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FACTORS AFFECTING NURSING STUDENTS' ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN: A CROSS-SECTIONAL STUDY

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Abstract

Aim: The aim of this study was to determine nursing students' attitudes towards violence against women (VAW) and factors that might influence these attitudes, in particular, those related to their sociodemographic characteristics, previous exposure to violence, and knowledge of violence. **Design:** A cross-sectional study. **Methods:** The study sample consisted of 284 nursing students. The data were collected using a student information form and a standardized tool: the Attitude towards Violence against Women Scale (ATVAWS). **Results:** Students who were female, students who had graduated from vocational schools of health, students whose mothers had had a medium-level of education, and students who were interested in receiving information on VAW had attitudes to VAW that were more progressive ($p < 0.05$). In contrast, students who had received education on VAW, students who had witnessed or been subjected to domestic violence, and students who had experienced violence from their partners had attitudes to VAW that were more conservative ($p < 0.05$). **Conclusion:** Factors affecting students' ATVAWS mean scores were gender, type of school graduated from, mother's level of education, education on VAW, willingness to learn about VAW, witnessing of domestic violence, and previous exposure to domestic violence and to violence from partners. Courses on VAW should be led by instructors with sufficient knowledge and experience of the subject.

Keywords: attitudes, nursing education, nursing students, violence against women.

Introduction

Violence against women is an important and pervasive public health problem. Nurses have important roles and responsibilities in identifying and preventing VAW, and informing relevant institutions and agencies when violence against women has occurred. Nurses can also refer victims of violence to appropriate sources of physical and mental healthcare (Gómez Fernández et al., 2017; Meriç, 2017; Özcan & Kırca, 2017). Women who are exposed to physical, verbal/psychological, or sexual violence are regularly admitted to health institutions with complaints that require medical attention. Their symptoms may include abdominal pains, headaches, conversion disorders, psychiatric conditions such as depression, and they may even attempt suicide in order to receive medical help (Yaman Efe, 2012; Yıldız, 2011). Women who are exposed to violence also experience many other health problems, including unwanted pregnancy, miscarriage, premature birth, and low birthweight babies, all of which affect both mother and baby (Hill et al., 2016; Pallitto et al., 2013).

If nurses are to determine whether women's somatic, psychological, or physical complaints have occurred as a result of violence, they must have up-to-date knowledge and experience in this area (Yaman Efe, 2012). Studies on violence against women show that nurses often have inadequate knowledge about VAW and unprogressive attitudes towards it. In addition, they lack legal responsibility regarding VAW, lack the skills to detect whether a patient has suffered VAW, lack training in relational or communicative approaches to victims of VAW, and lack the time to take care of them (Büyükkayacı Duman et al., 2016; Cho et al., 2015; diGiacomo et al., 2017; Kıyak & Akın, 2010; Orhan & Gölbaşı, 2011). Some nurses report that they received no instruction in VAW during or after their undergraduate education (Kıyak & Akın, 2010). This lack of awareness and knowledge of VAW in nurses suggests that this important social and health issue should be addressed and covered in depth during undergraduate and post-graduate nursing education.

Knowledge of VAW of nursing students in other countries

Studies carried out on nursing students in various countries have shown that their knowledge of, and attitudes towards VAW were inadequate. A study

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conducted in Australia determined that students had limited knowledge of VAW, and that they were not sure of a nurse's responsibilities such as to build trust with patients, to act as an advocate for patients, and to refer patients to relevant support services (Beccaria et al., 2013). In addition, the same study revealed that nursing students were insufficiently prepared to handle VAW cases in a clinical setting. Another study conducted in Australia found that nursing students held stereotypical and gendered attitudes to VAW, normalising violence within intimate partner relationships, and sustaining victim-blaming attitudes (Doran & Hutchinson, 2017).

A study involving 112 nursing students in Spain reported that they lacked knowledge of the identifying characteristics of VAW, and of guidelines, protocols, screening questions, and how to provide intervention on behalf of various victims of VAW (Rigol Cuadra et al., 2015). Another study conducted on 200 students in Israel found that while the students were motivated and willing to assess women in their care for VAW, they were limited in their ability to recognize the signs of VAW and to ask patients appropriate questions (Ben Natan et al., 2016).

Addressing violence against women in the nursing syllabus in Turkey

Studies conducted on undergraduate nursing students in Turkey have shown that the coverage of VAW in students' coursework did little to improve their knowledge of and attitudes to this topic. In the Dağlar et al. (2017) study, involving nursing and midwifery students, 57.2% stated that the topic of violence had been included in their courses. However, 65.4% reported that they did not know how to approach women who had been exposed to violence. In another study, 60.2% of the sample consisted of nursing and midwifery students, whose attitudes towards intimate partner violence were explored. Results showed that during their nursing studies, 55.1% of the students had encountered women exposed to spousal abuse, yet only 37.8% had received information about VAW (Aksoy Derya et al., 2018). In a study in which the opinions and attitudes of nursing students regarding domestic violence against women were investigated, 45.7% of the students had attended a training program on violence against women, yet continued to hold unprogressive attitudes such as preferring not to have a female child (Kanbay et al., 2012).

In the Tambağ and Turan study (2015), nursing students were evaluated according to their ability to diagnose VAW symptoms. Results revealed deficiencies in students' abilities to correctly identify and diagnose victims of violence. The Kaya and

Gölbaşı study (2016) indicated that nursing students found the information they received on the following topics inadequate: officials who apply legal sanctions against domestic violence (50.8% of students surveyed); the legal rights of domestic violence victims (49.2%); domestic violence intervention (31.5%); and frequency and effects of violence during pregnancy on physical, mental, and social health (29.0%). Only one study reported that nursing students' attitudes and information were current and up-to-date, thus allowing them to develop a more informative, professional, and supportive role towards victims of violence (Sabancıoğulları et al., 2016).

The results of the aforementioned studies reveal the importance of determining nursing students' attitudes towards VAW, as well as the importance of identifying the factors which inform these attitudes. In light of these studies, undergraduate nursing education should provide nursing students with the skills and knowledge necessary to intervene at different levels – public, community, and interpersonal. Nurses should be well equipped to identify and respond appropriately to VAW in clinical settings.

Aim

The aim of this study was to determine nursing students' attitudes towards VAW and factors affecting their attitudes relating to their sociodemographic characteristics, exposure to violence, and knowledge of violence.

Methods

Design

A cross-sectional study.

Sample

This study was conducted among 420 nursing students at the Nursing Department of the Faculty of Health Sciences in Central Anatolia between November 5 and November 16, 2018. According to power analysis with 95% confidence interval and error margin $\alpha = 0.05$, the sample size was determined at 201. However, with 284 students agreeing to participate in the data collection phase, the study was completed with 284 students, and 67.6% of the population was achieved.

Data collection

The data were collected using a student information form (SIF) and a standardized tool: the Attitude towards Violence against Women Scale (ATVAWS).

The SIF was created by the researchers after scanning the literature (Beccaria et al., 2013; Doran & Hutchinson, 2017; Sabancıoğulları et al., 2016; Tambağ & Turan, 2015). The first part included questions related to sociodemographic characteristics such as age, grade, gender, educational background, parents' levels of education, parents' occupations, students' permanent address, students' current place of residence, family's level of income, and students' evaluation of their own income level. The second part of the SIF included questions about violence, whether students had been exposed to violence, and who had committed the violence.

The ATVAWS was developed by Gömbül (2000) in order to determine the attitudes of nurses towards violence against women. Consisting of 19 items, the scale has four subscales: "economic violence", "emotional, psychological, and sexual violence", "legitimizing myths", and "explanatory myths". The lowest score in the scale is 19 and the highest score is 95. A low total score indicates a rejection of traditional attitudes and agreement with more modern views regarding VAW. The scale has no breakpoint. It includes seven questions about economic violence (the 9th, 14th, 15th, 16th, 17th, 18th, and 19th statements), six questions about emotional, psychological, and sexual violence (the 7th, 8th, 10th, 11th, 12th, and 13th statements), three questions about legitimizing myths (the 1st, 2nd, and 3rd statements) and three questions about explanatory myths (the 4th, 5th, and 6th statements). In the five-point Likert type scale, each statement is scored as "strongly disagree (1)", "disagree (2)", "neither agree nor disagree (3)", "agree (4)", and "strongly agree (5)". Six of the 19 questions (the 7th, 8th, 10th, 11th, 12th, and 13th statements) are scored in reverse. The economic violence subscale concerns types of economic abuse. The emotional, psychological, and sexual violence subscale concerns types of emotional, psychological and sexual abuse. The legitimizing myths subscale concerns justifications for inflicting violence on women. The explanatory myths subscale focuses on explanations for violence from a traditional perspective. While the Cronbach's alpha coefficient of the scale is 0.82, in this study, it was determined at 0.87. The Cronbach's alpha values for the subscales were: 0.85 for economic violence; 0.81 for emotional, psychological, and sexual violence; 0.80 for legitimizing myths, and 0.62 for explanatory myths.

Data analysis

The data obtained were evaluated with the SPSS 23 statistics package program. The normal distribution

of the data was evaluated with the Kolmogorov-Smirnov test, and since p was < 0.05 , the data were not considered to be normally distributed. For this reason, descriptive statistics such as number, percentage, mean, standard deviation, minimum and maximum values were used in the analysis of the data. The Mann Whitney U test was used in paired comparisons, and the Kruskal Wallis test was used in comparisons with more than two variables. Spearman's correlation analysis was used to evaluate the correlations between the ATVAWS and sociodemographic characteristics.

Results

Sociodemographic characteristics of students

The average age of the students who participated in the study was 20.9 ± 2.1 , with 33.5% being first-year students, 21.1% second-year students, 16.9% third-year students, and 33.5% fourth-year students. The sociodemographic characteristics of the 284 students indicated that 68% were female; 52.5% lived in the city center; 52.8% of students' mothers and 41.2% of fathers were primary school graduates; 85.9% of students' mothers were unemployed; 38.4% of students' fathers were self-employed; 58.5% were currently staying at the Institution of Credit and Dormitories; 75.7% considered their income was sufficient for their expenses, and 64.1% perceived their income to be at a moderate level.

Characteristics of students regarding exposure to violence

The data on nursing students' characteristics regarding exposure to violence (Table 1) indicated that 75.4% had witnessed violence; 55.6% had witnessed domestic violence; 22.9% had been subjected to violence by family members, (52.3% of whom had been subjected to violence by their fathers); and 61.5% had experienced physical violence. Study results also revealed that 4.2% of female students had suffered violence from their partners, of whom 58.3% had experienced psychological violence. Only 17.3% of students had received training in VAW during their undergraduate studies, while 72.5% had never received training in VAW. However, interest in this topic was high, with 84.9% of students expressing interest in learning more about VAW.

ATVAWS mean score of students

The mean score of students in the ATVAWS was determined as 40.1 ± 12.4 . When the mean scores in the subscales were examined, the mean was determined as 14.2 ± 5.9 for economic violence, 13.6 ± 5.5 for emotional, psychological, and sexual

Table 1 Characteristics of students regarding exposure to violence

		n (%)
Have you witnessed violence?	yes	214 (75.4)
	no	70 (24.6)
Environment in which violence was witnessed (n = 214)*	in family	119 (55.6)
	among relatives	17 (7.9)
	visual and written media	58 (27.1)
	living environment	20 (9.3)
Were you subjected to violence by your family?	yes	65 (22.9)
	no	219 (77.1)
Who were you subjected to violence by in your family? (n = 65)*	father	34 (52.3)
	mother	14 (21.5)
	sister/brother	17 (26.2)
What kind of violence were you subjected to in your family? (n = 65)*	physical	40 (61.5)
	psychological	17 (26.2)
	economic	8 (12.3)
Were you subjected to violence by male partners?	yes	12 (4.2)
	no	272 (95.8)
What kind of violence were you subjected to by your partners? (n = 12)	physical	3 (25.0)
	psychological	7 (58.3)
	economic	2 (16.7)

Table 2 Mean scores for ATVAWS and subscales (n = 284)

Scale	$\bar{X} \pm SD$	Median	min.	max.
economic violence	14.2 ± 5.9	13.0	7.0	35.0
emotional, psychological, and sexual violence	13.6 ± 5.5	13.0	6.0	30.0
legitimizing myths	5.2 ± 2.8	4.0	3.0	15.0
explanatory myths	7.0 ± 2.8	7.0	3.0	15.0
total ATVAWS	40.1 ± 12.4	38.0	19.0	79.0

ATVAWS – Attitude towards Violence against Women Scale

violence, 5.2 ± 2.8 for legitimizing myths, and 7.0 ± 2.8 for explanatory myths (Table 2).

Factors affecting ATVAWS mean scores of students

Table 3 shows the factors affecting the total ATVAWS and subscale scores of nursing students. There was a statistically significant difference between both the ATVAWS total scores and the subscale scores in terms of gender ($p < 0.001$). The total ATVAWS and subscale scores of male students were higher than those of female students (Table 3).

There was no statistically significant difference in students' total ATVAWS scores according to the type of school graduated from, although there was a statistically significant difference in the subscale of economic violence ($p < 0.05$). The difference was determined to be between vocational health high schools and general high schools, and Anatolian high schools and vocational high schools ($p < 0.05$) (Table 3).

There was a statistically significant difference in students' total ATVAWS scores, economic violence subscale scores, and legitimizing myths subscale scores associated with the level of education of mothers ($p < 0.05$). The total scale scores indicated

that the difference was between university educated mothers versus secondary and primary school graduates, and between illiterate mothers versus high school, secondary, and primary school graduates ($p < 0.05$). A difference in the scale of economic violence was found between university educated mothers versus secondary school graduates, and between illiterate mothers versus high school, secondary, and primary school graduates ($p < 0.05$). The legitimizing myths scale showed a difference between university educated mothers versus secondary and primary school graduates, and between illiterate mothers versus high school, secondary, and primary school graduates ($p < 0.05$) (Table 3).

As can be seen in Table 3, total ATVAWS and subscale scores of nursing students were affected to a statistically significant level by their willingness to receive information on VAW ($p < 0.001$), witnessing domestic violence ($p < 0.05$), being exposed to domestic violence ($p < 0.001$), and being exposed to violence from their partners ($p < 0.05$). Based on students' education on VAW, a statistically significant difference was found only in comparison

Table 3 The factors affecting the total ATVAWS and subscale scores of nursing students (n = 284)

Variables	Total ATVAWS	Economic violence	Emotional, psychological, and sexual violence	Legitimizing myths	Explanatory myths
	<i>X</i> ± <i>SD</i>	<i>X</i> ± <i>SD</i>	<i>X</i> ± <i>SD</i>	<i>X</i> ± <i>SD</i>	<i>X</i> ± <i>SD</i>
Gender					
female	36.0 ± 11.1	12.4 ± 5.2	12.6 ± 5.3	4.5 ± 2.4	6.4 ± 2.6
male	48.7 ± 10.2	18.0 ± 5.5	15.7 ± 5.2	6.6 ± 2.8	8.2 ± 2.6
z	-8.514	-7.938	-4.940	-6.960	-5.505
p	0.000	0.000	0.000	0.000	0.000
School graduated from					
general high school	42.0 ± 13.0	15.3 ± 6.6	14.4 ± 5.2	5.1 ± 2.5	7.1 ± 2.9
anatolian high school	39.9 ± 12.2	14.1 ± 5.7	13.7 ± 5.5	5.2 ± 2.8	6.8 ± 2.7
vocational health high school	35.7 ± 10.6	11.7 ± 4.3	11.9 ± 5.5	4.8 ± 2.6	7.2 ± 2.9
vocational high school	42.2 ± 13.6	15.9 ± 6.8	12.9 ± 5.3	5.6 ± 3.1	7.7 ± 2.9
χ^2	4.723	8.107	4.978	1.363	1.745
p	0.193	0.044	0.173	0.714	0.627
Mothers' level of education					
university	45.8 ± 12.9	17.1 ± 7.4	14.2 ± 5.5	6.2 ± 3.1	8.1 ± 3.1
high school (12 years)	38.0 ± 12.8	13.2 ± 6.3	12.4 ± 4.8	4.9 ± 2.6	7.3 ± 2.6
secondary school (8 years)	36.9 ± 9.8	12.1 ± 4.1	13.7 ± 5.3	4.6 ± 2.0	6.4 ± 1.7
primary school (4 years)	39.2 ± 11.9	13.8 ± 5.6	13.7 ± 5.7	4.9 ± 2.6	6.7 ± 2.6
literate	40.9 ± 15.9	16.9 ± 8.0	11.5 ± 4.9	5.9 ± 3.6	6.5 ± 3.7
illiterate	45.9 ± 12.5	16.8 ± 5.8	14.5 ± 5.4	6.3 ± 3.0	8.1 ± 3.4
χ^2	15.336	18.856	6.079	17.720	9.294
p	0.009	0.002	0.299	0.003	0.098
Education on violence against women					
yes	42.6 ± 13.6	15.1 ± 6.6	13.9 ± 5.9	6.0 ± 3.0	7.4 ± 2.8
no	39.1 ± 11.8	13.9 ± 5.6	13.5 ± 5.3	4.9 ± 2.5	6.8 ± 2.7
z	-1.948	-1.163	-0.460	-2.966	-1.651
p	0.051	0.245	0.645	0.003	0.099
Willingness to receive information on violence against women					
yes	38.9 ± 12.1	13.8 ± 5.7	13.3 ± 5.4	5.0 ± 2.6	6.8 ± 2.7
no	46.5 ± 11.6	16.7 ± 6.6	15.3 ± 5.7	6.4 ± 2.9	8.0 ± 2.8
z	-3.803	-2.777	-2.295	-3.508	-2.631
p	0.000	0.005	0.022	0.000	0.009
Have you witnessed violence in your family?					
yes	42.7 ± 12.9	15.6 ± 6.1	13.8 ± 5.9	5.9 ± 2.9	7.3 ± 3.1
no	38.2 ± 11.6	13.2 ± 5.5	13.4 ± 5.1	4.7 ± 2.5	6.8 ± 2.5
z	-3.220	-3.416	-0.366	-4.160	-1.093
p	0.001	0.001	0.715	0.000	0.274
Were you subjected to violence by your family?					
yes	43.3 ± 12.7	15.6 ± 6.2	14.2 ± 5.6	5.9 ± 2.7	7.5 ± 3.1
no	39.1 ± 12.1	13.8 ± 5.8	13.4 ± 5.4	5.0 ± 2.7	6.8 ± 2.6
z	-2.652	-2.256	-0.880	-2.936	-1.727
p	0.008	0.024	0.379	0.003	0.084
Were you subjected to violence by male partners?					
yes	51.7 ± 8.8	17.1 ± 6.2	20.0 ± 5.7	7.1 ± 2.8	7.4 ± 3.2
no	39.6 ± 12.2	14.1 ± 5.9	13.3 ± 5.3	5.1 ± 2.7	6.9 ± 2.7
z	-3.464	-1.826	-3.684	-2.685	-0.488
p	0.001	0.068	0.000	0.007	0.625

X – Mean; *z* – Mann Whitney *U* test; χ^2 – Kruskal Wallis test; *p* < 0.05

of their legitimizing subscale scores. Those who had received education on VAW scored higher on average in the legitimizing subscale compared to those who without education on VAW ($p < 0.05$) (Table 3).

Correlation among study variables

The correlations between ATVAWS mean scores, age, and study year of nursing students are provided in Table 4. There was a weak positive relationship between ATVAWS scores and age ($r = 0.150$; $p = 0.012$).

Table 4 The correlation between the ATVAWS scores, age, and study year of nursing students

Variables	Total ATVAWS	Economic violence	Emotional, psychological, and sexual violence	Legitimizing myths	Explanatory myths
Age					
r	0.150	0.142	0.046	0.181	0.046
p	0.012	0.016	0.442	0.002	0.436
Year of the study					
r	0.017	0.072	-0.050	0.065	-0.089
p	0.774	0.229	0.398	0.275	0.136

$p < 0.05$; r – Spearman's correlation analysis

Discussion

The present study revealed that female students had more progressive views and more modern opinions on the appropriate attitudes of healthcare personnel towards VAW than male students. Similarly, other studies involving nursing students have confirmed that male students defined violence against women as acceptable and had conservative attitudes towards VAW (Aksoy Derya et al., 2018; Dağlar et al., 2017; Doran & Hutchinson, 2017; Sabancıoğulları et al., 2016). Male nursing students' attitudes negatively affect their approach towards VAW, and their ability to diagnose it. In a study by Tambağ and Turan (2015) in which scores awarded for correct diagnosis of both physical and emotional symptoms of VAW were compared, the scores of female students were found to be higher than those of male students. In other words, female students diagnosed the symptoms of VAW more accurately than male students. In this context, it can be concluded that male students held more traditional points of view, suggesting the need to provide education focusing on gender roles.

This study determined that vocational health high school graduates had progressive attitudes towards VAW. Vocational schools of health are generally preferred by children of low-income level families. These children aim to find work immediately after high school as nurses, midwives, or paramedics in the healthcare sector (Öztürk, 2015). In other words, the goal of these students is to become economically independent in the shortest possible time. The attitudes of students from vocational schools of health towards economic violence against

women might have been higher for this reason. Another explanation may be that these schools are usually preferred by female students for midwifery or nursing professions (Bahadır Yılmaz & Öz, 2018). As stated previously, female students tend to have more progressive attitudes than male students towards VAW. Tambağ and Turan, (2015) found that undergraduate nursing students were unable to recognize signs of VAW. Another study found that nursing students did not have an awareness of the significance of VAW (Beccaria et al., 2013). Such findings reveal the need for courses on VAW.

Other studies on the subject have found that students' attitudes towards violence against women differed according to their mothers' level of education. The Aksoy Derya et al. (2018) study determined that students whose mothers were educated to university level had more progressive attitudes, considering it unacceptable for women to be beaten, and believing that violence was not the fault or the responsibility of women. However, the study also determined that students whose mothers were primary, secondary, or high school graduates also held egalitarian views on gender roles in the context of VAW. A similar result was obtained in the study by Dağlar et al. (2017), which reported that students with mothers graduating from primary, secondary, or high schools had more egalitarian views on gender roles, believing that men and women had equal social rights.

This study also found that students who had received education on VAW had conservative attitudes in the legitimizing myths subscale, such as blaming the victim, exonerating the perpetrator, and having a tendency to consider VAW acceptable when

victims behaved in a provocative way. No difference was found in attitudes towards VAW between the students who had and had not received education on this topic. The same result was found for midwifery students, regardless of whether they reported having received education on VAW or not (Bozkurt et al., 2013). Interestingly, another study reported that nursing students who claimed they knew how to advise patients in cases of violence were found to have more conservative attitudes to VAW than students who claimed not to know (Sabancıoğulları et al., 2016). These results indicate that the quality of nursing students' education on VAW is key, posing the following questions: From whom and by what method did students receive VAW training? What was the attitude of the trainer towards VAW? Did the instructors have the appropriate qualifications to provide VAW training? One study showed that instructors lacked adequate training on VAW (Lovi et al., 2018). For this reason, only certified instructors with sufficient knowledge and skills should provide students with information and training on topics such as “domestic violence”, “violence against women”, “flirt violence” or “gender equality”. Previous studies also confirm this suggestion (Bahadır Yılmaz, 2018; Gürkan & Kömürcü, 2017; Sis Çelik & Aydın, 2018). In addition, the training provided should not only be theoretical but should also facilitate the student's ability to transform knowledge into practical skills. Such training should enable students to help victims of violence in planning the steps necessary to obtain the appropriate care and counselling (Bradbury-Jones & Broadhurst, 2016; Johnson & Montgomery, 2017).

This study determined that students who wanted information regarding violence against women had more progressive attitudes to this topic than those who did not. The study by Sabancıoğulları et al. (2016) reported that students who wanted more information and courses on VAW to be included in their studies had more appropriate attitudes. In addition, the attitudes of these students towards the role of nursing professionals in preventing and addressing various types of VAW were found to be at a higher level. This finding is in line with the literature and is the desired aim of ensuring that nursing students are provided with up-to-date information and training in this area. All nursing students should know what to do when they encounter a victim of violence, how to manage the situation, and which interventions to apply. It is important to consider why students are unwilling to obtain such information. The nursing syllabus should provide schooling in VAW with the goals of raising

students' awareness and changing attitudes towards VAW (Sawyer et al., 2017).

An important finding of this study was that students who had witnessed domestic violence, students who had been exposed to violence, and students who had been exposed to violence by male partners had more conservative attitudes towards VAW. Similarly, Sabancıoğulları et al. (2016) reported that nursing students who had been exposed to violence had more conservative attitudes than those who had not. Another study found that although midwifery students who had witnessed domestic violence had more progressive attitudes than students who had not witnessed violence, the attitudes of students who had actually been subjected to violence did not indicate a significant difference (Bozkurt et al., 2013). In a further study conducted on students of social work, students with personal experience of violence did not differ from students without experience of violence in their attitudes towards victims of violence (Postmus et al., 2011). This study finding may be attributed to the fact that the students had internalized violence or had been raised to accept traditional gender roles. Students with beliefs associated with traditional gender roles who choose the field of healthcare tend to have more conservative attitudes concerning violence against women (Bahadır Yılmaz & Öz, 2018). Therefore, the education on VAW should also include information on gender roles (Bahadır Yılmaz, 2018; Sis Çelik & Aydın, 2018).

In general, nursing students' attitudes towards VAW are found to be average. The findings indicate that nursing students have not moved beyond traditional points of view and do not develop modern attitudes during vocational education. In other words, nursing students continue to normalize violence against women, to blame women for the violence they are exposed to, and rationalize violence as a justified response in certain contexts. This emphasizes the inadequacy of the educational curriculum on violence against women.

Limitation of study

The data in this study were obtained from nursing students recruited from a single institution in Turkey. For this reason, the present findings cannot be extrapolated to all Turkish nursing students. In addition, in these types of survey studies, the tendency for respondents to provide expected answers may also have influenced the results. The data of this study were collected in classrooms. Therefore, when answering questions, students may have been affected by the presence of their peers. Conducting the study in students' homes would have prevented this possibility.

Conclusion

The results of the study indicated that nursing students showed a well-informed awareness of the topic of VAW. Additional results revealed that students who were female, students who had graduated from vocational schools of health, students whose mothers had a medium-level of education, and students who wanted to receive information on violence against women had attitudes that were more progressive. However, this study also found that students who had received education on violence against women, students who had witnessed or been subjected to domestic violence, and students who had experienced violence from their partners had unprogressive attitudes towards violence against women. The study results reveal the need for VAW courses to be added to the nursing syllabus in Turkey, and for such courses to be provided only by qualified instructors with knowledge and experience, and extensive training in this area. The courses should enable students to transform what they have learned into actual practice.

Ethical aspects and conflict of interest

In order to conduct the research, written permission was obtained from the relevant Faculty of Health Sciences (2018/91350869-663.08) and Human Research Ethics Committee (2018/227). The students were informed that participation was voluntary. The students who were included in the study were informed about the research aims, and then their verbal consent was obtained.

Author contributions

The concept and study design (EBY, AY), data analysis and interpretations (EBY, AY), processing the draft of the manuscript (EBY), critical revision of the manuscript (EBY, AY), article finalization (EBY, AY).

References

Aksoy Derya, Y., Nacar, G., & Timur Taşhan, S. (2018). Sağlık bilimleri fakültesi öğrencilerinin eş tarafından uygulanan şiddete ilişkin tutumları. *Journal of Human Sciences*, 15(2), 919–930. (in Turkish)

Bahadır Yılmaz, E. (2018). The effectiveness of a gender equality course in changing undergraduate midwifery students' attitudes towards domestic violence and gender roles. *Central European Journal of Nursing and Midwifery*, 9(2), 840–847. <https://doi.org/10.15452/CEJNM.2018.09.0013>

Bahadır Yılmaz, E., & Öz, F. (2018). Assessing the relation between attitudes towards gender roles and domestic violence of nursing and paramedic students. *Clinical and*

Experimental Health Sciences, 8(3), 160–165. <https://doi.org/10.5152/clinexphealthsci.2017.459>

Beccaria, G., Beccaria, L., Dawson, R., Gorman, D., Harris, J. A., & Hossain, D. (2013). Nursing student's perceptions and understanding of intimate partner violence. *Nurse Education Today*, 33(8), 907–911. <https://doi.org/10.1016/j.nedt.2012.08.004>

Ben Natan, M., Khater, M., Ighbariyea, R., & Herbet, H. (2016). Readiness of nursing students to screen women for domestic violence. *Nurse Education Today*, 44, 98–102. <https://doi.org/10.1016/j.nedt.2016.05.006>

Bozkurt, Ö. D., Daşkan, Z., Kavlak, O., & Şirin, A. (2013). Ebelik öğrencilerinin gebelikte şiddet konusundaki bilgi, görüş Ve mesleki tutumlarının belirlenmesi. *Balikesir Health Sciences Journal*, 2(2), 99–107. (in Turkish)

Bradbury-Jones, C., & Broadhurst, K. (2016). Are we failing to prepare nursing and midwifery students to deal with domestic abuse? Findings from a qualitative study. *Journal of Advanced Nursing*, 71(9), 2062–2072. <https://doi.org/10.1111/jan.12666>

Büyükkayacı Duman, N., Büyükgönenç, L., Güngör, T., Yılmazel, G., Topuz, Ş., & Koçak, D. Y. (2016). Sağlık çalışanlarının kadına yönelik şiddet algılayışı ve etkileyen faktörler. *The Journal of Gynecology-Obstetrics and Neonatology*, 13(4), 154–159. (in Turkish)

Cho, O. H., Cha, K. S., & Yoo, Y. S. (2015). Awareness and attitudes towards violence and abuse among emergency nurses. *Asian Nursing Research*, 9(3), 213–218. <https://doi.org/10.1016/j.anr.2015.03.003>

Dağlar, G., Bilgiç, D., & Demirel, G. (2017). Ebelik ve hemşirelik öğrencilerinin kadına yönelik şiddete ilişkin tutumları. *DEU Hemşirelik Fakültesi Elektronik Dergisi*, 10(4), 220–228. (in Turkish)

DiGiacomo, P., Cavallo, A., Bagnasco, A., Sartini, M., & Sasso, L. (2017). Violence against women: knowledge, attitudes and beliefs of nurses and midwives. *Journal of Clinical Nursing*, 26(15–16), 2307–2316. <https://doi.org/10.1111/jocn.13625>

Doran, F., & Hutchinson, M. (2017). Student nurses' knowledge and attitudes towards domestic violence: results of survey highlight need for continued attention to undergraduate curriculum. *Journal of Clinical Nursing*, 26(15–16), 2286–2296. <https://doi.org/10.1111/jocn.13325>

Gómez-Fernández, M. A., Goberna-Tricas, J., Payà-Sánchez, M. (2017). Intimate partner violence as a subject of study during the training of nurses and midwives in Catalonia (Spain): a qualitative study. *Nurse Education in Practice*, 27, 13–21. <https://doi.org/10.1016/j.nepr.2017.08.001>

Gömbül, Ö. (2000). Hemşirelerin ailede kadına eş tarafından uygulanan şiddete ve şiddette mesleki role ilişkin tutumları. *Hemşirelikte Araştırma Dergisi*, 1, 19–32. (in Turkish)

Gürkan, Ö. C., & Kömürçü, N. (2017). The effect of a peer education program on combating violence against women: a randomized controlled study. *Nurse Education Today*, 57, 47–53. <https://doi.org/10.1016/j.nedt.2017.07.003>

Hill, A., Pallitto, C., McCleary-Sills, J., & Garcia-Moreno, C. (2016). A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes. *International Journal of Gynaecology & Obstetrics*, 133(3), 269–276. <https://doi.org/10.1016/j.ijgo.2015.10.023>

Johnson, P., & Montgomery, M. (2017). Improving nursing students' comfort dealing with intimate partner violence.

- Teaching and Learning in Nursing*, 12(4), 286–288. <https://doi.org/10.1016/j.teln.2017.07.002>
- Kanbay, Y., Işık, E., Yavuzaslan, M., & Keleş, S. (2012). Hemşirelik öğrencilerinin kadına yönelik aile içi şiddetle ilgili görüş ve tutumlarının belirlenmesi. *Gümüşhane University Journal of Health Sciences*, 1(2), 108–119. (in Turkish)
- Kaya, D., & Gölbaşı, Z. (2016). Son sınıf hemşirelik ve ebelik öğrencilerinin gebelikte kadına yönelik aile içi şiddetle ilgili görüşleri. *ACU Sağlık Bilimleri Dergisi*, 4, 202–208. (in Turkish)
- Kıyak, S., & Akın, B. (2010). Hemşire ve ebelerin kadına yönelik şiddet konusunda bilgi ve tutumları. *Hemşirelikte Araştırma Geliştirme Dergisi*, 2, 5–16. (in Turkish)
- Lovi, R., Hutchinson, M., & Hurley, J. (2018). Inclusion of intimate partner violence-related content within undergraduate healthcare professional curriculum: mixed methods study of academics' attitudes and beliefs. *Contemporary Nurse*, 54(6), 592–602. <https://doi.org/10.1080/10376178.2018.1530946>
- Meriç, M. (2017). Şiddet ve hemşirenin savunucu rolü. *Türkiye Klinikleri Journal of Psychiatric Nursing-Special Topics*, 3(2), 189–192. (in Turkish)
- Orhan, A. S., & Gölbaşı, Z. (2011). Birinci basamak sağlık kurumlarında çalışan sağlık personelinin kadına yönelik aile içi şiddet konusundaki görüş ve uygulamaları. *Hemşirelikte Araştırma Geliştirme Dergisi*, 2, 21–32. (in Turkish)
- Özcan, Ş., & Kırca, N. (2017). Çözümlemeyen sorun: kadına yönelik aile içi şiddet ve hemşirenin rolü. *Balikesir Sağlık Bilimleri Dergisi*, 6(2), 87–96. <https://doi.org/10.5505/bsbd.2017.50479> (in Turkish)
- Öztürk, Y. (2015, April 24). *Sağlık meslek lisesinin avantajları*. <http://www.ikincidort.com/saglik-meslek-lisesinin-avantajlari/> (in Turkish)
- Pallitto CC, Garcia-Moreno C, Jansen HA, Heise L, Ellsberg M, Watts, C., & WHO Multi-Country Study on Women's Health and Domestic Violence. (2013). Intimate partner violence, abortion and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. *International Journal of Gynecology & Obstetrics*, 120(1), 3–9. <https://doi.org/10.1016/j.ijgo.2012.07.003>
- Postmus, J. L., McMahon, S., Warrenner, C., & Macri, L. (2011). Factors that influence attitudes, beliefs, and behaviors of students toward survivors of violence. *Journal of Social Work Education*, 47(2), 303–319. <https://doi.org/10.5175/JSWE.2011.200900122>
- Rigol-Cuadra, A., Galbany-Estrague, P., Fuentes-Pumarola, C., Burjales-Marti, M. D., Rodrigues-Martin, D., & Ballester-Ferrando, D. (2015). Perception of nursing students about couples' violence: knowledge, beliefs and Professional role. *Revista Latino-Americano de Enfermagem*, 23(3), 527–534. <http://dx.doi.org/10.1590/0104-1169.0357.2584>
- Sabancıoğulları, S., Taşkın Yılmaz, F., Ar, E., & Çakmaktepe, G. (2016). Hemşirelik öğrencilerinin kadına yönelik şiddet ve şiddetle mesleki role ilişkin tutumları, benlik saygıları ve etkileyen faktörler. *Hemşirelikte Araştırma Geliştirme Dergisi*, 13(1), 35–43. <http://dx.doi.org/10.5222/HEAD.2016.267> (in Turkish)
- Sawyer, S., Coles, J., Williams, A., Lucas, P., & Williams, B. (2017). Paramedic students' knowledge, attitudes, and preparedness to manage intimate partner violence patients. *Prehospital Emergency Care*, 21(6), 750–760. <https://doi.org/10.1080/10903127.2017.1332125>
- Sis Çelik, A., & Aydın, A. (2019). The effect of a course on violence against women on the attitudes of student midwives and nurses towards domestic violence against women, their occupational roles in addressing violence, and their abilities to recognize the signs of violence. *Perspectives in Psychiatric Care*, 55(2), 210–217. <https://doi.org/10.1111/ppc.12333>
- Tambağ, H., & Turan, Z. (2015). Ability of nursing students to recognize signs of violence against women. *International Journal of Nursing Knowledge*, 26(3), 107–112. <https://doi.org/10.1111/2047-3095.12050>
- Yaman-Efe, Ş. (2012). Acil servis hemşirelerinin kadına yönelik aile içi şiddetle ilişkin rol ve sorumlulukları. *Fırat University Journal of Health Sciences*, 26(1), 49–54. (in Turkish)
- Yıldız, T. (2011). Kadına yönelik şiddet ve şiddeti tanılamada acil hemşiresinin rolü. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 14(3), 59–66. (in Turkish)