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Coping strategies among women exposed to Gender-Based violence in Turkey

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Abstract

Aim: To understand coping strategies used by women experiencing gender-based violence and living in Turkey. Coping is a cognitive and behavioural strategy that individuals develop to manage stress, generally categorized as emotion-focused or problem-focused coping. Women exposed to gender-based violence develop various coping strategies to manage stress and its adverse mental and physical health effects.

Design: Qualitative study using the phenomenological approach.

Methods: Data were collected in Turkey by using the snowball technique ($n = 17$) between September 2019 and September 2020. The Clinical Ethnographic Narrative Interview is the source of the qualitative data for this study. Data were coded manually and utilized the RADAR technique.

Results: Seventeen women aged 25–40 were included in this analysis. Women stated that they were exposed to more than one type of gender-based violence according to their lived experiences. Analysis of the nature of coping strategies revealed five main themes. The themes were self-competence, separation from others/isolation, getting professional help, having faith and social support.

Conclusion: Breaking the silence and listening to gender-based violence experiences from survivors' voices contribute significantly to literature. There was a dearth of research on Turkish women's gender-based violence survivors; the research intended to address that gap. The participants highlighted that they would like to receive more attention and felt relief in sharing their experiences.

Impact: The Clinical Ethnographic Narrative Interview is a great tool to explore narratives of gender-based violence and coping skills of women. The study explored coping strategies of Turkish women's gender-based violence survivors. The participants indicated their emotion-focused and problem-solving coping strategies and shared their stories. This study will enhance efforts to concentrate on gender-based violence among Turkish women and inspire other researchers, practitioners and policymakers to change and provide more opportunities for the benefit and well-being of these women.

KEYWORDS

coping, domestic violence, gender-based violence, intimate partner violence, mental health nursing, nursing, qualitative study

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1 | INTRODUCTION

Gender-based violence (GBV) or violence against women is a serious public health issue, human rights violation and gendered discrimination against women (The United Nations Women [UN Women], 2016). According to the United Nations Population Fund (2018), nearly one in three women worldwide experienced either sexual and/or physical intimate partner violence by a partner and/or sexual violence perpetrated by a non-partner during their lifetime. GBV has been deeply rooted within patriarchal societies in which male-dominated practices and norms oppress women due to gender inequalities between women and men.

GBV or violence against women is defined as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life' (World Health Organization, 2021; the UN Women, 2016; García Montes et al., 2021). GBV includes different forms of violence against women, such as domestic violence, intimate partner violence, child marriage, female genital mutilation, honour killings, sexual harassment, deprivation of food and aggression against women's sexual freedom (the United Nations Educational, Scientific, Cultural Organization, 2019; Hacettepe University Institute of Population Studies, 2015; the UN Women, 2016). GBV against women is associated with adverse physical and mental health outcomes that include but are not limited to traumatic brain injuries, sexually transmitted diseases, unplanned pregnancies, severe bone fractures, cognitive impairments, depression, posttraumatic stress disorder, anxiety and substance abuse disorders (Reid et al., 2021).

GBV in Turkey is the most important social and public health issue against women. GBV disproportionately impacts the health of millions of women in Turkey. Results of a national-based study from Turkey showed that the prevalence of GBV against women varied in the range between 40% and 80% (Sen & Bolsoy, 2017). Another study from Turkey reported that 43.4% of women had experienced at least one type of GBV in their lifetime. In their responses, the distribution of GBV is 41.8% physical, 29.5% emotional, 6.6% sexual, 68.7% verbal and 20.2% financial violence (Yanik et al., 2015). Similarly, 39.3% of women experience physical, 15.3% sexual and 41.9% both physical and sexual violence by an intimate partner during their lifetime (Büyükyilmaz & Demir, 2016; Yüksel Oktay, 2015). Bulucu and Aymelek-Çakıl (2013) noted that 61.8% of women experience verbal and 54.8% of women experience physical violence from their husbands and fathers. Although the high prevalence of GBV against women has been reported in Turkey over the years, GBV against women is still under-studied due to socio-cultural (i.e., patriarchal practices and stigma around GBV against women) and structural (i.e. lack of support from formal services) barriers. Future research is needed to explore GBV in women from different socio-demographic backgrounds to develop effective GBV prevention programs and policy changes in Turkey.

Women exposed to GBV develop various coping strategies to manage GBV-related stress and adverse mental and physical health effects of GBV. Lazarus and Folkman (1984) describe coping as cognitive and behavioural strategies developed by individuals to manage stress, generally categorized as emotion-focused or problem-focused coping (Garcia, 2010). Emotion-focused coping strategies focus on the emotional impacts of conflict when a stressful situation occurs and may also involve avoiding or minimizing the conflict. Problem-focused coping strategies focus on the problem and involve the use of efforts to deal with it (Ozturk, 2020). Problem-focused coping also includes formal coping strategies such as the use of counselling services, calling the police, seeking help from organizations and other professional services (Freeland et al., 2018). Women experiencing IPV may apply several coping strategies to deal with GBV (Bhandari, 2018). These strategies include: (1) praying to God; (2) considering children's well-being to cope with IPV as an emotion-focused coping; (3) seeking help for IPV from informal supports such as friends and family and (4) seeking help from formal resources such as domestic violence services and the justice system as problem-focused coping (Bhandari, 2018).

Despite the high prevalence of GBV against women reported in Turkey, there are limited published studies that exist to explore how women cope with GBV and the health outcomes of GBV. In fact, existing studies mostly underline emotion-focused coping strategies rather than problem-focused coping utilized by women experiencing different forms of GBV. For example, keeping silent, having a strong faith, praying to God, being patient and remaining calm (Gümüş et al., 2020; Kandemirci & Kağnıcı, 2014; Özcan & Kırca, 2017; Sen & Bolsoy, 2017). Results of another study noted that women are more likely to accept and remain silent about the violence, followed by less likely to seek help for violence from formal and informal resources (Özcan et al., 2016). While some researchers reported problem-focused coping strategies including leaving the abuser and seeking support from family and friends (Ergöçmen et al., 2013; Kandemirci & Kağnıcı, 2014; Sahin et al., 2012), the need for warrant future research to understand how women in Turkey cope with different forms of GBV. In fact, there remains a crucial need for future research to explore current coping strategies used by women from different sociodemographic backgrounds in Turkey.

The majority of published studies from Turkey were conducted with descriptive quantitative approaches. Therefore, the use of descriptive quantitative approaches may limit our understanding of current coping strategies used by women experiencing different forms of GBV. The use of qualitative research approaches may help researchers to explore women's unique experiences of GBV and coping strategies for GBV. To develop GBV prevention programs and policy changes in Turkey, future research studies need to be conducted with qualitative research approaches to have a better understanding of women's unique experiences of GBV. The current study aims to lay the groundwork for future research exploring coping strategies used by women experiencing GBV in Turkey. In this study, the researchers applied a unique qualitative interview technique (i.e., CENI) to conduct qualitative interviews informed by feminist perspectives. Up-to-date, there has been no published research study in which the Clinical Ethnographic Narrative Interview

(CENI) technique was applied to collect qualitative data on women experiencing GBV in Turkey. Therefore, the use of a unique CENI interviewing technique informed by feminist perspectives helped researchers to explore women's unique experiences of GBV and different coping strategies used by women experiencing GBV in Turkey.

To understand GBV, social and cultural differences should also be considered (Ozturk, 2020). Geographically, Turkey is located between Europe and Asia, and it is one of the Middle Eastern countries. The Middle Eastern region has some patriarchal societies and cultures (Ozturk, 2020). Two components define patriarchy: a structure in which men have more privilege and power than women and an ideology legitimizing this conception (Ozturk, 2020; Smith, 1990). Turkey could be defined as a patriarchal society where gender inequality is deeply rooted in Turkey (Engin & Pals, 2018).

1.1 | Background

1.1.1 | Theoretical framework

GBV is deeply rooted in patriarchal societies where gender inequalities and discrimination against women play essential roles in women's conceptualizing of GBV and seeking help for GBV (Walby et al., 2017). This study aims to examine coping strategies used by women experiencing different forms of GBV from a feminist perspective that intentionally brings women's unique experiences to the centre. Feminist perspectives are used to create systematic social and policy changes, remove oppression through women's empowerment and advocate social justice for all women of diverse sociodemographic backgrounds (Denzin & Lincoln, 2018; Hesse-Biber, 2014). Applying a feminist perspective can contribute to our understanding of women's experiences of GBV and coping strategies used for GBV in Turkey.

2 | THE STUDY

2.1 | Aims

This study aimed to understand coping strategies used by women experiencing GBV and living in Turkey. The research question addressed in this study was 'How do Turkish Women who have experienced gender-based violence use coping strategies in their lives'?

2.2 | Design

This qualitative study used the phenomenological approach to answer the research question. We described the coping strategies of Turkish women who have experienced GBV in their lives. We chose qualitative research methods because qualitative studies include participants' voices and focus on interpreting and describing the meaning of experiences, interactions, social context and behaviours (Creswell & Poth, 2016). The phenomenological approach has been commonly used to understand human phenomena in nursing practices (Matua, 2015). In the nursing literature, there are several phenomenological approaches available, and the two main phenomenological frameworks are descriptive (Husserlian) and interpretive (Heideggerian) phenomenology (Lopez & Willis, 2004; Sundler et al., 2019). In this study, a descriptive phenomenological approach is utilized to clarify and understand the essential meaning of a phenomenon of interest from the perception of the individuals directly involved in it (Giorgi, 1997). In this study, the descriptive phenomenological approach provides the lived context of the woman and does so by focusing on her perspective without the use of deception (Giorgi, 2009).

Qualitative scholars utilize the phenomenological approach to discover and understand a phenomenon from people who experience the phenomenon itself (Wilson, 2015). The descriptive phenomenological approach was selected to guide this research to understand the lived experiences of Turkish women who have experienced GBV in their lives. Therefore, using a phenomenological approach with semi-structured interviews allowed us to obtain in-depth and rich information from Turkish women's lived experiences of coping strategies with GBV.

2.2.1 | Participants

A purposeful sampling strategy was used in this study which is common in qualitative studies (Creswell & Poth, 2016). Data were collected in Turkey by using the snowball technique between September 2019–September 2020. Snowball sampling techniques can help the researcher reach participants through social networks of identified individuals (Lewis-Beck et al., 2004). The participants were selected purposefully and were informed to understand the research problem and the central phenomenon of the study (Creswell & Plano, 2011; Creswell & Poth, 2016; Ozturk, 2020). The eligibility of the participants was (a) Turkish women who live in Turkey, (b) who have self-identified as having experienced GBV such as physical, psychological, emotional or sexual abuse in their lives and (c) at least 18 years old. The researchers reached the potential participants through social media. We provided preliminary information through flyers containing the purpose and scope of the research. Participants who thought they had experienced gender-based violence and wanted to participate first completed the survey by the research link. Then, those who approved the interview proposal were included in the survey, and those who shared their contact information were interviewed. Therefore, given the difficulty to recruit for this population, we interviewed 17 women who met the eligibility criteria of the study.

2.3 | Data collection

To collect the data, we utilized the semi-structured Clinical Ethnographic Narrative Interview (CENI). We had one individual interview, about 60 to 90 min, depending on the participant's

responses. The interviews were recorded and transcribed verbatim. Face-to-face and online interviews were conducted by the trained interviewer (ZZ). All interviews were conducted in Turkish.

2.3.1 | Clinical ethnographic narrative interview (CENI)

The CENI is the source of the qualitative data for this study. The CENI is audiotaped and transcribed for analysis. The CENI is about a 90-min semi-structured narrative interview (Saint Arnault, 2017). The CENI gathers information about gender, the self, distress and help seeking and meaning. The CENI also supports the interviewee by reducing perceived barriers to help-seeking, increase coping and self-efficacy, promoting the use social support and recovery actions and promoting healing and a sense of coherence for women who have experienced GBV. The set of activities consists of social network mapping, body mapping, lifeline and card sorting. The social network mapping focuses on the social network, the use of social resources and the perception of support; and social negativity and perceived stigma are gleaned from the social network. The body map reveals the current symptoms, as well as general feelings during daily life. It begins to reveal symptom patterns and meanings and functioning concerns such as sleeping, eating, weakness and other activities of daily living. The lifeline high and low points reveal lifetime patterns of stressors and how they were managed, coping methods/skills and relationship patterns. The lifeline reveals how events are perceived and how these perceptions contribute to help-seeking decisions. The lifeline reveals the presence and persistence of symptoms and symptom clusters and their meanings and help-seeking for them. The card sort activity reveals the symptoms and symptom clusters of any given low point in great detail. It focuses on detailed questions about causal interpretations, social significance, social support and social negativity. The card sort also reveals the importance of these interpretations and meanings to a perceived need, help-seeking intent and help-seeking actions. The emphasis throughout the interview is perceived need, coping, help-seeking intent and help-seeking behaviour. At the end of the interview, the interviewer and the participant put it all together to make decisions for her future health.

2.4 | Ethical considerations

Ethics committee approval was obtained from Istinye University Social and Human Research Ethics Committee (Number:2019/06–02).

2.5 | Data analysis, validity and reliability/rigour

We used a CENI semi-structured interview to address the research question, and the research question led to data coding through the data analysis process. In qualitative research, data analysis includes coding, categorizing and creating meaningful interpretations of data related to the phenomenon (Englander, 2012; St. Pierre & Jackson, 2014). In this paper, the thematic analysis steps were used with a descriptive approach focusing on lived experience. Data were analysed using line-by-line interview transcripts coding to identify themes among the participants (Braun & Clarke, 2006; Saldaña, 2016). In this study, the thematic analysis aims to analyse and understand the themes from the data on lived experiences. Inductive approaches were used in this thematic analysis technique (Braun & Clarke, 2006; Maguire & Delahunt; Sundler et al., 2019). We followed Braun and Clarke's (2006) six-phase thematic analysis technique, and the descriptive phenomenological approach assisted us in focusing on the lived context of the woman's perspective without using deception in this study (Giorgi, 2009). In the first step, we read and re-reading the transcripts to become familiar with the data. In the second step, we started to organize our data in a meaningful and systematic way. After we organized our data, we examined the codes, and some of them fit into a theme. In the fourth step, we reviewed and developed the preliminary themes; after that, we defined the themes to what each theme is about. In the final step, we reported each theme. The themes were also evaluated in terms of semantic language with the entire research team in terms of trustworthiness.

Data were analysed manually and utilized the RADAR technique. The RADAR technique is a team-based approach to coding and analysing qualitative data (Watkins, 2017). The RADAR technique uses tables and spreadsheets (i.e., Microsoft Word and Excel) for general-purpose to reduce the data. It is rigorous because of organizing, reducing and analysing the data (Watkins, 2017).

2.6 | Rigour

Given the difficulty of recruiting participants for this population, it was challenging to obtain a large sample size for this study. Polkinghorne (1989) recommends that scholars interview five to 25 individuals who have had the same experiences in phenomenological research. Additionally, for the phenomenological study, long interviews with up to 10 participants were suggested to reach saturation (Creswell & Poth, 2016). For this study, we focused on the interview qualities, not the numbers of the participants. The current study sample consisted of 17 Turkish women who have experienced experience GBV. At this point, we stopped searching for participants and finished the data analysis incorporating the 17 participants.

Trustworthiness is a way for researchers to ensure for themselves and readers that their research results are worthy of being considered valid, which can be established through credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). To ensure trustworthiness, two researchers (BÖ, ZZ) analysed the data separately, and after the researcher coded, they compared their codes and had debriefing sessions. Having

a debriefing season monitors the researcher's subjectivity and minimizes misinterpretations, leading to an increase in the study's credibility.

3 | FINDINGS

3.1 | Sample characteristics

Seventeen women aged 25–40 (M = 33.07, SD = 5.55) were included in this analysis. The participants stated that they were exposed to more than one type of GBV throughout their lifetime, according to their lived experiences. The sample characteristics can be seen in Table 1.

3.2 | Coping strategies of women

All the participants described how they healed and coped through abuse and after the abuse. The five themes emerged from interview responses, which helped to address the research questions. The themes were self-competence, separate from others/isolation, getting professional help, having faith and social support.

3.2.1 | Theme 1: Self-competence

All participants described how they empowered themselves and focused on their strengths. The sub-themes of educating themselves, finding a job and financial independency were combined into the broader theme of self-competence. They mentioned that they learned something from their experiences and used this knowledge to design their life and improve themselves. Some participants mentioned that they began graduate school to study 'women's welfare issues' to deeply understand gender inequalities in society. One participant noted that she found a new job and got promoted to increase her financial independence. Another participant stated that 'I gave myself on my thesis. I changed my focus and concentrated on what I was studying to forget my problems and keep myself busy with school'. Also, the same participant mentioned that she studied women's issues and learned new things to help herself feel proud and worthy. Also, most participants stated that they tended towards personal development and strengthened their coping skills by increasing their interest in personal development and self-improvement books.

3.2.2 | Theme 2: Separate from others/isolation

The separate from others/isolation theme includes preparing to stay alone and do nothing as sub-themes. All participants mentioned how their alone time was vital for them and isolated themselves to achieve that space. Some participants reported that they were prepared to stay alone at home and moved out to live by themselves. One participant mentioned that she was tired of the loud arguing with her partner, and after she left her partner, she was grateful for her own time and listening to silence at home after her work. Another participant stated that she felt too busy with her family issues, kids and household. She complained about how she forgot herself in this chaos until she felt sick and got some pains in her body. She stated that;

> Most of the time, I had headaches and felt pain in my legs. I could not live without painkillers. However, I had to work and take care of my kids. I had to be active and needed to communicate with all the people, so when I came home, I prepared to isolate myself and listen to my body and my soul.

3.2.3 | Theme 3: Getting professional help

The sub-themes of going to therapy and getting professional medical help during their healing process were combined into the broader theme of getting professional help. The participants described how

TABLE 1 Sample characteristics ($N = 17$).

Demographics		N	Mean (SD)
Age (years)		17	33.07 ± 5.55
Education ($n = 16$)	High school	2	
	College without degree	1	
	College graduate	5	
	Some postgraduate	1	
	Graduate degree	4	
	Other (they did not state what it is)	2	
	Prefer not to answer	1	
Type of violence ($n = 17$)	Physical violence	8	
(Multiple selection)	Sexual violence	9	
	Psychological-emotional violence	7	
	Financial abuse	1	

they utilized formal coping strategies to heal themselves after the abuse. Most of the participants reported that they went to a therapist to seek relief from the effects of their trauma. Two of the participants mentioned that seeking professional support helped them to get through their life. Another participant stated that she sought help from a psychiatrist to help her be strong in her life and be a good mom to her kids. In addition, she did not want to appear to be weak in front of her husband. She said that "I don't want him to see me like that; I don't want to cry around him. I want him to see me so strongly."

3.2.4 | Theme 4: Having faith

The having faith theme includes sub-themes such as praying to God, fasting and believing God will positively guide them. The participants described how having faith and feeling hopeful helped them survive after their traumatic experiences. Most of the participants mentioned that praying five times a day, fasting and believing in God made them happy and feel grateful. One participant reported that she began to do five times prayers to feel peaceful and ask God to resolve her problems. She mentioned that believing in God and judgement day from the religious perspective make her feel relieved.

3.2.5 | Theme 5: Social support

The sub-themes of having trusted friends, spending time with friends and dating someone were combined into the broader theme of social support. The participants described multiple ways to use coping mechanisms to survive GBV. The participants stated that talking with trusted friends, dating someone and having social support were common coping strategies. One participant reported that even though she was busy with her work, she would like to hang out with her friends. Also, some of the participants mentioned that they like to have emotional support from their boyfriends.

4 | DISCUSSION

This research utilized the semi-structured Clinical Ethnographic Narrative Interview (CENI) to identify the coping efforts of 17 Turkish women who have experienced GBV in Turkey. In this present study, findings show that GBV survivors of Turkish women engage in a wide range of coping strategies and help-seeking behaviours to heal themselves. This finding is consistent with other studies that indicated that survivors intend to receive help when the violence is severe and get worse (Macy et al., 2005; Nurius et al., 2011). The coping strategies of Turkish women survivors aimed to manage emotional distress associated with the abuse in their life. This study found that Turkish women sought help from various sources, including informal resources (e.g., friends, getting an education, isolating themselves, having faith) as emotion-focused coping strategies and formal resources as problem-solving coping strategies (e.g., getting professional help).

In this study, most of the women identified how religion and faith played a significant role when they experienced GBV. This finding was consistent with previous research that showed how having faith could provide strength to a survivor of violence against women (Khan, 2015; Mahapatra & DiNitto, 2013; Özcan et al., 2016). Furthermore, another study also revealed that praying to God is one of the coping strategies to reduce their anxiety and worries among intimate partner violence survivors (Bhandari, 2018; Kandemirci & Kağnıcı, 2014).

In the present study, Turkish women reported receiving social support from their friends and that they isolated themselves to focus on emotional expression and self-care. Previous studies showed that having social support can affect survivors' mental health by moderating their well-being (Arias et al., 1997; Thompson et al., 2000). However, some studies indicated that receiving the support of family and friends can be insufficient to prevent the violence or stop the abuse (Liang et al., 2005; Schultz et al., 2019). In this present study, some women reported not receiving enough support from their families and relatives. Due to the social stigma on divorced women, families may not support women to separate their partners. Also, even though women have the right to divorce their husbands in Turkey, they consider social pressure on divorce women, socioeconomic status and having children (Caarls & de Valk, 2018). The lack of economic freedom of women is often a hindering factor in moving away from the relationship of violence.

On the other hand, formal support can affect the physical and emotional safety of the survivors and assist in coping with the stress related to violence. Some studies have revealed that women who have received professional support and used domestic violence services are likely to be free of violence compared with women who did not receive professional support (Meyer, 2011; Ozturk, 2020). In our study, most of the participants reported that they went to a therapist to relieve the effects of their trauma. In addition, some participants mentioned that after they experienced GBV, they decided to go back to college again and received higher education to improve themselves. Also, this research emphasized that women's help-seeking decisions depend on interpersonal and socio-cultural factors. In another study conducted in Turkey, Turkish women preferred to appear strong in their society to deal with the expectations of women in the patriarchal society (Ali et al., 2020).

4.1 | Cultural context

In this present study, cultural factors also emerged regarding specific family values, and expectations of women in the family and from their partners. GBV includes a different form of violence, and intimate partner violence (IPV) is one of the types of GBV. In this study, women have experienced intimate partner violence by their partners. IPV has been recognized as a social issue in the Middle East (Boy & Kulczycki, 2008). Over the past years, familial

patriarchy might have dwindled, and the ideology of patriarchy can be changed. Nonetheless, it still appears in society (Ahmad et al., 2004; Barrett, 1980; Tonsing & Tinsing, 2019). In the patriarchal family system, the wife should follow the rules in the house, and if the wife does not conform to these norms, abuse is justified (Dobash & Dobash, 1979; Kandiyoti, 1988; Kim et al., 2007). In this study, some Turkish women reported that growing up in a male-dominant society affected their relationships. That is why some of them focused on empowering themselves to be independent financially and have power in their workplace. In previous studies, studies have reported violence such as genital mutilations and honour killings in some of the Middle East and North Africa; a limited number of studies exist on intimate partner violence (Boy & Kulczycki, 2008).

4.2 | Implications

This study aimed to lay the groundwork for future research studies by exploring coping strategies used by women experiencing GBV in Turkey. GBV against women in Turkey is understudied due to socio-cultural (patriarchal practices and stigma around GBV against women) and structural barriers (i.e., lack of support from legal services). In fact, one of the fundamental problems reaching this population in society is obtaining study permits through official channels which is an important structural barrier to conducting GBV research in Turkey.

4.2.1 | Research

The findings of the current study represent an overview of various coping strategies utilized by women experiencing different forms of GBV located in Turkey. The overall findings highlight the need for warrant future studies in Turkey to expand our understanding of how women cope with GBV in Turkey so that effective and efficient GBV prevention programs and policy changes can be implemented. Future research is needed to explore different coping strategies used by women from different socio-demographic backgrounds in Turkey. While there is limited research conducted in Turkey, there is an increased prevalence of GBV in Turkey. Thus, this study underscores that there is a crucial need for future research to examine the current prevalence of GBV against women and coping strategies used by women in the development of public policy changes in Turkey. This study provides a model for a researcher to explore the patterns of coping in this population.

4.2.2 | Practice

The findings of this study showed that women utilize various coping strategies (i.e., emotion-focused coping or problem-solving) to survive with GBV. Healthcare and social service providers may utilize some findings of this study to understand how Turkish women cope with GBV and assist them in reaching out to appropriate services.

All healthcare providers, especially nurses, are the first contact for GBV victims and play an essential role in identifying, assessing, preventing and supporting women experiencing different forms of GBV in healthcare settings (Jiménez-Rodríguez et al., 2020; Visentin et al., 2015). Positive interactions with healthcare providers may lead to greater safety, support and self-efficacy for GBV victims. The findings of this study provide important insights into the prevalence of GBV against women and the variety of coping strategies used by women experiencing GBV in Turkey. In fact, nurses may apply the findings of this study in the development of GBV prevention programs, research studies and policy changes in healthcare settings. The need for GBV training programs for all healthcare providers to improve their confidence to assess GBV and provide adequate support for GBV victims. To sum up, this study's findings provide a better understanding of this population's survivor skills for professionals, researchers and policymakers.

4.3 | Limitations

While this study provides significant contributions to the current state of science, there are some limitations. First, it was challenging to reach out to this population, which may have altered the study. Second, due to the large amount and depth of data, the analysis of data took time. Third, the findings of this study may be transferable to similar socio-cultural contexts and populations. To minimize limitations and increase trustworthiness, the first two authors coded the data separately, and the results were discussed with other authors who contributed to this study. This is the first study where CENI semi-structured qualitative interview approach was applied in Turkey. Moreover, using the CENI qualitative approach helped researchers present an important unique overview of coping strategies utilized by women experiencing GBV in Turkey. Up-to-date, no published research study focuses on exploring women's unique experiences of GBV and utilized coping strategies for GBV in Turkey. Thus, this study provides important background for future research studies to explore the diversity of coping strategies utilized by women experiencing GBV from different socio-demographic backgrounds. Additionally, this study included only heterosexual women; future research could explore same-gender relationships or transgender relationships among GBV survivors of Turkish women. These findings also reflect the experiences of both partnered and unpartnered women living in Turkey who have experienced multiple forms of GBV, given the cultural and contextual influences of this country/society.

5 | CONCLUSION

The purpose of this phenomenological study was to explore the coping strategies of Turkish women GBV survivors. The participants indicated their emotion-focus and problem-solving coping strategies

and shared their stories. We believe that breaking the silence and listening to their voice contributes significantly to literature. All the participants voluntarily participated in this study, and they mentioned in the interview that they wanted to be heard and willing to share their experiences to help other survivors. There was a dearth of research on Turkish women GBV survivors; we intended to address that gap. The participants highlighted that they would like to receive more attention and feel relief in sharing their experiences. We hope that this study will enhance efforts to concentrate on the GBV surviving of Turkish women and inspire other researchers, practitioners and policymakers to change and provide more opportunities for the benefit and well-being of these women. Taking the cultural context of women into consideration when exploring the coping strategies of women experiencing GBV are meaningful strategies and contributes to the well-being of women. The study can be seen as a model case in how to meaningfully explore the coping strategies of women experiencing GBV in a context where culture is important.

AUTHORS' CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*): (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content. * http://www.icmje.org/recommendations/. ZZ, DSA, BO: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; ZZ, BO, AG, DSA: Involved in drafting the manuscript or revising it critically for important intellectual content; ZZ, DSA: Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; ZZ, BO, AG, DSA: Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the author(s).

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

NO PATIENT OR PUBLIC CONTRIBUTION

Patients and the public were not involved in this research.

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