

T.C.

YEDİTEPE UNIVERSITY

INSTITUTE OF HEALTH SCIENCES

DEPARTMENT OF NURSING

**THE EXAMINATION OF DATING VIOLENCE
EXPERIENCES, ATTITUDES TOWARDS
DATING VIOLENCE, AND SELF-HARMING
TENDENCIES OF STUDENTS AT A
FOUNDATION UNIVERSITY.**

MASTER'S THESIS

BERFİN AYHAN

İSTANBUL- 2025

T.C.
YEDİTEPE UNIVERSITY
INSTITUTE OF HEALTH SCIENCES
DEPARTMENT OF NURSING
MASTER'S DEGREE PROGRAM

**THE EXAMINATION OF DATING VIOLENCE EXPERIENCES,
ATTITUDES TOWARDS DATING VIOLENCE, AND SELF-HARMING
TENDENCIES OF STUDENTS AT A FOUNDATION UNIVERSITY.**

MASTER'S THESIS

BERFİN AYHAN

Thesis Advisor: ASSOC. PROF. İŞİL İŞİK

İSTANBUL- 2025

THESIS APPROVAL FORM

Institute : Yeditepe University Institute of Health Sciences
Programme : Department of Nursing
Title of the Thesis : The Examination of Dating Violence Experiences, Attitudes Towards Dating Violence, and Self-Harming Tendencies of Students at a Foundation University
Owner of the Thesis : Berfin Ayhan
Examination Date : 09.04.2025

This study have approved as a Master/Doctorate Thesis in regard to content and quality by the Jury.

	Title, Name-Surname (Institution)
Chair of the Jury:	Prof. Dr. Ayşe Kılıç Uçar
Supervisor:	Assoc. Prof. Işıl Işık
Member/Examiner:	Assist. Prof. Fatma Aktan

APPROVAL

This thesis has been deemed by the jury in accordance with the relevant articles of Yeditepe University Graduate Education and Examinations Regulation and has been approved by Administrative Board of Institute with decision dated and numbered

Director of Institute of Health Sciences

DECLARATION

I hereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which has been accepted for the award of any other degree except where due acknowledgment has been made in the text.

23.05.2025

Berfin Ayhan



ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to my thesis advisor, Assoc. Prof. Dr. Işıl Işık, for guiding me with her knowledge and experience throughout the preparation of this thesis, and for her invaluable suggestions and direction during the entire process. Her academic expertise, understanding, and patience have been a constant source of inspiration at every stage of this study.

I am also profoundly grateful to my family, who have always been by my side and never withheld their support throughout my education. Their endless love, patience, and motivation have made this journey easier and more meaningful, especially during challenging times.

I would like to thank all the academics and friends who contributed to various stages of my study with their valuable insights, encouragement, and unwavering support. These wonderful individuals, who have inspired me both academically and socially, have made the thesis process more productive and enjoyable.

I hope that this thesis will contribute to the scientific community, and I sincerely thank everyone who played a part in it.

I dedicate this thesis to everyone who believed in and supported me.

TABLE OF CONTENTS

THESIS APPROVAL FORM	iii
DECLARATION	iv
ACKNOWLEDGEMENTS	v
LIST OF TABLES	viii
ÖZET	x
ABSTRACT.....	xii
1. INTRODUCTION AND PURPOSE.....	1
1.1. Definition and Significance of the Problem	1
1.2. Purpose and Hypotheses of the Study.....	6
2. GENERAL INFORMATION	7
2.1. Violence	7
2.2. Dating Violence: Definition and Conceptual Framework	9
2.2.1. Forms of Dating Violence	11
2.2.2. The Effects of Dating Violence on Individuals.....	17
2.2.3. Risk Factors and Protective Factors Associated with Dating Violence ..	19
2.2.4. Prevalence of Dating Violence.....	22
2.2.5. Intervention and Prevention Strategies for Dating Violence	25
2.3. Definition of Attitudes	26
2.3.1. Attitudes Toward Dating Violence.....	28
2.3.2. Normalization and Acceptability of Violence.....	29
2.3.3. Victim-Blaming Attitudes	31
2.4. Self-Injury: Definition and Conceptual Framework.....	33
2.4.1. Forms and Methods of Self-Injurious Behaviors.....	35
2.4.2. Risk Factors	37
2.4.3. Prevalence of Self-Injurious Behavior.....	39
2.4.4. Prevention and Treatment Methods for Self-Injurious Behaviors	40

2.5.	Sample Studies and Findings on Dating Violence	42
2.6.	The Relationship Between Dating Violence and Self-Injurious Behavior Tendencies in Romantic Relationships	44
3.	MATERIALS AND METHODS	46
3.1.	Type of Research.....	46
3.2.	Population and Sample of the Study.....	46
3.3.	Location and Duration of the Study.....	47
3.4.	Variables of the Study	47
3.5.	Data Collection Tools	48
3.5.1.	Sociodemographic Information Form [APPENDIX-2].....	48
3.5.2.	Dating Violence Attitude Scale [DVAS] [APPENDIX-3]	48
3.5.3.	Inventory of Statements About Self-Injury [ISAS] [APPENDIX-4].....	49
3.5.4.	Romantic Relationship Assesment Scale [RRAS] [APPENDIX- 5].....	52
3.6.	Implementation of the Study.....	52
3.7.	Data Analysis	53
3.8.	Ethical Considerations of the Study.....	53
3.9.	Limitations of the Study	54
4.	RESULTS	55
5.	DISCUSSION.....	68
6.	CONCLUSION	76
6.1.	Suggestions	77
7.	REFERENCES	79
8.	APPENDIX	99
	ÖZGEÇMİŞ	126

LIST OF TABLES

Table 1: Distribution of Participants' Demographic Characteristics [N:306].....	55
Table 2: Participants' Attitudes Toward Dating Violence	57
Table 3: Participants' Self-Injurious Behaviors	58
Table 4: Participants' Romantic Relationship Exposure Status	59
Table 5: The Relationship Between Participants' Attitudes Toward Dating Violence and Their Romantic Relationship Status	60
Table 6: The Relationship Between Participants' Attitudes Toward Dating Violence and Self-Injurious Behavior.....	62
Table 7: The Relationship Between Participants' Romantic Relationship Exposure and Self-Injurious Behavior.....	63
Table 8: Comparison of Certain Demographic Characteristics of Participants with the Subdimensions of the Dating Violence Attitude Scale [DVAS]	65
Table 9: Comparison of Demographic Characteristics with Romantic Relationship Assessment Scale [RRAS] Scores.....	66

LIST OF SYMBOLS AND ABBREVIATIONS

SIB: Self-Injurious Behavior

ISAS: Inventory of Statement About Self- Injury

RRAS: Romantic Relationship Assesment Scale

DVAS: Dating Violence Attitude Scale

PTSD: Post Traumatic Stress Disorder

CDC: Centers for Disease Control and Prevention

NSSI: Non-Suicidal Self Injurious Behavior

CBT: Cognitive Behavioral Therapy

DBT: Dialectical Behavior Therapy

ÖZET

Ayhan B. [2025]. Bir Vakıf Üniversitesindeki Öğrencilerin Flört Şiddeti Yaşama Durumları, Flört Şiddetine Karşı Olan Tutumları ve Kendine Zarar Verme Eğilimlerinin İncelenmesi. Yeditepe Üniversitesi Sağlık Bilimleri Enstitüsü, Hemşirelik Anabilim Dalı, Yüksek Lisans Tezi. İstanbul.

Giriş: Flört şiddeti, romantik ilişkilerde bir partnerin diğerine kontrol veya güç sağlama amacıyla uyguladığı fiziksel, duygusal, cinsel veya dijital istismar olarak tanımlanmaktadır. Bu çalışma, bir vakıf üniversitesi öğrencilerinin flört şiddetine yönelik tutumları, bu şiddetin yaygınlığını ve kendine zarar verme eğilimlerinin incelenmesi amacı ile yürütülmüştür.

Yöntem: Araştırmanın örneklemini bir vakıf üniversitesinde bulunan hemşirelik, beslenme ve diyetetik, fizyoterapi ve rehabilitasyon, tıp ve eczacılık öğrencileri arasında basit rastgele örnekleme yöntemiyle seçilen 306 öğrenci oluşturmuştur. Veriler, Yeditepe Üniversitesi öğrencilerinden 2024 yılının mayıs ayında toplanmaya başlanmış ve 2024 yılının ağustos ayında veri toplama işlemi tamamlanmıştır. Veriler Google Forms aracılığıyla online anket yoluyla elde edilmiştir. Sosyodemografik bilgi formu, Flört Şiddeti Tutum Ölçeği [FŞTÖ], Kendine Zarar Verme Davranışı Değerlendirme Envanteri [KZVDDE] ve Romantik İlişki Değerlendirme Ölçeği [RİDÖ] kullanılmıştır.

Bulgular: Çalışmada, katılımcıların romantik ilişkide %16,0'sı orta yüksek, %15,4'ü ise yüksek düzeyde flört şiddeti algıladıkları görülmüştür. Kendine zarar verme davranışı açısından, %48,4'ü yüksek, %51,6'sı düşük yoğunluklu kendine zarar verme davranışı gerçekleştirmektedir. Flört Şiddeti Tutum Ölçeği ve Romantik İlişki Değerlendirme Ölçeği ile yapılan Spearman korelasyon testi bulgularına göre flört şiddetini kabul etme tutumu yükseldikçe romantik ilişkilerinde algılanan flört şiddeti düzeyi de yükselmektedir [$\rho=-0,787$; $p<0,001$]. Ayrıca, Flört Şiddeti Tutum Ölçeği ile Kendine Zarar Verme Davranışı Değerlendirme Envanterinin otonom [$\rho=-0,624$] ve sosyal işlevler [$\rho=-0,663$] alt boyutları arasında da negatif yönlü güçlü ilişkiler bulunmuştur [$p<0,001$]. Mann-Whitney U testi sonuçlarına göre, kendine zarar verme davranışı düşük ve yüksek yoğunluk grupları arasında anlamlı fark saptanmış [$U = 6084,000$; $p<0,001$] ve flört şiddetini onaylayan bireylerin daha yüksek yoğunlukta kendine zarar verme davranışı gerçekleştirdiği görülmüştür. Benzer şekilde, kendine zarar verme davranışı

yüksek yoğunluk grubunun, ilişkilerinde daha fazla flört şiddeti algılayan bireyler olduğu görülmüştür [$U = 5042,000$; $p < 0,001$]. Bireylerin romantik ilişkilerinde algıladıkları flört şiddeti düzeyi arttıkça sosyal işlev ve otonom işlev için kendine zarar verme davranışı gerçekleştirme düzeylerinin yükseldiği görülmüştür.

Sonuç ve Öneriler: Bu çalışma, flört şiddetini kabul eden tutumların bireylerin kendine zarar verme davranışlarıyla anlamlı bir ilişki gösterdiğini ve romantik ilişkilerinde flört şiddetine maruz kalan bireylerin kendine zarar verme riskinin daha yüksek olduğunu ortaya koymuştur. Ayrıca, flört şiddetini reddeden tutum arttıkça flört şiddeti maruziyetinin azaldığı belirlenmiştir.

Anahtar Kelimeler: Flört Şiddeti, Kendine Zarar Verme Eğilimi, Romantik İlişki

ABSTRACT

Ayhan B. [2025]. The Examination of Dating Violence Experiences, Attitudes Towards Dating Violence, and Self-Harming Tendencies of Students at a Foundation University. Yeditepe University Institute of Health Sciences, Department of Nursing, Master's Thesis. Istanbul.

Introduction: Dating violence is defined as physical, emotional, sexual, or digital abuse inflicted by one partner on the other in a romantic relationship with the aim of gaining control or power. This study was conducted to examine the attitudes towards dating violence, its prevalence, and self-harming tendencies among students at a foundation university.

Methods: The sample of the study consisted of 306 students selected through a simple random sampling method among students from nursing, nutrition and dietetics, physiotherapy and rehabilitation, medicine, and pharmacy departments at a foundation university. Data collection began in May 2024 and was completed in August 2024, with participants recruited from Yeditepe University. The data were collected online via a Google Forms survey. The instruments used in the study were the Sociodemographic Information Form, the Dating Violence Attitudes Scale [DVAS], the Inventory of Statements About Self-Injury [ISAS], and the Romantic Relationship Assessment Scale [RRAS].

Findings: In the study, it was found that 16.0% of the participants perceived a moderately high level, and 15.4% perceived a high level of dating violence in their romantic relationships. Regarding self-injurious behavior [SIB], 48.4% of the participants engaged in high-intensity self-injurious behavior, while 51.6% engaged in low-intensity self-injurious behavior. According to the results of the Spearman correlation test between the Dating Violence Attitudes Scale and the Romantic Relationship Assessment Scale, as the acceptance of dating violence increased, the perceived level of dating violence in romantic relationships also increased [$\rho = -0.787$; $p < 0.001$]. In addition, strong negative correlations were found between the Dating Violence Attitudes Scale and the *autonomy* [$\rho = -0.624$] and *social functioning* [$\rho = -0.663$] subscales of the Inventory of Statements About Self-Injury [$p < 0.001$]. According to the Mann-Whitney U test results, a significant difference was found between low and high-intensity self-injurious behavior groups [$U = 6084.000$; $p < 0.001$], with individuals who were more approving of dating

violence exhibiting higher-intensity self-injurious behaviors. Similarly, those in the high-intensity self-injurious behavior group were found to perceive more dating violence in their romantic relationships [$U = 5042.000$; $p < 0.001$]. It was observed that as individuals' perceived levels of dating violence in romantic relationships increased their engagement in self-injurious behaviors for purposes of social and autonomous functioning also increased.

Conclusion: This study found a significant relationship between accepting attitudes toward dating violence and self-harming behaviors, indicating that individuals who experience dating violence are at a higher risk of self-harm. Additionally, it was determined that as the rejection of dating violence increases, exposure to it decreases.

Key Words: Dating Violence, Self-Harm Tendencies, Romantic Relationship

1. INTRODUCTION AND PURPOSE

1.1. Definition and Significance of the Problem

Dating violence is defined as the use of physical, sexual, emotional, or digital violence in romantic relationships among young individuals to exert power and control, and it has serious effects on both physical and psychological health [1,2]. In addition to directly harmful behaviors such as physical assaults, threats, and emotional manipulation, indirect mechanisms of pressure, such as controlling a partner's social media accounts or forcing location sharing, also fall within this scope [1]. Factors such as domestic violence, gender roles, peer influence, and substance use are noted to play a role in the emergence of dating violence [2–5].

Dating violence negatively affects not only physical but also psychological and emotional well-being; victims may experience mental health issues such as low self-esteem, depression, anxiety, and post-traumatic stress disorder [6,7]. Individuals exposed to violence have been found to be more likely to engage in self-harming behaviors, substance use, and unhealthy coping mechanisms [8,9]. Among males, exposure to dating violence has been associated with increased antisocial behaviors and cannabis use, while among females it has been linked to increased alcohol consumption and a higher likelihood of becoming victims of violence in adulthood [10]. Women who experience non-sexual physical dating violence are more likely to develop substance dependence, engage in unhealthy weight control practices, and exhibit risky sexual behaviors; among individuals who experience both physical and sexual dating violence, the use of substances before sexual intercourse has been shown to be more prevalent [11].

Dating violence is a phenomenon experienced at a young age and can persist in adulthood. According to a report by the Centers for Disease Control and Prevention [12], 22% of women and 15% of men who experienced partner violence in adulthood reported having experienced dating violence between the ages of 11 and 17. Data from 2018 indicate that one in every 11 women and one in every 15 men experienced physical dating

violence, and one in every nine high school-aged girls and one in every 36 boys experienced sexual violence [13]. Research conducted among university students demonstrates that although this age group is knowledgeable about dating violence, the rates of exposure remain high [14–17].

Attitudes toward dating violence reflect individuals' beliefs and thoughts about violence, and these attitudes are shaped by social norms and cultural values. Individuals who tolerate intimate partner violence are more likely to perpetrate dating violence; particularly among men, attitudes that justify hitting one's partner are strong predictors of violent behavior [18–21]. Some studies show that individuals who have been exposed to violence are more likely to accept dating violence, and that women may be at greater risk of abuse when they exhibit attitudes that normalize violence [22–25]. Among men, attitudes that support violence against one's partner have been found to increase the likelihood of actual violent behavior fourfold [26]. Moreover, attitudes toward dating violence vary by factors such as education, gender, age, and place of residence. Understanding these variables is critically important for developing effective policies to prevent violence [22,27,19,28].

Self-harming behaviors refer to actions in which individuals deliberately inflict physical harm upon themselves, often alleviating emotional distress or express internal pain. These behaviors are seen as dysfunctional coping mechanisms employed when individuals are unable to express or manage their emotions effectively. Self-harm is recognized as a major public health issue affecting mental well-being both globally and in Turkey. Such behaviors diminish individuals' quality of life and adversely impact their physical and psychological balance, making them a subject of intense investigation within the fields of clinical psychology and psychiatry [29,30]. Self-harming behaviors are associated with various psychological disorders and are addressed in clinical research at both national and international levels. They manifest in different forms such as self-injury, self-wounding, self-cutting, self-mutilation, repetitive self-harm, deliberate self-harm, and non-suicidal self-injury [31]. Typically carried out consciously and characterized by

direct disruption to bodily integrity, these behaviors result in physical damage to specific areas of the body [31,32,33].

Collins [34], in his studies on romantic relationships, defines these relationships as a form of connection that both parties willingly and mutually agree to engage in, emphasizing five core elements: involvement, partner selection, relationship content, relationship quality, and cognitive-emotional processes related to the relationship. Involvement refers to factors such as whether the individual is in a romantic relationship, the age of initiating dating, the duration, and frequency of the relationship. Partner selection includes the individuals with whom one experiences romantic interactions. Relationship content reflects the shared activities couples engage in throughout the course of their relationship, while relationship quality pertains to the satisfaction, commitment, and positive experiences derived from the relationship. Research has shown that relationship satisfaction significantly influences emotional expression during conflicts; individuals with higher satisfaction levels tend to respond more positively and constructively [35]. Lastly, cognitive and emotional processes encompass individuals' perceptions of romantic relationships and their partners, their schemas about relationships, expectations, and emotional responses. These processes are among the fundamental mechanisms that influence decisions made within relationships. Indeed, emotional tendencies can shape how an individual interprets a given situation and guide their decision-making processes [36]. Furthermore, relationship satisfaction and future expectations may significantly affect individuals' perceptions of uncertainty within the relationship [37]. Additionally, cognitive distortions experienced within the relationship may negatively impact problem-solving skills and marital harmony, revealing another cognitive element that directly affects relationship quality [38]. All these elements not only determine the structure of romantic relationships but also provide crucial insights into how relationships are formed and sustained.

Individuals enter romantic relationships with certain beliefs, which may not always be rational [38,39]. Studies by Gündoğdu, Yavuzer, and Karataş [40] emphasize that idealized beliefs about relationships play a significant role not only at the onset of a

relationship but also in its continuation. The researchers assert that a healthy relationship can only be built upon realistic and rational beliefs. These beliefs shape individuals' expectations about romantic relationships, their thoughts on how relationships should be, and their perceptions of the events they experience [41]. For instance, a person who believes they are unlovable may unconsciously behave in ways that lead others to reject or treat them with hostility. Such behavioral cycles may reinforce the individual's negative beliefs [42]. As a result, irrational patterns of thought may lead individuals toward maladaptive behaviors and negatively impact relationship harmony [42].

Physical, emotional, and psychological violence experienced in romantic relationships represents a serious public health concern with profound and long-term effects on individuals' mental well-being. Studies show that a significant portion of young people are exposed to physical, sexual, or psychological violence. For example, Smith et al. [43] reported that 88% of women experienced at least one instance of physical or sexual violence during high school or university years. In a global study, Chan et al. [44] identified dating violence victimization rates ranging between 14% and 39%. Studies conducted in Turkey present similar findings. Altaş et al. [14] found that 23.7% of university students had experienced dating violence in the past, and 14.6% were experiencing it in their current relationships. Psychological violence is one of the most prevalent and invisible forms, with a victimization rate as high as 82.1% [15]. Moreover, individuals exposed to dating violence have been shown to exhibit psychiatric symptoms such as depression, anxiety, low self-esteem, and PTSD [2]. Therefore, it is of great importance for young people to establish healthy boundaries in romantic relationships and to increase awareness of dating violence [45].

This study aims to make a significant contribution to literature by examining the prevalence of dating violence among university students and its impact on their lives. While existing studies on dating violence generally focus on physical violence, this study emphasizes that emotional and psychological violence are equally important. In particular, the effects of emotional manipulation and controlling behaviors on young

individuals can evolve into more severe forms of violence over time, significantly undermining the victims' self-confidence, independence, and quality of life. This study aims to address an important gap by investigating the dating violence experiences of students attending a foundation university, their attitudes toward such violence, and their tendencies toward self-harming behaviors.

Violence and abuse in dating relationships should not be regarded solely as individual problems but as broader mental health issues requiring effective interventions, particularly from professionals in the mental health field. In this context, psychiatric nurses play important roles at both clinical and societal levels by supporting victims' psychological well-being, managing post-traumatic effects, and strengthening mental health.

Psychiatric nurses are responsible for recognizing the psychological effects experienced by individuals exposed to dating violence at an early stage and referring them to appropriate mental health services, as well as assessing the risks of depression, anxiety, PTSD, and self-harming behaviors [46,47]. They also conduct psychoeducational programs to help individuals understand healthy relationship dynamics, develop coping mechanisms for dealing with the effects of violence, and raise awareness [46,47]. Additionally, evaluating individuals at risk of suicide, creating emergency intervention plans, and providing intensive psychiatric support are among the responsibilities of psychiatric nurses [48]. Within this framework, psychiatric nurses play a key role in providing effective psychosocial support to victims of dating violence on both individual and societal levels, thereby contributing to the protection and improvement of mental health.

One of the original contributions of this study is to reveal the relationship between individuals' attitudes toward dating violence and their tendencies toward self-harming behaviors. Understanding the relationship between victims' responses to their experiences and their tendencies to engage in behaviors such as self-harm will play a crucial role in establishing effective psychological support systems for victims of violence. Another important aim of the study is to explore how dating violence manifests in the lives of

young individuals and how attitudes toward violence affect the prevalence of such behaviors.

Societal perceptions and norms regarding violence directly influence individuals' tendencies to accept or overlook such behaviors. When violence is perceived as socially acceptable, individuals may question such behaviors less within dating relationships. In particular, the perception of jealousy and controlling behaviors as expressions of love may normalize violence and hinder young individuals' ability to develop protective mechanisms against these harmful relational dynamics. This study also examines how societal attitudes toward dating violence affect individuals' responses when faced with such behaviors.

1.2. Purpose and Hypotheses of the Study

The primary aim of this study is to examine the prevalence of dating violence among university students, their attitudes toward such violence, and the self-harming behaviors observed in individuals who have been exposed to it. Additionally, the study seeks to understand how negative attitudes toward dating violence contribute to individuals' protection from experiencing such violence, as well as the relationship between these attitudes and tendencies toward self-harming behaviors among victims. In this context, the research is based on two main hypotheses:

- **Hypothesis 1 [H1]:** There is a significant relationship between university students' attitudes toward dating violence and their tendencies toward self-harm.

- **Hypothesis 2 [H2]:** Developing negative attitudes toward dating violence reduces the likelihood of university students being exposed to such violence.

The findings of this study are expected to contribute to raising awareness about dating violence among university youth and to the development of more effective intervention strategies for individuals who have experienced such violence.

2. GENERAL INFORMATION

2.1. Violence

The phenomenon of violence possesses a multidimensional and interdisciplinary structure, addressed by various fields such as sociology, psychology, criminology, legal studies, feminist theory, and social movements. The World Health Organization [49] defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” [49]. Although the concept of violence is defined differently across disciplines, Johan Galtung’s categorization of violence into direct, structural, and cultural forms is of critical importance for a comprehensive analysis of the phenomenon. According to Galtung’s typology, direct violence includes physical or psychological harm intentionally inflicted by individuals or groups and typically manifests through explicit actions such as assault, torture, or murder [50]. Structural violence, on the other hand, refers to social, political, and economic structures that prevent individuals from meeting their basic needs or realizing their potential. This form of violence, although not visible, is as destructive as direct violence in its effects and manifests in forms such as poverty, systemic racism, and social inequality. Cultural violence legitimizes and normalizes violence through means such as language, ideology, art, and media [50].

In the feminist literature, violence is often conceptualized as a mechanism used to maintain male dominance. Within this framework, women and marginalized groups are controlled and oppressed through violence, which reinforces social hierarchies [51,49]. From a feminist perspective, forms of violence such as sexual, economic, and domestic violence are seen as extensions of gender inequality. Gender-based violence, in this sense, is directly linked to structural inequalities and marginalization perpetuated by societal systems [52]. These studies have shown that gender-based violence intersects not only with gender but also with other forms of oppression such as race, class, and sexual orientation, thereby broadening the scope of feminist analysis on violence [50,51,52].

From the perspective of psychology, violence is a phenomenon that requires a detailed examination of the complex mental and behavioral processes that lead individuals to such actions. According to Albert Bandura's social learning theory, violence is learned through social modeling and environmental influences [52,53]. The psychology discipline also investigates in depth the individual factors that play a role in the emergence of violent tendencies, including personality traits such as impulsiveness, narcissism, and psychopathy. The psychological effects of violence on its victims are extensively explored, particularly in relation to trauma and post-traumatic stress disorder [PTSD]. Recent psychological research suggests that media and technology may increase individuals' exposure to violence and lead to aggressive behaviors [54]. In addition, studies are being conducted on how brain injuries, genetic predispositions, and biochemical processes contribute to violent behaviors [54].

Criminology, as a discipline, approaches violence within the framework of criminal behavior. In this context, it investigates the social, economic, and biological factors that lead to violence; crime theories propose that violence is caused not only by individual characteristics but also by environmental factors. For example, the availability of criminal opportunities or the lack of sufficient guardianship can increase violent crimes [55]. Criminologists analyze the prevalence of violent crimes such as homicide, assault, and robbery by examining socioeconomic conditions that lead to such acts, including poverty, unemployment, and social disintegration. Legal studies, on the other hand, approach violence within the context of justice and order, evaluating the phenomenon through legal definitions, judicial processes, and punishment. Contemporary legal research also discusses the effectiveness of gun control laws, domestic violence prevention measures, and intervention programs targeting at-risk youth [56].

Violence has also been used as a means of resistance and social transformation by certain social movements. For instance, Frantz Fanon, in his work *The Wretched of the Earth*, advocates for violence as a tool for liberation from colonial rule [57]. According to Fanon, violence serves as a form of catharsis that helps oppressed people regain their dignity and dismantle the psychological and material structures of colonialism. In the

context of revolutionary movements, violence is often presented as a method of pursuing justice, equality, and freedom. However, some researchers have questioned the moral dimensions and effectiveness of violence, drawing comparisons with nonviolent resistance movements led by figures such as Mahatma Gandhi and Martin Luther King Jr. [58].

In recent years, the global dimensions of violence have been examined in more depth, with a focus on issues such as terrorism, state violence, and genocide. Studies in this context have explored how globalization, technological advances, and political instability create conditions for the emergence of new forms of violence. The proliferation of digital technologies has facilitated the rapid spread of violence-based ideologies, while also introducing new threats such as cyber violence, online harassment, hate speech, and digital warfare [54]. Global health organizations also emphasize the impact of violence on public health and define violence as a public health crisis that causes long-term harm to individuals and communities [49]. These current debates underscore the importance of interdisciplinary approaches in understanding, preventing, and mitigating violence.

In conclusion, violence is a multifaceted phenomenon that must be understood through the collective contributions of different disciplines. Whether approached in terms of structural inequalities, psychological aggression, criminal behavior, or political resistance, violence remains a profound issue that affects human relationships and social structures. By integrating sociology, psychology, criminology, and feminist theory, more comprehensive analyses can be developed regarding how violence operates, its effects on individuals and societies, and how it can be mitigated or transformed.

2.2. Dating Violence: Definition and Conceptual Framework

Dating violence is defined as a pattern of abusive behaviors enacted by one partner to gain power and control over the other within the context of a romantic or intimate relationship. These behaviors may be physical, sexual, psychological, or digital in nature and can manifest through various forms of violence such as physical assaults, threats, humiliation, emotional manipulation, coerced sexual acts, or participation in non-consensual sexual activities [2]. This type of violence, rooted in the perpetrator's desire

to dominate and assert superiority within the relationship, has severe consequences on the victim's emotional and psychological well-being. Dating violence is not limited to physical aggression; it encompasses multiple dimensions including physical abuse (e.g., hitting, slapping), sexual abuse (ranging from non-consensual sexual pressure to rape), and psychological/emotional abuse (criticism, threats, emotional manipulation aimed at undermining the victim's self-esteem). Furthermore, with digital technologies becoming integral to relationships, digital dating violence has also become widespread, introducing new forms of abuse such as exerting control through social media, sending threatening messages, or engaging in surveillance and harassment via digital tools [3,4].

One of the underlying dynamics of dating violence is the imbalance of power between partners. In many cases, one partner seeks to consolidate control over the relationship through a combination of physical and emotional abuse. The abusive partner may employ manipulative tactics to undermine the victim's autonomy, making them feel powerless and trapped in the relationship [19]. This dynamic often intensifies as the perpetrator isolates the victim from their social support networks, thereby increasing control. Among young individuals, the gradual onset and escalation of violent behaviors often go unnoticed [57]. The abusive partner may resort to manipulation techniques such as "gaslighting," which distorts the victim's perception of reality and causes them to doubt their own experiences. Such manipulative actions weaken the victim's ability to interpret events from their own perspective, thereby strengthening the abuser's control.

The psychological consequences of dating violence are severe. Victims often suffer from mental health problems such as depression, anxiety, post-traumatic stress disorder [PTSD], and low self-esteem [10]. During this process, victims may resort to substance abuse or engage in risky sexual behaviors as a means of coping. The effects of dating violence can deepen over time, adversely affecting the victim's future relationships, perpetuating the cycle of violence, and in severe cases, leading to suicidal ideation or attempts [11].

Some studies emphasize that early intervention and education play a critical role in combating dating violence [58–60]. Schools and communities hold significant

responsibility in helping young individuals build healthy relationships and recognize signs of abuse. Digital platforms have also become a vital tool in this context; campaigns aimed at reducing digital abuse have been integrated into broader strategies for combating dating violence. These initiatives are designed to promote healthy digital communication among young people and raise awareness about threats such as cyber harassment and online bullying [58–60]. Dating violence is a complex issue grounded in power and control dynamics and manifests in various forms, including physical, sexual, emotional, and digital abuse. Understanding the multifaceted nature of this violence is crucial for the development of effective intervention strategies and support systems.

2.2.1. Forms of Dating Violence

The definition of dating violence is a highly complex process, as there is no universally agreed-upon definition of the term, which in turn renders research on dating violence methodologically challenging [61,15]. However, recent studies have approached the definition of dating violence from a broader perspective, expanding it beyond physical abuse to also include psychological and sexual violence [62,61,15]. Considering various categories of violence when identifying such cases reveals that dating violence is far more prevalent than previously assumed, especially compared to approaches that focus solely on more overt forms such as physical violence [5]. Dating violence encompasses a wide range of behaviors, spanning from milder forms of psychological abuse to severe manifestations such as sexual assault and even homicide [63]. Although the subcategories of violence may appear distinct, they often overlap in practice, with one form of violence triggering another and contributing to the escalation and spread of abusive behavior [37].

2.2.1.1. Physical Violence

One of the most evident forms of dating violence is physical violence, which refers to the use of physical force by one partner to harm or control the other. This type of violence can manifest in various forms, such as slapping, pushing, punching, choking, or attacking with an object [63]. Physical assaults are not only intended to cause direct harm but are also employed as mechanisms of dominance and control within the relationship.

Physical violence may also involve restricting the victim's freedom of movement, such as locking them in a room or preventing them from leaving a location [64].

The severity and frequency of physical violence in dating relationships can vary depending on the situation. For instance, pushing—often categorized as a mild form of aggression—can escalate into more severe acts such as choking or assault with a weapon. A study conducted by O'Leary and colleagues in 2007 revealed that such acts are often intended to assert dominance within the relationship and inflict both physical harm and long-term psychological trauma on the victim. Physical violence serves as a tool that perpetrators may use to intimidate and coerce, reinforcing dynamics of fear and submission within the relationship [65]. It is often accompanied by emotional or psychological abuse, with the aggressor aiming to diminish the victim's autonomy and self-esteem to increase their control [65].

While some studies have shown that both men and women can be physically victimized in the context of dating violence, findings indicate that women, especially in heterosexual relationships, tend to experience more severe cases of physical abuse compared to men [66,64]. The Centers for Disease Control and Prevention [CDC] reports that women are more likely than men to sustain injuries and require medical assistance because of intimate partner violence [67]. However, men—particularly in same-sex relationships—may also be subjected to violence and control dynamics, which often remain underreported due to social stigma [68].

The consequences of physical violence extend beyond immediate physical injuries; victims frequently experience long-term psychological problems such as post-traumatic stress disorder [PTSD], depression, and anxiety. A systematic review of 27 studies revealed strong associations between physical, psychological, and sexual dating violence and mental health issues including depression, PTSD, suicidal ideation, and anxiety [69]. Repeated episodes of violence can lead to the normalization of abuse, making it more difficult for victims to leave such relationships [10]. This process, referred to as the cycle of violence, often involves alternating periods of abuse and “honeymoon” or

reconciliation phases, which may cause victims to remain in abusive relationships and contribute to the rationalization or minimization of the abuse [70].

2.2.1.2. Psychological Violence

Psychological violence, also referred to as emotional abuse, is a form of abuse in which one partner attempts to gain control over the other through mental and emotional pressure. Although it is not as visible as physical violence, it can have equally devastating effects on the victim. Psychological violence may manifest in various ways, including constant criticism, threats, social isolation, conflicts stemming from extreme jealousy, and the use of manipulative tactics that undermine the victim's self-esteem [65]. One common form of psychological violence is verbal degradation and persistent criticism, wherein the abuser belittles and mocks the victim, making them feel worthless. Over time, such behavior significantly erodes the victim's self-confidence [37,6]. Threats and intimidation involve the abuser attempting to exert control by directly threatening harm or making indirect statements implying punishment. These threats may target the victim's physical safety, loved ones, or social status [19].

Isolation is another critical element of psychological violence, involving the victim's removal from their social support networks. The abuser may attempt to sever the victim's ties with friends and family, increasing the victim's dependence and emotional reliance on the abuser [71,54]. Jealousy and control manifest through restrictions placed on the victim's social interactions, such as monitoring their phone or digital devices, invading their privacy, or constantly supervising their activities [17]. Emotional manipulation occurs when the abuser holds the victim responsible for undesirable behaviors, applying psychological pressure that weakens the victim's self-assurance and distorts their perception of reality [2].

This manipulative tactic, known as gaslighting, can be defined as the deliberate dissemination of false information intended to undermine the victim's trust in their own perceptions and memory [19]. The effects of psychological abuse can be just as severe and long-lasting as those of physical violence. Victims often experience chronic anxiety, depression, low self-esteem, and post-traumatic stress disorder (PTSD) [72]. Continuous

criticism and manipulation may completely erode the victim's self-worth, trapping them in a cycle where they feel compelled to remain in the abusive relationship. Tactics like gaslighting cause victims to doubt their own judgments and grasp of reality, thereby reinforcing the abuser's mechanisms of control [2].

Research shows that the long-term effects of psychological abuse can be as serious as those of physical abuse. Individuals exposed to psychological abuse commonly experience mental health issues such as depression, anxiety, PTSD, and diminished self-worth [73,74]. A study conducted with university students revealed that emotional abuse had a more detrimental impact on depression and stress levels than physical or sexual abuse [75]. These findings underscore the importance of recognizing and preventing psychological abuse. While physical wounds may heal over time, the emotional scars inflicted by psychological violence can leave lasting marks on victims. Additionally, psychological abuse is often seen as a precursor to physical violence; over time, the abuser may escalate their controlling tactics and intensify the level of abuse [75].

2.2.1.3. Sexual Violence

Sexual violence is a form of abuse in which one partner forces the other to engage in sexual activities without consent. It encompasses a range of actions such as forced sexual intercourse, sexual harassment, unwanted touching, and sexual threats. This type of violence can result in lasting psychological, emotional, and physical harm to the victim [77,78]. One of the most explicit forms of sexual violence is forced sexual intercourse, or rape, which involves coercing a partner into sexual acts without their consent through physical force, threats, or manipulation [17]. Another common form is sexual harassment, which includes unwanted sexual advances, demands for sexual favors, or verbal and physical conduct intended to humiliate or intimidate the victim; such behaviors can also occur within intimate relationships [19]. Non-consensual touching refers to physical contact of a sexual nature that occurs without the victim's permission [18]. Sexual coercion involves pressuring the victim into sexual acts not through physical force but through emotional manipulation, guilt-tripping, or blackmail, where the perpetrator exploits the victim's psychological vulnerabilities to exert pressure [79].

The psychological consequences of sexual violence can be profound and long-lasting. Victims often experience serious mental health conditions such as post-traumatic stress disorder (PTSD), depression, anxiety, and low self-esteem. Following such incidents, victims frequently struggle with feelings of shame, guilt, and isolation, which can make it difficult for them to seek help or report the abuse to authorities [76]. Moreover, survivors of sexual violence may face significant challenges in forming and maintaining healthy relationships in the future [80]. The physical consequences of sexual violence can also be severe. In addition to physical injuries, victims may face outcomes such as unwanted pregnancies or the transmission of sexually transmitted infections. However, due to fear of stigmatization or concerns about not being believed, victims often hesitate to seek medical assistance [14].

Sexual violence typically emerges as an expression of the perpetrator's desire to assert power and control over the victim. The primary motivation behind such acts is often not sexual desire but a need to dominate and humiliate the victim. In many cases, sexual violence is part of a broader pattern of abuse that also includes emotional, psychological, and physical forms of mistreatment [78]. Perpetrators may use sexual violence in combination with other methods of coercion and control to maintain a continuous pattern of abuse and assert complete dominance over the victim [81].

2.2.1.4. Economic Violence

In the context of dating violence, economic abuse constitutes a frequently overlooked yet critically important dimension of intimate partner violence. This form of abuse involves the manipulation of one partner's access to and control over financial resources with the intention of rendering the victim economically dependent. Economic abuse encompasses strategies aimed at undermining the victim's financial autonomy through tactics such as controlling income, sabotaging employment, restricting access to money, or accumulating debt in the victim's name. The primary goal of such abuse is to limit the victim's capacity to leave the abuser, thereby creating long-term financial insecurity and dependence [82].

Economic abuse can manifest in various forms. First, economic control involves the abuser taking complete control over the victim's financial situation, preventing access to bank accounts, or prohibiting the victim from working. This form of control significantly limits the victim's ability to maintain financial independence, increasing their reliance on the abuser [83]. Second, economic exploitation refers to the unauthorized use of the victim's financial resources or the theft of their money, leading to significant financial hardship for the victim [3,4]. A third form, employment sabotage, includes actions that hinder the victim's ability to obtain or retain employment. This may involve damaging the victim's professional reputation or causing them to lose their job, thus obstructing their efforts to achieve economic independence [3,4]. Such interventions disrupt the victim's pursuit of financial autonomy and make it more difficult to escape the abusive dynamic.

The consequences of economic abuse are far-reaching. Victims often face long-term financial instability, which can persist even after the relationship has ended. Although economic abuse frequently co-occurs with other forms of dating violence, in some cases, it may even intensify after the relationship ends, as abusers attempt to maintain control through continued manipulation of the victim's financial resources [83].

Women from racially marginalized groups face additional systemic barriers such as racism and economic inequality, which make seeking help in cases of economic abuse even more difficult. These groups are often more deeply entrenched in cycles of poverty and dependence, which can make the effects of economic abuse more severe and enduring [82]. The struggle to gain financial independence significantly limits these women's ability to escape or recover from abusive relationships, thereby exacerbating the overall impact of the abuse.

2.2.1.5. Digital Violence

With the widespread adoption of modern technology, digital violence has emerged as a new form of abuse in intimate relationships. This type of violence encompasses a range of behaviors whereby one partner exerts control, manipulates, or harms the other through digital tools and platforms. Digital violence includes actions such as monitoring a

partner's social media accounts without permission, secretly accessing their messages, sending threatening or degrading messages, and engaging in online harassment [84].

One of the most common forms of digital violence is surveillance and monitoring behavior. Abusers may obsessively track their partner's online activities, gain unauthorized access to their social media accounts, read private messages, or use tracking applications to monitor the victim's physical location. These behaviors aim to eliminate the victim's privacy and personal autonomy, creating a constant atmosphere of surveillance and control [84]. Another prevalent form of digital violence is online harassment. Abusers send harassing, threatening, or humiliating messages via text messages, social media, or email. Such actions may lead to the victim being humiliated in front of their family, friends, or broader community and can escalate to public shaming or cyberbullying [85].

Another dimension of digital violence involves attempts to take control over the victim's digital devices. Abusers may restrict access to the victim's phone or computer, install spyware on their devices, or change their passwords to limit their ability to communicate or seek help. This form of digital control can result in the victim becoming isolated from their social circle and losing their connection with the outside world [86]. Digital violence is becoming increasingly common in modern relationships and has serious psychological and social effects on victims. Therefore, investigating the impacts of digital violence and identifying measures to prevent such abuse has become a significant public health issue at both individual and societal levels.

2.2.2. The Effects of Dating Violence on Individuals

Dating violence can profoundly affect victims' physical, psychological, and emotional well-being, while also having profound consequences on their academic achievement and social life. Although the severity of these effects varies from person to person, they often lead to long-term negative outcomes across many aspects of the victims' lives. Physical injuries are a common manifestation of dating violence and may involve actions such as slapping, hitting, or pushing. These injuries range from minor cuts and bruises to broken bones, internal bleeding, and concussions. Victims subjected to repeated assaults may

suffer from more serious conditions such as chronic pain, soft tissue damage, and traumatic brain injuries [1].

Dating violence can also result in chronic health problems. Numerous studies show that individuals who are subjected to ongoing abuse are more likely to suffer from chronic headaches, fibromyalgia, irritable bowel syndrome, migraines, and back or neck pain [2,3]. It has been found that at least 35% of violence against women includes physical, sexual, or psychological abuse, and that between 48% and 84% of these victims experience chronic pain. The likelihood of chronic pain among women who have experienced violence is 2.08 times higher compared to those who have not [3].

Moreover, female victims of violence are 73% more likely to develop fibromyalgia and 92% more likely to develop chronic fatigue syndrome [87]. Among individuals with fibromyalgia, 85% experience anxiety and depression, and the severity of chronic pain among abuse victims is linked to depression and anxiety. More than half of these individuals are diagnosed with major depressive disorder [88]. Being under constant stress can weaken the immune system, making victims more vulnerable to illness [6]. Victims of sexual violence face risks related to reproductive health, including consequences such as sexually transmitted infections or unwanted pregnancies. Additionally, complications such as miscarriage and long-term reproductive problems are among the negative outcomes faced by victims of sexual abuse [7].

The psychological effects of dating violence on victims are profound. Psychological disorders such as trauma and PTSD are commonly observed among victims of dating violence. Victims may frequently re-experience past traumatic events, have nightmares, or feel a constant sense of threat. These traumatic symptoms severely impair victims' ability to function in daily life [89]. Depression and anxiety are also among the most common psychological consequences of dating violence. Victims often exhibit signs of hopelessness, loss of energy, and withdrawal from previously enjoyable activities. In severe cases, these symptoms may lead to suicidal ideation. Anxiety may manifest as persistent worry, panic attacks, and social withdrawal, leaving long-term negative effects on the victim's mental health [6].

Low self-esteem is also frequently observed in individuals who are subjected to dating violence. Victims who are constantly exposed to criticism and manipulation may gradually lose their self-confidence and experience feelings of worthlessness. This situation can make it difficult for victims to leave their abusers, thus perpetuating the cycle of dependency and weakening their ability to form healthy relationships in the future [9,10].

Another important consequence of dating violence is its impact on academic performance. Constant stress, anxiety, and depression reduce victims' capacity to concentrate, thereby negatively affecting their academic achievement. In more severe cases, victims may drop out of school due to the emotional and psychological burden they experience [90]. Another significant consequence of dating violence is social isolation. Abusive partners often attempt to isolate victims from their families and friends. This isolation can disconnect victims from their social support networks and deepen feelings of loneliness. As victims distance themselves from social interactions, the risk of exacerbating existing psychological problems increases [91].

The long-term negative effects of dating violence on victims are not limited to their social lives; they can also hinder future career aspirations. Weakened academic performance and ongoing mental health issues may disrupt victims' professional development and limit their ability to find employment or sustain their careers. This situation may lead to economic hardship and create obstacles in achieving long-term career goals [91].

2.2.3. Risk Factors and Protective Factors Associated with Dating Violence

Individual, relational, and societal factors such as childhood abuse, attachment styles, risky behaviors, a history of bullying, childhood traumas, psychological problems, harmful family dynamics, and adolescents' attitudes toward love all increase the likelihood of involvement in dating violence, either as a victim or a perpetrator [89,90,91,93,95,100]. Demographically, adolescents and young adults are at higher risk of experiencing dating violence. Although women are more likely to report victimization in severe cases, men also face significant levels of psychological and physical dating

violence yet are generally less likely to disclose these experiences [89,90,94]. Moreover, individuals with low socioeconomic status may be more vulnerable to dating violence due to financial instability and limited access to resources [93].

Psychosocial factors play a critical role in the development of dating violence. Individuals who have experienced abuse or witnessed domestic violence during childhood are more likely to be involved in or experience dating violence later in life. Domestic violence may lead to the normalization of abusive behaviors [94]. Additionally, substance abuse is strongly linked to dating violence; alcohol and drug use can impair decision-making and trigger aggressive behavior [95]. Poor mental health can be both a cause and a consequence of dating violence. Psychological issues such as depression and anxiety can make victims more vulnerable to emotional and physical abuse [96].

Cultural and environmental factors also play a significant role in the emergence of dating violence. Peer influence, particularly among adolescents, is notably impactful. In social environments where aggression is normalized, individuals are more likely to engage in or tolerate violent behavior, and social norms can contribute to the spread of violence within relationships [97]. The media also has a powerful impact on dating violence. Media content that legitimizes or glorifies violence can lead individuals to adopt harmful power dynamics in their relationships [97].

Another important risk factor related to dating violence is low self-esteem. Low self-esteem increases individuals' vulnerability to dating violence, may trigger behaviors associated with Stockholm syndrome, and makes them more susceptible to the negative effects of psychological abuse [99]. These individuals tend to show greater dependency in their relationships, making them more defenseless against abuse. Fear of abandonment may hinder victims from seeking help or leaving the relationship, thereby perpetuating the cycle of violence [9]. Substance use is another significant individual factor in dating violence. Alcohol and drug use can act as a trigger for aggressive behavior, while victims may also turn to substances as a coping mechanism, further deepening the cycle of violence [96]. Past trauma is also a key risk factor, as individuals who were abused or exposed to domestic violence during childhood are more likely to enter abusive

relationships in adulthood. These individuals may normalize violence and accept it as part of their romantic relationships [100].

Dating violence also plays a key role in relationship dynamics. In this context, the presence of a desire for power and control between partners stands out as one of the main causes of dating violence. Perpetrators act with the aim of dominating their partners, which manifests in controlling behaviors such as jealousy, possessiveness, and isolation. These control mechanisms may escalate into more severe forms of abuse over time [101]. Communication problems are also among the factors that increase the risk of dating violence. Poor communication between partners can lead to conflicts and misunderstandings, which may trigger violent behavior. Victims may struggle to express their experiences of abuse or avoid discussing them out of fear, resulting in prolonged victimization [102].

Gender roles and patriarchy are significant social factors that shape how dating violence is perceived and maintained in society. In patriarchal societies, traditional gender roles emphasize male dominance and female submission. In such contexts, men may believe they have the right to control their partners, while women may be more inclined to accept such behavior [103]. Family structure also emerges as an important social factor. Individuals raised in families where violence is adopted as a method of conflict resolution are more likely to replicate these behaviors in their own relationships. The intergenerational transmission of violence is especially pronounced among those who have been directly exposed to domestic violence [19].

Media and digital interactions are also among the key social factors that encourage dating violence. The impact of media is particularly evident in content that glorifies or normalizes violence in romantic relationships. Films, television shows, music, and social media posts that romanticize jealousy, control, and aggression may lead adolescents to reproduce such behaviors in their own relationships [97]. Digital interactions and cyber violence have added a new dimension to dating violence with the advancement of technology. Forms of digital abuse such as monitoring and threats via social media have created significant emotional and psychological pressure on victims [97].

Dating violence emerges as a complex phenomenon shaped by various risk factors at individual, relational, and societal levels. Low self-esteem, substance use, and past trauma are important individual risk factors, while the need for control and communication problems negatively affect relationship dynamics. Social influences, including gender norms and the normalization of violence in media, contribute to the spread of dating violence. Understanding these risk factors is crucial for developing effective prevention and intervention strategies.

There are also several protective factors that play a significant role in reducing the risk of dating violence. Strong social support systems are particularly important for adolescents and young adults. Strong family bonds, positive peer relationships, and support from schools or community organizations reduce the likelihood of experiencing dating violence and help individuals overcome relational challenges in healthy ways [101]. Another protective factor is the development of healthy relationship skills. Educational programs that teach young people how to maintain healthy dynamics in relationships can be highly effective in preventing dating violence. Teaching effective communication and conflict resolution skills contributes to violence prevention and enhances awareness [104].

Empowerment and increased self-esteem are additional protective factors that play a key role in preventing dating violence. Individuals with high self-esteem are more successful at setting boundaries and expressing their needs. Such individuals may be more willing and determined to leave abusive relationships and seek help [105]. In conclusion, dating violence may develop under the influence of various risk factors; however, addressing these risks through education, social support systems, and early intervention plays an important role in protection and in reducing the prevalence of dating violence. Strong social networks, healthy relationship skills, and individual empowerment are critical for sustaining relationships free from violence.

2.2.4. Prevalence of Dating Violence

Dating violence has emerged as a significant public health issue on a global scale. Research indicates that many individuals are exposed to physical, sexual, and

psychological violence during their high school and university years. For example, in a longitudinal study, 88% of women reported having experienced at least one instance of physical or sexual violence during high school or university, while 63.5% reported being subjected to both forms. Even when considering more severe cases, the prevalence of victimization was found to be as high as 66% [106].

Similarly, in a global study with 15,927 university students, the prevalence rates of dating violence over the past year were examined. The perpetration rates of physical violence ranged from 17% to 44%, with a median of 30%, while victimization rates ranged from 14% to 39%, with a median of 26%. Injury perpetration ranged between 1% and 16%, and injury victimization between 1% and 14%, with a median rate of 6% for both categories. The perpetration rates of sexual violence varied between 8% and 34% (median 20%), while victimization rates ranged from 9% to 46%, with a median of 24% [107].

In another study among 184 heterosexual male university students, physical and psychological dating violence victimization was examined. According to the findings, the rate of physical violence victimization was 36.4%, while the rate of psychological violence victimization was remarkably high at 82.1%. These results suggest that psychological violence is one of the most prevalent and invisible dimensions of dating violence [108].

Other studies that reveal the prevalence of dating violence present similar findings. In a study conducted with 3,203 university students, Castillo-González et al. reported that women expressed higher levels of emotional dependency than men, but similar rates of victimization were observed between genders [109].

Provecho et al. investigated the association between dating violence and unhealthy lifestyles. Their research showed that individuals who consumed alcohol, cigarettes, or other substances were more likely to perpetrate dating violence. Furthermore, engaging in unprotected sexual intercourse was also associated with a higher risk of perpetrating dating violence [110].

In a study conducted by Díaz Olavarrieta et al. with 964 medical students, 64.2% of female students and 35.8% of male students were found to have experienced dating violence. Additionally, although 43.5% of students reported experiencing cyber aggression, they did not report any mental health issues, while 32.6% did not seek professional help, and 17.4% showed symptoms of depression. The study also revealed that students who considered emotional violence to be “acceptable” were four times more likely to become victims of physical violence [111].

In another study by Acar, the psychological effects of dating violence on victims were investigated. According to the results, 30% of victims experienced depression, 25% anxiety, 40% low self-esteem, and 18% post-traumatic stress disorder [PTSD]. Moreover, 60% of those exposed to dating violence also reported experiencing manipulation. This study illustrates a direct link between dating violence and mental health problems [1].

Recent studies conducted in Turkey also reveal that dating violence is a serious public health issue among university students. For instance, Terzioğlu et al., in a study involving 2,500 university students, found that female students were more aware of dating violence and held more egalitarian attitudes regarding gender roles, whereas male students tended to adopt more traditional gender roles. The study also found that women had higher self-esteem than men [$p = 0.034$]. The researchers recommended the implementation of more educational programs to raise awareness about dating violence [113].

In a study conducted by Altaş et al. with 339 medical students at a public university in Istanbul, 67.3% of participants reported having had a dating relationship in the past, 23.7% had experienced dating violence in the past, and 14.6% were currently experiencing dating violence in their present relationships. The study also revealed that students who used nicotine and alcohol were more likely to be exposed to dating violence, and that female students were more aware of such violence compared to male students [16].

In a study involving 400 female university students, it was found that sexual violence was prevalent in romantic relationships. The research also indicated that the rate of depression was twice as high among students who experienced sexual violence.

Additionally, the use of tobacco, alcohol, or other substances was identified as a factor that increased the risk of sexual violence [114].

These studies demonstrate that dating violence is not limited to physical or sexual assaults but also includes psychological violence, manipulation, and emotional dependency. They also emphasize the impact of factors such as substance use, gender roles, and education on dating violence. During the university period, when students gain independence and engage in romantic relationships, it becomes evident that awareness-raising efforts to prevent dating violence must be strengthened [115].

2.2.5. Intervention and Prevention Strategies for Dating Violence

Coping with dating violence can be particularly challenging, as individuals often attempt to resolve the situation on their own and avoid disclosing it to third parties [98]. To prevent violence, it is crucial that individuals are better informed about the issue [28]. Research on dating violence should contribute to the development of effective prevention and intervention programs [116]. The complex and multidimensional nature of dating violence is an essential factor that must be considered in the design of such programs [117]. Accurate identification of dating violence and the recognition of the wide range of its consequences are critical for developing effective intervention strategies [112]. In counseling or therapy sessions, experiences of dating violence are often not disclosed unless directly asked [28]. Therefore, professionals working with dating violence should not be limited to merely encouraging victims to end the abusive relationship; without adequate support, victims may be severely negatively affected. Moreover, viewing the termination of the abusive relationship as the only solution can lead to overlooking the underlying factors that trigger the violence, potentially resulting in the repetition of such violence in future relationships [28].

Primary prevention of violence involves measures aimed at preventing the occurrence of violence, while secondary prevention encompasses immediate responses and treatments following violence; tertiary prevention refers to efforts to ensure the long-term well-being of victims after incidents of violence [62]. Schools can play a critical role in the prevention of dating violence [61]. Identifying at-risk students and providing

appropriate interventions within the school environment is vital for creating meaningful change [61]. Educational programs should especially target high school and university students, as programs implemented during adolescence can have a preventive effect on dating violence in university years [61,62].

Adolescents need to learn that violence is not an inevitable part of relationships and instead be educated about nonviolent forms of interaction [113]. Educational programs should help couples understand that violence is not an appropriate method for resolving conflict in relationships, teach them nonviolent solutions, and focus on healthy ways of managing feelings of anger and jealousy [102]. The fact that conflicts may occasionally arise in romantic relationships, but do not necessarily lead to violence, should be a key teaching point in awareness-raising initiatives [66]. Education and awareness efforts can contribute to preventing dating violence before it even occurs [59]. Informing society about dating violence and increasing public awareness is of critical importance for the program development process. If public awareness is not sufficiently raised, young victims of dating violence may misinterpret their situation, refuse to seek help, believe they are alone in their experience, blame themselves, or may not even recognize that they need support [36]. When young people become more conscious of dating violence, they are more likely to identify its warning signs, understand that they are not alone in their experiences, and be more inclined to seek help [37].

Primary prevention of dating violence should include elements such as training on managing relationship conflicts and jealousy, recognizing abusive behaviors, communicating about sexuality, rejecting unwanted sexual advances and respecting such rejections, self-defense training against potential acts of violence, and challenging gender stereotypes [84]. Additionally, educating peer groups can be an effective strategy for preventing dating violence.

2.3. Definition of Attitudes

Attitude is one of the fundamental concepts of social psychology and refers to an individual's positive, negative, or neutral evaluations or tendencies toward an object, person, situation, or event. This evaluative process consists of three main components:

cognitive, emotional, and behavioral. The process of attitude formation has been addressed extensively in literature, and various approaches have been developed. How attitudes are formed, how they can be changed, and how they influence individuals' behaviors are considered important topics in research across disciplines such as social sciences, psychology, and education [120,121].

Various theorists have differently defined the concept of attitude. For example, Katz [122] defined attitude as “a learned predisposition of an individual toward an object, person, group, or event” and regarded attitudes as one of the most fundamental determinants of human behavior. This definition emphasizes that individuals develop attitudes based on predispositions shaped by environmental factors. Another significant approach is the functional attitude theory proposed by Katz in 1960. According to him, attitudes develop to meet certain needs of individuals and serve functions such as providing information, ego defense, value expression, and social adjustment [122].

The Theory of Planned Behavior developed by Ajzen [123] offers a significant theoretical framework for examining the influence of attitudes on behavior. According to this theory, individuals' attitudes toward a specific behavior shape their behavioral intentions, and these intentions, combined with perceived behavioral control, influence their actions. The attitude theory proposed by Eagly and Chaiken [124] emphasizes that attitudes are composed of three basic components: cognitive, emotional, and behavioral. This approach suggests a strong relationship between the thoughts and beliefs that shape an individual's attitude toward an object or event (cognitive), the emotions they feel (emotional), and their tendencies to act (behavioral). Similarly, the model developed by Rosenberg et al. [125] also asserts that attitudes consist of these three components.

The cognitive component includes the individual's beliefs and thoughts regarding the attitude object. This component enables the individual to evaluate the attitude object based on their existing knowledge [125]. For instance, when a person believes that environmentally friendly products do not harm nature, this belief is considered a cognitive component of attitude. The emotional component represents the feelings an individual has toward the attitude object [126]. Positive, negative, or neutral feelings toward an

object or event influence the individual's overall attitude. The behavioral component includes the individual's tendencies to act toward the attitude object. This component reflects the behavioral tendencies that determine how a person responds to an object or situation [126]. Attitudes play a significant role in individuals' social lives, particularly in decision-making processes and behaviors [127]. Attitudes have a multidimensional structure composed of cognitive, emotional, and behavioral components, and they are regarded as a crucial social factor that plays a critical role in individuals' interactions with their environment [124].

2.3.1. Attitudes Toward Dating Violence

Attitudes toward dating violence are shaped by gender roles, socioeconomic conditions, cultural norms, and legal regulations at both individual and societal levels. Responses to such violence are influenced by multiple factors including gender norms, cultural acceptance, social class, educational background, and state policies. Societal attitudes toward dating violence are associated with gender norms. In patriarchal societies, widespread beliefs that men should possess power and control create a foundation that may legitimize dating violence [98]. In these societies, men may exhibit more dominant and controlling behaviors toward their partners, while women may be more likely to tolerate such violence. In some cultures, violence is viewed as a marker of masculinity, and such attitudes may be widely supported. In contrast, in societies with prominent levels of gender equality, dating violence is regarded as a less acceptable behavior, and these societies advocate that violence is wrong and that equitable relationships are essential. Research shows that tolerance for dating violence decreases in societies where gender equality increases [98].

Attitudes toward dating violence also vary according to sociocultural contexts. In communities with low-income levels and limited access to education, tolerance toward such violence may be higher. In environments where economic hardship and social stress factors are intense, violence may be perceived as a coping mechanism, leading to its normalization [113]. In addition, in some communities, the intergenerational transmission of domestic and dating violence reinforces violent tendencies. Individual attitudes toward

dating violence are often shaped by subjective experiences and psychological conditions [113]. Individuals who have witnessed or experienced violence during childhood may be more inclined to accept dating violence. Moreover, personal trauma can contribute to the legitimization of violence. Media and social media also influence individuals' attitudes toward violence; content that romanticizes or normalizes violence can reinforce such attitudes, especially among young people [97].

States' attitudes toward dating violence are reflected through legal regulations and policies. In countries where gender-based violence is prohibited and legal protections against dating violence are in place, such acts are more widely condemned and support mechanisms for victims are strengthened [101]. However, in some countries, weak or poorly enforced laws may lead to an increase in violent incidents and greater societal tolerance of such cases. In certain societies, dating violence may be culturally accepted or ignored. In societies with high levels of gender inequality, men's controlling and oppressive behaviors toward their partners may be deemed legitimate [101].

For example, research conducted in Latin America reveals that the culture of "machismo" promotes the belief that men should dominate women, thereby contributing to the tolerance of dating violence [102]. Similarly, in some Asian societies, threats to family honor and status can lead to acts of violence [101]. Attitudes toward dating violence are shaped by a variety of factors such as gender norms, cultural acceptance, legal frameworks, and firsthand experiences. These factors, which determine how individuals and societies respond to dating violence, play a critical role in its prevention. To prevent violence, it is essential to raise awareness at both individual and societal levels, and for states to implement effective policies to protect victims. In this context, addressing dating violence requires both individual and societal transformation.

2.3.2. Normalization and Acceptability of Violence

The acceptability of dating violence refers to individuals' positive attitudes toward violence, as well as their tendencies to defend or tolerate it [128]. Positive or negative attitudes toward violence reflect the extent to which societal norms perceive violence as acceptable or inappropriate behavior [128]. While social norms may justify or normalize

the use of violence in self-defense or wartime contexts, it is considered less acceptable in dating relationships or within families [129]. The concept of violence, shaped by societal values, is a learned behavior passed down from generation to generation. In other words, the factors that shape violence are cultural rather than biological [130]. At times, societal perspectives on violence overlook or ignore it, and certain behaviors may not be perceived as violence but instead considered acceptable [130]. For example, jealousy is often not interpreted as a form of violence but rather as a sign of love [106].

According to the 2003 Turkey Demographic and Health Survey, participants were asked under which circumstances it is acceptable for a man to physically abuse a woman. The results showed that 29% of women justified physical violence if the woman argued with her husband, 27% if she spent money unnecessarily, and 23% if she neglected childcare. The same study found that 32% of urban women considered male-perpetrated physical violence acceptable under certain circumstances, while this rate rose to 57% among women living in rural areas. However, regardless of the context, violence should never be considered acceptable. Especially among victims of violence, the lack of a negative attitude or perceiving violence as acceptable can prevent them from recognizing the abuse and contribute to its normalization [131].

According to data from the 2018 Turkey Demographic and Health Survey (TDHS), 9% of women aged 15–49 stated that physical violence by a man against his wife was justified in certain situations. When analyzed by residential area, the rate was 7.1% among urban women and 11.7% among rural women. As the level of education increases, the proportion of women who consider physical violence legitimate decreases: it is 27.5% among women with less than primary education and drops to 1.5% among women with high school education or above. Similarly, as household wealth increases, acceptance of violence decreases: in the lowest wealth quintile, the rate is 20.3%, while it declines to 1.5% in the highest quintile. Regional differences also emerge, with the highest rate of women justifying physical violence in Eastern Anatolia (16.7%) and the lowest in Western regions (5.7%) [131].

Studies in the literature reveal a strong relationship between individuals' tendencies to perpetrate dating violence and their attitudes toward it [109,110,115]. A study investigating the link between childhood exposure to violence and dating violence found a relationship between reporting dating violence and approving it [112]. In a national study conducted by Gelles and Straus in 1975 and 1985 in the United States, it was found that couples with more accepting attitudes toward physical violence were more likely to perpetrate violence against their partners [133]. Another study involving 71 male participants from an alcohol rehabilitation program and 44 male participants from a domestic violence program showed a strong correlation between approval of domestic and partner violence and the perpetration of such acts [134]. These findings highlight that attitudes toward violence are a key factor in understanding dating violence [115,116].

In a study investigating college women's resistance strategies against sexual assault, 26% of participants were found to have normalized or downplayed their experiences of sexual assault (e.g., using expressions like "it wasn't a big deal") [117,118]. When considering how culturally shared discourses shape the way girls describe their experiences, the frequent romanticization of dating and sexual violence in popular books, films, TV shows, and music videos is particularly troubling [135].

The normalization or trivialization of violence should not be understood as merely an individual process, but as a cultural one [120]. This may be a significant reason victims of sexual violence do not report incidents to authorities [118]. Moreover, feelings of shame, self-blaming tendencies, or fear of not being taken seriously by the justice system can also hinder victims' efforts to seek help [136]. Violence against young women is an underreported issue, and cases that reach authorities represent only the visible tip of the iceberg [137]. Even when young people report their experiences of violence, they often struggle to receive adequate intervention [138].

2.3.3. Victim-Blaming Attitudes

Victim-blaming attitudes in dating violence are shaped by the intersection of various psychological, social, and cultural factors. Such attitudes place partial or full responsibility for the abuse on the victim, reflecting a tendency to justify the perpetrator's

behavior [139]. Victim-blaming approaches often arise from a combination of gender norms, stereotypes, questioning the victim's behavior, psychological defense mechanisms, legitimization of the perpetrator, and media influence [140].

Traditional gender roles attributed to women and men in society play a significant role in the development of victim-blaming attitudes in dating violence. According to these norms, women are expected to be submissive, emotional, and passive, while men are expected to be dominant and strong [141]. These beliefs can create the perception that women deserve the violence they experience due to their own behavior. For instance, if a woman behaves too independently or "inappropriately," such behaviors may be perceived as justifying dating violence. These patriarchal norms are especially prevalent in societies with high levels of gender inequality [142]. A common tendency in dating violence cases is the inclination to scrutinize and criticize the victim's behavior. This victim-blaming mechanism focuses on details such as what the victim was wearing, where she was, or how she interacted with the perpetrator, in an attempt to identify "provocative" elements that supposedly triggered the violence [143]. This approach stems from cultural expectations about how women should behave in relationships, and it shifts responsibility for the violence onto the victim [144].

Another explanation for victim-blaming attitudes lies in psychological defense mechanisms used by individuals. People may blame the victim as a way to protect themselves from the possibility of experiencing a similar situation [145]. This tendency is known as the "just world hypothesis." According to this hypothesis, individuals want to believe that the world is a fair place and therefore assume that if something bad happens to someone, it must be that person's fault. This belief gives individuals the reassurance that they are unlikely to experience similar harm [146]. However, this defense mechanism can reinforce victim-blaming attitudes and legitimize the abuse experienced by the victim.

At the societal level, beliefs that excuse or justify the perpetrator's actions also feed into victim-blaming. In certain cultural contexts, behaviors displayed by men as a demonstration of power and control may receive social approval [147]. In some societies, beliefs that men have the right to control or punish their partners can legitimize dating

violence and result in the victim being blamed [148]. Such beliefs may lead to violence being seen as part of the male role and serve to justify the perpetrator's actions [149].

The media also plays a key role in legitimizing dating violence and spreading victim-blaming attitudes. Media representations may romanticize violence or portray abusive relationships in a dramatic light, thus normalizing them [150]. Popular cultural tropes such as the “bad boy” image or the notion that women can “change aggressive men” contribute to the development of narratives that justify dating violence. When victims are consistently portrayed as weak or powerless in the media, it reinforces and spreads these blaming attitudes within society [140].

Victim-blaming attitudes in dating violence arise from the interaction of gender norms, individual psychological defense mechanisms, media influence, and cultural beliefs. These attitudes shift responsibility from the perpetrator to the victim and may contribute to the normalization and proliferation of violence in society [151]. Combating such attitudes requires raising social awareness, correcting misconceptions through education, and supporting cultural change processes [152].

2.4. Self-Injury: Definition and Conceptual Framework

Non-suicidal self-injury (NSSI) refers to the deliberate infliction of physical harm by individuals on themselves without suicidal intent, typically to alleviate emotional distress. This behavior is considered a dysfunctional coping mechanism used by individuals to regulate emotions, gain a sense of control, or achieve a “sense of reality” [153]. NSSI is strongly associated with psychological disorders such as depression and anxiety and is particularly prevalent among adolescents and young adults. Factors such as emotional dysregulation [154] and interpersonal manipulation [155] play a significant role in the emergence of this behavior.

Research indicates that self-injurious behavior is often linked to individuals' attempts to cope with overwhelming emotional states. Klonsky [155] suggests that individuals try to convert psychological pain into physical pain to relieve emotional intensity. NSSI is also frequently associated with the use of physical pain as a tool to cope with feelings of

emotional emptiness or dissociation. In this context, physical pain enables individuals to “feel real” or reconnect with their emotional experiences [155].

NSSI serves multiple functions, which are part of a complex structure addressing various individual needs. Klonsky and Glenn [156] categorized the functions of self-injury into four main areas: emotional regulation, interpersonal effects, self-punishment, and control. The most common function is emotional regulation, whereby individuals harm themselves to cope with intense emotional experiences. In addition, drawing attention to distress, seeking help, or altering power dynamics in interpersonal relationships are also functions of NSSI. It is thus viewed as a complex coping strategy that assists individuals in achieving a sense of control both personally and interpersonally [157].

This behavior is particularly common among adolescents and young adults [158,159]. Demographic factors such as gender, socioeconomic status, and cultural background play a critical role in the development of NSSI. Studies show that the prevalence of this behavior varies across different demographic groups. For example, some studies have found that self-injurious behavior is more common among women compared to men [53,158].

Treatment approaches for NSSI include cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and family therapy. These methods aim to address the emotional dysregulation and interpersonal problems that lead to NSSI and help individuals develop more functional coping strategies [160]. DBT is used as an effective intervention method to strengthen emotional regulation skills and promote healthier interpersonal interactions. A meta-analysis has shown that DBT is effective in reducing self-injury and suicide attempts [33].

In addition, family therapy plays a significant role in treating NSSI. Family-based approaches that strengthen communication and create a supportive environment have been found beneficial, especially in preventing and treating NSSI among adolescents [123]. Support groups and individual counseling services also play an important role both

in prevention and treatment. Online therapy programs have been shown to be accessible and effective forms of support, especially for young individuals [162].

NSSI is a complex and dysfunctional coping mechanism that individuals use to alleviate emotional distress. This behavior is associated with various psychological disorders and is particularly prevalent during adolescence and early adulthood. Understanding the functional foundations and psychological dynamics of NSSI contributes to the development of effective interventions and treatment strategies. Cognitive-behavioral therapy, dialectical behavior therapy, and support groups stand out as effective tools in addressing self-injurious behavior.

2.4.1. Forms and Methods of Self-Injurious Behaviors

Non-suicidal self-injury (NSSI) manifests as both direct and indirect forms of physical harm that individuals inflict on themselves to manage and cope with emotional distress. Common methods such as cutting, burning, hitting oneself, and poisoning are frequently employed by individuals to gain control over intense emotional experiences and transform emotional pain into physical sensations [163]. One of the most prevalent forms of NSSI is cutting, where individuals use sharp objects (e.g., razors or knives) to inflict physical wounds. These cuts are typically located on areas such as the arms, legs, and abdomen, serving as an attempt to relieve emotional pain. Cutting provides individuals with a temporary means of externalizing internal distress [163].

Burning is another widespread form of NSSI, often involving hot objects, matches, lighters, or cigarettes to create burns on the skin. This act functions to convert emotional pain into a concentrated physical sensation, allowing individuals to feel relief by making their distress tangible [164]. Some individuals may also engage in more direct methods such as hitting their heads against hard surfaces or physically injuring themselves. These behaviors are commonly linked to attempts to cope with anger, stress, or intense emotional turmoil. Through such acts, individuals externalize internal suffering and attempt to achieve a sense of release [165].

Poisoning is one example of indirect self-harm. In such cases, individuals may ingest harmful substances or overdose on medication. These actions are often associated with self-punishment or an attempt to escape overwhelming emotional conflict [166]. NSSI can also take the form of indirect behaviors such as hair-pulling, skin-picking, excessive exercise, or starvation. These acts may help individuals exert control over their bodies or transform emotional distress into manageable physical sensations. These behaviors are regarded as dysfunctional coping strategies used to achieve emotional regulation [167].

Cutting is the most common and most extensively studied form of NSSI. Individuals often resort to cutting to gain short-term relief from overwhelming emotional experiences. Transforming emotional pain into physical sensation offers a temporary psychological escape [163]. Burning, on the other hand, is often associated with emotional numbness or dissociation. Individuals who feel emotionally “disconnected” may use burning as a way to replace the emptiness with intense physical pain, thereby experiencing a sense of being alive [164].

Indirect forms of NSSI such as poisoning or engaging in high-risk behaviors can be less obvious than direct physical harm. These behaviors are often linked to self-punishment tendencies stemming from perceived failures or internal conflicts. Identifying indirect forms of self-harm can be more challenging, as individuals may not explicitly recognize them as acts of physical harm [166]. Many individuals use NSSI as a means to regain control over their emotions or bodies. In chaotic or overwhelming situations, self-injury provides a way to control the form and degree of physical harm, offering a temporary sense of stability and security [167].

Self-injurious behaviors span a broad spectrum from direct physical harm (cutting, burning, hitting) to indirect forms (poisoning, excessive exercise). These actions are employed as dysfunctional coping strategies aimed at alleviating emotional pain, stress, or feelings of emptiness. Research shows a close association between NSSI and psychological factors, indicating that individuals use such behaviors as tools to manage emotional distress [168,169]. A deeper understanding of NSSI contributes to the development of more effective intervention strategies to address these behaviors.

2.4.2. Risk Factors

Non-suicidal self-injury (NSSI) behaviors are influenced by the complex interplay of various psychological and social risk factors that contribute to both the onset and maintenance of these behaviors. Among these factors are difficulties in emotional regulation, trauma histories, mental health disorders, social isolation, and biological-genetic influences [170]. One of the leading risk factors for NSSI is difficulty with emotional regulation. Individuals who struggle to manage intense emotions may resort to self-injury as a coping mechanism, gaining temporary relief from emotional pain. However, such behaviors often deepen emotional problems in the long term and trap the individual in a persistent cycle of distress [171].

Traumatic experiences in childhood, such as physical, sexual, or emotional abuse, significantly increase the risk of self-injury. Individuals with such histories may use self-harm to manage emotional distress, exert control, or cope with re-experiencing traumatic events. van der Kolk [172] proposed that self-injury may function as a mechanism for escaping unresolved emotional trauma. NSSI is strongly associated with mental health disorders such as depression and anxiety. Individuals experiencing depression may turn to self-injury to escape intense sadness or emotional numbness, while those coping with anxiety may use it to manage extreme stress [173]. Although self-injury may offer temporary relief in these situations, it often leads to more serious emotional issues over time.

A lack of social support and feelings of loneliness are also major contributors to self-injury. Individuals without strong social connections or emotional support may turn to self-harm as a way of coping with isolation. This dynamic can create a vicious cycle in which the person becomes further isolated, increasing the likelihood of repeated self-injury [174]. Possible links have also been suggested between NSSI behaviors and biological and genetic factors. For instance, imbalances in neurotransmitters such as serotonin have been associated with a predisposition to self-injurious behavior. Individuals with a family history of self-harm are also found to be at higher risk,

suggesting that genetic factors may play a role in the development of such behaviors [175].

For individuals who self-injured, emotional regulation difficulties are often central. Although NSSI may provide short-term relief, it ultimately leads to greater emotional suffering and perpetuates a harmful cycle. Thus, NSSI serves only as a temporary coping mechanism and, rather than resolving the underlying issues, it may result in more complex emotional challenges [171].

Individuals exposed to childhood abuse are particularly vulnerable to using self-harm as a coping strategy. The emotional scars from traumatic experiences may lead these individuals to NSSI as a way of reliving or disconnecting from traumatic memories [176]. Depression and anxiety disorders are closely linked to NSSI. The intense emotional distress and numbness associated with these conditions may prompt individuals to self-injure as a means of regulating their emotions or regaining control. Nock et al. [177] identified these disorders as key factors that trigger the emergence of NSSI. Individuals lacking social support may be more likely to turn to unhealthy coping strategies such as self-harm to manage emotional pain. The more isolated a person feels, the greater the likelihood that they will engage in NSSI to cope with their emotional struggles, reinforcing a cycle of self-injury [174].

It has also been proposed that neurotransmitter imbalances, particularly in serotonin, increase the susceptibility of some individuals to NSSI. Additionally, a family history of self-harm suggests that genetic predispositions may contribute to the development of such behaviors [175].

Self-injurious behaviors emerge from the complex interaction of emotional, psychological, and social factors. Emotional dysregulation, trauma history, mental health disorders, social isolation, and biological-genetic vulnerabilities are among the primary risk factors that increase individuals' likelihood of engaging in NSSI. Effective interventions addressing this complexity should involve a combination of therapeutic approaches, social support, and, when necessary, medical treatment.

2.4.3. Prevalence of Self-Injurious Behavior

Self-injurious behavior (SIB) is a complex phenomenon characterized by an individual deliberately inflicting harm on their body, often as an outward call for help or a means of achieving emotional relief. This behavior is frequently associated with depression, anxiety, family-related issues, peer bullying, and other psychosocial factors [178]. Literature reviews indicate that self-injury is a significant public health issue at both individual and societal levels, and that its prevalence varies depending on cultural and socioeconomic contexts [178,179,180,181,182]. Additionally, the risk of repetition is significantly influenced by both individual and environmental factors [183].

A large-scale study conducted in Europe reported a lifetime prevalence of self-injury among adolescents at 27.6%. This high rate is closely linked to factors such as depression, anxiety disorders, family neglect, and peer bullying [178]. Similarly, studies in low- and middle-income countries show that the prevalence of self-injury among youth ranges from 15.5% to 31.3%. In these contexts, social challenges such as family conflict, school absenteeism, and peer pressure are emphasized as major risk factors for the emergence of self-injurious behavior [179].

Global meta-analyses report a lifetime prevalence of self-injury among children and adolescents at 22.1%, while suicidal ideation is reported at 18%. The higher rates observed in low-income countries suggest that economic hardship and limited access to psychosocial support mechanisms may trigger these behaviors [180]. For instance, a study in Portugal found that 7.3% of adolescents had engaged in self-injury at least once, with strong correlations between these behaviors, anxiety, and depression [181]. Similarly, a comparison between Belgium and the Netherlands revealed that adolescents in Belgium were 2.8 times more likely to engage in self-harm than those in the Netherlands. This disparity has been attributed to psychosocial factors such as family conflict and poor problem-solving skills [182].

Similar patterns are observed in Turkey. A study conducted among Turkish university students found a lifetime prevalence of self-injury at 15.4%, with suicidal ideation at 11.4% and suicide attempts at 7.1% [162]. Another study conducted among 10th-grade

students in Istanbul reported a one-year self-injury prevalence of 14.4%, with these behaviors being commonly associated with depression, anxiety, and substance use [183]. Research on the prevalence of SIB in Turkey highlights its significance as a public health issue across various age groups. One study among university students found a prevalence rate of 28.5%, identifying the most common forms of SIB as scab picking, hitting or bumping oneself, and pinching. It was also found that males were more likely to engage in hitting and burning behaviors [163]. Another study among high school students revealed that 31.3% of participants had engaged in SIB at least once in the past, identifying four distinct SIB subgroups, one of which (40%) was found to be at high risk for future suicide [164]. A more recent study conducted with young adults found that the most frequent form of SIB was interfering with wound healing, and that emotional regulation difficulties, low self-compassion, and high self-criticism were strongly associated with SIB [165].

Global meta-analyses confirm that the prevalence of self-injury varies across geographical regions and cultural contexts, but it remains widespread among children and adolescents overall. For example, a study among Danish high school students reported a lifetime self-injury prevalence of 21.5%, with findings indicating that males were more likely to engage in more frequent and severe self-injury behaviors [166]. In this context, self-injurious behavior is prevalent both in Turkey and globally, especially among adolescents and young adults. Understanding the underlying psychosocial and environmental factors is crucial for developing effective prevention and intervention strategies. Cultural and socioeconomic contexts play a decisive role in shaping the design and implementation of such strategies.

2.4.4. Prevention and Treatment Methods for Self-Injurious Behaviors

The effective prevention and treatment of non-suicidal self-injury (NSSI) is crucial for helping individuals manage emotional pain through healthier means. A range of interventions are used to address and control NSSI. Cognitive Behavioral Therapy (CBT) is a widely used method for treating self-injurious behavior. CBT aims to change individuals' negative thought patterns and improve emotional regulation skills. By

addressing the cognitive structures that lead to NSSI, CBT provides individuals with healthier coping strategies [153].

Dialectical Behavior Therapy (DBT) is particularly effective in treating individuals with borderline personality disorder (BPD). DBT focuses on enhancing emotional regulation, stress management, and interpersonal skills, thereby reducing the urge to engage in self-injury [154]. Family therapy plays a critical role in the prevention and treatment of NSSI in adolescents. By strengthening communication and emotional support within the family, it reduces the risk of NSSI, especially when family dynamics contribute to the behavior [155].

To manage underlying psychiatric conditions such as depression or anxiety that contribute to self-injury, medications such as antidepressants, anxiolytics, and antipsychotics may be prescribed. These medications are typically combined with therapy and help stabilize individuals' emotional states [156]. School- and community-based programs can be effective in reducing the prevalence of NSSI by teaching young people emotional regulation, social support, and coping strategies. These interventions aim to raise awareness among at-risk youth and foster resilience [157]. Support groups and individual counseling provide emotional support and a safe space for understanding the causes of NSSI. These environments help individuals develop healthier coping strategies and strengthen social connections by reducing feelings of loneliness [147].

CBT targets the thought patterns and cognitive distortions that sustain self-injury, promoting long-term behavioral change. This dual focus enables individuals to restructure how they respond to emotional distress, leading to a reduction in NSSI over time [153]. DBT's emphasis on mindfulness and emotional regulation makes it an effective tool in NSSI treatment. It teaches individuals how to cope with emotional distress without resorting to self-injury [154]. Adolescents are particularly vulnerable to NSSI due to emotional regulation challenges and family relationship difficulties. Family therapy can significantly reduce NSSI risk by improving communication skills and fostering a supportive home environment [155]. Medication, rather than directly treating NSSI, helps manage underlying psychiatric conditions such as depression and anxiety

that contribute to these behaviors. When combined with therapy, medication supports individuals in achieving emotional stability [156].

Prevention programs targeting adolescents teach them essential skills such as emotional regulation and healthy coping strategies. These programs, integrated into school curricula, also aim to strengthen social support networks and reduce isolation, a precursor to NSSI [157]. Peer-led support groups provide a non-judgmental space where individuals can share their experiences. These groups help reduce the stigma surrounding NSSI and assist participants in developing healthier coping mechanisms. Moreover, they alleviate the sense of loneliness, a major risk factor for self-injury [147].

Preventing and treating NSSI requires a multifaceted approach that integrates CBT, DBT, family involvement, pharmacological support, and community-based interventions. Support groups and individual counseling play a vital role in offering emotional support and helping individuals develop healthier coping strategies. The implementation of these strategies in both clinical and community settings is critical for effectively reducing NSSI behaviors.

2.5. Sample Studies and Findings on Dating Violence

Studies on dating violence have developed key trends and theoretical models to better understand its causes, consequences, and prevention strategies. Research has revealed a strong association between traditional gender roles and dating violence. Flood and Pease argue that patriarchal values, through stereotypes that depict men as dominant and women as submissive, contribute to the normalization of violence within relationships [18]. Within this framework, men are more often identified as perpetrators of physical violence, while women are more frequently subjected to emotional abuse.

Johnson's model of "Patriarchal Terrorism" explains that dating violence often arises from systematic control and domination exerted by one partner over the other. This power-driven violence can take the form of emotional, physical, or sexual abuse and aims to undermine the victim's self-esteem and isolate them from support systems [83]. The "Cycle of Violence" model identifies three phases: tension building, acute battering, and

the honeymoon phase. This cycle explains why dating violence becomes chronic and why victims often struggle to leave abusive relationships [70].

Bronfenbrenner's Ecological Model provides a multi-layered perspective on how individual, relational, societal, and community-level factors influence the risk of dating violence. It allows for a broad understanding of how social norms, family structures, and personal experiences contribute to the emergence of violence [184]. Studies by Abbey et al. have shown that substance use increases the risk of dating violence. Alcohol and drug consumption may reduce inhibitions and increase aggression in relationships, thereby fostering violent behaviors [185].

Bandura's Social Learning Theory posits that individuals learn violent behaviors by observing role models such as family members or peers. This theory helps explain intergenerational transmission of violence by suggesting that individuals exposed to domestic violence are more likely to replicate such behaviors in their own romantic relationships [53]. The "Safe Dates" program developed by Foshee et al. emphasizes early education about the foundations of healthy relationships and recognizing warning signs of abuse. Such interventions aim to prevent dating violence before incidents escalate [186].

Structural Equation Modeling (SEM) is an advanced statistical method used in dating violence research to analyze complex relationships between variables. Exner-Cortens et al., using SEM, examined the intricate connections between dating violence, low self-esteem, depression, and anxiety, demonstrating the long-term psychological consequences of dating violence [187].

These models provide a comprehensive framework for understanding the multifaceted nature of dating violence and highlight the significant roles of gender roles, power dynamics, substance use, and social learning in its perpetuation. Moreover, prevention programs and advanced analytical methods such as SEM are crucial for addressing and reducing dating violence during both adolescence and adulthood.

2.6. The Relationship Between Dating Violence and Self-Injurious Behavior Tendencies in Romantic Relationships

In this study, attitudes toward dating violence were assessed with the Dating Violence Attitude Scale (DVAS) [188], while experiences in romantic relationships were evaluated using the Romantic Relationship Assessment Scale (RRAS) [189].

Romantic relationships are intimate partnerships characterized by emotional, cognitive, and behavioral interactions based on mutual commitment, trust, and closeness. These relationships can enhance individuals' psychological well-being by strengthening feelings of self-esteem, belonging, and happiness [105]. While healthy romantic relationships provide social support and facilitate coping with stress, toxic and unbalanced relationships can result in negative outcomes such as anxiety, depression, and low self-perception [7]. The development of romantic relationships can vary depending on individuals' attachment styles and relational dynamics; communication between partners, the level of commitment, and conflict resolution are among the key elements that determine the health of a relationship.

The relationship between dating violence and self-injurious behavior has become a focal point in recent psychological research. Dating violence typically refers to physical, emotional, or sexual violence experienced between young partners, and such traumatic experiences can have profound effects on individuals' mental health. Studies show that individuals—particularly women—who experience dating violence are more likely to exhibit adverse outcomes such as depression, anxiety, and self-harm [89]. Thus, understanding how dating violence impacts mental health and developing strategies for prevention are of critical importance.

A study conducted in Hawaii found that victims of dating violence were significantly more likely to engage in NSSI and suicide attempts. It also highlighted the frequent association between dating violence and substance use, particularly alcohol and drug use [137]. Similarly, a study on intimate partner violence found that women who experienced abuse in dating relationships were more likely to engage in self-injury due to declines in body image and psychological well-being [79].

Research in Turkey has revealed similar patterns. A study among college students in Istanbul found that victims of dating violence had increased levels of depression and anxiety, which were linked to higher tendencies toward self-harm [115]. Another study conducted at Mersin University found that individuals who perceived relational self-efficacy significantly predicted their attitudes toward dating violence, and those with lower self-efficacy were more vulnerable to such behaviors [190]. Additionally, a study among university students in Ankara found that dating violence was associated with decreased relationship satisfaction and commitment, and that psychological violence directly diminished relational commitment [191].

Meta-analyses conducted internationally have examined the relationship between dating violence and self-harm from a broader perspective. A study by Chan et al. [44], conducted among university students in 21 countries, found high rates of depression, suicidal ideation, and self-injurious behavior among victims of dating violence. These findings indicate that violence in young people's romantic relationships constitutes a global public health issue.

Studies focusing on the impact of psychological violence on self-harm have also examined how feelings of guilt and shame are reinforced by patriarchal values. One study conducted in Turkey showed that female university students exposed to psychological dating violence experienced heightened feelings of guilt and shame, which were associated with culturally embedded gender roles [188,189]. Similarly, experiences of domestic violence—especially among women—were found to increase the risk of mental health issues such as depression and anxiety [193].

In conclusion, dating violence has devastating effects on individuals' mental health, often manifesting in self-injurious behaviors. Both national and international research highlights the influence of various psychological and social factors on this relationship. To prevent the harmful effects of dating violence, it is essential to develop awareness-raising educational programs and ensure that individuals have access to psychological support services. This is crucial not only for protecting victims from physical harm but also for mitigating the psychological consequences of dating violence.

3. MATERIALS AND METHODS

3.1. Type of Research

This study was conducted using cross-sectional and correlational research design. The aim of the study was to examine the attitudes of students studying at Yeditepe University, a foundation university, toward dating violence, to investigate their experiences of exposure to dating violence, and to determine the relationship between these variables and self-injurious behaviors. The cross-sectional approach enabled the identification of students' status regarding these variables, while the correlational method allowed for the examination of the relationships between dating violence and self-injurious behaviors.

3.2. Population and Sample of the Study

The population of the study consists of students enrolled in the departments of nursing, nutrition and dietetics, physiotherapy and rehabilitation, medicine, and pharmacy at Yeditepe University. The total population includes 300 students from the nursing department, 243 from nutrition and dietetics, 286 from physiotherapy and rehabilitation, 328 from medicine, and 305 from pharmacy, amounting to a total of 1462 students. In order to determine the sample size within this population, the basic population size calculation formula was initially used [$n_0 = \frac{Z^2 p \cdot [1-p]}{d^2}$], followed by the finite population correction formula [$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}}$] using the calculated n_0 value to determine the final sample size. The survey remained open until the required number of participants who met the inclusion criteria was reached. Accordingly, a total of 17 participants who left the questionnaire incomplete, and were identified as having responded without reading, or met exclusion criteria, were not included in the study. In this context, the sample was calculated with a 95% confidence interval using the simple random sampling method, and the final sample consisted of 306 volunteer students who met the inclusion criteria [$n = 306$].

Inclusion Criteria for the Study

- Being 18 years of age or older,

- Being a student in the departments of nursing, nutrition and dietetics, physiotherapy and rehabilitation, medicine, or pharmacy,
- Being single,
- Having had or currently having a dating relationship [assessed through the sociodemographic form by asking whether the participant has ever been in a romantic relationship].

Exclusion Criteria for the Study

- Providing incomplete responses in the forms,
- Getting married during the study,
- Never have been in a dating relationship.

3.3. Location and Duration of the Study

The data of the study were collected through an online survey from undergraduate students enrolled in various departments at Yeditepe University in Istanbul. The surveys were prepared via Google Forms and distributed to participants through digital platforms. Therefore, the data collection process was conducted online rather than in a physical setting. The data collection began in May 2024 and was completed in August. Although all participants were students at Yeditepe University, they completed the surveys at a time and place of their own choosing.

3.4. Variables of the Study

Dependent Variables of the Study: Participants' experiences of dating violence, their attitudes toward dating violence, and their tendencies toward self-harm

Independent Variables of the Study: Participants' sociodemographic data [the department they study in, their age, gender, relationship status, relationship duration, whom they live with, and whether they experienced violence during childhood].

3.5. Data Collection Tools

The data of the study were collected using the sociodemographic information form aimed at identifying participants' personal information, the Dating Violence Attitude Scale, the Self-Harm Behavior Assessment Inventory, and the Romantic Relationship Assessment Scale.

3.5.1. Sociodemographic Information Form [APPENDIX-2]

The Sociodemographic Information Form used in this study was developed by researchers based on similar studies in literature and scales assessing psychosocial risk factors. In addition to basic demographic variables such as age, gender, relationship status, and academic department, the form also includes questions related to individual risk factors such as substance and alcohol use, history of psychiatric diagnosis, and experiences of violence during childhood. These questions were structured by drawing inspiration from previous psychological and sociological studies conducted with similar age groups [190, 43, 158, 30, 170, 106]. The multiple-choice and open-ended questions included in the form aim to comprehensively assess sociodemographic and psychological variables that may be associated with attitudes toward dating violence, experiences in romantic relationships, and self-harming behaviors.

3.5.2. Dating Violence Attitude Scale [DVAS] [APPENDIX-3]

The Dating Violence Attitude Scale (DVAS) is a 5-point Likert-type measurement tool developed to assess individuals' attitudes toward violence in dating relationships. The scale was specifically developed for Turkish society by Terzioğlu and colleagues in 2016 and has been defined as a reliable measurement tool [188].

The attitude statements on the scale allow participants to indicate the extent to which they agree with violence-related attitudes. In this context, participants who completely agree with a statement receive 5 points, those who agree receive 4 points, those who are undecided receive 3 points, those who disagree receive 2 points, and those who completely disagree receive 1 point. The highest possible score for each item is 5, and the

lowest is 1. A mean score closer to 5 indicates that the participant has a non-approving attitude toward dating violence. The scale consists of five sub-dimensions: general violence, physical violence, economic violence, emotional violence, and sexual violence, with a total of 28 items. Among these, 23 items are reverse scored; thus, high agreement with these items reflects a rejecting attitude toward dating violence [188]. The lowest possible total score on the scale is 28, and the highest is 140. In this context, scores approaching 140 indicate a rejecting attitude toward dating violence, while scores approaching 28 indicate an accepting attitude.

The Cronbach's alpha reliability coefficient of the scale was reported as 0.91, and it was calculated as 0.96 in the present study. The total scores obtained from the Dating Violence Attitude Scale were not classified using specific cut-off points in the original development study [188]. Therefore, in the current research, score intervals were created by the researcher based on the distribution of the data, and participants' attitudes toward dating violence were evaluated in three groups. Such classifications are frequently used in literature for scales without normative threshold values to facilitate interpretation and present descriptive statistics more meaningfully [193]. Accordingly, the scores on the Dating Violence Attitude Scale were classified as follows:

- 28–64 points: Accepting attitude toward dating violence
- 65–99 points: Ambivalent attitude
- 100–140 points: Rejecting attitude toward dating violence

This classification allows for comparisons between groups in the analysis.

3.5.3. Inventory of Statements About Self-Injury [ISAS] [APPENDIX-4]

Inventory of Statements About Self-Injury (ISAS) was developed by Klonsky and Glenn (2009) [156]. The validity and reliability study of the Turkish version of the inventory was conducted by Bildik and colleagues in 2013 [192].

The inventory consists of two parts. The first part investigates the frequency of participants' engagement in "non-suicidal self-injury" behaviors throughout their lives.

This section examines behaviors such as cutting, biting, carving letters or shapes into the skin, burning, pinching, hair pulling, scratching, hitting or banging oneself against a hard surface, preventing wound healing, rubbing the skin against a hard surface, inserting needles, and ingesting/swallowing harmful or dangerous substances. Participants are asked to indicate how many times they have performed each behavior. Additionally, five supplementary questions assess the characteristics and structural aspects of these behaviors. Participants who report at least one type of self-injurious behavior in the first section are directed to complete the second section.

In the Turkish validity and reliability study conducted by Bildik and colleagues, 12 self-injurious behaviors were examined and classified as low or high intensity based on frequency distribution. Behaviors that are more serious, require specific conditions, and occur less frequently (e.g., cutting, burning, ingesting/swallowing harmful substances, inserting needles, carving letters or shapes into the skin) are classified as high intensity. Behaviors that are more frequent and easier to perform (e.g., scratching, pinching, biting oneself, preventing wound healing, rubbing the skin against a hard surface, banging or hitting oneself against a hard surface, pulling hair) are classified as low intensity [192]. In the present study, self-injurious behaviors were also analyzed according to this classification.

The second part of the inventory consists of 39 items assessing the functions of self-harm and examines these functions under two main dimensions: autonomous functions and social functions. Autonomous functions comprise five sub-dimensions focusing on the individual's internal processes:

- 1. Affect regulation** [e.g., “I feel calm.”]
- 2. Anti-suicide** [e.g., “It helps me avoid the urge to attempt suicide.”]
- 3. Marking distress** [e.g., “It leaves a mark that shows how terrible I feel.”]
- 4. Self-punishment** [e.g., “It shows the anger I feel toward myself for being worthless or stupid.”]

5. Anti-dissociation [e.g., “It creates pain to counter numbness.”]

Social functions consist of eight sub-dimensions addressing the individual’s interactions with their environment:

1. Interpersonal boundaries [e.g., “It establishes a boundary between myself and others.”]

2. Interpersonal influence [e.g., “It helps others understand the extent of my emotional pain.”]

3. Revenge [e.g., “It allows me to get back at someone.”]

4. Sensation seeking [e.g., “It gives me a feeling of excitement and thrill.”]

5. Peer bonding [e.g., “It helps me fit in with others.”]

6. Toughness [e.g., “It shows how tough I am.”]

7. Autonomy [e.g., “It shows that I don’t rely on others for help.”]

8. Self-care [e.g., “It creates a physical wound that is easier to cope with than emotional distress.”]

Each function is assessed by three items, and participants respond on a 3-point scale: “not at all relevant” [0], “somewhat relevant” [1], and “very relevant” [2]. This structure aims to comprehensively assess the individual and interpersonal functions of self-injurious behavior. For each function, the maximum score is 6 and the minimum is 0. A score closer to 6 indicates that the participant engages in self-injury to fulfill that specific function. For both autonomous and social functions, the highest possible score is 15 and the lowest is 0. Scores approaching 15 suggest that participants use self-injurious behavior for emotional regulation [e.g., calming down or self-punishment] or social purposes [e.g., seeking attention or setting interpersonal boundaries]. This indicates that the individual resorts to these behaviors as a coping mechanism for emotional or social difficulties [192]. The internal consistency coefficient for the total function scores of the

ISAS was $\alpha = 0.93$, while the Cronbach's alpha coefficient calculated in the present study was $\alpha = 0.96$.

3.5.4. Romantic Relationship Assessment Scale [RRAS] [APPENDIX- 5]

The Romantic Relationship Assessment Scale (RRAS) was developed by Kılınçer and Tuzgöl Dost in 2013 to evaluate abusive behaviors that university students are exposed to or witness in their romantic relationships [189].

The RRAS is a unidimensional scale consisting of 70 items, and there are no reverse-scored items. The scale uses a five-point Likert-type response system. Participants respond to the items with options such as “never,” “rarely,” “sometimes,” “often,” and “very often.” According to the scoring system, “never” is scored as 1, “rarely” as 2, “sometimes” as 3, “often” as 4, and “very often” as 5. The minimum possible score on the scale is 70, and the maximum is 350; in this context, higher scores indicate a greater degree of abuse experienced in romantic relationships [189]. In the reliability analyses of the RRAS, the Cronbach’s alpha coefficient was found to be 0.97 [189], and in the present study, the Cronbach’s alpha coefficient was calculated as 0.99.

As with the Dating Violence Attitude Scale, the scores obtained from the RRAS were grouped into intervals determined by the researcher, since the original study of the scale did not provide a definitive standard for cut-off scores. This classification method was based on the distribution-based classification approach widely accepted in the literature [191]. RRAS scores were evaluated in four groups according to the perceived level of dating violence: very low, moderately low, moderately high, and very high.

3.6. Implementation of the Study

The study was conducted with participants through an online survey. The research included Likert-type scales and open-ended questions. To ensure complete responses, answering all questions was made mandatory. The open-ended questions were in the first section of the ISAS. Participants were asked how many times they had engaged in each self-injurious behavior throughout their lives. Those who had never performed a

particular behavior responded with answers such as “none,” “never,” or “I didn’t,” and these responses were grouped together as indicating non-engagement in the behavior. Other participants provided numerical values, while responses such as “1111111,” “I didn’t count,” and similar were considered non-meaningful and therefore excluded from the analysis.

3.7. Data Analysis

The data for the study were collected through an online survey via Google Forms and were directly recorded in digital format. The collected data were transferred to SPSS [Statistical Package for the Social Sciences] software for preparation and analysis, and SPSS version 27 was used in the analysis. The distribution of the data was examined using the Kolmogorov-Smirnov and Shapiro-Wilk tests, and the results indicated that the data did not follow a normal distribution [$p < 0.05$]. Therefore, non-parametric tests were preferred for hypothesis testing. In the study, the Mann-Whitney U Test was used to analyze differences between two independent groups, and the Spearman Correlation Analysis was used to examine relationships between variables. Non-parametric tests provided reliable results in accordance with the distribution characteristics of the data, and the analysis results were visualized and interpreted using tables and graphs.

3.8. Ethical Considerations of the Study

The study was conducted with the approval of the Yeditepe University Non-Interventional Clinical Research Ethics Committee [E.83321821-805.02.03-227, 14.07.2023]. Participants' personal information was not shared with third parties. The collected data were stored only on the researcher's password-protected computer, and the findings presented in the study were obtained through quantitative analyses. In reporting the research findings, no data that could reveal participants' identities were included in the demographic distributions. Additionally, an informed consent form was provided to the participants, and the study proceeded only with those who consented to participate.

3.9. Limitations of the Study

This study has certain limitations. Firstly, the sample of the research is limited to students enrolled at a single foundation university and was not expanded to include individuals from diverse socioeconomic and cultural backgrounds. This restricts the generalizability of the findings. Although the scales used in the study are effective in assessing participants' attitudes toward dating violence and their romantic relationships, their sensitivity to demographic variables may be limited. Variables such as gender, age, or socioeconomic status may not be fully reflected in the results. Additionally, the use of an online survey method for data collection may influence participants' motivation to respond honestly and may lead to social desirability bias. The scales used in the study also have certain limitations. While closed-ended questions ensure responses within a specific framework, the analysis of open-ended questions requires more time and effort. The subjective nature of participants' responses can make data coding and interpretation more difficult. Furthermore, there is a risk of researchers bias in interpreting open-ended questions. Some participants also dropped out after starting the survey and therefore were not included in the study.

4. RESULTS

Table 1: Distribution of Participants' Demographic Characteristics [N:306]

Demographic Characteristics	N	%
Age		
18-21	81	26,5
22-25	161	52,6
≥ 26	64	20,9
Gender		
Women	199	65,0
Men	107	35,0
Relationship Status		
In a relationship	150	49,0
Not in a relationship	148	48,4
Engaged	8	2,6
Major		
Nursing	98	32,02
Nutrition and Dietetics	62	20,26
Physiotherapy and Rehabilitation	53	17,32
Medicine	36	11,76
Pharmacy	57	18,62
Whom They Live With		
Family	127	41,5
Partner	32	10,4
Friends	84	27,4
Alone	63	20,5
Duration of Current Relationship		
0-1 Year	87	47,7
1-5 Years	69	37,6
≥ 5 Years	27	14,7
Longest Duration of Romantic Relationship		
0-1 Year	128	41,8

1-5 Years	137	44,8
≥ 5 Years	41	13,4
Income Level		
Income greater than expenses	98	32
Income equal to expenses	132	43
Income less than expenses	76	24
Alcohol Usage		
Yes	203	66
No	61	19
Smoking		
Yes	185	60
No	121	39
Substance Use		
Yes	47	15
No	259	84
Psychiatric Diagnosis Status		
Yes	53	17
No	253	82
Psychiatric Medication Use		
Yes	38	71
No	15	29
Childhood Exposure to Violence		
Yes	79	26
No	227	74
Who Experienced the Violence		
Themselves	11	14
A family member	28	35
Another relative	40	50

Table 1 presents the distribution of participants' descriptive characteristics. When examining the age distribution of the participants, it was determined that 26.5% were between the ages of 18–21, 52.6% were between 22–25, and 20.9% were over the age of 25. In terms of gender distribution, 65.0% of the participants were female, while 35.0% were male. Regarding relationship status, 49.0% of participants stated that they were

currently in a relationship, 48.4% reported not being in a relationship, and 2.6% indicated that they were engaged or promised.

Among the participants in a relationship, 47.7% reported that their current relationship had lasted between 0–1 year, 37.6% between 1–5 years, and 14.7% more than 5 years. When examining the duration of participants' longest romantic relationships, 41.8% reported 0–1 year, 44.8% reported 1–5 years, and 13.4% reported more than 5 years.

Regarding living arrangements, 54.9% of participants lived with their family, 8.8% lived with their boyfriend/girlfriend, 20.6% lived with friends, and 15.7% lived alone. Alcohol use was reported by 66% of participants, while 19% did not consume alcohol. Substance use was reported by 15% of participants, and 84% did not use substances. A psychological disorder diagnosis was present in 17% of participants and absent in 82%; among those diagnosed, 71% were using medication, while 19% were not.

Additionally, 26% of participants reported exposure to violence during childhood, while 74% indicated no such exposure. Among those who reported exposure to violence during childhood, 14% stated that they themselves were exposed, 35% reported a family member being exposed, and 50% indicated that another relative had been subjected to violence.

Table 2: Participants' Perceived Level of Dating Violence in Romantic Relationships

RRAS Total Score	N	%
70-139	186	60,8
140-209	24	7,8
210-279	49	16,0
280-350	47	15,4

Table 2 presents the scores participants received from the Relationship Assessment Scale [RAS]. Higher scores on this scale indicate an increased level of perceived dating violence in romantic relationships. Participants' scores on the scale were categorized into four groups. Accordingly, 60.8% of participants were found to perceive a very low level of dating violence in their romantic relationships [70–139 points], 7.8% a moderately low level [140–209 points], 16.0% a moderately high level [210–279 points], and 15.4% a very high level [280–350 points].

Table 3: SIB of Participants

ISAS Part 1			ISAS Part 2					
	N	%	Social Functions	N	%	Autonom Functions	N	%
High Intensity	148	48,4	0-8	187	61,1	0-5	174	56,9
Low Intensity	158	51,6	9-16	56	14,4	6-10	56	18,3
			17-24	76	24,5	7-15	76	24,8

Table 3 presents the participants' results related to the ISAS. The inventory consists of two sections: the first section includes self-injurious behaviors, while the second section reflects the purposes for which participants engage in these behaviors. According to the findings, 48.4% of the participants engaged in high-intensity self-injurious behaviors, while 51.6% engaged in low-intensity self-injurious behaviors.

The second section of the ISAS includes two sub-dimensions: social functions and autonomous functions. For both sub-dimensions, higher scores indicate that the participant engages in self-injurious behavior to fulfill that specific function. The scores for each sub-dimension were divided into three groups, and the distribution of participants across these groups was examined. Accordingly, it was observed that 61.1% of

participants had low scores for engaging in self-injury due to social functions [0–8 points], 14.4% had moderate scores [9–16 points], and 24.5% had high scores [17–24 points]. Similarly, 61.1% of participants had low scores for engaging in self-injury due to autonomous functions [0–8 points], 14.4% had moderate scores [9–16 points], and 24.5% had high scores [17–24 points].

Table 4: Dating Violence Attitudes of Participants

DVAS Total Score	N	%
28-64 [Accepting Attitude]	42	13,7
65-99 [Ambivalent Attitude]	66	21,6
100-140 [Rejecting Attitude]	198	64,7

Table 4 presents the distribution of participants' attitudes toward dating violence. Participants' total and subscale scores on the Dating Violence Attitude Scale [DVAS] were divided into three groups, and their distribution across these groups was examined. On the DVAS, higher scores indicate a rejecting attitude toward violence, while lower scores indicate an accepting attitude.

When the total DVAS scores are examined, it was found that 13.7% of participants fell within the low score range [28–64 points], 21.6% within the moderate range [65–99 points], and 64.7% within the high score range [100–140 points].

Table 5: The Relationship Between Participants' Attitudes Toward Dating Violence and Their Romantic Relationship Status

Variables	Correlation Coefficient	Significance Level	N
Dating Violence Attitude and Romantic Relationship	-0,787	<0,001	306
General Violence Attitude and Romantic Relationship	-0,742	<0,001	306
Physical Violence Attitude and Romantic Relationship	-0,783	<0,001	306
Emotional Violence Attitude and Romantic Relationship	-0,747	<0,001	306
Economic Violence Attitude and Romantic Relationship	-0,749	<0,001	306
Sexual Violence Attitude and Romantic Relationship	-0,706	<0,001	306
Sexual Violence Attitude and Romantic Relationship			

Table 5 presents the mean scale scores regarding the relationship between participants' attitudes toward dating violence and their romantic relationship status. To determine whether the data set obtained from the Dating Violence Attitude Scale [DVAS] followed a normal distribution, Kolmogorov-Smirnov and Shapiro-Wilk tests were applied. According to the results, both the Kolmogorov-Smirnov test [$D [306] = 0.234; p < 0.001$] and the Shapiro-Wilk test [$W [306] = 0.832; p < 0.001$] indicated that the data did not follow a normal distribution.

Similarly, Kolmogorov-Smirnov and Shapiro-Wilk tests were applied to assess whether the data set obtained from the Relationship Assessment Scale [RAS] followed a normal distribution. The results showed that both the Kolmogorov-Smirnov test [D [306] = 0.229; $p < 0.001$] and the Shapiro-Wilk test [W [306] = 0.794; $p < 0.001$] indicated non-normal distribution of the data.

To examine the relationship between DVAS and RAS scores, the Spearman correlation test was applied. A strong, negative, and statistically significant relationship was found between the variables [$\rho = -0.787$; $p < 0.001$]. A strong, negative, and significant relationship was also found between the DVAS general violence subscale scores and RAS scores [$\rho = -0.742$; $p < 0.001$]. Additionally, a strong, negative, and significant relationship was observed between the DVAS physical violence subscale and RAS [$\rho = -0.783$; $p < 0.001$], the DVAS emotional violence subscale and RAS scores [$\rho = -0.747$; $p < 0.001$], the DVAS economic violence subscale and RAS scores [$\rho = -0.749$; $p < 0.001$], and the DVAS sexual violence subscale and RAS scores [$\rho = -0.706$; $p < 0.001$].

Table 6: K The Relationship Between Participants' Attitudes Toward Dating Violence and SIB

ISAS Part 1					ISAS Part 2			
	High Intensity Mean	Low Intensity Mean	Mean Difference	P	Social Functions		Autonomic Functions	
					Correlation Coefficient	P	Correlation Coefficient	P
DVAS Total Score	89,95	118,67	28,71	<0,001	-0,663	<0,001	-0,624	<0,001
General Violence	21,93	16,62	5,30	<0,001	-0,628	<0,001	-0,576	<0,001
Physical Violence	22,10	15,65	6,45	<0,001	-0,618	<0,001	-0,603	<0,001
Emotional Violence	25,36	18,32	7,03	<0,001	-0,620	<0,001	-0,584	<0,001
Economic Violence	19,48	15,27	4,21	<0,001	-0,626	<0,001	-0,603	<0,001
Sexual Violence	29,79	24,07	5,71	<0,001	-0,641	<0,001	-0,620	<0,001

Table 6 presents the mean scale scores related to the relationship between participants' attitudes toward dating violence and self-harming behaviors [SHB]. ISAS consists of two sections. Based on the data obtained, the Mann-Whitney U Test was used to examine whether there was a significant relationship between the ISAS and the Dating Violence Attitude Scale [DVAS]. The analysis revealed a significant difference between the low-intensity and high-intensity SHB groups [Mann-Whitney U = 6084.000; p <0.001].

When the group means were examined, the mean DVAS score for the low-intensity SHB group was 118.67, while the mean DVAS score for the high-intensity SHB group was 89.95. These findings indicate that participants in the high-intensity SHB group had lower DVAS scores compared to those in the low-intensity group. Since higher DVAS scores indicate a rejecting attitude toward dating violence, these results suggest that individuals who approve of dating violence are more likely to engage in high-intensity self-harming behaviors.

The second part of the ISAS consists of two sub-dimensions: autonomous functions and social functions. To examine the relationship between the DVAS and the SHBAI sub-dimensions, the Spearman correlation test was used. A strong, negative, and significant relationship was found between autonomous functions and DVAS scores [$\rho = -0.624$; $p < 0.001$]. Similarly, a strong, negative, and significant relationship was found between social functions and DVAS scores [$\rho = -0.663$; $p < 0.001$].

These findings indicate that participants with a higher tendency to approve of dating violence are more likely to engage in self-harming behaviors for the purpose of fulfilling both autonomous and social functions.

Table 7: Katılımcıların Romantik İlişkide Algıladıkları İstismar ve KZVD Arasındaki İlişki

ISAS Part 1					ISAS Part 2			
	High Intensity Mean	Low Intensity Mean	Mean Differences	Significance Level	Social Functions		Autonomic Functions	
RRAS Total Score	246,07	168,39	77,68	<0,001	0,607	<0,001	0,619	<0,001

Table 7 presents the results of the relationship between the ISAS and the Romantic Relationship Assessment Scale [RRAS]. To examine whether there was a significant relationship between Section 1 of the ISAS and the RRAS, the Mann-Whitney U Test was applied. The analysis revealed a significant difference between the low-intensity and high-intensity SIB groups [Mann-Whitney U = 5042.000; $p < 0.001$].

When the group means were examined, the mean RRAS score for the low-intensity SHB group was 168.39, while the mean RAS score for the high-intensity SHB group was 246.07. These findings indicate that participants in the high-intensity SHB group had higher RRAS scores compared to those in the low-intensity group. Since higher RRAS scores reflect a greater perceived level of abuse in romantic relationships, these findings suggest that individuals who perceive higher levels of abuse in their romantic relationships are more likely to engage in high-intensity self-harming behaviors.

To examine the relationship between RRAS scores and the ISAS sub-dimensions, the Spearman correlation test was used. A strong, positive, and significant relationship was found between autonomous functions and RRAS scores [$\rho = -0.619$; $p < 0.001$]. Similarly, a strong, positive, and significant relationship was found between social functions and RRAS scores [$\rho = -0.607$; $p < 0.001$].

Table 8: Comparison of Participants' DVAS Scores by Selected Demographic Characteristics

Demographic Characteristics	DVAS Total Score	
Gender	Mean	P
Women	101,20	0,642
Men	93,25	
Age		
18-21	98,01	0,743
22-25	102,83	
≥26	103,84	
Relationship Status		
In a relationship	106,48	<.001
Not in a relationship	114,67	
Engaged	79,50	
Exposure to Violence		
Yes	82,04	<.001
No	119,46	
Duration of Relationship		
Less than 1 year	76,98	<.001
1-5 Years	130,22	
≥6 Years	85,27	

Table 8 presents the relationships between participants' demographic characteristics and their scores on the Dating Violence Attitude Scale [DVAS]. According to the results of the Mann-Whitney U Test conducted by gender, the mean score for males was 101.20, and for females, it was 93.25; however, this difference was not statistically significant [$p = 0.642$].

In terms of current relationship status, the mean score for those in a relationship was 106.48, for those who were engaged/promised it was 79.50, and for those not in a relationship it was 114.67. These differences were found to be statistically significant [$p < .001$].

The age variable was examined in three groups. The mean score for participants aged 18–21 was 98.01, for those aged 22–25 it was 102.83, and for participants over 26 years old it was 103.84. No statistically significant difference was found between the age groups [$p = 0.743$].

When the relationship duration variable was examined, the mean score was 76.98 for relationships shorter than 1 year, 130.22 for relationships lasting 1–5 years, and 85.27 for relationships longer than 5 years. This difference was found to be statistically significant [$p < 0.001$].

In terms of exposure to violence, participants who reported being exposed to violence had a mean score of 82.04, while those who reported not being exposed had a mean score of 119.46. A statistically significant difference was found between the two groups [$p < 0.001$].

Table 9: Comparison of RRAS Scores by Demographic Characteristics

Demographic Characteristics		
Gender	Mean	P
Women	149,60	0,286
Men	160,96	
Age	Mean	P
18-21	150,80	0,700
22-25	151,51	
≥26	161,62	
Relationship Status	Mean	P
In a relationship	170,12	<.001
Not in a relationship	132,83	
Engaged	224,19	
Duration of Relationship	Mean	P
Less than 1 Year	121,03	<.001
1-5 Years	63,59	
≥6 Years	104,76	
Exposure to Violence	Mean	P
Var	240,69	<.001
Yok	168,37	

Table 9 presents the relationships between participants' demographic characteristics and their scores on the Relationship Assessment Scale [RAS]. According to the results of the Mann-Whitney U Test conducted by gender, the mean score for

males was 160.96 and for females it was 149.60; however, this difference was not statistically significant [$p = 0.286$].

In terms of current relationship status, the mean score for those in a relationship was 170.12, for those who were engaged/promised it was 224.19, and for those not in a relationship it was 132.83. These differences were found to be statistically significant [$p < 0.001$].

The age variable was examined in three groups. The mean score for participants aged 18–21 was 150.80, for those aged 22–25 it was 151.51, and for participants over the age of 26 it was 161.62. No statistically significant difference was found between the age groups [$p = 0.700$].

When examining relationship duration, the mean score was 121.03 for relationships shorter than 1 year, 63.59 for relationships lasting 1–5 years, and 104.76 for relationships longer than 5 years. This difference was found to be statistically significant [$p < 0.001$].

In terms of exposure to violence, the mean score of participants who reported being exposed to violence was 240.69, while the mean score of those who reported not being exposed was 168.37. A statistically significant difference was found between the two groups [$p < 0.001$].

5. DISCUSSION

The research findings reveal a significant relationship between attitudes toward dating violence, perceived abuse in romantic relationships, and self-injurious behaviors. These results indicate that individuals' attitudes toward dating violence have serious implications not only in relational contexts but also in terms of individual health and behavioral outcomes. According to the main findings of the study, 16.0% of participants reported moderate to high levels of perceived dating violence in their romantic relationships, while 15.4% reported high levels. The findings also show that 48.4% of participants exhibited high-intensity self-injurious behaviors, whereas 51.6% exhibited low-intensity behaviors. A strong, negative, and significant relationship was found between attitudes that condone dating violence and the level of perceived dating violence in romantic relationships [$\rho = -0.787$; $p < 0.001$]. Additionally, negative and significant relationships were identified between attitudes that condone dating violence and both the autonomous [$\rho = -0.624$] and social [$\rho = -0.663$] functions of self-injurious behavior [$p < 0.001$]. Accordingly, as rejection of dating violence increases, both the perceived level of dating violence in romantic relationships and the level of self-injurious behavior decrease.

According to the findings of the Mann-Whitney U test, a significant difference was found between participants with low levels of self-injurious behavior and those with high levels [$U = 6084.000$; $p < 0.001$]. Attitudes that condone dating violence were more common among participants who exhibited high levels of self-injurious behavior. Furthermore, individuals who perceived high levels of dating violence in their romantic relationships engaged in more intense self-injurious behaviors compared to those who perceived lower levels [$U = 5042.000$; $p < 0.001$]. Additionally, positive, strong, and significant relationships were found between the perceived level of dating violence in romantic relationships and both the autonomous [$\rho = 0.619$] and social [$\rho = 0.607$] subdimensions of self-injurious behavior [$p < 0.001$].

Kaura and Lohman's (2007) study revealed that experiencing dating violence negatively affects both romantic relationship satisfaction and individuals' mental health

[194]. The study indicated that the acceptability of violence determines the extent of this negative effect, and specifically for women, tolerating violence in romantic relationships is directly linked to lower relationship satisfaction and increased psychological problems [194]. In this context, the finding in our current study that attitudes toward dating violence show a strong and negative relationship with romantic relationship satisfaction supports the results obtained by Kaura and Lohman.

In a study conducted on university students, significant relationships were found between attitudes toward dating violence, emotion regulation skills, and romantic relationship satisfaction. The research demonstrated that attitudes toward dating violence and cognitive emotion regulation skills explained 30% of the total variance in romantic relationship satisfaction [195]. This finding emphasizes that emotion regulation skills are a crucial factor directly influencing individuals' attitudes toward dating violence and their level of relational satisfaction. It was noted that individuals with poor emotion regulation skills are more likely to tolerate or resort to dating violence. The findings of the current study also indicate that individuals who condone dating violence engage in self-injurious behavior to fulfill social and autonomous functions. In this context, based on the findings of Akat and colleagues and the present study, it is suggested that health professionals focusing on emotion regulation skills may positively influence individuals' attitudes toward dating violence and their romantic relationship satisfaction [195]. Enhancing emotion regulation skills may contribute to individuals exhibiting healthier social and autonomous functions in their relationships.

The study by Murray et al. (2008) demonstrated that university students who experienced dating violence were more likely to engage in self-injurious behaviors [196]. The present study is consistent with these findings; a significant relationship was found between Dating Violence Attitude Scale (DVAS) scores and self-injurious behavior. However, in this study, the relationships between the subdimensions of dating violence (physical, emotional, economic, sexual) and self-injurious behaviors were examined in more detail. The findings revealed strong negative correlations between each subdimension and self-injurious behavior. This result indicates that the self-injurious

behaviors of individuals exposed to dating violence may have different impacts and that these impacts may vary depending on the type of violence. This necessitates healthcare professionals/nurses consider the different dimensions of violence in their interventions for victims of dating violence and develop individualized care approaches. Psychiatric nurses should identify the risk of self-injurious behavior at an early stage in individuals exposed to dating violence and develop appropriate intervention plans to support their mental health.

The study by Erdoğan and Kara (2019), conducted on university students in Turkey, states that attitudes toward dating violence differ according to various demographic factors such as gender and age, indicating, for example, that males have higher levels of acceptance of dating violence toward their partners [197]. Similarly, in the present study, the effects of factors such as gender, age, and marital status on DVAS and Romantic Relationship Evaluation Scale (RRAS) scores were analyzed. The results obtained from the present study showed that participants' scale scores differed only according to relationship status, with individuals who had partners displaying higher levels of acceptance of dating violence compared to those who did not. A study examining university students' gender role attitudes and stereotypical beliefs about romantic relationships found that individuals in dating relationships held more egalitarian attitudes than those who were engaged or married [158]. Individuals may fail to recognize certain behaviors as dating violence within the context of gender roles and romantic relationship stereotypes. Consistent with this, the present study found that single individuals and those in dating relationships had higher levels of rejection of dating violence compared to those who were engaged, aligning with the findings of Yaman and Subaşı Harmancı [198].

The study by Smith et al. (2022) emphasized that experiences of violence during childhood may contribute to the cycle of violence in future romantic relationships [199]. In the present study, participants were asked whether they had witnessed violence during childhood, and this was assessed in terms of their attitudes toward dating violence. The study found that individuals who reported witness violence in childhood had lower romantic relationship satisfaction and higher levels of acceptance of dating violence.

In the present study, participants were also asked about the duration of their relationships to examine whether there was a relationship between the length of the relationship and attitudes toward dating violence. In this context, when reviewing the relevant literature, a study conducted in Turkey found that 13.8% of university students were exposed to violence in their dating relationships, while 12.4% reported perpetrating violence in their dating relationships [15]. In the present study, 13.7% of participants exhibited a high level of acceptance of dating violence, while 15.4% reported a high level of exposure to romantic relationship violence. Although no significant difference was found between relationship duration and attitudes toward dating violence, a significant difference was identified in the dimension of sexual violence between individuals in relationships lasting 4–7 years and those lasting 7 years or more. This difference favored those with relationships lasting 7 years or more, indicating that attitudes toward sexual violence were lower in longer-term relationships [15]. In the present study, individuals in relationships lasting 1–5 years were found to have higher levels of acceptance of dating violence and higher exposure to romantic relationship violence compared to those in relationships shorter than 1 year or longer than 5 years. This finding suggests that the impact of relationship duration on dating violence may vary by dimension and that different relationship dynamics may yield different outcomes.

In another study, it was found that the duration of dating relationships did not directly affect the tendency toward dating violence, but individuals who engaged in dating violence had longer relationship durations compared to those who did not engage in any violent behavior [80]. These findings indicate that the relationship between relationship duration and dating violence is quite complex and multidimensional. While increasing relationship duration may enhance commitment and interaction between partners, it does not appear to have a sufficient effect on reducing tendencies toward violence. It should be considered that the dynamics of violence in relationships may depend not only on duration but also on other factors such as roles within the relationship, communication quality, and individual psychological conditions. These findings suggest that short-term relationships may carry less risk in terms of dating violence. However, the increase in attitudes toward and experiences of dating violence in long-term relationships may stem

from greater interaction between partners. Nevertheless, this does not imply that long-term relationships are always characterized by violence.

These findings clearly demonstrate that interventions aimed at preventing dating violence should consider not only demographic factors such as relationship duration, but also individuals' attitudes, beliefs, and relationship dynamics. Relationship duration is considered a critical factor that can shape the level of commitment between partners, the quality of communication, and overall relationship dynamics. The literature suggests that conflicts between partners may increase in long-term relationships, potentially leading to cumulative tendencies toward violence over time [180]. Such processes may render the impact of relationship duration on both attitudes toward dating violence and romantic relationship evaluations significant. In contrast, the limited impact of other demographic variables (e.g., age and gender) may stem from their relatively minor role in directly shaping relationship dynamics.

It is observed in literature that the effect of gender and age on attitudes toward dating violence is generally weak. Some studies suggest that the effect of gender on attitudes toward dating violence is moderated by the influence of gender norms and individual values [25]. Gender norms can profoundly influence how individuals perceive violence and develop attitudes toward it, potentially overshadowing the independent effect of gender. Similarly, differences between age groups may become statistically undetectable when the age distribution in the sample is homogeneous. The significant effect of age and gender in this study indicates that these variables play a more limited role in shaping individuals' perceptions and attitudes toward dating violence.

Cultural norms can have profound effects on individuals' attitudes toward dating violence. For example, studies conducted in Turkey have found that attitudes toward dating violence are strongly influenced by cultural factors such as family structure, gender roles, and the social environment in which individuals are raised [14]. In cultural contexts where gender roles are strictly defined, individuals' perceptions of violence and levels of tolerance toward dating violence may vary significantly. This may explain why demographic factors such as age and gender are not found to have statistically significant

effects on attitudes toward dating violence. In contexts where cultural norms are more dominant in shaping individuals' attitudes, the effects of demographic variables may become comparatively less pronounced. Therefore, in developing strategies for the prevention of dating violence, it appears more appropriate to focus on relational and cultural contexts rather than individuals' demographic characteristics. Relationship dynamics, individuals' perceptions of violence, and their attitudes toward it can play a critical role in preventing such behaviors.

The homogeneity of the sample used in the study can be considered an important factor that explains the limitations of the findings. If the sample largely consists of individuals from similar age groups, socioeconomic levels, or educational backgrounds, the effects of these demographic variables may not appear statistically significant. For instance, the fact that the institution where the research was conducted is a foundation university may imply that the student population shares similar social and cultural characteristics, which could explain this limitation. In this context, using a more diverse and heterogeneous sample would allow for a clearer examination of the impact of demographic variables on attitudes toward dating violence.

Moreover, although the scales used are accepted as effective tools for measuring attitudes toward dating violence and romantic relationship evaluations, it should be noted that these scales may have limited sensitivity to demographic variables. For instance, if the structure of a scale does not directly reflect the effects of variables such as gender or age, this may prevent these factors from yielding statistically significant results in analyses. Enhancing the sensitivity of the scales to demographic variables could contribute to a more comprehensive analysis of the effects of these variables.

The study by Baker et al. [200], conducted among young individuals in Hawaii, examined in detail the link between dating violence and self-injurious behaviors. This study revealed that increased alcohol and substance use during breakups among individuals exposed to dating violence triggered self-injurious behaviors. A similar relationship was observed in the current study. A significant difference was found between self-injurious behavior [SIB] risk groups, and individuals in the high-risk group were

found to have higher scores on the Dating Violence Attitude Scale [DVAS]. This finding aligns with the results of Baker et al. and indicates that dating violence affects not only relational dynamics but also individuals' harmful behaviors toward themselves.

In a study conducted by Akat, Bakioğlu, and Ercan [195] among university students, attitudes toward dating violence were found to be directly related to emotion regulation strategies and relationship satisfaction. Specifically, cognitive emotion regulation strategies such as self-blame and refocusing on planning were found to increase relationship satisfaction, while strategies like acceptance and blaming others were found to decrease it. These findings demonstrate that individuals' tolerance toward dating violence negatively impacts not only relationship quality but also emotional regulation mechanisms. Poor emotion regulation skills may lead individuals to develop a more tolerant attitude toward dating violence and reduce relationship satisfaction. In this context, it is evident that attitudes toward dating violence affect a wide range of factors, from relationship dynamics to emotion regulation skills.

The study by Sırım [201] conducted on young adults revealed that victimization by dating violence decreases life satisfaction and that cognitive distortions play a mediating role in this process. The research emphasized that dating violence victimization is more common among women and individuals from lower socioeconomic backgrounds. These findings are consistent with results in the literature indicating that dating violence decreases individuals' quality of life. Victimization by violence creates profound effects not only in relational contexts but also on general life satisfaction.

The negative effects of dating violence on individuals' self-worth are also frequently discussed in literature. Dating violence, which can lead to serious consequences such as decreased self-confidence, depression, suicide attempts, and post-traumatic stress disorder, triggers self-injurious behaviors. These findings demonstrate that dating violence should be addressed not only as a relational issue but also as a public health concern. Our study comprehensively addresses the complex dynamics between attitudes toward dating violence, romantic relationship satisfaction, and self-injurious behaviors, shedding light on the psychological impacts of this relationship on individuals.

The findings of our study clearly emphasize the need to increase awareness programs among young individuals and strengthen early intervention mechanisms. Strategies for preventing dating violence should aim to raise societal awareness, help young people recognize healthy relationship dynamics, and promote zero tolerance for any form of violence. In line with this objective, the dissemination of psychoeducational programs for young individuals is of critical importance. Seminars, workshops, and awareness campaigns organized in schools and universities can help young people recognize relationship violence, set boundaries, and develop healthy relationship models.

Additionally, implementing therapeutic approaches and support programs that help individuals identify and manage their cognitive distortions could be an effective method in combating dating violence. Such programs should aim both to reduce the psychological trauma experienced by victims and to promote the development of healthy relationship patterns. To create sustainable solutions at the societal level, efforts to raise awareness about dating violence should not be limited to individual interventions but should also be expanded to include various stakeholders such as families, educational institutions, and policymakers.

The findings of our study emphasize that dating violence has serious effects on individuals' psychological and relational health and that multidisciplinary approaches should be developed to address this issue. Through increased societal awareness, education, and the strengthening of early intervention mechanisms, it will be possible to prevent dating violence among young individuals and to promote a culture of healthy relationships.

6. CONCLUSION

Dating violence refers to abusive behaviors in which one partner attempts to exert power and control over the other through physical, emotional, sexual, or digital means. Self-injurious behavior is a coping mechanism that involves individuals inflicting physical harm upon themselves to alleviate emotional distress or express internal pain. Attitudes toward dating violence encompass individuals' thoughts, beliefs, and perceptions about such behaviors and are influenced by social norms and cultural values. This study examines the experiences of dating violence, attitudes toward dating violence, and tendencies toward self-injurious behavior among students enrolled at a foundation university.

In this study, the relationship between scales assessing participants' perceived levels of abuse in romantic relationships and their self-injurious behaviors [SIB] was examined. The findings show that while most participants perceived low levels of abuse in their romantic relationships, a certain proportion reported moderate or high levels of perceived abuse. When the intensity of participants' SIB was analyzed, some individuals were found to engage in low-intensity, while others displayed high-intensity self-injurious behaviors. This indicates that individuals who condone dating violence are more likely to exhibit more intense self-injurious behavior.

Furthermore, significant relationships were found between the perception of dating violence and SIB; individuals who accept dating violence were found to engage in SIB to fulfill social and autonomous functions. Similarly, those who perceived high levels of abuse in their romantic relationships were also observed to engage more intensely in SIB. Overall, the findings suggest that negative experiences in romantic relationships increase individuals' tendencies toward self-injurious behavior. In this context, the main findings of the research are as follows:

- As the acceptance of dating violence increases, the perceived level of dating violence in romantic relationships also increases.

- Individuals who condone dating violence engage more intensely in self-injurious behaviors for social and autonomous functions.
- Individuals exhibiting high levels of self-injurious behavior perceive more dating violence in their romantic relationships.
- The tendency toward self-injurious behavior is significantly higher among individuals with attitudes accepting dating violence.

The widespread occurrence of serious psychiatric effects such as depression, anxiety, post-traumatic stress disorder [PTSD], and self-injurious behavior [SIB] among victims of dating violence makes it vital for psychiatric nurses to identify these individuals at an early stage. It is of great importance that nurses systematically address the physical, emotional, economic, and sexual dimensions of dating violence during clinical assessments and evaluate the psychological impacts experienced by victims from a holistic perspective. Accurately analyzing the emotional processes and motivations for self-injurious behavior in individuals at risk for SIB facilitates the development of appropriate intervention strategies. The findings of this study demonstrate that attitudes accepting dating violence are significantly related to SIB and that individuals exposed to dating violence are at higher risk for engaging in such behavior. Therefore, the role of psychiatric nurses in identifying victims of dating violence, taking preventive measures to protect mental health, and developing interventions to support psychological well-being emerges as a critical necessity.

6.1. Suggestions

- Awareness-raising educational programs should be organized at universities to help students recognize the signs of dating violence, adopt healthy relationship dynamics, and develop appropriate responses to violence.
- Psychological counseling and guidance units within universities should be expanded to provide support to individuals exposed to dating violence in a safe environment. Special intervention programs should be developed in these units for individuals with tendencies toward self-injurious behavior.

- Educational programs aimed at preventing dating violence should be implemented for young people starting from high school level, in order to prevent violent behaviors during the university period.
- Large-scale studies should be conducted on the prevalence and impact of dating violence on individuals, and the data obtained should be used in the development of prevention and intervention strategies.
- Psychological support services in university health centers should be strengthened for students exposed to dating violence, and psychiatric nurses and mental health professionals should develop specialized intervention programs for these individuals.
- Nurses, particularly psychiatric nurses, should be trained to identify victims of dating violence early and refer them to the necessary support services; standard assessment procedures should be established in healthcare institutions to detect such cases.
- Individual and group therapies, support groups, and stress management programs aimed at reducing the tendency toward self-injurious behavior among individuals exposed to dating violence should be widely implemented.
- Universities and healthcare institutions should develop protective and preventive policies for victims of dating violence and establish official support mechanisms to safeguard the rights of victims.

7. REFERENCES

1. Acar, A. Ş. (2024). The Impact of Dating Violence and Manipulation on Teenagers' Mental Health. *Medical Research Archives*, 12(7).
2. Akcan, G. (2020). Flört şiddeti: Psikopatolojik bir değerlendirme. *Bartın Üniversitesi Edebiyat Fakültesi Dergisi*, 5(2), 72-87.
3. Koçak, Y. Ç., & Can, H. Ö. (2019). Flört şiddeti: Tanımı, sınıflaması ve değerlendirmesi. *Türkiye klinikleri obstetric-women's health and diseases nursing-special topics*, 5(3), 43-53.
4. Set, Z. (2020). Flört şiddeti: Bir gözden geçirme. *Psikiyatride güncel yaklaşımlar*, 12(4), 444-454.
5. Shorey, R. C., Temple, J. R., Fite, P., Stuart, G. L., & Le, V. D. (2013). Substance use as a longitudinal predictor of the perpetration of teen dating violence. *Journal of youth and adolescence*, 42, 596-606.
6. Ackard, D. M., Eisenberg, M. E., & Neumark-Sztainer, D. (2007). Long-term impact of adolescent dating violence on the behavioral and psychological health of male and female youth. *The Journal of pediatrics*, 151(5), 476-481.
7. Chandan, J. S., Thomas, T., Bradbury-Jones, C., Russell, R., Bandyopadhyay, S., Nirantharakumar, K., & Taylor, J. (2020). Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness. *The British Journal of Psychiatry*, 217(4), 562-567.
8. Adrian, M., Zeman, J., Erdley, C., Lisa, L., & Sim, L. (2011). Emotional dysregulation and interpersonal difficulties as risk factors for nonsuicidal self-injury in adolescent girls. *Journal of abnormal child psychology*, 39, 389-400.
9. Aggarwal, S., Patton, G., Reavley, N., Sreenivasan, S. A., & Berk, M. (2017). Youth self-harm in low-and middle-income countries: systematic review of the risk and protective factors. *International journal of social psychiatry*, 63(4), 359-375.
10. Reed, E., Raj, A., Miller, E., ve Silverman, J. G. (2017). Teen Dating Violence Perpetration and Victimization: The Role of Sexual Risk, Gender, and Ethnic Factors. *Journal of Adolescent Health*, 40(2), 169-177.

11. Silverman, J. G., Raj, A., Mucci, L. A., ve Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*, 286(5), 572-579.
12. Centers for Disease Control and Prevention (CDC). (2020). Preventing Intimate Partner Violence. Retrieved from CDC Website.
13. Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Hawkins, J., ... & Ethier, K. A. (2018). Youth Risk Behavior Surveillance — United States, 2017. *MMWR. Surveillance Summaries*, 67(SS-8), 1–114. <https://www.cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm>
14. Altaş, Z., Hidroğlu, S., Jamil, S., Alsharakhi, M., Alsultan, M., Alharbi, M., & Salu-ahmed, F. (2024). Evaluation of the Perceptions and Attitudes towards Dating Violence among Medical Students. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*, 15(2).
15. Akış, N., Korkmaz, N. H., Taneri, P. E., Özkaya, G., & Güney, E. (2019). Üniversite öğrencilerinde flört şiddeti sıklığı ve etkileyen etmenler-frequency and effecting factors of dating violence in students of a university. *estüdam Halk Sağlığı Dergisi*, 4(3), 294-300.
16. Vagi, K. J., Olsen, E. O. M., Basile, K. C., & Vivolo-Kantor, A. M. (2015). Teen dating violence (physical and sexual) among US high school students: Findings from the 2013 National Youth Risk Behavior Survey. *JAMA pediatrics*, 169(5), 474-482.
17. Terzioğlu, F., Gencbaş, D., Delibalta, R. T., Akdeniz, C., Özden, E., & Yeşilfidan, C. Evaluation of the Relationship between University Students' Attitudes to Dating Violence, Gender Attitudes, Self-Esteem and Personality Traits.
18. Flood, M., ve Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, Violence, ve Abuse*, 10(2), 125-142.
19. Hindin, M. J. (2003). Understanding women's attitudes towards wife beating in Zimbabwe. *Bulletin of the World Health Organization*, 81, 501-508.

20. Gage, A. J., & Hutchinson, P. L. (2006). Power, control, and intimate partner sexual violence in Haiti. *Archives of sexual behavior*, 35, 11-24.
21. Wang, L. (2016). Factors influencing attitude toward intimate partner violence. *Aggression and violent behavior*, 29, 72-78.
22. Yamawaki, N., Ochoa-Shipp, M., Pulsipher, C., Harlos, A., ve Swindler, S. (2012). Perceptions of domestic violence. *Journal of Interpersonal Violence*, 27(16), 3195-3212.
23. Uthman, O. A., Lawoko, S., & Moradi, T. (2009). Factors associated with attitudes towards intimate partner violence against women: a comparative analysis of 17 sub-Saharan countries. *BMC international health and human rights*, 9, 1-15.
24. Shen, A. (2011). Cultural barriers to help-seeking among Taiwanese female victims of dating violence. *Journal of Interpersonal Violence*, 26(7), 1343-1365.
25. Vidal-Fernández, A., ve Megías, J. L. (2014). Attributions of blame to battered women when they are perceived as feminists or as “difficult to deal with.” *The Spanish Journal of Psychology*, 17, e26.
26. Sambisa, W., Angeles, G., Lance, P. M., Naved, R. T., & Curtis, S. L. (2010). Physical and sexual abuse of wives in urban Bangladesh: husbands' reports. *Studies in family planning*, 41(3), 165-178.
27. Wincentak, K., Connolly, J., ve Card, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. *Psychology of Violence*, 7(2), 224-241.
28. Wyman, P. A., Brown, C. H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q., ... & Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American journal of public health*, 100(9), 1653-1661.
29. Demir, P., & Çakın, N. (2020). Kendine zarar verme davranışı ve çocukluk dönemi örselenme yaşantıları: Bir gözden geçirme. *Üsküdar Üniversitesi Sosyal Bilimler Dergisi*, (10), 129-155.
30. Favazza, A. R. (1998). The coming of age of self-mutilation. *The Journal of nervous and mental disease*, 186(5), 259-268.

31. Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical psychology review*, 27(2), 226-239.
32. Gratz, K. L., & Roemer, L. (2008). The relationship between emotion dysregulation and deliberate self-harm among female undergraduate students at an urban commuter university. *Cognitive behaviour therapy*, 37(1), 14-25.
33. Rodham, K., Hawton, K., ve Evans, E. (2004). Reasons for deliberate self-harm: Comparison of self-poisoners and self-cutters in a community sample of adolescents. *Journal of the American Academy of Child ve Adolescent Psychiatry*.
34. Collins, W. A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. *Journal of Research on Adolescence*, 13(1), 1–24. <https://doi.org/10.1111/1532-7795.1301001>
35. Egeci, I. S., & Gençöz, T. (2006). Factors associated with relationship satisfaction: Importance of communication skills. *Contemporary Family Therapy*, 28(3), 383-391.
36. Teoh, H. P., Hashim, I. H., & Bono, S. A. (2024). Self-compassion, psychological well-being, and the quality of romantic relationships: a study with Malaysian emerging adults. *Interpersona: An International Journal on Personal Relationships*, 18(1), 55-78.
37. Yaman, M., & Harmancı, B. S. (2024). Üniversite Öğrencilerinin Toplumsal Cinsiyet Rol Tutumları, Romantik İlişki Kalıpyargıları ve Romantik İlişki Doyumlarının İncelenmesi. *Sosyal, Beşeri ve İdari Bilimler Dergisi*, 7(12), 938-962.
38. Sarı, T., & Owen, F. K. (2016). Romantik ilişkilerde akılcı olmayan inançların ve bağlanma boyutlarının ilişki doyumu üzerindeki yordayıcı rolünün incelenmesi. *Mehmet Akif Ersoy Üniversitesi Eğitim Fakültesi Dergisi*, 1(37), 204-216.
39. Beştav, F. G. (2007). Romantik ilişki doyumu ile cinsiyet, bağlanma stilleri, rasyonel olmayan inançlar ve aşka ilişkin tutumlar arasındaki ilişkilerin incelenmesi (Master's thesis, Sosyal Bilimler Enstitüsü).

40. Gündođdu, R., Yavuzer, Y., & Karatas, Z. (2018). Irrational Beliefs in Romantic Relationships as the Predictor of Aggression in Emerging Adulthood. *Journal of Education and Training Studies*, 6(3), 108-115.
41. Aslan Dölen, Z. (2014). Üniversite öğrencilerinin yakın ilişkilerinde bağlanım: Romantik ilişkilerle ilgili akılcı olmayan inançlar ve cinsiyet rolleri (Master's thesis, Eğitim Bilimleri Enstitüsü).
42. Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press.
43. Smith, D. M., Kessler, R. C., & Angold, A. (2022). Childhood exposure to family violence and the perpetuation of intimate partner violence: A prospective study. *Journal of Interpersonal Violence*, 37(15-16), NP13450–NP13472.
44. Chan, K. L., Straus, M. A., Brownridge, D. A., Tiwari, A., & Leung, W. C. (2008). Prevalence of dating partner violence and suicidal ideation among male and female university students worldwide. *Journal of midwifery & women's health*, 53(6), 529-537.
45. Senn, C. Y., Eliasziw, M., Barata, P., Thurston, W., Newby-Clark, I., Radtke, H., & Hobden, K. (2014). *Sexual violence in the lives of first-year university women in Canada: No improvements in the 21st century. BMC Women's Health*, 14.
46. Pınar, G., & Algier, L. (2006). Üniversite öğrencilerinde fiziksel ve cinsel şiddet davranışları. *Uzmanlık Sonrası Eğitim ve Güncel Gelişmeler Dergisi*, 3(3), 181-186.
47. Arslantaş, H., Adana, F., Harlak, H., & Eskin, M. (2019, June). Hemşirelik ve Ebelik Öğrencilerinin İntihar Davranışına Yönelik Tutumları. In *Yeni Symposium* (Vol. 57, No. 2).
48. Toprak, S., Cetin, I., Guven, T., Can, G., & Demircan, C. (2011). Self-harm, suicidal ideation and suicide attempts among college students. *Psychiatry research*, 187(1-2), 140-144.
49. WHO. (2021). Global Status Report on Violence Prevention 2021. World Health Organization.

50. Galtung, J., & Fischer, D. (2013). Violence: Direct, structural and cultural. In Johan Galtung (pp. 35-40). Springer, Berlin, Heidelberg.
51. Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299.
52. Stark, E. (2007). *Coercive Control: The Entrapment of Women in Personal Life*. Oxford University Press.
53. Bandura, A. (1973). *Aggression: A Social Learning Analysis*. Prentice Hall.
54. Offenauer, P., ve Buchalter, A. (2011, June). Teen dating violence: A literature review and annotated bibliography. In A report prepared by the Federal Research Division, Library of Congress under an interagency agreement with the Violence and Victimization Research Division, National Institute of Justice.
55. Raine, A. (2013). *The Anatomy of Violence: The Biological Roots of Crime*. Pantheon Books.
56. Roth, J. A., ve Koper, C. S. (2021). *Reducing Gun Violence in America: Informing Policy with Evidence and Analysis*. Johns Hopkins University Press.
57. Fanon, F. (1961). *The Wretched of the Earth*. Grove Press.
58. Adjei, P. B. (2013). The non-violent philosophy of Mahatma Gandhi and Martin Luther King Jr. in the 21st century: Implications for the pursuit of social justice in a global context. *Journal of Global Citizenship ve Equity Education*, 3(1), 80-101.
59. Orchowski, L. M., Edwards, K. M., Hollander, J. A., Banyard, V., Senn, C. Y., & Gidycz, C. (2018). *Integrating sexual assault resistance, bystander, and men's social norms strategies to prevent sexual violence on college campuses: A call to action*. *Trauma, Violence, & Abuse*, 21(4), 811-827.
60. Chawla, S. A., Solomon, J., & Sarnquist, C. (2024). A review of evidence-based dating violence prevention programs with behavioral change outcomes for adolescents and young adults. *Trauma, Violence, & Abuse*, 25(4), 3315-3331.
61. Orr, N., Chollet, A., Rizzo, A., Shaw, N., Farmer, C., Young, H., Rigby, E., Berry, V., Bonell, C., & Melendez-Torres, G. (2022). School-based interventions for preventing dating and relationship violence and gender-based violence: A

- systematic review and synthesis of theories of change. *Review of Education* (British Educational Research Association), 10.
62. Sánchez-Jiménez, V., Muñoz-Fernández, N., & Ortega-Rivera, J. (2018). Efficacy evaluation of "Dat-e Adolescence": A dating violence prevention program in Spain. *PLoS One*, 13(10), e0205802.
 63. Rozmann, N., & Ariel, B. (2018). The extent and gender directionality of intimate partner violence in different relationship types: A systematic review and meta-analysis. *Partner Abuse*, 9(4), 335-361.
 64. Halpern, C. T., Oslak, S. G., Young, M. L., Martin, S. L., & Kupper, L. L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American journal of public health*, 91(10), 1679-1685.
 65. O'Leary, K. D. (2007). Psychological abuse: A variable deserving critical attention in domestic violence. *Violence and Victims*, 12(1), 3-23.
 66. Harned, M. S. (2001). Abused women or abused men? An examination of the context and outcomes of dating violence. *Violence and victims*, 16(3), 269-285.
 67. Centers for Disease Control and Prevention. (2024, May 16). About intimate partner violence. U.S. Department of Health and Human Services. <https://www.cdc.gov/intimate-partner-violence/about/index.html>
 68. Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of violence*, 5(2), 112.
 69. Chandan, J. S., et al. (2020). Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness. *The British Journal of Psychiatry*, 217(4), 562–567.
 70. Johnson, M. P. (2017). Patriarchal terrorism and common couple violence: Two forms of violence against women. In *Domestic violence* (pp. 3-14). Routledge.
 71. Hoffmann, F., & Heim, C. (2024). Emotional abuse in childhood and adolescence: biological embedding and clinical implications. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 73(1), 4-27.

72. Ayu, S. M., Gustina, E., Sofiana, L., & Puspita, L. D. (2023). A Qualitative Study: Self Esteem In Relation To Dating Violence Impact. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 8(3).
73. Yastıbaş-Kaçar, C., Çınar, P., Üzümçeker, E., & Yılmaz-Karaman, İ. G. (2024). Exposure to psychological intimate partner violence: resilience to depression is related to social support and learned resourcefulness. *Journal of interpersonal violence*, 39(9-10), 1999-2016.
74. Kütük, E. K., Gümüştas, F., & Almış, B. H. (2018). Üniversite öğrencisi kızlarda flört şiddetinin belirleyicileri ve psikiyatrik sonuçlar açısından flört dışı şiddetten farklılıkları. *Anadolu Psikiyatri Dergisi*, 19(2), 217-222.
75. Murphy, C. M., ve Hoover, S. A. (1999). Measuring emotional abuse in dating relationships as a multifactorial construct. *Psychology of Women Quarterly*, 23(3), 319-335.
76. Ullman, S. (2020). *Rape resistance: A critical piece of all women's empowerment and holistic rape prevention*. *Journal of Aggression, Maltreatment & Trauma*, 31(5), 519-539.
77. Basile, K. C., & Saltzman, L. E. (2002). Sexual violence surveillance; uniform definitions and recommended data elements.
78. Basile, K. C., Black, M. C., Simon, T. R., Arias, I., ve Brener, N. D. (2004). The impact of sexual violence on victims. *Journal of Violence Against Women*, 10(3), 292-320.
79. Logan, T. K., Cole, J., ve Shannon, L. (2007). A mixed-methods examination of sexual coercion and degradation among women in violent relationships. *Violence and Victims*, 22(1), 71-89.
80. Smith, P. H., White, J. W., & Holland, L. J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of public health*, 93(7), 1104-1109.
81. Edwards, K. M., Omondi, B., Wambui, R. A., Darragh-Ford, E., Apollo, R., Devisheim, H. H., ... & Keller, J. (2024). In their own words: sexual assault

- resistance strategies among Kenyan adolescent girls following participation in an empowerment self-defense program. *Violence against women*, 30(5), 1092-1106.
82. Stylianou, A. M. (2018). Economic abuse within intimate partner violence: A review of the literature. *Violence and victims*, 33(1), 3-22.
83. Johnson, L., Chen, Y., Stylianou, A., ve Arnold, A. (2022). Examining the impact of economic abuse on survivors of intimate partner violence: a scoping review. *BMC public health*, 22(1), 1014.
84. Reed, L. A., Tolman, R. M., ve Ward, L. M. (2016). Gender Matters: Experiences and Consequences of Digital Dating Abuse. *Journal of Adolescence*, 55, 59-68.
85. Dick, R. N., McCauley, H. L., Jones, K. A., ve Tancredi, D. J. (2021). Cyber dating abuse among teens: Prevention and intervention. *Violence Against Women*, 27(6), 846-870.
86. UNODC. (2022). *Cybercrime and Terrorism: The Dark Web*. United Nations Office on Drugs and Crime.
87. Abdullah, Y., Aziz, R., Diaz, M. M. O., Yu, L., de Lamo Castellvi, S., Sebastian, K. R., ... & Hackshaw, K. V. (2024). Headache, Migraines, Obesity and Medication Burden on Fibromyalgia Impact and Quality of Life. *Medical Research Archives*, 12(4).
88. Mehmood, M., Awan, N., Fiaz, T., & Raza, S. A. (2023). Prevalence of non-suicidal self-injury in medical students of Rawalpindi; its socio-demographics, methods, and functions. *JPMA. The Journal of the Pakistan Medical Association*, 73(12), 2370-2374.
89. Exner-Cortens, D., Eckenrode, J., ve Rothman, E. (2013). Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics*, 131(1), 71-78.
90. Hamby, S. (2017). The complicated landscape of teen dating violence: The importance of distinguishing among romantic relationships, peer relationships, and sexual harassment. *Psychology of Violence*, 7(2), 296-299.

91. Bellotti, E., Boethius, S., Akerstrom, M., & Hydén, M. (2021). Ambivalent and consistent relationships: The role of personal networks in cases of domestic violence. *arXiv preprint arXiv:2111.13104*.
92. Green, J., & Yamawaki, N. (2024). Predictors of perceptions toward blaming the victim, excusing the perpetrator, and supporting the victim in intimate partner violence scenarios involving transgender women. *Psychology & Sexuality*, 1-22.
93. Uthman, O. A., Moradi, T., & Lawoko, S. (2011). Are individual and community acceptance and witnessing of intimate partner violence related to its occurrence? Multilevel structural equation model. *PloS one*, 6(12), e27738.
94. Sousa, C. A. (1999). Teen dating violence: The hidden epidemic. *Fam. & Concil. Cts. Rev.*, 37, 356.
95. Shorey, R. C., Fite, P. J., Choi, H., Cohen, J. R., Stuart, G. L., & Temple, J. R. (2015). Dating violence and substance use as longitudinal predictors of adolescents' risky sexual behavior. *Prevention Science*, 16, 853-861.
96. Ramisetty-Mikler, S., Goebert, D., Nishimura, S., & Caetano, R. (2006). Dating violence victimization: Associated drinking and sexual risk behaviors of Asian, Native Hawaiian, and Caucasian high school students in Hawaii. *Journal of school health*, 76(8), 423-429.
97. Rodríguez-deArriba, M. L., Nocentini, A., Menesini, E., & Sánchez-Jiménez, V. (2021). Dimensions and measures of cyber dating violence in adolescents: A systematic review. *Aggression and Violent behavior*, 58, 101613.
98. Adhia, A., Richey, A. E., McMahon, S., Temple, J. R., & Rothman, E. F. (2023). Societal factors and teen dating violence: A scoping review. *Current Epidemiology Reports*, 11(2), 96–109.
99. Akdemir, D., Zeki, A., Ünal, D. Y., Kara, M., & Çetin, F. Ç. (2013). Kendine zarar verme davranışı olan ergenlerde psikiyatrik belirtiler, kimlik karmaşası ve benlik saygısı. *Anadolu Psikiyatri Dergisi*, 14(1), 69-76.
100. Idig-Camuroglu, M., & Gölge, Z. B. (2018). Non-suicidal self-injury among university students in Turkey: the effect of gender and childhood abuse. *Psychiatria Danubina*, 30(4), 410-420.

- 101.Orchowski, L. M., Untied, A. S., & Gidycz, C. A. (2013). Social reactions to disclosure of sexual victimization and adjustment among survivors of sexual assault. *Journal of interpersonal violence*, 28(10), 2005-2023.
- 102.Aba, Y. A. (2008). Çatışmaların çözümüne yaklaşım ölçeği'nin "The revised conflict tactics scales (CTS 2)" üniversite öğrencilerinde geçerlik ve güvenilirlik çalışması.
- 103.Hooks, b. (1984). *Feminist Theory: From Margin to Center*. South End Press.
- 104.Reyes, H. L. M., Graham, L. M., Chen, M. S., Baron, D., Gibbs, A., Groves, A. K., ... & Maman, S. (2021). Adolescent dating violence prevention programmes: a global systematic review of evaluation studies. *The Lancet Child & Adolescent Health*, 5(3), 223-232.
- 105.Rubel, A. N., & Bogaert, A. F. (2015). Consensual nonmonogamy: Psychological well-being and relationship quality correlates. *The Journal of Sex Research*, 52(9), 961-982.
- 106.Duval, A., Lanning, B. A., & Patterson, M. S. (2020). A systematic review of dating violence risk factors among undergraduate college students. *Trauma, Violence, & Abuse*, 21(3), 567-585.
- 107.Rubio-Garay, F., López-González, M. A., Carrasco, M. Á., & Amor, P. J. (2017). The prevalence of dating violence: A systematic review. *Papeles del Psicólogo*, 38(2), 135-147.
- 108.Shorey, R. C., Strauss, C., Elmquist, J., Anderson, S., Cornelius, T. L., & Stuart, G. L. (2017). Distress tolerance and intimate partner violence among men in substance use treatment. *Journal of family violence*, 32, 317-324.
- 109.Castillo-González, M., & Terán Andrade, E. (2024). Victimization and Perpetration of Online Dating Violence and Emotional Dependence by Gender among University Students in Ecuador. *Social Sciences*, 13(8), 406.
- 110.Arredondo Provecho, A. B., Cid-Expósito, M. G., Losa-Iglesias, M., & Corral-Liria, I. (2023). Lifestyle and Violence among Dating in University Students. *Perspectives in Psychiatric Care*, 2023(1), 8468791.

111. Diaz Olavarrieta, C., Villa, A. R., Guerrero López, B., Vargas Huicochea, I., García-Medina, S., Aburto Arciniega, M., ... & Medina-Mora Icaza, M. E. (2023). Dating violence among undergraduate medical students at a public university in Mexico City: an exploratory study. *International journal of environmental research and public health*, 20(4), 3104.
112. Terzioğlu, F., Gençbaş, D., Türk Delibalta, R., Akdeniz, C., Özden, E., & Yeşilfidan, C. (2024). Evaluation of the relationship between university students' attitudes to dating violence, gender attitudes, self-esteem and personality traits. *Yaşam Boyu Hemşirelik Dergisi (Journal of Life Long Nursing)*, 5(2), 72–91.
113. Altaş, A., Aydın, A., & Öztürk, E. (2023). Evaluation of the perceptions and attitudes towards dating violence among medical students. *Journal of Contemporary Medicine*, 13(4), 621–627.
114. Uğur, Ö. Ü. S. B., & Kılıç, A. K. (2021). Üniversite öğrencilerinin flört şiddetine maruz kalma durumları, yaklaşımları ve sosyal destek kaynakları. *Akdeniz İnsani Bilimler Dergisi*, 11, 293-304.
115. Yılmaz, C. T., & Tekiner, A. S. (2023). Intimate Partner Violence among College Women: A Single-Centred Cross-Sectional Study. *Journal of Medical and Health Studies*, 4(6), 66-69.
116. Alegría-Flores, K., Raker, K., Pleasants, R. K., Weaver, M. A., & Weinberger, M. (2017). Preventing interpersonal violence on college campuses: The effect of one act training on bystander intervention. *Journal of interpersonal violence*, 32(7), 1103-1126.
117. Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and violent behavior*, 12(3), 364-375.
118. Sloan, J., Furusho, C. Y., Pemberton, A., Bosma, A., Gracia, J., Cohen, C., ... & Christie, N. (2018). *Revisiting the 'ideal victim': Developments in critical victimology*. Policy Press.
119. Penttinen, E. (2023). “Collective gaslighting” and emotional workplace abuse in feminist academic spaces. *International Feminist Journal of Politics*, 25(5), 943-959.

120. Yoshihama, M., Horrocks, J., & Kamano, S. (2009). The role of emotional abuse in intimate partner violence and health among women in Yokohama, Japan. *American journal of public health, 99*(4), 647-653.
121. Hattery, A. (2009). *Intimate partner violence*. Rowman & Littlefield.
122. Katz, D. (1960). The functional approach to the study of attitudes. *Public Opinion Quarterly, 24*(2), 163-204.
123. Ajzen, I. (2012). Martin Fishbein's legacy: The reasoned action approach. *The Annals of the American Academy of Political and Social Science, 640*(1), 11-27.
124. Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Harcourt Brace Jovanovich College Publishers.
125. Rosenberg, M. J. (1960). A structural theory of attitude dynamics. *Public Opinion Quarterly, 24*(2), 319-340.
126. Wang, L. (2020). Education, gender, residence, and attitude toward intimate partner violence: an empirical study. *Journal of Aggression, Maltreatment & Trauma, 29*(7), 808-825.
127. Sansone, C., Thoman, D. B., & Smith, J. L. (2010). Interest and self-regulation: understanding individual variability in choices, efforts, and persistence over time. *Handbook of personality and self-regulation*, 192-217.
128. Evans, J., Reeves, B., Platt, H., Leibenau, A., Goldman, D., Jefferson, K., & Nutt, D. (2000). Impulsiveness, serotonin genes and repetition of deliberate self-harm (DSH). *Psychological Medicine, 30*(6), 1327-1334.
129. Rosenberg, M. J. (1956). Cognitive structure and attitudinal affect. *The Journal of abnormal and social psychology, 53*(3), 367.
130. Sansone, C., & Thoman, D. B. (2005). Interest as the missing motivator in self-regulation. *European Psychologist, 10*(3), 175-186.
131. Demographic, T. (2004). Health Survey 2003: Hacettepe University Institute of Population Studies. *Ankara, Turkey*.
132. Temple, J. R., Shorey, R. C., Tortolero, S. R., Wolfe, D. A., & Stuart, G. L. (2013). Importance of gender and attitudes about violence in the relationship between

- exposure to interparental violence and the perpetration of teen dating violence. *Child abuse & neglect*, 37(5), 343-352.
133. Straus, M. A., & Gelles, B. J. (2019). National Family Violence Survey 1975 and 1985. In *The American Family* (pp. 26-i). Routledge.
134. Rosenbaum, A., & O'Leary, K. D. (1981). Marital violence: Characteristics of abusive couples. *Journal of consulting and clinical psychology*, 49(1), 63.
135. Gilligan, C. (2003). *The birth of pleasure: A new map of love*. Vintage.
136. Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse*, 10(3), 225-246.
137. Felson, R. B., & Paré, P. P. (2005). The reporting of domestic violence and sexual assault by nonstrangers to the police. *Journal of marriage and family*, 67(3), 597-610.
138. Hamby, S., Grych, J., (2013). Tracing the threads of the web: The epidemiology of interconnections among forms of violence and victimization. *The web of violence: Exploring connections among different forms of interpersonal violence and abuse*, 9-27.
139. Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of interpersonal violence*, 25(11), 2010-2035.
140. Burnett, A., Mattern, J. L., Herakova, L. L., Kahl Jr, D. H., Tobola, C., & Bornsen, S. E. (2009). Communicating/muting date rape: A co-cultural theoretical analysis of communication factors related to rape culture on a college campus. *Journal of Applied Communication Research*, 37(4), 465-485.
141. Yamawaki, N., Ochoa-Shipp, M., Pulsipher, C., Harlos, A., & Swindler, S. (2012). Perceptions of domestic violence: The effects of domestic violence myths, victim's relationship with her abuser, and the decision to return to her abuser. *Journal of Interpersonal Violence*, 27(16), 3195-3212.
142. Ryan, K. M. (2011). The relationship between rape myths and sexual scripts: The social construction of rape. *Sex roles*, 65(11), 774-782.

143. Grubb, A., & Turner, E. (2012). Attribution of blame in rape cases: A review of the impact of rape myth acceptance, gender role conformity, and substance use on victim blaming. *Aggression and Violent Behavior, 17*(5), 443-452.
144. Boyle, K. (2004). Media and violence: Gendering the debates.
145. Lerner, M. J., & Lerner, M. J. (1980). *The belief in a just world* (pp. 9-30). Springer US.
146. Banyard, V. L., Moynihan, M. M., & Crossman, M. T. (2009). Reducing sexual violence on campus: The role of student leaders as empowered bystanders. *Journal of college student development, 50*(4), 446-457.
147. Gilmore, D. D. (1990). *Manhood in the making: Cultural concepts of masculinity*. Yale University Press.
148. Glick, P., & Fiske, S. T. (2011). Ambivalent sexism revisited. *Psychology of women quarterly, 35*(3), 530-535.
149. Pease, B., & Flood, M. (2008). Rethinking the significance of attitudes in preventing men's violence against women. *Australian journal of social issues, 43*(4), 547-561.
150. Katz, J. (2019). *The macho paradox: Why some men hurt women and how all men can help*. Sourcebooks, Inc.
151. Petty, R. E., Wegener, D. T., & Fabrigar, L. R. (1997). Attitudes and attitude change. *Annual review of psychology, 48*(1), 609-647.
152. Gracia, E., & Herrero, J. (2006). Public attitudes toward reporting partner violence against women and reporting behavior. *Journal of Marriage and Family, 68*(3), 759-768.
153. Simpson, C. (2001). *Self-mutilation*. Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services.
154. Glenn, C. R., Franklin, J. C., & Nock, M. K. (2015). Evidence-based psychosocial treatments for self-injurious thoughts and behaviors in youth. *Journal of Clinical Child & Adolescent Psychology, 44*(1), 1-29.
155. Klonsky, E. D. (2007). Non-suicidal self-injury: An introduction. *Journal of clinical psychology, 63*(11), 1039-1043.

156. Klonsky, E. D., & Glenn, C. R. (2009). Assessing the functions of non-suicidal self-injury: Psychometric properties of the Inventory of Statements About Self-injury (ISAS). *Journal of Psychopathology and Behavioral Assessment*.
157. Peel-Wainwright, K. M., Hartley, S., Boland, A., Rocca, E., Langer, S., & Taylor, P. J. (2021). The interpersonal processes of non-suicidal self-injury: A systematic review and meta-synthesis. *Psychology and Psychotherapy: theory, research and practice*, 94(4), 1059-1082.
158. Evren, C., Evren, B., Bozkurt, M., & Can, Y. (2014). Non-suicidal self-harm behavior within the previous year among 10th-grade adolescents in Istanbul and related variables. *Nordic journal of psychiatry*, 68(7), 481-487.
159. Plener, P. L., Libal, G., Keller, F., Fegert, J. M., & Muehlenkamp, J. J. (2009). An international comparison of adolescent non-suicidal self-injury (NSSI) and suicide attempts: Germany and the USA. *Psychological medicine*, 39(9), 1549-1558.
160. DeCou, C. R., Comtois, K. A., & Landes, S. J. (2019). Dialectical behavior therapy is effective for the treatment of suicidal behavior: A meta-analysis. *Behavior therapy*, 50(1), 60-72.
161. Niolon, P. H., Vivolo-Kantor, A. M., Latzman, N. E., Valle, L. A., Kuoh, H., Burton, T., ... & Tharp, A. T. (2015). Prevalence of teen dating violence and co-occurring risk factors among middle school youth in high-risk urban communities. *Journal of Adolescent Health*, 56(2), S5-S13.
162. Turner, B. J., Austin, S. B., & Chapman, A. L. (2014). Treating nonsuicidal self-injury: a systematic review of psychological and pharmacological interventions. *The Canadian Journal of Psychiatry*, 59(11), 576-585.
163. Nock, M. K., & Prinstein, M. J. (2004). A functional approach to the assessment of self-mutilative behavior. *Journal of consulting and clinical psychology*, 72(5), 885.
164. Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. *Journal of clinical psychology*, 63(11), 1045-1056.
165. Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics*.

166. Victor, S. E., & Klonsky, E. D. (2014). Correlates of suicide attempts among self-injurers: A meta-analysis. *Clinical psychology review, 34*(4), 282-297.
167. Selby, E. A., Anestis, M. D., Bender, T. W., & Joiner Jr, T. E. (2009). An exploration of the emotional cascade model in borderline personality disorder. *Journal of abnormal psychology, 118*(2), 375.
168. Glenn, C. R., & Klonsky, E. D. (2011). Prospective prediction of nonsuicidal self-injury: A 1-year longitudinal study in young adults. *Behavior therapy, 42*(4), 751-762.
169. Lear, M. K., Wilkowski, B. M., & Pepper, C. M. (2019). A daily diary investigation of the defective self-model among college students with recent self-injury. *Behavior therapy, 50*(5), 1002-1012.
170. Hasking, P., Whitlock, J., Voon, D., & Rose, A. (2017). A cognitive-emotional model of NSSI: Using emotion regulation and cognitive processes to explain why people self-injure. *Cognition and Emotion, 31*(8), 1543-1556.
171. Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of psychopathology and behavioral assessment, 26*, 41-54.
172. Van der Kolk, B. A. (1996). Trauma and the body: The psychophysiology of self-harm. *Journal of Traumatic Stress.*
173. Nock, M. K. (2010). Self-injury. *Annual review of clinical psychology, 6*(1), 339-363.
174. Varley, D., Fenton, C., Gargan, G., Taylor, O., Taylor, A., Kirby, N., ... & Wright, B. (2022). A systematic review of systematic reviews exploring the factors related to child and adolescent self-harm. *Adolescent Psychiatry, 12*(2), 79-114.
175. Glenn, C. R., Blumenthal, T. D., Klonsky, E. D., & Hajcak, G. (2011). Emotional reactivity in nonsuicidal self-injury: Divergence between self-report and startle measures. *International Journal of Psychophysiology, 80*(2), 166-170.
176. Yates, T. M. (2004). The developmental psychopathology of self-injurious behavior: Compensatory regulation in posttraumatic adaptation. *Clinical psychology review, 24*(1), 35-74.

177. Nock, M. K., Joiner Jr, T. E., Gordon, K. H., Lloyd-Richardson, E., & Prinstein, M. J. (2006). Non-suicidal self-injury among adolescents: Diagnostic correlates and relation to suicide attempts. *Psychiatry research*, *144*(1), 65-72.
178. Bechtel, R. B., & Churchman, A. (Eds.). (2003). *Handbook of environmental psychology*. John Wiley & Sons.
179. Castillo-González, M., Mendo-Lázaro, S., León-del-Barco, B., Terán-Andrade, E., & López-Ramos, V. M. (2024). Dating violence and emotional dependence in university students. *Behavioral Sciences*, *14*(3), 176.
180. Muñoz-Rivas, M. J., Redondo, N., Olmos, R., & Ronzón-Tirado, R. (2023). Intimate partner violence among adolescents: Prevalence rates after one decade of research. *Journal of Adolescence*, *95*(1), 170-180.
181. Xiao, Q., Song, X., Huang, L., Hou, D., & Huang, X. (2022). Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis. *Frontiers in psychiatry*, *13*, 912441.
182. Wang, Y. J., Li, X., Ng, C. H., Xu, D. W., Hu, S., & Yuan, T. F. (2022). Risk factors for non-suicidal self-injury (NSSI) in adolescents: a meta-analysis. *EClinicalMedicine*, *46*.
183. Brown, R. C., & Plener, P. L. (2017). Non-suicidal self-injury in adolescence. *Current psychiatry reports*, *19*, 1-8.
184. Bronfenbrenner, U. (1994). Ecological models of human development. *International encyclopedia of education*, *3*(2), 37-43.
185. Abbey, A., Zawacki, T., Buck, P. O., Testa, M., Parks, K., Norris, J., ... & Martell, J. (2002). How does alcohol contribute to sexual assault? Explanations from laboratory and survey data. *Alcoholism: Clinical and experimental research*, *26*(4), 575-581.
186. Foshee, V. A., Linder, G. F., Bauman, K. E., Langwick, S. A., Arriaga, X. B., Heath, J. L., ... & Bangdiwala, S. (1996). The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. *American journal of preventive medicine*, *12*(5), 39-47.
187. Exner-Cortens, D., Spiric, V., Crooks, C., Syeda, M., & Wells, L. (2020). Predictors of healthy youth relationships program implementation in a sample of

Canadian middle school teachers. *Canadian Journal of School Psychology*, 35(2), 100-122.

188.Gönenç, İ. M., Terzioğlu, F., Özdemir, F., Güvenç, G., Kök, G., Sezer, N. Y., & Hiçyılmaz, B. D. Flört Şiddeti Tutum Ölçeği Geçerlik Ve Güvenirlik Çalışması. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 19(4).

189.Kilinçer, A. S., & Dost Tuzgöl, M. (2013). Romantik ilişkiyi değerlendirme ölçeği'nin geliştirilmesi. *Eğitimde ve Psikolojide Ölçme ve Değerlendirme Dergisi*, 4(1), 15-32.

190.Yolcu, D., & Akbay, S. E. (2020). Dating Violence among University Students: The Role of Self-Esteem, Perceived Relationship Self-Efficacy and Attachment Styles. *Online Submission*, 7(10), 241-257.

191.Toplu-Demirtas, E., Hatipoğlu-Sümer, Z., & White, J. W. (2013). The relation between dating violence victimization and commitment among Turkish college women: Does the investment model matter?. *International Journal of Conflict and Violence (IJCV)*, 7(2), 203-215.

192.Bildik, T., Somer, O., Kabukçu Başay, B. Ü. R. G. E., Başay, Ö., & Özbaran, B. (2013). Kendine zarar verme davranışı değerlendirme envanterinin Türkçe formunun geçerlik ve güvenilirlik çalışması. *Türk Psikiyatri Dergisi*, 24(1), 49-57.

193.Toy, B. Y., & Tosunoğlu, N. G. (2007). Sosyal bilimler alanındaki araştırmalarda bilimsel araştırma süreci, istatistiksel teknikler ve yapılan hatalar. *Gazi Üniversitesi Ticaret ve Turizm Eğitim Fakültesi Dergisi*, (1), 1-20.

194.Kaura, S. A., & Lohman, B. J. (2007). Dating violence victimization, relationship satisfaction, mental health, and the mediating role of acceptance of violence beliefs. *Journal of Family Violence*, 22(6), 367-377.

195.Akat, M., Bakioğlu, F., & Ercan, H. (2023). Üniversite Öğrencilerinde Flört Şiddetine Yönelik Tutum, Duygu Düzenleme Stratejileriyle İlişki Doyumunun İncelenmesi. *Yaşadıkça Eğitim*, 37(3), 814-827.

196.Murray, C. E., Wester, K. L., & Paladino, D. A. (2008). Dating violence and self-injury among college students: Evaluating mediational pathways and risk factors. *Journal of College Counseling*, 11(1), 42-53.

197. Erdoğan, E., & Kara, B. (2019). Üniversite öğrencilerinde flört şiddetine yönelik tutumların incelenmesi. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 22(3), 278–288.
198. Yaman, M., & Subaşı Harmanlı, B. (2024). Üniversite Öğrencilerinin Toplumsal Cinsiyet Rol Tutumları, Romantik İlişki Kalıpyargıları ve Romantik İlişki Doyumlarının İncelenmesi. *Sosyal, Beşeri ve İdari Bilimler Dergisi*, 7(12), 938–962.
199. Smith, J. A., Patel, K., ve Adams, T. (2022). University students' perceptions of dating violence and the relationship between childhood violence experiences. *Journal of Adolescent Research*, 37(3), 325-342.
200. Baker, C. N., Helm, S., Savage, T. A., & Torres Rivera, E. (2021). Dating violence and self-harm among youth in Hawaii: Exploring links with substance use. *Journal of Interpersonal Violence*, 36(13–14), NP7114–NP7136.
201. Sırım, F. (2022). The mediating role of cognitive distortions in the relationship between dating violence victimization and life satisfaction. *Turkish Psychological Counseling Journal*, 12(2), 55–70.

8. APPENDIX

EK-1. Bilgilendirilmiş Gönüllü Olur Formu

BİLGİLENDİRİLMİŞ GÖNÜLLÜ OLUR FORMU BİR VAKIF ÜNİVERSİTESİNDEKİ ÖĞRENCİLERİN FLÖRT ŞİDDETİ YAŞAMA DURUMLARI, FLÖRT ŞİDDETİNE KARŞI OLAN TUTUMLARI VE KENDİNE ZARAR VERME EĞİLİMLERİNİN İNCELENMESİ

BİR VAKIF ÜNİVERSİTESİNDEKİ ÖĞRENCİLERİN FLÖRT ŞİDDETİ YAŞAMA DURUMLARI, FLÖRT ŞİDDETİNE KARŞI OLAN TUTUMLARI VE KENDİNE ZARAR VERME EĞİLİMLERİNİN İNCELENMESİ

Bu araştırmada üniversite öğrencilerinin flört şiddeti farkındalıkları ve kendine zarar verme eğilimlerinin incelenmesi amaçlanmıştır. Bu araştırmanın sonucunda verilen ölçeklerin sonucu ile öğrencilerin flört şiddetine karşı olan tutumlarının artması ve kendilerine zarar verme eğilimlerinin azalması hedeflenmektedir.

Araştırma 362 katılmaya gönüllü öğrenci ile yapılması planlanan bir çalışmadır. Bu araştırma öğrencilerin flört şiddeti yaşama durumlarını, flört şiddetine karşı olan tutumlarını ve kendine zarar verme eğilimleri hakkında bilgi almak amacıyla oluşturulmuş olan ölçekler ile yürütülecektir. Bu araştırmada ilk önce 15 dakika sürecek sosyodemografik bilgi formu, sonrasında flört şiddetine karşı tutumu değerlendirmeye yardımcı olan Flört Şiddeti Tutum Ölçeği, kendine zarar verme eğilimlerini incelemeye yardımcı edern Kendine Zarar Verme Tutum Ölçeği ve flört şiddeti yaşana durumunu değerlendirmeye yardımcı olan Romantik İlişki Değerlendirme Ölçeğinin Kısa Formunu doldurmanız istenecek ve araştırma sonlandırılacaktır.

Bu çalışmadan elde edilecek sonuçlar yüksek lisans bitirme tezinde kullanılacaktır. Kimliğinizi belirtecek [isim, soyisim, T.C. kimlik numarası vb.] herhangi bir soru bulunmamaktadır. Tüm veriler ve bilgiler saklı tutulup yetkisiz kişiler ulaşamayacaktır. Sadece amacına yönelik kullanılacak olup araştırma sonuçlarının yayımlanması durumunda kimliğiniz gizli tutulacaktır. Bu araştırmadaki sorumluluklarınız, düzenli bir şekilde bireysel görüşmelere katılma ve anket sorularını doğru cevaplamaktır.

Çalışmaya katılmak ya da devam etmek istemediğinizde çalışmadan herhangi bir cezai sorumluluk almaksızın ayrılabilirsiniz. Çalışmaya katılım karşısında size herhangi bir ödeme yapılmayacak ve sizden de herhangi bir ödeme alınmayacaktır. Katılımınız için şimdiden teşekkür ediyorum ve sizden bu çalışmaya kendi kararınız ile katıldığınıza dair onay vermenizi istiyorum.

Bu formdaki tüm açıklamaları okudum. Bana bu araştırmanın konusu ve amacı aşağıda adı yazılı olan araştırmacı tarafından tarafıma yazılı ve sözlü olarak yapıldı. Araştırmaya gönüllü olarak katıldığımı, araştırmadan istediğim zaman herhangi bir gerekçe sunmadan ayrılabilceğimi biliyorum. Araştırmanın sonuçlarını kısıtlamıyorum, yayın, rapor ve benzeri bilimsel dökümanlarda kullanılmasını kabul ediyorum.

Gönüllünün:

Adı Soyadı:

Tarih:

İmza:

Tanık olan kişi:

Adı/ Soyadı:

Tarih:

İmza:

Araştırma Yürütücü:

Adı/ Soyadı: Berfin AYHAN

EK-2. Sosyodemografik Bilgiler Formu

Sosyodemografik Bilgiler Formu

1. Yaşınız:

- A. 18-21**
- B. 22-25**
- C. 25 yaş üzeri**

2. Cinsiyetiniz:

- A] Kadın
- B] Erkek

3. Medeni durumunuz:

- A] İlişkim Var
- B] Bekar
- C] Nişanlı/Sözlü

4. Fakülte/ Bölümünüz:

- A] Sağlık Bilimleri Fakültesi

- B] Tıp Fakültesi
- C] Eczacılık Fakültesi
- D] Mühendislik Fakültesi

5. Kiminle yaşıyorsunuz?

- A. Ailem İle
- B. Kız/Erkek Arkadaşım İle
- C. Arkadaşlarım İle
- D]Yalnız

6. Aylık geliriniz ne kadardır?

- A] Geliri Giderinden Fazla
- B] Geliri Giderine Eşit
- C] Geliri Giderinden Az

7. Daha önce hiç romantik ilişkiniz oldu mu?

- A. Evet
- B. Hayır

8. Şu anda mevcut bir romantik ilişkiniz var mı ?

- A. Evet
- B. Hayır

9. Eğer mevcut bir romantik ilişkiniz var ise, kaç ay/yıldır berabersiniz?

- A. 0-1 Yıl
- B. 1-5 Yıl
- C. 5 Yıldan Fazla

10. En uzun romantik ilişkiniz ne kadar sürdü?

- A. 0-1 Yıl
- B. 1-5 Yıl
- C. 5 Yıldan Fazla

11. Alkol kullanıyor musunuz?

- A. Evet
- B. Hayır

12. 11. Soruya Evet cevabını verdiyseniz ne sıklıkla alkol kullanıyorsunuz ?

A] Her gün

B] Hafta da 1 kez

C] Ayda 1 kez

D] Yılda 1 kez

13. Sigara kullanıyor musunuz ?

A. Evet

B. Hayır

14. 13. Soruya Evet cevabını verdiyseniz ne sıklıkla sigara içersiniz ?

A. Günde 1-2 paket

B. Ayda 1-2 paket

C. Sosyal İçiciyim

15. Bağımlılık yapan herhangi bir madde kullanımınız var mı?

A] Evet

B] Hayır

16. Tanı konmuş Herhangi bir psikiyatrik hastalığınız var mı?

- A. Evet
- B. Hayır
- C.

17. 14. Soruya cevabınız Evet ise hastalığınızı belirtiniz.

18. Herhangi bir psikiyatrik ilaç kullanıyor musunuz?

- A. Evet
- B. Hayır

19. 16. Soruya cevabınız Evet ise kullandığınız ilacı belirtiniz.

20. Çocukluk döneminde şiddetle karşılaştığınız bir anınız oldu mu?

- A. Evet
- B. Hayır

21. Eğer 18. Soruya cevabınız Evet ise şiddeti yaşayan kişi kimdi?

- A. Kendim

B. Ailemden biri

C. Yakın çevremden biri

D]Tanımadığım biri



EK-3. Flört Şiddeti Tutum Ölçeği

FLÖRT ŞİDDETİ TUTUM ÖLÇEĞİ

	Kesin Katılmıyor	Katılmıyor	Kararsız	Katılıyor	Kesin Katılıyor
1. Kız/erkek arkadaşlığında ilişkinin sürdürülmesi için, tehdit bir araç olarak kullanılabilir.					
2. Kız /erkek arkadaşlığında şiddet karşılıklı saygının olmadığını bir göstergesidir.					
3. Kız /erkek arkadaşlığında şiddet bazen uygulanabilir.					
4. Kız /erkek arkadaşlığında şiddetin olması ilişkiyi düzene sokar.					
5. Kız /erkek arkadaşlığında şiddetin olması normal karşılanmalıdır.					
6. Gerektiğinde erkekler, kız arkadaşına vurabilir.					
7. Gerektiğinde kızlar, erkek arkadaşına vurabilir.					
8. Fiziksel şiddet [tokat, tekme, vurma vb.] uygulayan erkek daha çekicidir.					
9. Kız/erkek arkadaşlığında namus ve ahlak kurallarına uyulmaması fiziksel şiddet nedeni olabilir.					
10. Kız/erkek arkadaşların birbirlerine küçük çaplı vurmaları kabul edilebilir.					
11. Erkekler, kız arkadaşının hoşuna gitmesi için davranışlarını değiştirmelidir.					
12. Kızlar, erkek arkadaşının her istediğini yapmalıdır.					
13. Erkekler, kız arkadaşının her istediğini yapmalıdır					

14. Topluluk içerisinde kızlar yerine erkek konuşmalıdır.					
15. Gerçek sevgi kız/erkek arkadaşının her istediğini yerine getirmeyi gerektirir.					
16. Kızlar ağlayarak erkek arkadaşına her istediğini yaptırabilir.					
17. Kız/erkek arkadaş birbirlerinin para harcamasına karışamaz.					
18. Erkekler, kız arkadaşının kazandığı parayı kontrol etmelidir.					
19. Kızlar, erkek arkadaşının kazandığı parayı kontrol etmelidir.					
20. Kız/erkek arkadaşlar birbirlerinin banka kartlarının şifrelerini bilmelidirler.					
21. Kızlar, erkek arkadaşının uygun gördüğü şekilde para harcamalıdır.					
22. Kızların daha önceden cinsel deneyimi varsa, erkek onu cinsel ilişkiye zorlayabilir.					
23. Erkekler, kız arkadaşlarını cinsel zorlamada bulunmamalıdır.					
24. Kızlar, erkek arkadaşlarını cinsel zorlamada bulunmamalıdır.					
25. Erkeğin, kız arkadaşını okşama öpme gibi cinsel davranışlarda bulunurken onun onayını almasına gerek yoktur.					
26. Erkekler kız arkadaşlarını cinsel yakınlaşmaya zorlayabilir.					
27. Kız/erkek arkadaşlığında cinsel zorlama olmamalıdır.					
28. Flört döneminde cinsel eylem yalnızca erkeklerin hakkı olabilir.					

**KIRMIZI İLE İŞARETLİ MADDELER TERSTEN KODLANACAK
MADDELERDİR.**

1-5 maddeler : Genel Şiddet arkt Boyutu

6-10 maddeler : Fiziksel Şiddet arkt Boyutu

11-16 maddeler: Duygusal Şiddet arkt Boyutu

17-21 maddeler: Ekonomik Şiddet arkt boyutu

22-28 maddeler: Cinsel Şiddet arkt Boyutu



EK-4. Romantik İlişkiyi Değerlendirme Ölçeği

ROMANTİK İLİŞKİYİ DEĞERLENDİRME ÖLÇEĞİ

MADDELER	HİÇBİR ZAMAN	NADİREN	BAZEN	SIKLIKLA	ÇOK SIK
1. Başkalarının yanında beni küçümser.	[]	[]	[]	[]	[]
2. Aldığım kararları eleştirir.	[]	[]	[]	[]	[]
3. Fiziksel özelliklerimle alay eder.	[]	[]	[]	[]	[]
4. Bana hoşlanmadığım isimler [kilolu, kısa vb.] takar.	[]	[]	[]	[]	[]
5. Bana tokat atar.	[]	[]	[]	[]	[]
6. İstemediğim cinsel davranışlarda bulunmam için beni zorlar.	[]	[]	[]	[]	[]
7. Çekici olmadığını söyler.	[]	[]	[]	[]	[]
8. İsteklerini yerine getirmezsem ilişkiyi bitirmekle tehdit eder.	[]	[]	[]	[]	[]
9. Arkadaşlarımla sosyal etkinliklere katılmamdan rahatsız olur.	[]	[]	[]	[]	[]

10. Görüşlerini kabul etmediğim zaman çok sinirler.	[]	[]	[]	[]	[]
11. Herhangi bir nesneyle canımı acıtır.	[]	[]	[]	[]	[]
12. Cinsel olarak yaşadıklarımı aileme söylemekle tehdit eder.	[]	[]	[]	[]	[]
13. Başarılarımı takdir etmez.	[]	[]	[]	[]	[]
14. Bana sevgi sözcükleri kullanmaktan kaçınır.	[]	[]	[]	[]	[]
15. Bana küfreder.	[]	[]	[]	[]	[]
16. Bana hakaret eder.	[]	[]	[]	[]	[]
17. Beni şiddetle iter.	[]	[]	[]	[]	[]
18. Ona bağlanmam için cinselliği bir araç olarak kullanır.	[]	[]	[]	[]	[]
19. İsteklerini koşulsuz olarak kabul etmemi bekler.	[]	[]	[]	[]	[]
20. İzin almadan özel eşyalarımı [çanta, günlük vb.] karıştırır.	[]	[]	[]	[]	[]
21. Benim için en iyisini kendisinin bildiğini savunur.	[]	[]	[]	[]	[]
22. Cinsel sınırlarıma saygı duymaz.	[]	[]	[]	[]	[]
23. Yeteneklerimi küçümser.	[]	[]	[]	[]	[]
24. Kapalı bir mekanda beni zorla alıkoyar.	[]	[]	[]	[]	[]

25. Beni başkalarına şikâyet eder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Onun onaylamadığı bir karar verdiğimde sinirlenir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Beni yumruklar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Rahatsız edici cinsel içerikli mesaj veya e-posta gönderir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MADDELER	HİÇBİR ZAMAN	NADİREN	BAZEN	SIKLIKLA	ÇOK SIK
29. Bana bağırır.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Beni dövmele tehdit eder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Beni hemcinslerimle kıyaslar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Bana emreder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Beni şiddetli bir şekilde sarsar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Gizlice özel görüntülerimizi kaydeder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Fikirlerini kabul ettirmek için baskı kurar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Sorunlarıma ilgi göstermez.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Bana kızdığında sevgi göstermeyerek cezalandırır.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Kişisel planlarıma müdahale eder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Beni cinsel bir obje gibi görür.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Bilgisayarımı veya kişisel iletişim araçlarımı [MSN-facebook-cep telefonu] kontrol eder.	[]	[]	[]	[]	[]
41. Kendime ait sırlarım olmasına tahammül edemez.	[]	[]	[]	[]	[]
42. Karşı cinsle arkadaşlık kurmamdan rahatsız olur.	[]	[]	[]	[]	[]
43. Kendisinin olmadığı bir sosyal etkinliğe katılmamı sorun eder.	[]	[]	[]	[]	[]
44. Boğazımı sıkar.	[]	[]	[]	[]	[]
45. Kıyafet-saç veya makyajıma karışır.	[]	[]	[]	[]	[]
46. Başarısızlıklarımı yüzüme vurur.	[]	[]	[]	[]	[]
47. Arkadaşlarımla görüşmemi engeller.	[]	[]	[]	[]	[]
48. Tüm serbest zamanlarımı onunla geçirmem için beni zorlar.	[]	[]	[]	[]	[]
49. Silah veya bıçakla zarar vermeye kalkışır.	[]	[]	[]	[]	[]
50. İstemediğim halde pornografik görüntüler izlememizi talep eder.	[]	[]	[]	[]	[]
51. Hakkımda bildiklerini	[]	[]	[]	[]	[]

başkalarına söylemekle tehdit eder.					
52. Onsuz hiçbir şey yapamayacağımı söyler.	[]	[]	[]	[]	[]
53. Bilgi yönünden beni küçümser.	[]	[]	[]	[]	[]
54. Başkalarının yanında beni eleştirir.	[]	[]	[]	[]	[]
55. Bana tehlikeli maddeler fırlatır.	[]	[]	[]	[]	[]
56. İstemediğim halde cinsel bölgelerime dokunur.	[]	[]	[]	[]	[]
57. Hoşlandığım etkinlikleri yapmaktan alıkoyar.	[]	[]	[]	[]	[]
58. Ayrılırsam kendine zarar vereceğini söyler.	[]	[]	[]	[]	[]
59. Arkadaş ortamında ben yokmuşum gibi davranır.	[]	[]	[]	[]	[]
60. Beni yeterince takdir etmez.	[]	[]	[]	[]	[]
61. Parmaklarımı veya kollarımı büker.	[]	[]	[]	[]	[]
62. Özel görüntülerimizi beni tehdit etmek için kullanır.	[]	[]	[]	[]	[]
63. Bana verdiği sözleri yerine getirmeye çalışmaz.	[]	[]	[]	[]	[]
64. Beni aldatır.	[]	[]	[]	[]	[]

65. Ailemi bana kötüler.	[]	[]	[]	[]	[]
66. Arkadaşlarımı beğenmez.	[]	[]	[]	[]	[]
67. Beni öldürmek ister gibi davranır.	[]	[]	[]	[]	[]
68. Beni sevdiğini göstermez.	[]	[]	[]	[]	[]
69. Bana yalan söyler.	[]	[]	[]	[]	[]
70. Benim için önemli olan eşyalara zarar verir.	[]	[]	[]	[]	[]



EK-5. Kendine Zarar Verme Davranışı Değerlendirme Envanteri

KENDİNE ZARAR VERME DAVRANIŞI DEĞERLENDİRME ENVANTERİ

BÖLÜM I: DAVRANIŞLAR

Aşağıdaki anket çeşitli kendini yaralama davranışlarını sorgulamaktadır. Lütfen yalnızca belirtilen davranışı kasıtlı olarak [isteyerek, amaçlı] ve intihar amacı olmaksızın gerçekleştirmiş iseniz işaretleyiniz.

1.Lütfen aşağıdaki maddeleri kasıtlı olarak yaşamınız boyunca kaç kez yaptığınızı belirtiniz [0, 5, 10, 100 vb.]:

Kesme	.....	Tırnaklama [deriyi kanatacak kadar]	.....
Isırma	.....	Kendini sert bir yere çarpma veya kendine vurma	.....
Yakma	.....	Yaranın iyileşmesine engel olma [ör: kabuklarını koparma]	.....
Cilde bir harf/yazı şekil kazıma	.....	Cildi sert bir yüzeye sürme	.....
Çimdikleme	.....	Kendine iğne batırma	.....

Saç kopartma Tehlikeli/zararlı madde içme/
[kökünden] yutma
Diğer

Önemli: Eğer yukarıda belirtilen davranışlardan bir ya da daha fazlasını gerçekleştirmiş iseniz anketin kalan kısmını doldurunuz. Eğer belirtilen davranışlardan hiç birisini gerçekleştirmemiş iseniz anketin kalan kısmını doldurmayınız ve bir sonraki ankete geçiniz.

Lütfen arka sayfaya geçiniz

2.Eğer temel bir kendine zarar verme davranışınız varsa birinci sayfadaki bu tür davranış[lar]ı daire içine alınız.

3.Hangi yaşıta?

İlk kez kendinize zarar verdiniz?

En son ne zaman kendinize zarar verdiniz? [yaklaşık gün/ay/yıl]

4.Kendinize zarar verme davranışı sırasında fiziksel acı hisseder misiniz?

Lütfen daire içine alınız **EVET** **BAZEN** **HAYIR**

5.Kendinize zarar verme davranışı sırasında yalnız mı olursunuz?

Lütfen daire içine alınız **EVET** **BAZEN** **HAYIR**

6.Tipik olarak kendinize zarar verme dürtüsü oluştuktan ne kadar süre sonra eylemi gerçekleştirirsiniz?

Lütfen daire içine alınız

<1 saat

1-3 saat

3-6 saat

6-12 saat

12-24 saat

>1gün

7.Kendinize zarar verme davranışınızı sona erdirmek ister misiniz / istediniz mi?

Lütfen daire içine alınız

EVET

HAYIR

Lütfen arka sayfaya geçiniz

BÖLÜM II: İŞLEVLER

Yönerge:

Bu anket intihar amaçlı olamayan kendine zarar verme davranışı deneyimini daha iyi anlamamızı sağlamaya yönelik oluşturulmuştur. Aşağıda sizin kendinize zarar verme deneyiminizle ilişkili olabilecek ya da olmayabilecek durumlar bir liste olarak verilmiştir. Lütfen sizin için en uygun olan durumları belirleyiniz.

- **Belirtilen durum size hiç uygun değilse “0” işaretleyiniz**

- Belirtilen durum size kısmen uygunsa “1” işaretleyiniz
- Belirtilen durum size çok uygunsa “2” işaretleyiniz

“Kendime zarar verdiğimde, ...	<u>Yanıt</u>
1...kendimi hissedirim	sakinleşmiş 0 1 2
2...kendim ve başkaları arasında sınır çizmiş olurum	0 1 2
3...kendimi cezalandırmış olurum	0 1 2
4...kendime özen göstermek için bir yol bulmuş olurum [yaramla ilgilenerek]	0 1 2
5... uyuşukluk hissinden kurtulmak için acı oluşturmuş olurum	0 1 2
6...intihar girişimi dürtümden kaçınmış olurum	0 1 2
7...heyecan ve coşku yaşatan bir şey yapmış olurum	0 1 2
8...akranlarımla aramda bir bağ kurulmuş olur	0 1 2
9...başkalarının hissettiğim duygusal acının boyutunu anlamalarını sağlamış olurum	0 1 2
10...acıya dayanıklılığımı görmüş olurum	0 1 2
11...kendimi berbat hissettiğime dair bir işaret bırakmış olurum	0 1 2
12...birisinden hıncımı çıkartmış olurum	0 1 2

13...kendi kendime yeterliliğimi kanıtlamış olurum	0	1	2
14...içimde biriken duygusal baskıdan kurtulmuş olurum	0	1	2
15...başkalarından ayrı olduğumu göstermiş olurum	0	1	2
16...değersiz veya akılsızlığımdan dolayı kendime duyduğum öfkeyi göstermiş olurum	0	1	2
17...duygusal stresime kıyasla baş etmesi daha kolay olan bir fiziksel yara yaratmış olurum	0	1	2
18...fiziksel acı bile olsa bir şeyler hissetmiş olurum [hiçbir şey hissetmemektense]	0	1	2
19...İntihar düşüncelerime gerçekten intihar girişiminde bulunmak yerine başka şekilde yanıt vermiş olurum	0	1	2
20...uç bir şey yaparak kendimi veya başkalarını eğlendirmiş olurum	0	1	2
21...başkalarına uyum sağlamış olurum	0	1	2
22...başkalarından ilgi ya da yardım istemiş olurum	0	1	2
23...güçlü veya dayanıklı olduğumu göstermiş olurum	0	1	2
24...duygusal acımın gerçekliğini kendime göstermiş olurum	0	1	2
25...başkalarından intikam almış olurum	0	1	2

26...başkalarının yardımına bel bağlamadığımı göstermiş olurum	0	1	2
“Kendime zarar verdiğimde, ...	<u>Yanıt</u>		
27...kaygı, hüsrân, öfke ve diğer bunaltıcı hislerim hafiflemiş olur	0	1	2
28...kendim ve başkaları arasında bariyer inşa etmiş olurum	0	1	2
29...kendimden hoşnut olmamam ya da kendimden iğrenmeme bir yanıt vermiş olurum	0	1	2
30...kendimi yaramın iyileşmesine odaklarım, bu; benim için sevindirici ya da tatmin edici olabilir	0	1	2
31...kendimi gerçek hissetmediğimde hala hayatta olduğumdan emin olmuş olurum	0	1	2
32...intihar düşüncelerimi sonlandırmış olurum	0	1	2
33...sınırlarımı zorlamış olurum [paraşütle atlamak ya da uçta bir şey yapmak gibi	0	1	2
34...arkadaşlarım ve sevdiklerimle aramda bir dostluk ya da akrabalık bağı simgesi oluşturmuş olurum	0	1	2
35...sevdiğim birinin benden ayrılmasına ya da beni terk etmesine engel olmuş olurum	0	1	2
36...fiziksel acıya katlanabileceğimi kanıtlamış olurum	0	1	2
37...yaşadığım duygusal stresi anlamlandırmış olurum	0	1	2
38...bana yakın birini incitmeye çalışmış olurum	0	1	2
39... özerkliğimi / bağımsızlığımı ortaya koymuş olurum	0	1	2

[İsteğe bağlı] Aşağıdaki boşluğa, sizin için yukarıda sıralanmış olanlardan daha doğru durumlar var ise bir liste halinde yazınız:



EK-6. Etik Kurul Onayı



T.C.
YEDİTEPE ÜNİVERSİTESİ REKTÖRLÜĞÜ
Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu

Sayı : E.83321821-805.02.03-227
Konu : Etik Kurul Karar Yazısı

Sayın Doç. Dr. Işıl Işık Küpcü

Yeditepe Üniversitesi Girişimsel Olmayan Klinik Araştırmalar Etik Kuruluna etik onay için başvuru yapılmış olan araştırma önerisinin başlığı, araştırmacılar, başvuru numarası, sunulan belgeler ve toplantı bilgileri aşağıda yer almaktadır. İlgili araştırma önerisi, etik kurulumuz üyeleri tarafından değerlendirilmiş olup, etik ve bilimsel açıdan **UYGUN** olduğuna karar verilmiştir.

Araştırma Başlığı:	Bir Vakıf Üniversitesindeki Öğrencileri Flört Şiddeti Yaşama Durumları, Flört Şiddetin Karşı Olan Tutumları ve Kendine Zarar Verme Eğilimlerinin İncelenmesi
Araştırmacılar:	Berfin Ayhan ,Doç.Dr.Işıl Işık Küpcü
Başvuru Numarası:	202307Y0429

TOPLANTI BİLGİLERİ			
Toplantı Tarihi:	14.07.2023	Toplantı Yeri:	Çevirim içi (Google Meet)

SUNULAN BELGELER	
Islak imzalı başvuru dosyası, CD veya USB belleğe kaydedilmiş başvuru dosyası ve elektronik başvuru	
Araştırma başlığı ve araştırmacıların isimleri	
Başvuru dilekçesi	
Başvuru formu	
Araştırmanın;	
• Niteliği	
• Önemi ve özgün değeri	
• Amaç ve hedefleri	
• Yöntemi	
• Yönetimi	
• Yaygın etkisi	
• Araştırma bütçesi (Mevcutsa)	
• Süresi ve uygunluğu (Zaman cetveli)	

Bu belge, güvenli elektronik imza ile imzalanmıştır.

Belge Doğrulama Adresi : <http://belgedogrulama.yeditepe.edu.tr/bg.aspx?id=211FEED0-DFB6-4ECD-BF52-948D76BA641B>

Yeditepe Üniversitesi 26 Ağustos Yerleşimi, İnönü Mahallesi Kayışdağı

Caddesi 34755

Ataşehir / İSTANBUL

Telefon No: (0216) 578 00 00 Faks No : (0216) 578 02 99

İnternet Adresi www.yeditepe.edu.tr

Kep Adresi : yeditepeuniversitesi@hs03.kep.tr

Bilgi İçin: Sevgi BAYRAKTAR

Unvan: Uzman Yardımcısı

Telefon No: (0216) 578 00 00 / 6347



• Kaynakları
Bilgilendirilmiş Gönüllü Olur Formu (yapılan araştırmaya özel olarak hazırlanmış)
Taahhütname-1 Araştırmanın yapılacağı kurumdaki izin alma sorumluluğunun araştırmacılara ait olduğuna dair taahhüt
Taahhütname-2 Dünya Tıp Birliği Helsinki Bildirgesinin son versiyonunun ve Sağlık Bakanlığı'nın ilgili tüm kılavuzlarının okunmasına dair taahhüt
Taahhütname-3 Daha önce yapılmış etik kurul başvuruları mevcut olup olmadığına dair taahhüt
Taahhütname-4 Araştırma sırasında araştırma bütçesinde yer almayan ve gönüllünün kendisine veya Sosyal Güvenlik Kurumuna ek yük getirecek hiçbir işlem uygulanmayacağına dair taahhüt
Taahhütname-5 COVID-19 hastalarında tedavi yaklaşımları ve bilimsel araştırmalar genelgesi okunmasına dair taahhüt
Taahhütname-6 Millî Eğitim Bakanlığı Araştırma Uygulama İzinleri konulu yazının okunmasına dair taahhüt
Araştırmacıların her birisine ait özgeçmiş formu
Ek belgeler (Varsa kullanılan ölçek)

Doç. Dr. Gökhan ERTAŞ
Başkan Yardımcısı

Prof. Dr. Elif SUNGURTEKİN EKÇİ
Raportör

Prof. Dr. Feryal SUBAŞI
Üye

Dr. Öğr. Üyesi Emine Nur ÖZDAMAR
Üye

Dr. Öğr. Üyesi Sevim ŞEN OLGAY
Üye

Bu belge, güvenli elektronik imza ile imzalanmıştır.

Belge Doğrulama Adresi : <http://belgedogrulama.yeditepe.edu.tr/bg.aspx?id=211FEED0-DFB6-4ECD-BF52-948D76BA641B>

Yeditepe Üniversitesi 26 Ağustos Yerleşimi, İnönü Mahallesi Kayışdağı

Caddesi 34755

Ataşehir / İSTANBUL

Telefon No: (0216) 578 00 00 Faks No : (0216) 578 02 99

İnternet Adresi www.yeditepe.edu.tr

Kep Adresi : yeditepeuniversitesi@hs03.kep.tr

Bilgi İçin: Sevgi BAYRAKTAR

Unvan: Uzman Yardımcısı

Telefon No: (0216) 578 00 00 / 6347



ÖZGEÇMİŞ

Kişisel Bilgiler

Adı	BERFİN	Soyadı	AYHAN
------------	---------------	---------------	--------------

Öğrenim Durumu

Derece	Alan	Mezun Olduğu Kurumun Adı	Mezuniyet Yılı
Yüksek Lisans	Hemşirelik	Yeditepe Üniversitesi	2025
Lisans	Hemşirelik	Yeditepe Üniversitesi	2020

Yabancı Dil

Bildiği Diller	Seviyesi
İngilizce	B1
Almanca	B2

İş Deneyimi

Görevi	Kurum	Süre (Yıl)
Hemşire	Asklepios Klinik Nord Ochsenzoll (Almanya)	1.5 yıl (Devam ediyor)
Hemşire	Yeditepe Üniversitesi Kozyatağı Hastanesi	5 Yıl