



Experimental Study

The effect of a domestic violence course on nursing students' recognition of violence symptoms against women and their attitudes toward violence

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Abstract

Objectives: This study was conducted to explore the impact of a domestic violence course on nursing students' knowledge of domestic violence against women, their ability to recognize signs of violence, and their attitudes toward combating domestic violence against women.

Methods: This study used pre-test post-test quasi-experimental design with control groups and was conducted between September 2015 and December 2017 in the nursing department of a university in İstanbul. Participants in the intervention group attended a Domestic Violence Course (for 2 hours a week for 14 weeks; totaling 28 class hours). Study data were gathered using the Domestic Violence Against Women Test of Knowledge, the Scale for Recognizing the Signs of Violence, and the Attitudes Toward Domestic Violence Scale during both pre-training and post-training. Data collected from a total of 200 study participants (intervention=100; control group=100) were the evaluated.

Results: An examination of the findings of the study demonstrates that participants in both the intervention and the control group displayed significantly higher scores ($p<0.05$) in their knowledge about domestic violence against women after the training compared to their scores prior to the intervention. The participants in the intervention group displayed significantly higher levels in recognizing signs of physical violence ($p<0.05$) and in identifying the signs of emotional violence ($p<0.01$) after they had received the education compared to their scores before the intervention. The intervention group's attitudes were also found to be significantly different before and after the education ($p<0.05$).

Conclusion: The findings of this study suggest that a domestic violence course may increase nursing students' knowledge of domestic violence against women, as well as increase their ability to recognize signs of violence. Such a course may also be effective for developing positive attitudes toward combating domestic violence against women. Therefore, a domestic violence course should be included in nursing curricula.

Keywords: Domestic violence; nursing education; women.

Domestic violence against women (DVAW) is a significant public-health problem and a violation of women's rights, for which solutions are being sought both globally and in Turkey.^[1,2] The results of a research on DVAW (2014) indicate that 35.5% of women in Turkey are exposed to physical violence, 43.9% are exposed to emotional violence, 30% are exposed to economic violence, and 12% are exposed to sexual violence.^[3] Women frequently exposed to violence present to health institutions (emergency departments, psychiatry

polyclinics, gynecology polyclinics, and family health centers) with physical injuries (such as pain, trauma, fractures, or hemorrhage), impaired mental health (such as headaches, depression, post-traumatic stress disorder, food and substance addiction, or suicide), and gynecologic complaints (vaginal bleeding, unintended pregnancy, or reproductive-system infections).^[2,4]

Both the World Health Organization (2013)^[1] and the International Council of Nurses (2001)^[5] have reported that nurses play a key role in diagnosing the risk and signs of DVAW

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What is known on this subject?

- Most nurses feel insufficiently competent in intervening in domestic violence against women, since they are not adequately educated on the subject during their undergraduate education.

What is the contribution of this paper?

- This study indicates that the domestic violence course increased nursing students' knowledge on domestic violence against women and improved their ability to recognize signs of violence, as well as their attitudes toward this subject. This finding is considered to contribute to the current literature as only a limited number of studies exist on this subject.

What is its contribution to the practice?

- The findings of this study are considered to be important for pointing out the need to include a domestic violence course in nursing curricula.

among those women who present to health institutes and providing these women with support, and that they should be educated on this subject. Nurses should be able to recognize the women who are exposed to violence, provide them with the required medical care, direct them to the institutions and organizations where they will be able to receive help, and be familiar with the relevant legal procedures.^[1,5]

Unfortunately, both in Turkey and around the world, nurses are granted a bachelor's degree without receiving sufficient education on DVAW, and many consider themselves incompetent to intervene in DVAW or ask questions.^[6-13] In addition, most nurses do not want to intervene in DVAW due to their misbeliefs and negative attitudes.^[10,14,15] One of the most significant beliefs among nurses concerning DVAW is that domestic violence (DV) is more commonly observed among people of a low socio-economic level, that social resources that may help women exposed to violence are insufficient, and that affected women can end their relationship with their partner if they wish.^[9,15-17] The lack of information on DVAW and negative attitudes on the subject can be eliminated through education.^[7,9,15,17,18] Receiving a sufficient education on DVAW during the nursing education, whereby students learn about the nursing profession and their professional roles, is important to prepare them to their future roles.^[7,18]

In recent years, it has been highlighted that DVAW education provided to nursing students before their graduation is more effective in increasing their knowledge on DVAW, improving positive attitudes toward DVAW, and improving the students' ability to recognize the signs of violence compared to the short trainings given after their graduation, and that DVAW should be included in the nursing curriculum.^[6,7,14,15,17-21] In Turkey, although the need to include DV in nursing curricula was indicated in the core curriculum study report on reproductive health and sexual health promotion in 2006,^[22] hardly any nursing schools have included DV as a separate course in their curricula.

This study aims to evaluate the effect of a DV course on the level of knowledge on DVAW among nursing students, as well as to evaluate their ability to recognize the signs of violence on women, and their attitudes toward DV.

Hypotheses

Hypothesis 1 = After the education, students in the intervention group will have higher scores on the DVAW Knowledge Test (DVAWKT) and the Physical Violence and Emotional Violence subscales of the Scale Concerning Nurses and Midwives' Recognition of Violence against Women (NMRVAWS) compared to their scores before the education.

Hypothesis 2 = After the education, students in the intervention group will have higher scores on the DV Attitudes Scale (DVAS) compared to their scores before the education.

Materials and Method**Study Design**

This pretest–posttest quasi-experimental study with a control group was conducted in the nursing department of a university in İstanbul between September 2015 and December 2017.

Study Population and Sample

The study population consisted of 335 students enrolled in selective courses (DV, Communication, and Strengthening in Nursing) in the fall semesters of the 2015–2016 and 2016–2017 academic years. The sample was calculated using SAS (statistical analysis system) V.9.4, and it was found that each group should include minimum of 64 participants. During the calculation, power was accepted to be 0.80, Type I error to be $p=0.05$, and the difference between the groups' DVAWKT scores to be 10 ± 20 .

Of the participating students, 179 who had taken the DV course were included in the intervention group, and 156 who had taken other selective courses were included in the control group. The study sample included students who volunteered to participate in the study, and had received no prior education on DVAW. A total of 273 students ($n=145$ in the intervention group, and $n=128$ in the control group) met the inclusion criteria for this study. Of these, 73 who did not attend the DV course for four hours or more, who did not want to fill out the forms, and those who filled out the forms incompletely were excluded from the study. Consequently, the study was completed with 200 participants (intervention group: $n=100$, control group: $n=100$).

Data Collection Tools

Introductory Information Form: This information form was prepared by the researcher and includes questions on the participants' age, gender, or their parents' education level.

Domestic Violence Against Women Knowledge Test (DVAWKT): This knowledge test, which comprises 10 questions, was prepared by the researcher based on the course content. The DVAWKT assesses participants' knowledge on the types of DVAW, the characteristics of those women exposed to violence, the approaches to be adopted by healthcare personnel toward these women, and the legal aspects of DVAW. The minimum and maximum scores of the DVAWKT are 0 and 100, re-

spectively. The Cronbach’s Alpha coefficient of the knowledge test was found to be 0.76 for the present study.

Domestic Violence Attitudes Scale (DVAS): This scale was developed by Şahin and Dişsiz (2009)^[23] and aims to assess the attitudes of healthcare personnel toward domestic violence. The scale comprises 13 items, each of which are scored from “Strongly Disagree = 1” to “Strongly Agree = 5”. The total scale score ranges between 13 and 65. As the positive attitudes toward DV increase, the total scale score decreases. The Cronbach’s Alpha coefficient of the scale was found to be 0.85 for the present study.

Scale Concerning Nurses and Midwives’ Recognition of Violence against Women (NMRVAWS): This scale was developed by Arabacı and Karadağlı (2006)^[24] to assess midwives’ and nurses’ recognition of the signs of violence against women. The scale comprises 31 items which are answered as ‘true’ or ‘false’, and which include findings on the types of violence; some of these are reverse statements. The scale includes two subscales: recognition of the signs of physical violence (13 items), and recognition of the signs of emotional violence (18 items). The total scale scores range from 0 to 31. A higher total scale score means a higher level of knowledge regarding the signs of physical violence.^[24] In this study, the Cronbach’s Alpha coefficient of the scale was found to be 0.76, as in the original study.

Data Collection

Data were collected before and two weeks after the DV course using an introductory information form, the DVAWKT, the DVAS, and the NMRVAWS.

The Domestic Violence Course

The course mainly aims to provide nursing students with knowledge of DVAW and develop their attitudes toward the DVAW. The content of the course content was prepared by the researcher based on current literature.^[2,15] The course was provided by the researcher for a period of two hours each week for 14 weeks (for a total of 28 hours). It included computer presentations, spot films Equality Strengthens and Women’s Shelters, group activities (plays based on fictionalized cases), and written case studies.^[25] The students watched the Spanish thematic movie Take My Eyes (Spanish: Te Doy Mis Ojos) (duration: 1 hour 54 minutes), produced in 2003 and directed by Iciar Bollain, within the scope of the DV course. Table 1 shows the content of the domestic violence course.

Data Analysis

Data were analyzed on a computer using statistical analyses. Similarities between the experimental and control groups were assessed through a chi-square test and a t-test. The Kolmogorov–Smirnov test showed that the scores on the DVAWKT, the DVAS, and the NMRVAWS and its subscales were abnormally distributed. Therefore, Mann–Whitney U and Wilcoxon’s matched pairs signed ranks tests were used to test the hypotheses.

Table 1. Content of the domestic violence course^[2,15]

Week	Subjects
1.	The concept of gender, gender roles and development of gender, and violence against women as a result of gender inequality.
2.	Definition and causes of DVAW, and the cycle of violence.
3.	The types DVAW and their frequency in Turkey and around the world.
4.	The signs and symptoms of DVAW and its negative effects on women’s health.
5.	The obstacles for DVAW to come to light: the obstacles caused by the society and women.
6.	The obstacles for DVAW to come to light: the obstacles caused by health care personnel.
7.	Movie
8.	Legislative regulations regarding DVAW in Turkey.
9.	The institutions that serve for the victims of DVAW and the services they provide.
10.	Communication with the victims of DVAW.
11.	Screening and diagnosing DVAW.
12.	Evaluation of the safety risk for the women exposed to violence and the development of a safety plan.
13.	Informing and directing women exposed to violence.
14.	Recording and reporting domestic violence against women.

Ethical Considerations

Permission to use the DVAS and NMRVAWS was obtained from Şahin and Arabacı via e-mail. Written approval and permission were obtained from the Clinical Research Ethics Committee of the University (Protocol No: 09.2015.298) and the institution in which the study was conducted. Students were explained the objective of the study, the fact that their participation was voluntary, that their course grades would not be affected if they did not participate in this study, that their personal information would be kept confidential, and that they could quit the study whenever they want. Then, written consent was obtained from all those students who agreed to participate.

Results

The average age of the experimental and control groups was 20.4±0.73 and 20.4±0.78 years, respectively (p>0.05). No statistically significant difference was found between the groups in terms of age, gender, parents’ education level, and residence for the first 12 years of life (Table 2).

After the education, the intervention group had higher DVAWKT scores than the control group. This difference was found to be highly statistically significant (median value: intervention group=80, control group=70; p<0.01) (Table 3).

The DVAWKT scores of both the experimental and control groups were found to be statistically significantly higher after the education compared to their scores before the education (median value: intervention group before education=70, af-

Table 2. Participants' demographic characteristics

Variables	Intervention group (n=100)			Control group (n=100)			t / χ^2	p
	Mean±SD	n	%	Mean±SD	n	%		
Age (year)	20.4±0.73			20.4±0.78			-0.37	0.70*
Female		87	87		90	90	44.2	0.56**
Mother's educational level								
Primary school		64	64		58	58	1.7	0.61**
Father's educational level								
Primary school		56	56		60	60	2	0.57**
Residence for the first 12 years of life		33	33		32	32	0.50	0.91**

SD: Standard deviation; *t-test, **chi square test.

Table 3. Comparison of the experimental and control groups' knowledge and attitude scores before and after the education

Variables	Before the education				After the Education			
	Intervention group (n=100)	Control group (n=100)	Z	p*	Intervention group (n=100)	Control group (n=100)	Z	p*
	Median (25–75 th Quarter)	Median (25–75 th Quarter)			Median (25–75 th Quarter)	Median (25–75 th Quarter)		
DVAWKT Score	70 (60–77.5)	70 (60–80)	-0.46	0.64	80 (70–90)	70 (60–80)	-4.39	0.0**
NMRVAWS physical violence subscale score	8.5 (8–10)	8 (7–10)	-0.65	0.51	9 (8–10)	8 (8–9)	-2.09	0.03***
NMRVAWS emotional violence subscale score	13 (11–14)	12 (11–14)	-1.51	0.13	14 (12–15)	12 (10–14)	-3.71	0.0**
NMRVAWS total score	21 (20–23)	21 (18–23)	-1.14	0.25	23 (21–24)	21 (18.2–23)	-3.7	0.0**
DVAWKT score***	21.5 (19–24)	20 (17–25)	-0.78	0.43	20 (17.2–23)	20 (17–25)	-1.97	0.04***
					20.3±3.9	22.1±5.6		

*Mann-Whitney U test; **p<0.01; ***p <0.05; *** Mean and standard deviation values are also presented because median values were equal and there is a statistically significant difference.

ter education=80; p<0.01) (median value for the intervention group before and after education=70, p<0.05). (Mean score: control group before the education=66.6±16, and after the education=70.6±13.7) (Table 4).

The intervention group was found to have statistically significantly higher scores on the NMRVAWS and its physical and emotional violence subscales than the control group after the education (p<0.05, p<0.01, and p<0.01, respectively) (Table 3).

The intervention group was found to have statistically significantly higher scores on the NMRVAWS (median=23), as well as its physical violence (median=9), and emotional violence subscales (median=14) after the education compared to their scores before the education (median=8.5, median=13, and median=21) for the scale and two subscales respectively (p<0.05, p<0.01, and p<0.01, respectively). The scores of the control group on the NMRVAWS and its physical and emotional violence subscales, were found to be statistically similar before and after the education (p>0.05) (Table 4).

Although both groups' DVAS scores were similar before the education (median value: intervention group=21.5, and control group=20; p>0.05), a statistically significant difference was found between the groups' DVAS scores after the education (median value for both groups after the education=20, p<0.05). (Mean score after the education: intervention group=20.3±3.9, control group=22.1±5.6) (Table 3).

While the intervention group's DVAS scores statistically significantly decreased after the education (p<0.01), the control group's DVAS scores were found to be similar before and after the education (p>0.05) (Table 4).

Discussion

Although the current literature includes studies on the effect of DVAW education provided after graduation,^[18, 26–30] it includes only a limited number of studies on the effect of DVAW education provided to nursing students.^[18,29,30] The results of the present study show that the DV course can be effective in

Table 4. Comparison of the knowledge and attitude scores of the participants in the groups before and after the education

	Intervention group (n=100)				Control group (n=100)			
	Before the education	After the education	Z	p*	Before the education	After the education	Z	p*
	Median	Median			Median	Median		
	(25–75 th Quarter)	(25–75 th Quarter)			(25–75 th Quarter)	(25–75 th Quarter)		
DVAWKT score****	70 (60–77.5)	80 (70–90)	-5.9	0.0**	70 (60–80) 66.6±16	70 (60–80) 70.6±13.7	-2.3	0.02***
NMRVAWS physical violence subscale score	8.5 (8–10)	9 (8–10)	-2.04	0.04***	8 (7–10)	8 (8–9)	-0.43	0.66
NMRVAWS emotional violence subscale score	13 (11–14)	14 (12–15)	-3.9	0.0**	12 (11–14)	12 (10–14)	-1.1	0.24
NMRVAWS total score	21 (20–23)	23 (21–24)	-4.06	0.0**	21 (18–23)	21 (18.2–23)	-1.39	0.16
DVAWKT score***	21.5 (19–24)	20 (17.2–23)	-3.09	0.002**	20 (17–25)	21 (17–25)	-0.89	0.37

*Wilcoxon's matched pairs signed rank test; **p<0.01; ***p<0.05; ****Mean and standard deviation values are also presented since the median values were equal and there is a statistically significant difference.

providing nursing students with information on DVAW and in improving their positive attitudes. Therefore, this study is considered as contributing to the current literature.

Domestic violence training should mainly aim to provide nurses with information, attitudes, and skills.^[2,14,21] Previous studies report that nurses who receive education on DVAW more frequently screen, inform, and direct cases of domestic violence and that they feel readier, more competent and more responsible when asking questions on the issue.^[6,16,19,20,26,29,31–33] Knowing about the legal aspects of DVAW and of the presence of institutions and organizations that help women exposed to domestic violence encourages nurses to intervene regarding DVAW victims.^[1] In the present study, the intervention group's DVAW knowledge score was found to statistically significantly increase after the education. Other studies also report that the knowledge level of the participants in the intervention group increased after such education, which further supports the findings of the present study.^[18,29,30] Studies on nursing and midwifery graduates also indicate that the education provided to them increased their knowledge level.^[27,31] The same finding of the present study confirms the hypothesis that, after the education, students in the intervention group would have higher DVAWKT scores than they did before the education (H¹).

Similar to the findings of other studies, the knowledge level of students in the control group was found to increase significantly compared to their knowledge level before the education, indicating that students in the intervention group shared information they learned in the DVAW course with the students in the control group in areas of common use (such as cafeterias, dormitories, or classes).^[30]

In Turkey, Balcı et al.^[4] (2019) reported that women present to one to ten different polyclinics due to various complaints (such as gastrointestinal system complaints, musculoskeletal system complaints, and psychiatric complaints) until it is de-

tected that they are violence victims. The study of Balcı et al. (2019) is important in that it reveals the need to evaluate the signs of violence among the women who present to hospital with any complaint. Healthcare personnel, particularly nurses who are in closer contact with patients, should be familiar with the signs of violence. Healthcare personnel who cannot recognize the signs of violence may not notice the women who are exposed to violence.^[18,34,35] In the present study, scores of the experimental and control groups pertaining to the recognition of signs of violence were low before the education. This finding is similar to that of Tambağ and Turan (2014).^[35] After the education, scores pertaining to the recognition of the signs of violence scores were higher in the intervention group than in the control group, showing that the DV course provided was effective in increasing the students' recognition of the signs of violence scores. This finding is similar to the other findings, which indicate that DVAW education provided before graduation increases nursing students' skills in recognizing of the signs of violence.^[29] This finding of the present study confirms the hypothesis that after the education, students in the intervention group will have higher scores on the physical violence and emotional violence subscales of the NMRVAWS compared to their scores before the education (H¹).

One of the biggest obstacles facing nurses when screening and intervening in DVAW concerns their misbeliefs and negative attitudes.^[10,20] Previous studies report that nurses have negative attitudes due to their misbeliefs, and that they feel anger toward the women who remain silent about the violence to which they are exposed.^[9,15–17,29] One of the most common misbeliefs is that the institutions and organizations that serve the victims of DVAW are insufficient, and that intervention by healthcare professionals would not be appropriate; this negatively affects attitudes.^[9,15–17,29] However, domestic violence is a crime and healthcare personnel should therefore

screen all women aged 15 or older for DV; and there are violence prevention and monitoring centers to which women exposed to violence can consult and where they can receive services for free.^[2] In the present study, the legal rights of the victims of DVAW and the institutions and organizations where they can receive help were explained in the DV course in order to eliminate negative attitudes among nursing students. Similar to the findings of other studies, the present study also found that the intervention group's attitude scores significantly decreased after the education.^[27,29,30] This finding shows that students' positive attitudes were improved and supports the other studies reporting that negative attitudes can be decreased through education.^[9,15-17,29,36] This finding of the present study confirms the hypothesis that after the education, the students in the intervention group would have higher scores on the DV Attitudes Scale (DVAS) compared to their scores before the education (H²).

Conclusion

This study showed that a domestic violence course included in a nursing curriculum increased the nursing students' general knowledge on DVAW, as well as their knowledge on recognizing the signs of violence, and that it was effective in improving positive attitudes toward DVAW.

The findings of this study support those of other studies recommending that nurses are provided with education on DVAW to help them acquire sufficient information and positive attitudes before they graduate. Including the subject of DVAW as a separate course in nursing curriculum, rather than as a subject explained over just a few hours, may be effective in ensuring that nurses take part in the solution. It is recommended that the domestic violence course, the results of which were assessed in the present study, be included the curricula of other nursing schools.

Study Limitations

One of the most significant limitations of this study was that as there is no clinical application for the DV course, the effect of the education on clinic practices could not be evaluated. Another limitation is the use of DVAWKT, which was developed by the researcher, because there is no instrument to be used to assess the participants' level of knowledge on DVAW in Turkey.

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