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BANDIRMA ONYEDİ EYLÜL ÜNİVERSİTESİ SAĞLIK BİLİMLERİ VE ARAŞTIRMALARI DERGİSİ
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# Nursing Students' Knowledge and Attitudes Towards Violence Against Women

## *Hemşirelik Öğrencilerinin Kadına Yönelik Şiddete Yönelik Bilgi ve Tutumları*

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***ABSTRACT***

***Aim:*** *The positive attitudes of nursing students about violence against women and the high level of knowledge are related to the cases they encounter in their professional lives; they need to provide appropriate, timely, and adequate care. This study seeks to determine the knowledge and attitudes of nursing students at different grades on violence against women.*

***Material and Method:*** *This descriptive-cross sectional study was conducted in the nursing department of a university in Türkiye. The research involved a sample of n=439 nursing students. Parametric and non-parametric tests were used.*

***Results:*** *It has been observed that women, people living in cities and large cities have a positive level of knowledge and attitudes about violence against women. Being a woman, wanting to receive training on violence against women, and living in a metropolis have a significant and positive effect on attitudes against violence. There is no correlation between attitudes towards violence and the grade level.*

***Conclusion:*** *It is important to use effective teaching methods in nursing education to have positive attitudes and knowledge on violence against women. Permanent learning can provide effective intervention against violence against women in the professional professional lives of nursing students.*

***Keywords:*** *Attitudes, Knowledge, Nursing Student, Women, Violence*

***ÖZET***

***Amaç:*** *Hemşirelik öğrencilerinin kadına yönelik şiddete ilişkin tutumlarının olumlu ve bilgi düzeyinin yüksek olması, profesyonel meslek hayatlarında karşılaşacakları kadına yönelik şiddet vakalarına uygun, zamanında ve yeterli bakım sunabilmeleri için önemlidir. Bu çalışmada, farklı sınıflarda öğrenim gören hemşirelik öğrencilerinin kadına yönelik şiddet konusundaki bilgi ve tutumlarını belirlemek amaçlanmıştır.*

***Gereç ve Yöntem:*** *Bu tanımlayıcı - kesitsel çalışma, Türkiye'deki bir üniversitenin hemşirelik bölümünde gerçekleştirilmiştir. Çalışma, n=439 hemşirelik öğrencisiyle tamamlanmıştır. Parametrik ve non-parmetrik testler kullanılmıştır.*

***Bulgular:*** *Kadınların, şehirde veya büyük şehirlerde yaşayanların kadına yönelik şiddet konusundaki bilgi ve tutumları pozitift düzeydedir. Kadın olmak, kadına yönelik şiddet konusunda eğitim almak istemek ve metropolde yaşamak, şiddete karşı olumlu tutumlar üzerinde önemli olumlu bir etkiye sahiptir. Sınıf düzeyi ile şiddete karşı tutumlar arasında ilişki bulunmamaktadır.*

***Sonuç:*** *Sürekli öğrenme, hemşirelik öğrencilerinin profesyonel yaşamlarında kadına yönelik şiddetin önlenmesinde önemli bir rol oynayabilir. Çalışma sonuçlarına göre, hemşirelik öğrencilerinin eğitim programlarına kadına yönelik şiddet konusunda içerik eklenmesi ve bilinçlendirme etkinlikleri düzenlenmesi önerilir.*

***Anahtar kelimeler:*** *Tutumlar, Bilgi, Hemşirelik Öğrencisi, Kadınlar, Şiddet*

## INTRODUCTION

The World Health Organization, defined violence against women as "any kind of sex-based attitude and action limiting private/public life that hurts or may hurt women physically, psychologically, economically and emotionally" (WHO, 2022). Violence against women includes many treatments changing by culture such as neglect, abuse, female circumcision, honor killing, virginity control, and child marriage (Aksoy et al., 2018). There are some risk factors in committing violence against women. These risk factors include economic insufficiency, low education level, alcohol and substance abuse, history of violence of a woman or a man, excessive jealousy of the spouse, and being a divorced woman (Aksoy et al., 2018; Yüksel et al., 2014). The assumed reasons for violence against women include men striving to dominate their spouses within the family or they punish their wives because they are not good spouses (Bugay et al., 2021; WHO, 2022) being only a woman, community's sense of honor and taking women as a financial burden to the family at the societal level (Bükecik & Özkan, 2018). These problems cause substance abuse, growth retardation, anxiety, post-traumatic stress disorder, suicide, etc. in women (WHO, 2022).

Of the women worldwide, 33% are subject to physical or sexual violence by their partners or people other than their partners. Those who commit violence comprise women's partners (38%) and people other than their partners (7%) (WHO, 2022). In Türkiye (2020), 36% of women are subject to physical violence, 12% are subject to sexual violence, 44% are subject to emotional violence and 37% are subject to economic violence at some point in their life (Yüksel et al., 2014). Women who are subject to violence feel ashamed, blame themselves, and mostly do not denounce these attacks (Procentese et al., 2019).

Nurses who provide care at every step of health service to individuals, families, and society are generally the first healthcare professionals who encounter victims of violence. Thus, nurses should be aware of and sensitive to violence against women (Procentese et al., 2019). They should consider individuals' cultural features while fulfilling the duties of identifying the victims of violence, encouraging them to express their problems, providing privacy and security, collecting objective data, and referring to other professionals and support systems in necessary cases in line with ethical and professional principles. They should provide specific nursing interventions to every woman (Alshammari et al., 2018; Bükecik & Özkan, 2018). Identification of violence against women by nurses and thus planning nursing care are related to their knowledge of violence, perception, and attitudes (Aksoy et al., 2018). The studies indicate that nursing training cannot meet the needs of individuals subject to violence regarding the issues on violence against women and underline knowledge, attitudes and insufficient skills of nursing students on violence against women (Bugay et al., 2021; Burton et al., 2022). The lack of education, knowledge, and experience in violence against women can cause healthcare professionals to blame violence victims and make them feel guiltier and ashamed (Chakraborty et al., 2022). Therefore, it is necessary to carry out serious studies to improve nursing students' knowledge, perceptions, and attitudes towards violence. The results of this study can provide information about the deficiencies in the nursing curriculum (Burton et al., 2022). Studies that measure the knowledge and attitudes of nurses and physicians about violence against women together have been ratified (Özcan & Ceviz, 2022; Öztürk & Toprak, 2017). However, although there are studies conducted with nurses and nursing students that measure attitudes, knowledge or awareness towards women (Aktaş et al., 2019; Bugay et al., 2021; Procentese et al., 2019), there is no study that measures knowledge and attitudes about violence against women together.

Overcoming the deficiencies can contribute to increasing the quality of care for women subject to violence. This study seeks to determine the knowledge and attitudes of nursing students at different grades on violence against women.

### Research Questions

1. What are nursing students' knowledge levels on violence against women?

2. What are nursing students' attitude levels on violence against women?

3. Does nursing students' knowledge vary based on their certain demographic information?

4. Do nursing students' attitudes vary based on their certain demographic information?

## MATERIAL AND METHOD

### Research Type

This study was designed as a descriptive – cross-sectional study.

### Study Population and Sample

It was carried out during the fall semester of the 2019-2020 academic year, involving nursing students at a state university situated in the northwest region of Türkiye. A total of n=615 nursing students appear to be enrolled at the time of the study (from 20.12.2019 to 08.02.2020). Nursing students who volunteered to participate in this study and attended classes regularly were included. In this study, n=33 of the students were absent and n=50 students refused to participate in the study. The sample group of this study was determined as n=532. The study group consisted of 439 (%83) students who approved to take part in the study and filled out the questionnaires. A total of 83 students were not included in the study as some of them were absent (n=33) and the others did not approve to participate (n=50). A total of 52 incomplete questionnaire forms and 40 pilot study forms were not included in the evaluation.

### Procedure

The preliminary study was conducted with 40 nursing students taking 10 students from each grade level. In the preliminary administration, word correction was made in a question about knowing the procedure for violence. The preliminary administration results were not included in the statistical analyses. During the administration, the researcher informed the participants about the aim and expectations of the study, pointing that participation was not obligatory. The students who voluntarily accepted to take part in the study were distributed the questionnaires. After filling them out, the students handed them to the researcher. Filling out the questionnaire took approximately 15-20 minutes. To prevent interaction, the students were seated as one in every two desks.

### Data Collection Tools

The data were collected using a personal information form, the ISKEBE Domestic Violence against Women Attitude Scale and the Scale for Nurses and Midwives to Determine the Symptoms of Violence against Women (SNMDSVAW).

***Personal Information Form:*** The researchers reviewed the literature (Alshammari et al., 2018; Huecker & Smock, 2020; Procentese et al., 2019; Tok & Mayda, 2021) and prepared 12 survey questions consisting two parts. The first part comprises 7 questions including descriptive information such as age, gender and marital status. The second part comprises 3 questions about experiencing violence and committing violence. The scope validity index of the personal information form is 0.90.

***The ISKEBE Violence Against Women Attitude Scale:*** developed by Yalçın Kanbay in 2017, consists of two factors and 30 items. It is a five-point Likert scale, with two subscales: "Attitudes towards Body" (16 items) and "Attitudes towards Identity" (14 items). Two items (5 and 24) are reverse-scored. The scale is scored from 1 to 5, with higher scores indicating opposition to violence against women and lower scores indicating non-opposition. The total scale score is obtained by summing the scores from the two factors. The Cronbach's alpha for the first factor is 0.80, for the second factor is 0.83, and for the overall scale is 0.86. In this study, the Cronbach's alpha of the ISKEBE attitude scale was found to be 0.93. The scale can be used with individuals aged 15 to 65, who have at least a primary school education (Kanbay et al., 2017). In this study, the Cronbach's alpha of ISKEBE attitude scale was found to be 0.93.

***Scale for Nurses And Midwives to Determine the Symptoms of Violence against Women (SNMDSVAW):*** The scale which was developed by Arabacı-Baysan and Karadağlı in 2006 consists of 31 items in total. It has two subscales that are "physical symptoms" and emotional symptoms". The items 1, 2, 25, 27, 28 and those between 4 and 11 are related to physical symptoms and 3, 26 and those between 12 and 24 and between 29 and 31 are related to emotional symptoms. The items in the scale are answered as "correct" and "wrong". For the positive statements (items 1, 3, 4, 5, 7, 10, 12, 16, 17, 18, 20, 21, 22, 24, 25, 26, 27, 28, 29), the correct ones are scored as "1" and the wrong ones are scored as "0"; whereas the exact opposite is applied for the negative statements (items 2, 6, 8, 9, 11, 13, 14, 15, 19, 23, 30, 31) which is "0" for the correct answers and "1" for the wrong answers. The total score obtainable from the scale is 0 to 31, while it is 0 to 13 for physical symptoms subscale and 0 to 18 for emotional symptoms. A higher score increases knowledge of identifying signs of

violence against women. The Cronbach's Alpha coefficient is 0.76 in the validity and reliability study of the scale (Baysan-Arabacı & Karadağlı, 2006). The Cronbach's Alpha of this study was found to be 0.52.

### Ethics Consideration

The study received approval from the relevant institution, and written consent was obtained from all participants. Ethical clearance for the study was obtained from the Human Research Ethics Committee of a university with research ethics committee approval number (Date: 12.11.2019, and Approval No: 2020/01). All procedures adhered to the ethical standards set by the responsible committee for human experimentation and were in line with the principles outlined in the Helsinki Declaration.

### Data Analysis

A statistical software was used to analyze the data obtained from the data collection tool. "In the process of developing "the personal information form", the dawis technique was used in the calculation of the scope validity index and above 0.80 was accepted as appropriate (Esin, 2014). The mean and standard deviation were used in the statistics of the scores from age, level of income and the scales. Descriptive analyses of the scores from the scales were made using maximum-minimum, arithmetic mean and standard deviation. The percentage and frequency values were used in the statistics of the data such as gender, previous education, experiencing violence, etc. The normality distribution of variables was assessed using histogram graph and Skewness- Kurtosis. The t-test and One Way ANOVA were used for the normal distributed data, while Kruskal-Wallis and Mann-Whitney U tests were used for non-normally distributed data. To determine the difference among three groups or more, the post-hoc Bonferroni tests were used. A correlation analysis was made to determine the relationship between students' knowledge on and attitudes towards violence against women. To determine the attitude explanation rate of students' knowledge level on violence against women, the Spearman correlation analysis was used. The findings were at 95% confidence interval and $p<0.05$ level.

## RESULTS

### *Demographic Characteristics*

The mean age of nursing students was 20.4±1.8. Of the participating students, 81 (18.5%) were male and 139 (31.8%) were 3rd grade students. Of the students, 208 (47.4%) lived in the city center/county town for the longest time. Of them, 19 (4.3%) received training or participated in certification program of domestic violence against women. Of them, 104 (23.7%) knew the procedures to be followed in case of violence against women or suspicion of violence. Of them, 393 (89.5%) stated that they wanted to receive training on violence against women (Table 1).

**Table 1. Data on the Demographic Characteristics of the Students**

| Demographic | n | (%) |
|---|---|---|
| **Age X̄±SD** 20.4 ± 1.8 | | |
| **Gender** | | |
| Female | 385 | 81.5 |
| Male | 81 | 18.5 |
| **Receiving training/certificate on domestic violence** | | |
| Yes | 19 | 4.3 |
| No | 420 | 95.7 |
| **Knowing the procedures in case of violence against women or suspicion of violence** | | |
| Yes | 104 | 23.7 |
| No | 335 | 76.3 |
| **Willingness to receive training on violence against women** | | |
| Yes | 393 | 89.5 |
| No | 46 | 10.5 |
| **The residence lived for the longest time** | | |
| Village-town (1) | 59 | 13.4 |
| Province-district (2) | 208 | 47.4 |
| Metropolis (3) | 172 | 39.2 |
| **Grade level** | | |
| 1st grade | 127 | 28.9 |
| 2nd grade | 98 | 22.3 |
| 3rd grade | 139 | 31.8 |
| 4th grade | 75 | 17.0 |

X̄ ± SD: Mean ± Standart deviation

### *Types of violence that nursing students are exposed to*

Table 2 shows that 47 (10.7%) of the students were subject to physical violence, 7 (1.6%) sexual violence, 75 (17.1%) emotional violence and 20 (4.6%) economic violence within the family. Of them, 18 (4.1%) were subject to physical violence, 92 (21.0%) sexual violence, 12 (2.7%) emotional and economic violence in the society.

Of the students, 20 (4.6%) committed physical violence, 1 (0.2%) sexual violence, 28 (6.4%) emotional violence and 3 (0.3%) economic violence**.**

**Table 2. Nursing Students' Being Subject to Violence and Committing Violence (n=439)**

| | Being subject to violence | | Committing violence |
|---|---|---|---|
| | Within family n (%) | In the society n (%) | Within family n (%) |
| **Physical violence** | | | |
| Yes | 47 (10.7) | 18 (4.1) | 20 (4.6) |
| No | 392 (89.3) | 421 (95.9) | 419 (95.4) |
| **Sexual violence** | | | |
| Yes | 7 (1.6) | 92 (21.0) | 1 (0.2) |
| No | 432 (98.4) | 347 (79.0) | 438 (99.8) |
| **Emotional violence** | | | |
| Yes | 75 (17.1) | 12 (2.7) | 28 (6.4) |
| No | 364 (82.9) | 427 (97.3) | 411 (93.6) |
| **Economic violence** | | | |
| Yes | 20 (4.6) | 12 (2.7) | 3 (0.3) |
| No | 419 (95.4) | 427 (97.3) | 436 (99.3) |

Since there is no information about students' violence against society, the table shows only their domestic violence.

***Attitudes Towards Violence and Recognizing Violence***

According to Table 3, the students' mean total score from the ISKEBE Violence against Women Attitude Scale was 133.87 ± 14.4 the mean score from the "attitudes towards body" subscale was 76.65 ± 6.2 and the mean score from the "attitudes towards identity" subscale was 57.21 ± 9.8. The students' mean total score from the SNMDSVAW was 19.87 ± 3.4, mean score from the "physical symptoms" subscale was 7.89 ± 1.7 and the mean score from the "emotional symptoms" subscale was 11.98 ± 4.5.

**Table 3. ISKEBE Violence Against Women Attitude Scale - SNMDSVAW Sub-Factors and Mean Total Score (n=439)**

| Sub Factors/Scale | Median (min-max) | $\bar{X}$ ± SD | Skewness | Kurtosis |
|---|---|---|---|---|
| **ISKEBE Violence against Women Attitude Scale** | | | | |
| **Attitudes towards Body** | 80 (16-80) | 76.65 ± 6.2 | -2.779 | 9.170 |
| **Attitudes towards Identity** | 60 (16-70) | 57.21 ± 9.8 | 1.213 | 1.293 |
| **Total Scale Score** | 139 (32-150) | 133.87 ± 14.4 | -1.517 | 2.165 |
| **SNMDSVAW** | | | | |
| **Physical Symptoms** | 8 (3-13) | 7.89 ± 1.7 | 0.020 | 0.048 |
| **Emotional Symptoms** | 12 (5-17) | 11.98 ± 4.5 | 0.24 | 0.47 |
| **Total Scale Score** | 20 (9-30) | 19.87 ± 3.4 | -0.435 | -0.136 |

***The Relationship Between Attitude and Recognition of Violence***

Table 4 shows the correlation analysis results between ISKEBE Violence against Women Attitude Scale and SNMDSVAW and its subscales. A very weak and positive correlation was found between the total score of SNMDSVAW and the attitudes towards body subscale (r=0.166, p<0.001) and attitudes towards identity subscale (r=0.223, p<0.001). However, there was a positive, significant and weak correlation between SNMDSVAW total score and ISKEBE attitude scale total score (r=0.237, p<0.001). There was a positive, significant and weak correlation between SNMDSVAW emotional symptoms and attitudes towards body (r=0.215, p<0.001), attitudes towards identity (r=0.269, p<0.001) and ISKEBE Violence against Women Attitude Scale total score (r=0.237, p<0.001). There was no correlation between SNMDSVAW physical symptoms and attitudes towards body (r=0.03, p>0.05), attitudes towards identity (r=0.055, p>0.05) and ISKEBE Violence against Women Attitude Scale total score (r=0.064, p>0.05).

**Table 4. Correlation Between the ISKEBE Violence Against Women Attitude Scale and SNMDSVAW (n=439)**

| | Physical Symptoms** | Emotional Symptoms** | SNMDSVAW Scale Total Score** |
|---|---|---|---|
| **Attitudes towards Body** | 0.030 | 0.055 | 0.064 |
| **Attitudes towards Identity **** | 0.215* | 0.269* | 0.284* |
| **ISKEBE Attitude Scale Total Score **** | 0.166* | 0.223* | 0.237* |

*p<0.001, **Spearman correlation

X̄±SD= Mean±Standard Deviation

***Comparison of Attitudes Towards Violence, Recognizing Violence and Demographic Characteristics***

According to Table 5, women, those who want to receive training on violence against women and those living in metropolis for the longest time have positive effect on attitudes towards violence (p<0.005). On the other hand, there is no correlation between those who did not have training or certificate on domestic violence, those who did not know the procedure in case of violence against women, and grade level and the attitude score (p>0.005).

**Table 5. Comparison of the Students' Demographic Attributes, ISKEBE Violence Against Women Attitude Scale (n=439)**

| Demographic Attributes | ISKEBE Violence against Women Attitude Scale | | | | | |
|---|---|---|---|---|---|---|
| | Attitudes towards Body | | Attitudes towards Identity | | Scale Total | |
| | MR | RT | MR | RT | MR | RT |
| **Gender** | | | | | | |
| Female | 233.78 | 83694.00 | 242.50 | 120.57 | 241.18 | 86341.00 |
| Male | 159.09 | 12886.00 | 86814.00 | 9766.00 | 126.41 | 10239.00 |
| Statistics | U=9565.000*, Z=-5.144, p=0.0001 | | U=6445.000*, Z=-7.818, p=0.0001 | | U=6918.000*, Z=-7.357, p=0.0001 | |
| **Receiving training/certificate on domestic violence** | | | | | | |
| Yes | 207.42 | 3941.00 | 179.76 | 3415.50 | 183.50 | 3486.50 |
| No | 220.57 | 92639.00 | 221.82 | 93164.50 | 221.65 | 93093.50 |
| Statistics | U=3751.000*, Z=-.475, p=0.635 | | U=3225.500*, Z=-1.415, p=0.157 | | U=3296.500*, Z=-1.283, p=0.200 | |
| **Knowing the procedures in case of violence against women or suspicion of violence** | | | | | | |
| Yes | 207.71 | 21602.00 | 217.39 | 22609.00 | 217.39 | 22609.00 |
| No | 223.81 | 74978.00 | 220.81 | 73971.00 | 220.81 | 73971.00 |
| Statistics | U=16142.000*, Z=-1.216, p=0.224 | | U=17149.000*, Z=-.240, p=0.810 | | U=16966.000*, Z=-.402, p=0.688 | |
| **Willingness to receive training on violence against women** | | | | | | |
| Yes | 223.70 | 87916.00 | 223.89 | 87989.50 | 224.23 | 88123.00 |
| No | 188.35 | 8664.00 | 186.75 | 8590.50 | 183.85 | 8457.00 |
| Statistics | U=7583.000*, Z=-1.923, p=0.055 | | U=7509.500*,Z=-1.880, p=0.60 | | U=7376.000*, Z=-2.044, p=0.041 | |
| | Mean rank | | Mean rank | | Mean rank | |
| **The residence lived for the longest time** | | | | | | |
| Village-town (1) | 174.38 | | 183.07 | | 179.51 | |
| Province-district (2) | 224.00 | | 220.08 | | 221.13 | |
| Metropolis (3) | 230.82 | | 232.57 | | 232.53 | |
| Statistics | $\chi2$= 10.500**, df=2 p=0.005 | | $\chi2$=6.700**, df=2 p=0.035 | | $\chi2$=7.713**, df=2, p=0.021 | |
| *Tukey test* | 1<2.3 | | 1<3 | | 1<3 | |
| **Grade level** | | | | | | |
| 1st grade | 207.70 | | 206.70 | | 206.20 | |
| 2nd grade | 218.87 | | 212.42 | | 211.52 | |
| 3rd grade | 237.45 | | 242.54 | | 242.85 | |
| 4th grade | 209.97 | | 210.66 | | 212.12 | |
| Statistics | $\chi2$=4.969**, df=3,p=0.174 | | $\chi2$=6.550**, df=3,p=0.088 | | $\chi2$=6.747**, df=3,p=0.080 | |

* Mann Whitney U,** Kruskal Wallis test, MR=Mean rank, RT=Rank total,

**Table 6. Comparison of the Students' Demographic Attributes and SNMDSVAW (n=439)**

| Demographic Attributes | SNMDSVAW | | | | | |
|---|---|---|---|---|---|---|
| | Physical Symptoms | | Emotional Symptoms | | Scale Total | |
| | X̄ | SD | X̄ | SD | X̄ | SD |
| **Gender** | | | | | | |
| Female | 7.94 | 1.6 | 12.23 | 2.5 | 20.18 | 3.4 |
| Male | 7.64 | 1.7 | 10.90 | 2.3 | 18.54 | 3.2 |
| Statistics | t=1.426*, df=116.238,p=0.157 | | t=4.538*, df=125.647, p=0.0001 | | t=4.002*, df=123.209,p=0.0001 | |
| **Receiving training/certificate on domestic violence** | | | | | | |
| Yes | 7.45 | 2.1 | 11.50 | 2.8 | 18.95 | 4.0 |
| No | 7.91 | 1.6 | 12.09 | 2.5 | 19.92 | 3.4 |
| Statistics | t=-1.368*, df=437,p=0.172 | | t=-0.804*, df=9.306,p=0.431 | | t=-1.136* ,df=19.178,p=0.270 | |
| **Knowing the procedures in case of violence against women or suspicion of violence** | | | | | | |
| Yes | 7.50 | 1.7 | 11.60 | 2.5 | 19.10 | 3.5 |
| No | 8.01 | 1.6 | 12.10 | 2.5 | 20.11 | 3.4 |
| Statistics | t =-2.632*, df=165.450,p=0.009 | | t=-1.727*, df=168.299,p=0.086 | | t =-2.553*, df=165,676,p=0.012 | |
| **Willingness to receive training on violence against women** | | | | | | |
| Yes | 7.93 | 1.7 | 12.06 | 2.5 | 19.99 | 3.4 |
| No | 7.52 | 1.8 | 11.34 | 2.7 | 18.86 | 4.1 |
| Statistics | t=1.471*, df=54.554,p=0.147 | | t=1.661*,df=53.949,p=0.103 | | t=2.080*,df=437,p=0.038 | |
| **The residence lived for the longest time** | | | | | | |
| Village-town (1) | 11.72 | 2.4 | 11.72 | 2.4 | 19.77 | 3.2 |
| Province-district (2) | 12.05 | 2.4 | 12.05 | 2.4 | 19.98 | 3.3 |
| Metropolis (3) | 11.98 | 2.7 | 11.98 | 2.7 | 19.78 | 3.6 |
| Statistics | F=0.560** ,df=2, p=0.572 | | F=0.382**, df=2, p=0.683 | | F=0.560**, df=2, p=0.572 | |
| **Grade level** | | | | | | |
| 1st grade | 7.31 | 1.5 | 11.52 | 2.6 | 18.84 | 3.4 |
| 2nd grade | 8.01 | 1.7 | 11.79 | 2.6 | 19.80 | 3.7 |
| 3rd grade | 8.04 | 1.5 | 12.34 | 2.4 | 20.39 | 3.2 |
| 4th grade | 7.89 | 1.7 | 12.34 | 2.3 | 20.77 | 3.2 |
| Statistics | F=8.233**, df=3,p=0.0001 | | F= 3.013**, df=3,p=0.030 | | F=6.659**, df=3,p=0.0001 | |
| Bonferroni Test | 1<2,3,4 | | 1<3 | | 1<3,4 | |

* Independent t-test, ** One way ANOVA, SD: Standard Deviation, X̄:Mean

According to Table 6, the total scores of those who did not know the procedure in case of violence against women compared to those who did; those wanted to receive training on violence against women compared to those who did not; and identification of the 3rd and 4th grade students of violence against women compared to the 1st grade students were found to be significantly higher ($p<0.005$). However, there was no significant correlation between the scores on receiving a certificate or training on violence against women, the residence lived for the longest time and SNMDSVAW (Table 4) ($p<0.05$).

## DISCUSSION

This study, which aimed to determine knowledge and attitudes of nursing students on violence against women, found that the students were basically against violence against women and were able to identify the signs of violence. The related studies conducted with nursing students in Türkiye. have different results. Some of them show that nursing students' attitudes towards violence against women are positive and their knowledge is high (Durduran et al., 2021; Şahin et al., 2019), while others show negative attitudes and have low level of knowledge (Aregger Lundh et al., 2023; Chakraborty et al., 2022). Differences of the results can be related to the regions where the study was conducted. For instance, this study was conducted at a nursing school near metropolitan cities in the Western Black Sea region of Türkiye. The difference between the area of residence and the scores from knowledge of and attitude towards violence is expectable for different regions both in Türkiye and around the world. Different regions, cultures, lifestyles, beliefs, and the content of education system constitute attitudes and knowledge of people on violence (Chakraborty et al., 2022; Sheikhbardsiri

et al., 2020). The fact that the students living in the village for the longest time show negative attitudes towards violence supports this idea. The studies conducted with midwifery and nursing students in Türkiye show that nursing students living in the city/metropolis for the longest time have more positive attitudes than those living in villages (Chakraborty et al., 2022). The small and homogeneous population of the villages and close communications facilitate transmission of traditional attitudes across generations. Traditional attitudes may sometimes manifest as negative attitudes towards violence against women in small areas of residence.

In this study, male students' knowledge of violence against women is lower and their attitudes are negative compared to girls. Some studies emphasize that male students are more sexist than females, they are advantageous at all levels of society, and approve more honor killings and domestic violence (Bugay et al., 2021; Chakraborty et al., 2022). There are various study results between attitudes and symptom identification skills and scores regarding gender and violence against women (Aksoy et al., 2018; Chakraborty et al., 2022; Kaya et al., 2022). These differences among several studies can be deemed a result of the attitudes towards violence against women of the society where people have grown up. However, as indicated in this study and other studies with similar results (Bugay et al., 2021; Chakraborty et al., 2022), it is remarkable that male students are more sexist than female students and tend more to approve violence against women. Male nursing students need a long training process and special effort to adopt professional skills on violence against women and to change their negative approach. It is important that male students do not convey their negative attitudes and insufficient knowledge to their professional life.

Nursing students define the symptoms of violence (physical, emotional) at medium level in this study. Unlike this study, Aregger et al. (2023) stated that the way students identify women exposed to violence is about knowing physical symptoms and they have difficulty in identifying invisible situations (Aregger Lundh et al., 2023). Kahyaoğlu Süt and Akyüz (2016) stated that nursing students' level of identifying physical violence symptoms is around 80% and their level of identifying emotional violence symptoms is around 15%. The reason why nursing students have high ability to identify signs of violence may be that they received the elective course of "sexual health" besides the "nursing course on obstetrics and gynecology" (Kahyaoğlu-Süt & Akyüz, 2016). In this course, such subjects as gender, sexual violence, and sexual myths can be effective in them to identify the signs of violence against women and to increase their sensitivity. Kaya et al. (2022) have revealed that sexual health course reduce sexual myth of nursing students (Kaya et al., 2022). At this point, it is expected and desirable for nursing students to increase their awareness of physical and emotional violence.

As the educational level of nursing students increased, their scores on violence against women increased in this study. The studie conducted Shaqiqi et al. (2022) with nursing and midwifery students indicate that as the grade level is higher, the knowledge scores on violence against women increase, which supports this study (Shaqiqi et al., 2022). It is not surprising that the level of knowledge increases as students' educational experience on violence against women increases. However, undergraduate education on nursing can mostly be effective at medium level or insufficient in increasing the knowledge on violence against women, developing positive attitudes towards violence and improving intervention skills in violence cases (Kara et al., 2018; Procentese et al., 2019). This study has not found any correlation in the grade level and attitudes towards violence scores of nursing students. However, some studies conducted with students of faculty of health sciences have reported that positive attitudes towards violence increase, as the grade level increases (Aksoy et al., 2018; Aktaş et al., 2019). Courses, laboratories and internship can be a good opportunity for nursing students to have positive attitudes towards violence and increase level of knowledge. However, density of the nursing curriculum, reluctance of students to receive education, crowded classrooms and inadequacy of the educational content come into question. These negative situations have a negative effect on promoting attitudes of nursing students towards violence against women and on their managing skills in identifying women who are subject to violence and in managing the processes correctly (Chakraborty et al., 2022; Kanbay et al., 2017).

**Limitations**

This study is limited to nursing students. Violence against women is a health problem on which many professionals work together. In this sense,

the study can be further extended to larger samples and different health professionals (such departments as faculty of medicine, dietary, physical therapy and rehabilitation, etc.). One of the limitations of this study is the survey. In such studies, the questions are likely to be answered prejudicedly or in accordance with the purposes of the research. Therefore, qualitative studies that allow to have in-depth data can be conducted.

## CONCLUSION

As a result of this study, 15% of nursing students were exposed to physical violence in family or social life, 22.6% were exposed to sexual violence and 20% were exposed to emotional violence. Nursing students' attitudes and knowledge about violence against women are at a moderate level. As the level of knowledge of nursing students about violence against women increases, their attitudes increase positively. Male gender, reluctance to receive education and living in small cities and villages for a long time have been identified as risks for negative attitudes towards violence against women. Male gender was identified as the risk factor for the low level of knowledge about violence against women, not knowing the procedure in case of violence against women, being reluctant to receive education and studying in lower grades. Violence against women is a serious public health problem for both Türkiye and the world. The primary duties regarding violence against women in health institutions are of nurses. Nurses have critical duties in many steps from preventing violence to rehabilitation services. Nurses who have sufficient fund of knowledge and positive attitudes can manage the processes in the most accurate way. Although the applied education methods increase nursing students' knowledge, they cannot develop positive attitudes towards violence against women. Standard patient, simulation applications, creative drama, etc. methods which are effective teaching methods in nursing education can be used so that nursing students acquire sufficient knowledge about violence against women and develop positive attitudes.

### Ethics Committe Approval

Ethics committee approval was received for this study from the Bolu Abant İzzet Baysal Ethics Committee on Human Research in Social Sciences Ethics Committee (Date: 12.11.2019, and Approval No: 2020/01).

### Author Contributions

Idea/Concept: M.T.K., H.H.T.; Design: M.T.K., H.H.T.; Supervision/Consulting: M.T.K., H.H.T.; Analysis and/or Interpretation: M.T.K., H.H.T.; Literature Search: M.T.K.; Writing the Article: M.T.K., H.H.T.; Critical Review: M.T.K., H.H.T.

### Peer-review

Externally peer-reviewed.

### Conflict of Interest

The authors have no conflict of interest to declare.

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