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DOMESTIC VIOLENCE AS A PUBLIC HEALTH CHALLENGE: RESULTS OF A MASS SOCIOLOGICAL STUDY IN TURKISTAN REGION

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Abstract

Introduction: Domestic violence is a significant public health concern, particularly in regions with persistent gender norms. In Kazakhstan, up-to-date regional data on the prevalence and perception of violence remain scarce.

Objective: To assess the prevalence, forms, and risk factors of domestic violence, levels of help-seeking behavior, and awareness of support services among the adult population in the Turkestan region.

Materials and methods: A cross-sectional study was conducted via an anonymous online survey with 24,621 adult participants. The questionnaire included sections on demographics, personal or family experience of violence, help-seeking behavior, awareness of legislation, and trust in institutional support. Data were analyzed using descriptive and comparative statistics (χ^2, $p < 0.05$).

Results: A total of 693 respondents (2.8%) reported domestic violence, mostly physical (48.2%) and psychological (43.7%). Only 1.1% contacted police services. Key barriers included fear (58.4%), shame (46.9%), and distrust in the system (34.1%). Women and rural residents were less likely to seek help. Nearly 95% of respondents supported prevention efforts.

Conclusions: Domestic violence remains highly underreported. Lack of institutional trust and cultural normalization of violence reduce help-seeking behavior. Locally tailored information, protection, and support programs are needed.

Keywords: *domestic violence, public health, help-seeking, gender differences, Kazakhstan prevention.*

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Резюме

ДОМАШНЕЕ НАСИЛИЕ КАК ВЫЗОВ ОБЩЕСТВЕННОМУ ЗДРАВООХРАНЕНИЮ: РЕЗУЛЬТАТЫ МАССОВОГО СОЦИОЛОГИЧЕСКОГО ИССЛЕДОВАНИЯ В ТУРКЕСТАНСКОЙ ОБЛАСТИ

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Введение: Домашнее насилие представляет собой значимую проблему общественного здравоохранения, особенно в регионах с традиционными гендерными установками. В Республике Казахстан отсутствуют актуальные данные о распространенности и восприятии насилия на региональном уровне.

Цель исследования: Оценить распространенность, формы и факторы риска домашнего насилия, уровень обращения за помощью и осведомлённости о службах поддержки среди взрослого населения Туркестанской области.

Материалы и методы: Проведено поперечное исследование методом онлайн-анкетирования. В выборку вошли 24 621 респондент в возрасте от 18 лет. Анкета включала блоки по демографическим данным, опыту насилия, обращению за помощью, знанию законодательства и доверию к государственным структурам. Статистическая обработка включала описательную и сравнительную аналитику (χ^2, $p < 0.05$).

Результаты: О личном или семейном опыте насилия сообщили 693 человека (2,8 %), при этом физическое (48,2 %) и психологическое (43,7 %) насилие преобладали. Только 1,1 % пострадавших обращались в полицию. Основные барьеры — страх (58,4 %), стыд (46,9 %) и недоверие к системе (34,1 %). Женщины и сельские жители реже обращались за помощью. Почти 95 % респондентов поддерживают профилактику.

Выводы: Домашнее насилие остаётся глубоко латентным. Недостаток доверия к государственным структурам и нормализация насилия препятствуют обращению за помощью. Требуется развитие локальных программ информирования, защиты и поддержки жертв.

Ключевые слова: *домашнее насилие, общественное здравоохранение, обращение за помощью, гендерные различия, Казахстан, профилактика.*

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Түйіндеме

ТҮРКІСТАН ОБЛЫСЫНДАҒЫ ЖАППАЙ СОЦИОЛОГИЯЛЫҚ ЗЕРТТЕУ НӘТИЖЕЛЕРІ: ОТБАСЫЛЫҚ ЗОРЛЫҚ-ЗОМБЫЛЫҚ – ҚОҒАМДЫҚ ДЕНСАУЛЫҚ САҚТАУ ЖҮЙЕСІ ҮШІН МАҢЫЗДЫ ШАҚЫРУ

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Кіріспе: Отбасылық зорлық-зомбылық — дәстүрлі гендерлік көзқарастар басым өңірлерде қоғамдық денсаулық сақтау саласындағы маңызды мәселе болып табылады. Қазақстанда өңірлік деңгейдегі нақты деректердің жетіспеушілігі байқалады.

Зерттеу мақсаты: Түркістан облысы тұрғындары арасында отбасылық зорлық-зомбылықтың таралуын, түрлерін, қауіп факторларын, көмекке жүгіну деңгейін және ақпараттану деңгейін бағалау.

Материалдар мен Әдістері: 18 жастан асқан 24 621 респондент арасында онлайн-анонимді сауалнама жүргізілді. Сауалнамада демографиялық мәліметтер, зорлық-зомбылық тәжірибесі, көмекке жүгіну, заңнамалық және әлеуметтік институттарға сенім мәселелері қарастырылды. Деректер χ^2 және $p < 0.05$ деңгейіндегі статистикалық талдау арқылы өңделді.

Нәтижелер: Респонденттердің 2,8 %-ы (693 адам) отбасылық зорлық-зомбылық тәжірибесі туралы хабарлады. Ең жиі кездескен түрлері — физикалық (48,2 %) және психологиялық (43,7 %) зорлық. Тек 1,1 %-ы полицияға жүгінген. Қиындықтар — қорқыныш (58,4 %), ұят (46,9 %) және жүйеге сенімсіздік (34,1 %). Әйелдер мен ауыл тұрғындары сирек көмек сұраған. 95 %-ға жуығы профилактикалық шараларды қолдайды.

Қорытынды: Зорлық-зомбылықтың жасырын сипаты сақталуда. Мемлекеттік органдарға сенімсіздік пен зорлықты қалыпты құбылыс ретінде қабылдау көмек сұрауға кедергі келтіреді. Аймақтық қолдау және ақпараттандыру бағдарламаларын дамыту қажет.

Түйінді сөздер: *отбасылық зорлық-зомбылық, қоғамдық денсаулық сақтау, көмекке жүгіну, гендерлік айырмашылықтар, Қазақстан, алдын алу.*

Дәйексөз үшін:

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Introduction

Domestic violence remains one of the most pressing social issues, impacting human rights, public health, and community resilience. According to the World Health Organization, one in three women worldwide has experienced physical or sexual violence by an intimate partner [22]. In countries with patriarchal norms, such as Kazakhstan, the scale of the problem may be even greater but often remains hidden due to underreporting, stigma, and weak institutional response [6, 8, 9].

According to the Ministry of Internal Affairs of the Republic of Kazakhstan, more than 100,000 reports related to domestic violence were filed in 2023, the majority of them from women [5]. In early 2024, over 28,000 new complaints were registered [3]. However, international organizations estimate that many victims do not seek help due to fear of social condemnation and a lack of trust in the effectiveness of the system [4, 6, 17].

Research by UN Women and the OECD shows that Central Asia still lacks effective monitoring mechanisms, and traditional gender norms hinder recognition of the issue [8, 9, 14].

Turkistan Region is a densely populated area with a young demographic and strong cultural traditions. Cases of domestic violence are more frequently recorded here, particularly in rural areas [2]. Since 2021, pilot projects have been implemented in the region, including mobile response teams, trust centers, and awareness campaigns supported by governmental and international organizations [4, 12].

In some local communities, residents have initiated restrictions on alcohol sales — one of the recognized triggers of violence — which has led to a reduction in domestic conflicts [1]. This aligns with the international approach that integrates legal, social, and educational prevention measures [11, 13].

Nevertheless, there is still a lack of large-scale field studies reflecting public opinion on domestic violence—its forms, perceived acceptability, reasons for silence, and trust in support services. Such data are essential not only for understanding the current situation but also for designing effective, evidence-based solutions [20, 21].

The Council of Europe emphasizes that sustainable change is only possible through public engagement and continuous monitoring of societal attitudes [7]. Kazakhstan is currently considering ratification of the Istanbul Convention, but its implementation requires sensitivity to the cultural context and the expectations of the population.

Another important area of prevention is the involvement of men and boys as partners in the fight against violence. UNFPA and the United Nations identify this as one of the most promising approaches, particularly in countries with deeply rooted gender stereotypes [10, 19].

The aim of this study is to assess the prevalence and forms of domestic violence, the level of help-seeking behavior, and awareness of support services among the adult population of the Turkistan Region.

Research objectives:

1. To determine the prevalence of various forms of domestic violence (physical, psychological, economic, etc.) in the region.
2. To identify the sociodemographic characteristics of respondents affected by violence.
3. To analyze victims' help-seeking behavior and identify key barriers to accessing support.
4. To assess the level of trust in protective institutions and awareness of available resources.
5. To develop practical recommendations for the prevention of domestic violence, taking into account regional specificities.

Methods

Study design.

This was a descriptive cross-sectional study conducted through an anonymous online survey. The purpose was to assess the prevalence, forms, and public perceptions of domestic violence, as well as the level of awareness about support services among the adult population.

Sample. A total of **24,621 residents** of Turkistan Region aged 18 years and older participated in the survey. The sample was formed through voluntary participation. The questionnaire was distributed via social media platforms, messaging apps, and local NGOs.

Inclusion criteria were: age 18 or older, residence in Turkistan Region, and informed voluntary consent to participate.

Instrument. A structured questionnaire was used, developed based on UNFPA and WHO survey tools, adapted to the regional context. The questionnaire was designed with input from experts in psychology, sociology, and public health. It included six sections:

1. Sociodemographic characteristics
2. Experience of violence and its forms
3. Frequency and recurrence of incidents
4. Help-seeking behavior and perceived barriers
5. Awareness of legal protection mechanisms
6. Subjective perceptions of causes and prevention strategies

The questionnaire underwent expert review for content relevance but was not formally psychometrically validated, as the study was descriptive in nature.

Ethical considerations. Ethical committee approval was not required, as the study involved no interventions and did not collect personal identifying information. Participation was voluntary and anonymous, in accordance with the principles of sociological and humanities research ethics.

Statistical analysis. Data were processed using Microsoft Excel and SPSS version 26. Descriptive statistics (frequencies and percentages) were calculated, and the chi-square test (χ^2) was applied to assess differences between subgroups (by gender, age, and place of residence). The significance level was set at $p < 0.05$.

Responses to open-ended questions were analyzed qualitatively, with key themes identified and manually coded.

Results

A total of 24,621 respondents from Turkistan Region participated in the study. The majority of the sample were women — 20,190 individuals (82%), while 4,431 (18%) were men. The most represented age groups were 31–40 years (7,140; 29%) and 41–50 years (5,663; 23%).

More than half of the participants lived in rural areas - 14,336 individuals (58.2%), while the remainder resided in urban areas (10,285; 41.8%) (see Table 1).

Table 1. **Sociodemographic profile of respondents (n = 24,621)**

Characteristic	Absolute number	Percentage (%)
Gender		
Women	20,190	82.0%
Men	4,431	18.0%
Age group		
18–30 years	5,168	21.0%
31–40 years	7,140	29.0%
41–50 years	5,663	23.0%
51–60 years	3,447	14.0%
Over 60 years	3,203	13.0%
Place of residence		
Rural areas	14,336	58.2%
Urban areas	10,285	41.8%

Prevalence of Domestic Violence. Out of all participants, 693 individuals (2.8%) reported having personal or family experience with domestic violence. The most commonly reported types were physical violence — 334 cases (48.2%) and psychological violence - 303 cases (43.7%). Reports of economic and sexual violence were significantly less frequent (see Table 2).

Table 2. **Experience of domestic violence among respondents (n = 693).**

Type of violence	Absolute number	Percentage of victims (%)
Physical	334	48.2%
Psychological	303	43.7%
Sexual	21	3.0%
Economic	17	2.5%
Repeated episodes reported	46	6.7%

The majority of victims experienced repeated or systematic violence. Only 46 individuals (1.1% of those affected) sought help from the police, while 39 people (<1%) accessed medical assistance. A significant portion of respondents preferred to turn to relatives or friends for support (see Table 3).

Table 3. **Help-seeking behavior in response to domestic violence (n = 693).**

Behavior / Response	Abs. number	Percentage (%)
Reported to the police	46	6.6%
Sought medical assistance	39	5.6%
Turned to relatives	286	~41.2%
Turned to friends	158	~22.8%
Did not seek any help	250	~36.1%
Reasons for not seeking help		
Fear	405	58.4%
Shame	325	46.9%
Distrust in the system	236	34.1%

Causes of Violence and Attitudes Toward Prevention. Respondents identified the primary causes of domestic violence as stemming mainly from individual and family-related factors (see Table 4).

Nearly 23,374 respondents, representing 95% of the total sample, expressed support for strengthening domestic violence prevention measures. Notably, 78% of respondents believed that mandatory education on this topic should be introduced in schools and universities.

Table 4. **Perceived causes of domestic violence (according to all respondents, n = 24,621).**

Cause	Absolute number	Percentage (%)
Aggression, lack of mutual respect	5,221	21.2%
Patriarchal norms, family culture	4,583	18.6%
Poverty, financial instability	3,915	15.9%
Alcohol abuse (from open-ended responses)	~1,100	—

Gender Differences. The analysis revealed a significant correlation between gender and the likelihood of experiencing domestic violence. Women were nearly three times more likely than men to report such experiences ($\chi^2 = 16.4$; $p < 0.001$), and more frequently mentioned repeated episodes and pronounced emotional consequences, such as anxiety, guilt, and a sense of vulnerability. These findings are consistent with international data and highlight the need for gender-sensitive prevention strategies.

Age. The most vulnerable group was individuals aged 31–50, likely due to the combined burden of family, financial, and emotional stressors. Younger (18–30) and older (60+) respondents reported domestic violence less frequently. However, help-seeking behavior did not increase with age, indicating that barriers to seeking support are universal ($\chi^2 = 10.7$; $p = 0.005$).

Urban vs. Rural. Rural respondents were significantly less informed about available support services and exhibited lower levels of trust in the police and social services ($\chi^2 = 12.1$; $p = 0.001$). Fear, shame, and stigma were more commonly cited in rural areas. Even among those who were aware of support options, actual willingness to seek help remained extremely low ($\chi^2 = 8.6$; $p = 0.003$), indicating deep-rooted cultural and behavioral barriers that cannot be overcome by information alone.

Discussion. The study revealed a concerning paradox: despite reaching over 24,000 respondents, only 2.8% reported having personal or family experience with domestic violence. This figure is significantly lower than WHO estimates (27–33% among women [22]) and national statistics from Kazakhstan (at least 14–16% [5, 3]).

This discrepancy can be explained by high latency — the reluctance to speak about violence and the lack of recognition of violence as a problem. In rural areas, domestic violence is often perceived as a "private family matter", which aligns with international observations in patriarchal societies [4, 6].

A particularly striking finding is the extremely low rate of help-seeking - fewer than 1% of victims sought help from the police or medical professionals. Meanwhile, 6.7% of respondents reported repeated episodes of abuse. More than half were unaware of available support services, and among those who were informed, less than 10% were willing to use them. This points to a disconnect between the formal availability of services and public trust in them [1, 4].

According to Amnesty International and UN Women, the key barriers include fear of judgment, feelings of guilt, distrust in the system, and fear of secondary victimization [6, 17]. Even in urban settings, women often doubt that

seeking help will lead to actual protection**,** fearing instead that it may worsen their situation**.**

These perceptions are shaped by prevailing social norms. According to the SIGI Index (OECD), Kazakhstan continues to exhibit a high level of institutional gender discrimination, which limits the legal protection available to women [9]. This hinders the recognition of emotional, economic, and sexual violence as socially significant problems and slows the development of effective support mechanisms.

The analysis of subgroup differences revealed that women experience violence 2–3 times more often than men and are more likely to report anxiety and guilt. The 31–50 age group was identified as the most vulnerable, yet help-seeking did not increase with age, indicating persistent structural and psychological barriers. Rural residents were found to be less informed about services and less trusting of law enforcement — a trend also confirmed by regional reports [2, 18].

Encouragingly, there is a strong public demand for prevention: 95% of respondents consider domestic violence a serious issue, and 78% support introducing education on the topic in schools and universities. This presents a valuable window of opportunity for implementing awareness and prevention programs.

International experience shows that successful initiatives require the involvement of not only professionals, but also community members, religious leaders, and especially men themselves [10, 19]. The importance of "men's clubs" and dialogue platforms has been particularly emphasized, as they promote the re-evaluation of gender roles and encourage nonviolent behavior models [10, 11].

The Council of Europe also stresses the value of a comprehensive, intersectoral approach, which includes not only legal sanctions but also education, support services, and rehabilitation efforts [7]. According to the UN Women's Women Count initiative, systemic change is impossible without regular, reliable statistics that reflect the perspectives of citizens — not just administrative reports [20].

The study highlights three key problems:

1. Cultural latency — violence is not perceived as a deviation from the norm.
2. Institutional mistrust — services exist but are not perceived as a usable resource.
3. Social inequality in access — especially pronounced in rural areas.

Nevertheless, the strong support for prevention expressed by the population creates opportunities for the development of locally adapted strategies aimed at reducing stigma, increasing awareness, and strengthening trust in the support system.

Practical Recommendations

– In light of the identified trends, there is a need for systemic preventive measures tailored to the social context of the region and feasible for implementation in practice:

– It is necessary to expand legal education by including the topic of nonviolence in educational programs, outreach lectures, and local media, especially in rural areas.

– It is important to engage religious and community leaders in promoting zero tolerance toward violence within communities.

– Men's dialogue platforms should be supported to foster the rethinking of gender roles and the development of a culture of nonviolent behavior.

– It is recommended to provide anonymous and accessible digital channels for seeking help — hotlines, chatbots, and mobile applications.

– Regular public opinion monitoring should be conducted to evaluate the effectiveness of measures and adapt them to the needs of the population.

Conclusions

The study demonstrated that domestic violence in the Turkistan Region remains highly latent: only 2.8% of respondents reported having experienced violence, despite evidence of repeated episodes. The most common forms were physical and psychological violence, while sexual and economic violence was the least recognized and rarely disclosed.

Help-seeking behavior was extremely low (less than 1%), limited by fear, shame, lack of trust in services, and low awareness. The most vulnerable groups were women, rural residents, and middle-aged respondents.

The findings underscore the urgent need for regionally adapted prevention strategies that include enhancing legal literacy, reducing stigma, and developing intersectoral cooperation.

Study Limitations: *The single-center nature of the study may limit its generalizability, and the absence of long-term follow-up data restricts the assessment of post-discharge outcomes.*

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