

Original Article

Domestic violence experiences of university students

Ayfer GEMALMAZ¹, Serpil AYDIN²

¹Assist. Prof. Dr., ² Assoc. Prof. Dr., Department of Family Medicine, Faculty of Medicine, University of Adnan Menderes, Aydın, Turkey

Abstract

Domestic violence (DV) is a worldwide problem which is not easily recognized. Our aims were to call our students' attention to DV and abuse, and to increase their awareness and recognition and to compare the sociodemographic features, DV and abuse experiences between medical and educational sciences students. One hundred thirty-nine students completed the questionnaire. The mean age of the group was 20.1±1.4 years. Of the total, 66 students (47.5%) stated that they had been abused at least once during their lives. As violence and abuse rates are high, increasing the awareness and knowledge of medical and educational sciences students so they can identify abuse is very important.

Key words: domestic violence, medical education, students

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Introduction

Domestic violence (DV) is a worldwide problem which is not easily recognized. It is important for primary care (PC) physicians to identify DV as there is no absolute sign of it. The lifespan DV experience of a person is between 12-46% and only less than 10% of DV cases can be identified by their primary care doctors.¹ Medical school students are employed in PC just after their graduation in Turkey² so it is very important to call their attention to this issue. Physicians, who are educated or trained to recognize DV, are more likely to identify it, but in Turkey, physicians receive no education or training in DV during their medical education. Bethea confirms that about one million children have been abused³ so educational sciences students' awareness about this issue is very important. As primary school graduating is obligatory in Turkey, primary school teachers play an important role in identifying DV. Because abuse is often

unrecognized, it is very important to increase the awareness of the primary school teachers and doctors, who are often the first people to deal with victims of abuse. As there are no lectures on identifying DV in both schools, we consider it important to evaluate the attitudes and experiences of medical and educational sciences students about DV and abuse. We have to identify our students' habits, sociodemographic features and violence experiences because substance abuse, family disruption and past history of abuse can increase the risk of violence.⁴ Therefore, the aims of this study were:

- i. to compare the sociodemographic features, DV and abuse experiences between medical and educational sciences students
- ii. to evaluate the school violence experiences of the students prior to their university education
- iii. to call our students' attention to DV and abuse, and to increase their awareness and recognition

Methods

In this cross-sectional study, we distributed an anonymous, self-administered, and structured questionnaire containing 26 open- and closed-ended questions to a randomized sample of 20% of the students in

CORRESPONDING AUTHOR

Dr. Ayfer Gemalmaz

Ataturk Bulvari 45/7

09100 AYDIN/TURKEY

Phone: +90 256 215 14 50 (home)

+90 256 219 71 88 (office)

Fax: +90 256 214 40 86 (office)

E-mail Address: ayfer64@yahoo.com

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educational sciences and medical schools. The first part of the questionnaire consists of sociodemographic information of the participant, i.e., age, gender, number of siblings, place of birth and parents' level of education. The second part is addressed any DV or abuse experiences and attitudes to this issue of the participants.

All participation was voluntary and based on oral informed consent. Permission was obtained from Medical Directorate of the University. Confidentiality and anonymity were assured to the students. The answers for open-ended questions were categorized for data entry. We grouped violence as domestic and non-domestic according to being exposed to violence in the family or outside the family respectively. The sociodemographic features were given as means \pm standard deviations (SD). Chi square, ANOVA, and correlation analyses were performed for the statistical evaluation. A p value smaller than 0.05 was accepted as statistically significant.

Results

Totally, there are 318 students in the School of Educational Sciences, and 289 students in the School of Medicine. Of 318, 76 students and of 289, 63 students completed the questionnaire. The mean age of the total group was 20.1 ± 1.4 years (minimum 17-maximum 24). Females comprised 51.8% of the group. Table 1 shows gender distribution according to the schools.

Table1. Distribution of Students According to Their Gender, by School

	Medical School (n=63)	Educational Sciences School (n=76)	Total (n=139)
Boys	37	30	67
Girls	26	46*	72
Total	63	76	139

*p:0.024

The educational level of the participants' mothers was low. The illiteracy rate was 12.2%. Primary school graduates accounted for 41.7%, while high school/university graduates numbered 36.6%. The educational level of the fathers was better. Only 3.6% of the fathers were illiterate. Primary school graduates totalled 25.4%, while high school/university graduates totalled 58.3%. The questionnaires revealed that the fathers of the medical students had higher levels of education than those of the educational sciences students ($p < 0.05$). The students were similar in other sociodemographic features. The mean sibling number was 2.9 ± 1.7 . The

students were mostly from the Aegean part of Turkey and generally lived separately from their families. Of the total participants, 18.7% were smokers and 28.0% drank alcohol. The mean age when these students started to smoke was 16.9 ± 2.4 years. Between the schools, there was no difference in the rates for drinking alcohol and smoking.

Of the total, 66 students (47.5%) stated that they had been abused at least once during their lives. Among those, 19 students had experienced DV, and 11 of them were still living in a violent situation. The medical students had experienced DV or abuse more often than the educational sciences students ($p = 0.003$). In the majority of the cases, the father was the perpetrator of the violence or abuse. There was no statistical significance between the father's educational status and performing domestic violence. 28 students acted violently towards their sister/brother, and the rate was higher among medical students ($p = 0.024$). Females experienced more sexual abuse ($p < 0.0001$).

67.6% of the students thought that DV or abuse was not deserved under any circumstance, and of that group, most were educational sciences students ($p = 0.002$). The remaining stated that DV or abuse was deserved if it was due to a betrayal; this answer was more common among medical students ($p = 0.03$). This answer was also more common among those students, who had been the victim of DV or abuse, or who had perpetrated such violence, as well as those students, who stated that "violence in school as a punishment is appropriate" ($p = 0.006$, $p = 0.001$ and $p = 0.003$, respectively). Only 7 students thought that violence in schools as a punishment was appropriate, and 5 of them were medical students, which was not statistically significant. 56 students, mostly medical students, had experienced violence as a punishment during their school lives. Students, who got DV ($p = 0.005$); who got non-DV ($p = 0.000$); and who performed both DV and non-DV ($p = 0.005$) stated that "violence in school as a punishment is appropriate" more than the others.

Alcohol drinkers and smokers were exposed to non-DV than the others ($p = 0.024$ and $p = 0.004$, respectively). There were no significant correlations among smokers and alcohol drinkers, having been the victim of DV, or having been the perpetrator of DV.

Discussion

Our study was one of the first studies investigating DV experiences in university students which is an intimate and unrecognized issue in our country. We found

the rate of DV experiences high among our students.

In a study from Turkey,⁵ the DV or abuse rate among the students is 52%, in our study it was 47.5% and these results are concordant with each other but are higher than in foreign studies.^{6,7} Our students were mostly abused by their fathers, while in another Turkish study, the abuse rate is equally split between fathers and mothers.⁵ Females experienced more sexual abuse, and this result was concordant with that study.⁵

46% of the medical students stated that DV or abuse was deserved in some circumstances, which was very high considering the rate of 14.3 % in another study conducted in Turkey by Aydin.⁵ In our study, this opinion is more common among those who promoted violence, and our results were concordant with that study. Concordant with this previous Turkish study⁵, violence as a punishment during both primary school and high school was commonly used by the teachers, so precautions should be taken to prevent this kind of violence in Turkey.

In our study, smoking and alcohol consumption correlated only with exposing non-DV, but other studies point out that they are risk factors for every type of violence.⁴

We consider our study to be a beginning to identify the attitudes and experiences of the students in DV and abuse in our university. As violence and abuse rates are high, increasing the awareness and knowledge of medical and educational sciences students so they can identify abuse is very important. In order to reach this goal, additional lectures about violence and abuse should be included in curriculum. Further studies are needed to assess their ongoing knowledge, improvements, and attitudes about this issue before graduation.

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