacy²⁴. It can be said that with the increase of hopelessness, intolerance to uncertainty increases. It has been reported that individuals with high intolerance to uncertainty see this insecurity as a danger and exhibit high levels of anxiety. Hopelessness is intolerant of uncertainty and anxiety drives violence²⁵.

According to the estimates by WHO, one out of every three women worldwide is exposed to physical or sexual violence during their lifetime. As a result, the physical, mental, sexual and reproductive health of women may deteriorate. Also, sexually transmitted health problems such as HIV, especially as a result of sexual violence, endanger public health. Low education levels, exposure to violence as a child, witnessing domestic violence, personality disorders, substance abuse, living in societies that favor men over

women and polygamy have all been blamed for intimate partner and violence against women¹⁰. In the current study conducted in Turkey, which is a patriarchal society where men are characterized as superior to women, negative attitudes around violence against women were found to be 3 times higher than positive attitudes (75.1% and 24.9% respectively). In addition, it was determined that the attitude of violence against women is affected by gender, marital status, educational status, place of residence, family structure, type of marriage, exposure to violence in childhood and the presence of a psychiatric illness. Studies on violence against women support our work in this regard²⁷⁻³¹. In a study conducted in Turkey with 2959 participants, 41.3% of women and 22.6% of men reported that they had been subjected to violence. Studies have shown that the attitude towards violence against women is more positive in women and violence is seen as natural, that is acceptable in men²⁷. In a survey conducted with 17,542 Australian participants aged 16 and over, it was reported that the attitude supporting violence against women was at a high level. Misogyny and strict gender were found to be the strongest predictors of attitudes towards violence against women³⁰. Contrary to this research, a further study concluded that educational status, place of residence, marital status and presence of psychiatric illness were not found to be influencers of violence against women⁹.

While the rates of violence against women are high throughout the world, it would be inappropriate not to mention the impact of children on women, who are described as everything to their mothers, who carry heavy burdens on their shoulders as individuals, families and society, while unfortunately being exposed to domestic violence. Children who grow up with violence in the family and who are under physical, social, economic and spiritual pressure can be highly affected from this situation. As a result, the child may see the future with hopelessness and spend their adult life either reacting violently or with psychiatric diseases^{10,32}. In this study, it was seen that the state of being exposed to violence in childhood affects the attitude towards violence against women. It was also determined that those who had experienced violence during childhood showed a negative attitude towards violence against women, at a rate of 63%.

Conclusions

As a result of this study, it was determined that the level of hopelessness was moderate, the level of intolerance to uncertainty was above medium, and the attitude towards violence against women was high. It was found that the hopelessness level of participants living in the countryside was higher than individuals living in the city, but there was no statistically significant difference. Levels of intolerance of uncertainty and attitudes towards violence of participants living in the city were higher than those living in the countryside, and this difference was statistically significant. It was determined that the attitude towards violence against women was affected by gender, educational status, place of residence, family structure, type of marriage, exposure to violence in childhood and the presence of a psychiatric illness. In addition, it was determined that hopelessness and intolerance to uncertainty predicted violence against women significantly.

Based on these results, it is thought that situations that create hopelessness and uncertainty in individuals may negatively affect the individual against violence, and in this sense, in order to prevent the occurrence of violent acts, it is necessary to reduce or eliminate situations that create hopelessness and uncertainty. More research is recommended on violence against women, to bring the topic to the agenda through the media, to assign deterrent punishments to individuals who commit these crimes and to provide education on violence against women starting from an early age.

The sampling method in the study, the high number of samples and the well-done method are the strengths of the study. The results of this study are limited to the province of Kars, located in eastern Turkey, and cannot be generalized to the whole population.

Ethical consideration

Permission for this research was obtained by the Presidency of the Scientific Research and Publication Ethics Committee of Ardahan University in session number E-67796128-000-2200005853, dated 18.02.2022. Necessary traces for measurement tools used in the study and the

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consent of all individuals participating in the study were obtained.

Conflicts of interest

The authors report no actual or potential conflicts of interest.

Funding

No external or intramural funding was received.

Acknowledgement

The authors thank the participants who participated in the study.

Contribution of authors

GG, contributed to conception and design of the study, analyzed data, manuscript preparation, editing. DŞ contributed to conception and design of the study, data collection, analyzed data, manuscript preparation. Both authors read and approved the final manuscript.

References

1. Fiorillo A and Gorwood P. The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry* 2020;63(1), e32.
2. Hacimusalar Y, Kahve AC, Yaşar A and Aydın M. Anxiety and hopelessness levels in COVID-19 pandemic: A comparative study of healthcare professionals and other community sample in Turkey. *Journal of psychiatric research* 2020;129:181-188.
3. Alkan AD and Kurnaz S. A research on the determination of academic hopelessness and fatalism tendency levels of university students. *Selçuk University Akşehir Vocational School Journal of Social Sciences* 2022;13:45-54.
4. Hernandez SC and Overholser JC. A systematic review of interventions for hope/hopelessness in older adults. *Clinical gerontologist* 2021;44(2):97-111.
5. Akbari M, Spada MM, Nikčević AV and Zamani E. The relationship between fear of COVID-19 and health anxiety among families with COVID-19 infected: The mediating role of metacognitions, intolerance of uncertainty and emotion regulation. *Clinical Psychology & Psychotherapy* 2021;28(6):1354-1366.
6. Karataş Z and Tagay Ö. The relationships between resilience of the adults affected by the covid pandemic in

- Turkey and Covid-19 fear, meaning in life, life satisfaction, intolerance of uncertainty and hope. *Personality and individual differences* 2021;172:110592.
7. Freeston M, Tiplady A, Mawn L, Bottesi G and Thwaites S. Towards a model of uncertainty distress in the context of Coronavirus (COVID-19). *The cognitive behaviour therapist* 2020;13:e31.
 8. Özkan S and Göral Türkcü S. Violence, Abuse, Neglect. In: Sevil Ü, Gürkan A, eds. *Being a Woman in Every Field*. Ankara Nobel Tıp Kitabevleri; 2018.
 9. Polat S, Aktaş B, Bakan AB, Baş E and Pasinoğlu T. Males' attitudes towards violence against women and the affecting factors. *Perspect Psychiatr Care* 2021;57(2):883-890.
 10. World Health Organization. Violence against women. Published 2022. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>. Accessed September 12, 2022.
 11. Canpolat Ö and Demir M. Evaluation of cases applied to the emergency department for family violence against women. *Gazi Journal of Health Sciences* 2020;5(1):1-9.
 12. Yardım H and Demir M. Perceived social support, attachment and attitude to violence against women. *Journal of Amasya University Faculty of Education* 2022;11(1):67-79.
 13. Rende RE. The relationship between married men's gender attitudes and childhood violence and violence against women. *International Journal of Social and Humanities Sciences* 2020;4(3):79-92.
 14. Delibaş L, Polat F, Bilir İ, Ekren A and Çelikli S. The relationship between the self-esteem of educated young people and attitudes towards violence against women. *Mersin University Lokman Hekim Journal of Historical and Folkloric Medicine* 2020;10(2):222-230. doi:10.31020/mutfd.667795.
 15. Tektaş P, Yıldız N, Kanbay Y, Işık E and Aslan Ö. Examination of the factors related to violence against women attitude in university students. *ACU International Journal of Social Sciences*. 2020;6(1):40-49. doi:10.22466/acusbd.695562.
 16. <https://www.surveysystem.com/sscalc.htm>. Accessed January 24, 2022
 17. Durak A and Palabıyıköğlü R. Validity study of the beck hopelessness scale. *Cris Journal* 1994;2(2):311-319.
 18. Seber G, Dilbaz N, Kaptanoğlu C and Tekin D. Hopelessness Scale: Validity and Reliability. *Cris Journal* 1993;1(3):139-142.
 19. Sarıçam H, Erguvan FM and Akın MŞ. The Turkish short version of the intolerance of uncertainty (IUS-12) scale: The study of validity and reliability. *Route Educational and Social Science Journal* 2014;1(3):148-157.
 20. Kanbay Y, Aslan Ö, Işık E and Tektaş P. Development study on ISKEBE Violence against Women Attitude Scale (ISKEBE Attitude Scale). *Anatolian Journal of Psychiatry* 2017;18(5):453-459. doi:10.5455/apd.256374.
 21. Tabachnic BG and Fidell LS. *Using Multivariate Statistics*. 6th Ed. United States: Pearson Education; 2013.
 22. Erdoğan Y, Koçoğlu F and Sevim C. An investigation of the psychosocial and demographic determinants of anxiety and hopelessness during COVID-19 pandemic. *Journal of Clinical Psychiatry* 2020;23.
 23. Kısa S, Zeyneloğlu S and Verim E. The level of hopelessness and psychological distress among abused women in a women's shelter in Turkey. *Archives of psychiatric nursing*. 2019;33(1):30-36.
 24. Kıran B, Bozkur B and Cengiz Ö. Investigation of hopelessness levels, intolerance of uncertainty and self-efficacy of university students. *Kastamonu Education Journal* 2020;28(6):2401-2409. doi:10.24106/kefdergi.702233.
 25. Uzun K and Karataş Z. Positive and Negative Beliefs about Worry as the Predictors of Intolerance Caused by Uncertainty. *Kastamonu Education Journal* 2018;26(4):1267-1276. doi:10.24106/kefdergi.434169.
 26. Bongelli R, Canestrari C, Fermani A, Muzi M, Riccioni I, Bertolazzi A and Burro R. Associations between personality traits, intolerance of uncertainty, coping strategies, and stress in italian frontline and non-frontline hcws during the covid-19 pandemic—a multi-group path-analysis. *Healthc* 2021;9(8). doi:10.3390/healthcare9081086.
 27. Başar F, Demirci N, Çiçek S and Sağlam HY. Attitudes toward violence against women and the factors that affect them in Kutahya, Turkey. *African journal of reproductive health* 2019;23(1):16-26.
 28. Çalhıkoğlu EO, Aras A, Hamza M, Aydın A, Nacakgedigi O and Koga PM. Sexism, attitudes, and behaviors towards violence against women in medical emergency services workers in Erzurum, Turkey. *GlobalHealth Action* 2018;11(1):1524-1541.
 29. El-Abani S, Jacobs S, Chadwick K and Arun S. Migration and attitudes towards domestic violence against women: a case study of Libyan migrants in the UK. *Migration and Development* 2020;9(1):111-130.
 30. Webster K, Ward A, Diemer K, Flood M, Honey N, Morgan J, Politoff V, Powell A and Stubbs J. How are gender inequality and violence against women related? Findings from a population-level community attitudes survey. *Australian Journal of Social* 2021;56(3):374-392.
 31. Yılmaz EB and Yüksel A. Factors affecting nursing students' attitudes towards violence against women: a cross-sectional study. *Central European Journal of Nursing and Midwifery* 2020;11(2):85-93.
 32. Hooker L, Nicholson J, Hegarty K, Ridgway L and Taft A. Maternal and Child Health nurse's preparedness to respond to women and children experiencing intimate partner violence: A cross sectional study. *Nurse Education Today* 2021;96(March 2020):104625. doi:10.1016/j.nedt.2020.104625.