

**EFFECT OF THE FORENSIC NURSING LESSON ON  
STUDENTS' RECOGNITION OF THE SIGNS OF VIOLENCE  
AGAINST WOMEN\***

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**ABSTRACT**

*Objective: This study was carried out to determine determining the effect of the Forensic Nursing lesson on students' recognition of the signs of violence against women. Methods: In the study, a pattern with pretest-posttest single group was applied. Sample of the study consisted of 38 students. The study data were evaluated using statistics such as number, percentage and mean, Kolmogorov-Smirnov test, samples t-test. Results: It was determined that total and lower dimension score averages of the Scale for Recognizing the Signs of Violence against Women by Nurses and Midwives were higher in students after the lesson compared to before ( $p<.05$ ). Conclusion: Forensic Nursing lesson increased the students' recognition of the signs of violence against women within the scope of limitations of the study.*

**Keywords:** Forensic nursing, Violence against women, Student.

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## ADLİ HEMŞİRELİK DERSİNİN ÖĞRENCİLERİN KADINA YÖNELİK ŞİDDETİN BELİRTİLERİNİ TANIMALARINA ETKİSİ

### ÖZ

*Amaç: Bu araştırma, Adli Hemşirelik dersinin öğrencilerin kadına yönelik şiddet belirtilerini tanımalarına etkisini belirlemek amacıyla yapılmıştır. Gereç ve Yöntem: Araştırmada ön test – son test tek gruplu desen uygulanmıştır. Araştırmanın örneklemini 38 öğrenci oluşturmuştur. Çalışma verileri sayı, yüzde ve ortalama gibi istatistikler, Kolmogorov-Smirnov testi, t-testi kullanılarak değerlendirildi. Bulgular: Öğrencilerin dersten sonra ders öncesine göre Hemşire ve Ebelerin Kadına Yönelik Şiddetin Belirtilerini Tanımalarına Yönelik Ölçek toplam ve alt boyut puan ortalamalarının daha yüksek olduğu belirlendi ( $p<.05$ ). Sonuç: Adli Hemşirelik dersi, araştırmanın sınırlılıkları kapsamında öğrencilerin kadına yönelik şiddetin belirtilerini tanımalarını artırmıştır.*

**Anahtar Kelimeler:** Adli hemşirelik, Kadına yönelik şiddet, Öğrenci.

## **1. INTRODUCTION**

Violence is an important public health problem, which may be faced in all areas of life, and is increasing in the whole world with each passing day (1). Violence is “A violent, effective act with the aim of aggression to dominate, manage, defeat: a hostile, hurting, battering or destructive and devastating act for disruption and dissolution of an act” (2).

The most common form of violence is the one against women (3). According to the global estimates that were published by the World Health Organization, approximately one third of women (35%) face physical or sexual violence worldwide throughout their lives (4). In our country, being exposed to physical violence from the spouse or the person one lives with at any time of life is reported to be 35.5% (5,6).

Violence against women affects women physically and psychologically. Studies have shown that violence against women causes physical problems such as injuries, pain, unwanted pregnancy, sexually transmitted diseases, as well as psychological problems such as decreased self-esteem, depression, and moving away from the society (7,8).

Violence against women is a global problem and is considered within forensic cases. Healthcare professionals have important roles in recognizing, reporting and preventing violence against women Violence against women in Primary Health Care: Potentialities and limitations to identification (9,10). The subject of violence against women is directly or indirectly taught in the courses to raise awareness and responsibility feelings of nursing students who are healthcare professional candidates (11,12). The present study was conducted to determine the effect of Forensic Nursing Course on the students' recognition of the symptoms of violence against women.

## **2. METHOD**

### **2.1. Design of The Study, Study Sample**

The pretest-posttest single-group design was used in the present study. The study was conducted between March and June 2018. A total of 41 students who received the Forensic Nursing classes, which is an optional course, were included in the study. Since 2 students did not attend the classes, and 1 of them did not respond to the posttest, the sampling consisted of 38 students. The “Scale for Nurses and Midwives for Recognizing the Signs of Violence against Women” was used to collect the data of the study. The scale was applied twice, firstly at the beginning of the class, and secondly, at the end of the class.

### **2.2. Contents of the Forensic Nursing Course**

The contents of the course consisted of the definition and history of forensic medicine, forensic nursing, developing nurses’ forensic thinking ability in forensic-medical cases faced in emergency departments, crime scene investigation, wounds, firearms, bite marks, identification, stains, paternity determination, death, postmortem changes, sexual crimes, the role of nurses in sexual crimes, forensic psychiatry, psychiatric nursing, the role of nurses in domestic violence, workhouse and prison nursing, asphyxia, and poisoning.

### **2.3. Data Collection Tools**

The “Scale for Nurses and Midwives for Recognizing the Signs of Violence against Women” was used to collect the data of the study.

### **2.4. Scale for Recognizing the Signs of Violence against Women by Nurses and Midwives (SRSVWNM)**

The scale that was developed by Baysan-Arabacı and the Karadağlı consists of 31 items and 2 sub-dimensions. There are 13 items in the Physical Symptoms Sub-Dimension, and there are 18 items in the Emotional Symptoms Sub-Dimension. The highest score that may be received in the

scale is “31”, and the lowest score is “0”. The highest score for the Physical Sub-Scale, which is one of the sub-dimensions of the scale is “13” and the minimum score is “0”. The highest score for the Emotional Sub-Dimension is “18”, and the lowest score is “0”. High scores show that the knowledge level on recognizing the signs of violence against women is adequate (13).

### **2.5. Analysis of the Data**

The normal distribution of the data was determined with the Kolmogorov-Smirnov Test, and it was accepted that it showed normal distribution because it was  $p>.05$ . Descriptive statistics like number, percentage, average, and t-tests of the dependent groups were used in evaluating the data of the study. Cronbach’s Alpha value of the study was found as 0.862

### **2.6. Ethical Considerations**

Written permission was obtained from the institution where the study was conducted. The study was conducted in accordance with ethical standards and the 1975 Declaration of Helsinki, which was revised in 2000 and 2013. The students were informed about the purpose of the research and informed consent was obtained from each student.

## **3. RESULTS**

A total of 60.5% of the students were female, 94.7% were single, 50.0% lived in the city for the longest period, 68.4% had nuclear families, 73.7% had equal income and expense balance, and the mothers of 60.5% and the fathers of 39.5% were primary school-graduates.

**Table 1. The Distribution of The Total and Sub-Dimension Scores of The SRSVWNM of The Students Before and After The Classes**

<b>SRSVWNM Score</b>	<b>Before</b> $\bar{X} \pm SD$	<b>After</b> $\bar{X} \pm SD$	<b>t</b>	<b>p</b>
<b>Total</b>	21,31 ± 4,00	24,97 ± 4,84	-4,496	0,00
<b>Physical Symptoms</b>	8,71 ± 1,88	10,18 ± 2,19	-3,664	0,001
<b>Emotional Symptoms</b>	12,60 ± 2,62	14,78 ± 2,91	-4,027	0,000

The differences between the total and sub-dimension scores of the students in SRSVWNM before and after the course were statistically significant (Table 1).

**Table 2. The Distribution of The Srsrvwnm Averages and Some Variables of The Students Before and After The Class**

<b>Variables</b>	<b>SRSVWNM</b>			
	<b>Before</b> $\bar{X} \pm SD$	<b>After</b> $\bar{X} \pm SD$	<b>t/F</b>	<b>p</b>
<b>Gender</b>				
Female	22,39 ± 3,77	25,86 ± 4,86	-3,543	0.002
Male	19,66 ± 3,88	23,60 ± 4,64	-2,714	,017
<b>Family Type</b>				
Nuclear	21,61 ± 3,57	24,76 ± 4,97	-3,688	,001
Large	20,63 ± 5,14	24,90 ± 4,61	-2,229	,050
<b>Residence lived for longest duration</b>				
City	21,36 ± 3,80	24,73 ± 5,05	-3,357	,004
County	21,07 ± 4,59	25,71 ± 4,68	-2,832	,014
Village-District	21,80 ± 3,70	23,80 ± 5,21	-1,085	,339
<b>Income Status</b>				
Low Income.	21,25±1,89	25,25±5,67	-1,255	,299
Equal Income-Expenses	21,25±4,37	24,28±4,95	-3,237	,003
High Income	21,66±3,55	28,00±2,89	-3,670	,014
<b>Educational Status of Mother</b>				
Not Literate	22,66±6,11	23,33±2,30	-,250	,826
Primary School	20,39±3,96	25,34±4,52	-4,866	,000
Secondary School	22,85±2,85	24,00±7,09	-,503	,633
High School	20,75±1,25	24,25±4,03	-2,251	,110
<b>Educational Status of Father</b>				
Primary School	20,53±4,20	25,26±4,23	-3,672	,003
Secondary School	21,50±4,03	24,70±4,85	-2,466	,036
High School	22,87±4,38	27,00±4,59	-2,465	,043
University	20,80±2,86	21,40±6,30	-2,465	,043

The average score of the Scale for Recognizing the Signs of Violence against Women by Nurses and Midwives (SRSVWNM) increased at significant levels in both men and women. Meanwhile, it was also determined that the score of the scale increased at significant levels in those who had nuclear families, who lived in the city and county, those who had an income that was equal to expenses or those whose incomes were more, and those whose mothers' were primary school-graduates. Before and after the application, the averages scale scores increased at significant levels at all levels of father training ( $p < .05$ ) (Table 2).

**Table 3. Distribution of The Average Scores in Physical Symptoms and Sub-Dimensions and Some Variables of The Students Before and After The Class**

Variables	Physical Symptoms		t/F	p
	Before $\bar{X} \pm SD$	After $\bar{X} \pm SD$		
<b>Gender</b>				
Female	9,21±1,99	10,47 ±2,40	-2,173	,041
Male	7,93 ±1,43	9,73 ±1,79	-3,537	,003
<b>Family Type</b>				
Nuclear	8,73 ± 1,82	10,00±2,28	-2,893	,008
Extended	8,81 ± 2,25	10,36±1,96	-1,804	,101
<b>Residence lived for longest duration</b>				
City	8,63±1,64	9,94±2,43	-2,385	,028
County	8,71±2,30	10,57±2,20	-2,370	,034
Village-District	9,00±1,87	10,00±1,00	-1,581	,189
<b>Income Status</b>				
Low Income.	8,25±2,21	10,00±2,94	-,692	,539
Equal Income-Expenses	8,71±1,97	10,00±2,19	-3,231	,003
High Income	9,00±1,41	11,16±1,72	-2,291	,071
<b>Educational Status of Mother</b>				
Not Literate	9,66±1,52	9,00±2,00	,400	,728
Primary School	8,26±1,86	10,43±1,97	-4,554	,000
Secondary School	9,00±1,63	9,85±3,13	-,795	,457
High School	9,00±1,63	9,50±1,73	-,480	,664
<b>Educational Status of Father</b>				
Primary School	8,06±1,57	10,33±2,05	-3,846	,002
Secondary School	9,10±2,18	10,10±2,07	-1,168	,273
High School	9,75±2,12	10,87±2,16	-1,468	,185
University	8,20±1,09	8,80±2,86	-,429	,690

The average number of sub-dimension scores for recognizing the physical symptoms of violence against women increased at significant levels in both men and women. Meanwhile, it was also determined that the average score of the scale increased at significant levels in those who had nuclear families, those who lived in the city and county, those who had equal income and expenses, and those whose parents had primary school education ( $p<.05$ ) (Table 3).

**Table 4. The Distribution of Some Variables of The Students and Their Scores in Emotional Symptoms Sub-Dimension Before and After The Course**

Variables	Emotional Symptoms			
	Before $\bar{X} \pm SD$	After $\bar{X} \pm SD$	t/F	p
<b>Gender</b>				
Female	13,17 ±2,40	15,39 ±2,65	-3,804	,001
Male	11,73 ±2,78	13,86 ±3,13	-1,988	,067
<b>Family Type</b>				
Nuclear	12,88± 2,25	14,76±2,86	-3,462	,002
Extended	11,81 ±3,42	14,54±3,14	-1,964	,078
<b>Residence lived for longest duration</b>				
City	12,73±2,57	14,78±2,78	-3,452	,003
County	12,35±2,95	15,14±2,62	-2,616	,021
Village-District	12,80±2,28	13,80±4,43	-,520	,631
<b>Income Status</b>				
Low Income.	13,00±1,41	15,25±3,09	-2,635	,078
Equal Income-Expenses	12,53±2,74	14,28±3,00	-2,644	,013
High Income	12,66±3,01	16,83±1,32	-3,408	,019
<b>Educational Status of Mother</b>				
Not Literate	13,00±5,00	14,33±1,15	-,571	,625
Primary School	12,13±2,58	14,91±2,89	-3,913	,001
Secondary School	13,85±1,57	14,14±4,01	-,222	,832
High School	11,75±1,25	14,75±2,36	-2,598	,081
<b>Educational Status of Father</b>				
Primary School	12,46±2,97	14,93±2,40	-2,811	,014
Secondary School	12,40±2,45	14,60±3,37	-2,369	,042
High School	13,12±2,90	16,12±2,47	-2,646	,033
University	12,60±1,94	12,60±3,50	,000	1,000

The average score for recognizing the emotional symptoms of violence against women was different at significant levels in those who were female, who had elementary family, who lived in the city province and county, those who had equal income and expenses balance and those whose income was more, and those whose mothers were primary school-graduates. The average emotional symptom recognition scores received by the students at all education levels of fathers -except university graduates- were found to be high ( $p<.05$ ) (Table 4).

#### **4. DISCUSSION AND CONCLUSIONS**

In the present study, which assessed the effect of forensic nursing course on the nursing students in recognizing the symptoms of violence against women, the total scores and sub-dimension scores of the students in SRSVWNM increased after the course (Table 1). The role of healthcare employees in preventing and intervening violence against women has vital importance. Healthcare institutions are often referred to by women who face violence. For this reason, the knowledge, attitudes and behaviors of healthcare employees in violence against women are important (9,14-16). Gökdoğan et al. (2003) reported that forensic nursing education must be included in undergraduate and in-service trainings (17). In a study that was conducted by Haggblom and Möller (2005), it was determined that the trained nurses were more successful in interventions for violence against women (18). McGibbon and McPherson (2006) reported that healthcare professionals must be effective in creating a safe environment without violence, and in identifying and preventing violence; and for this reason, there must be a well-planned training program until graduation (19). A study that was conducted by Yazıcı & Mamuk (2010) reported that most of healthcare employees wanted to be trained to detect violence against women (20).

Although the average score in the Scale for Recognizing the Signs of Violence against Women by Nurses and Midwives (SRSVWNM) and average sub-dimension scores in recognizing physical symptoms of violence were

initially higher in women than in men, after the course, these scores increased both in women and in men (Table 2, Table 3). In a study conducted by Tambağ & Turan (2015), it was reported that the recognition scores of female students for symptoms of violence against women were higher than male students (21). According to Majumdar (2004), female students consider violence against women as a matter of women issue, and for this reason, approach it more sensitively than male students (22). This finding of our study is parallel to the literature.

In the present study, the average score in the recognizing the emotional symptoms of violence against women sub-dimension increased in women after the course (Table 4). It is considered that the women identity empathized with the violence against their own gender, and for this reason, a significant increase appeared compared to males.

The average score in the Scale for Recognizing the Signs of Violence against Women by Nurses and Midwives (SRSVWNM), the average score recognizing the physical symptoms sub-dimension, and in the sub-dimension of recognizing the emotional symptoms increased in those who had nuclear families after the course (Table 2, Table 3, Table 4). There are studies reporting that violence against women is more common in large families than in nuclear families (23-25). It is considered that the fact that the students who lived in large families faced violence against women and consider it as a normal phenomenon, and those who lived in nuclear families facing less violence has caused that they considered violence as an abnormal and traumatic; and therefore, there was significant increase compared to the students living in large families.

In the study, the average scores in the recognizing the physical symptoms of violence against women sub-dimension and recognizing the emotional symptoms sub-dimension increased after the course in individuals whose mothers were primary school-graduates (Table 3, Table 4). Studies conducted in our country and in other countries report that women who

have low education levels are exposed more to domestic violence, and as the education levels become higher, the level of exposure to violence of women decrease (26-28). When it is considered that education is an important factor helping women develop self-respect and increasing their self-confidence, it is seen that the awareness of students with educated mothers on violence against women is already good, and the students whose mothers were primary school-graduates increased this awareness with the course.

The results of our study, which was conducted to determine the effect of forensic nursing students on recognizing the symptoms of violence against women, are given in this section. In the study, it was determined that the average sub-dimension score in the recognizing the symptoms of violence against women sub-dimension, and in the recognizing physical symptoms sub-dimension was high at significant level in both genders, it was determined that the average score in recognizing emotional symptoms showed a significant increase in women. Significant increases were detected in the sub-dimensions of recognizing the violence against women, and the emotional and physical symptoms of violence against women in students who had nuclear family, who lived in the city and county, and in those who had equal income/expenditure levels, and whose parents had low levels of education.

As a result, it was determined that the forensic nursing course increased the nurses' recognition of the symptoms of violence against women within the limitations of the study.

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