



## Nursing Students Exposed to Domestic Violence and Their Perspectives on Violence

### Hemşirelik Öğrencilerinin Aile İçi Şiddete Maruz Kalma Durumları ve Şiddete Bakış Açıları

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#### Abstract

##### Aim

The study was performed in order to evaluate the domestic violence that the nursing students exposed and their perspectives on violence.

##### Materials and Methods

The sample was consisted of 229 students who were selected by simple random sampling method. Percentage, Pearson's chi-square and Fisher's exact tests were used in order to perform statistical analysis by the SPSS 17.0.

##### Results

26.6% of students were exposed to domestic violence, 34.4% of these students were exposed to psychological violence, 26.2% of them were exposed to physical violence, 39.3% of them were exposed to both psychological and physical violence. Among the students who were exposed to domestic violence, the violence application rate was significantly high ( $p < 0.01$ ).

##### Conclusion

Our results has showed, predisposition to violent tendencies of the individuals who are personally exposed to domestic violence or any member of their family is exposed to domestic violence increase in a way that cannot be overlooked.

#### Özet

##### Amaç

Araştırma Sağlık Yüksekokulu öğrencilerinin aile içi şiddete maruz kalma durumları ve şiddete bakış açılarını değerlendirmek amacıyla gerçekleştirildi.

##### Materyal ve Metod

Örnekleme; Basit rastgele örnekleme yöntemiyle belirlenen 229 öğrenci oluşturdu. İstatistiksel analizler için SPSS (Statistical Package for Social Sciences) for Windows 17.0 programında yüzdellik, Pearson Ki-Kare testi ve Fisher exact test kullanıldı.

##### Bulgular

Araştırmaya katılan öğrencilerden 61 (% 26,6)'inin aile içi şiddete maruz kaldığı, aile içi şiddete maruz kalan öğrencilerden 21'inin (% 34,4) psikolojik, 16'sının (% 26,2) fiziksel, 24'ünün (% 39,3) hem psikolojik hem de fiziksel şiddete maruz kaldığı saptandı. Şiddete maruz kalan öğrencilerde şiddet uygulama oranı anlamlı olarak yüksek bulundu ( $p < 0,01$ ).

##### Sonuç

Bulgularımızda da görüldüğü gibi, kendisi ve ailesinden herhangi birinin şiddete maruz kalmasının, bireylerde şiddet eylemine yatkınlığı arttırdığı göz ardı edilemez bir gerçektir.

**Key words:** Violence, Nursing Education, Nursing

**Anahtar kelimeler:** Şiddet, hemşirelik eğitimi, hemşirelik

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## Introduction

Violence; particularly domestic (family) violence is an important public health problem that might cause physical and psychological health problems and that affect life span and quality of individuals<sup>1,2</sup>. According to World Health Organization's data, over 1.5 million people die every year due to violence<sup>3,4</sup>. While a large number of people are losing their lives, lots of people struggle with physical, sexual and psychological problems brought about by violence. Most of the people usually prefer to remain silent against domestic violence or prefer not to speak about the issue<sup>1,3,5</sup>. Furthermore, health expenses upon violence, productivity loss, incidences of psychological problems in persons gradually increase. Therefore, violence appears as a significantly arising public health and human rights problem worldwide<sup>1,4</sup>. Like in other countries on the world, violence comes forth as a serious issue in Turkey and the unbalanced physical power relations between male and female also cause women to face violence<sup>3,6</sup>. Violence witnessed or suffered in childhood is observed to increase the incidence rate of men's commit to violence and women's suffering from violence. This fact known as violence cycle displays once again the significance of socialization in an environment with no violence<sup>7-9</sup>.

The purpose of this study is to assess the incidence rates of suffering from violence for health professionals of the future, who are supposed to undertake key roles to struggle with violence and their viewpoints on this issue.

## Materials and Methods

The research was planned and performed in prospective and descriptive manner on the dates between 01-30 November 2012, with

willing students of Nursing who study at the School of Health at Namık Kemal University in Tekirdağ province. Research permission was taken formally from the Directorate of School of Health at Namık Kemal University and orally from the participants.

The universe of the study composed of 239 students studying at the School of Health at Namık Kemal University. The sampling was determined by simple random sampling method and consisted of 229 students who participated in our research.

The data were obtained from the Nursing students of the School of Health by the use of a data collection form evaluating students' socio-demographical features, domestic violence suffering cases and viewpoints on violence through face-to-face interview technique. In order to check the usability of the data collection form, a pilot study was done with 10 of the students from the School of Health. The misunderstood or incomprehensible questions were re-arranged and the form was revised. Students participating in the pilot study were taken out of study.

The data obtained from the study were statistically analyzed by SPSS (Statistical Package for Social Sciences) for Windows 17.0 program. While the data were being analyzed, descriptive statistical methods (N, percentage) were utilized. For the comparison of qualitative data, Pearson Chi-Square and Fischer exact test were used. The results were evaluated bilaterally at 95% reliability, with the significance level of  $p < 0,05$ .

## Results

In the study, 184 of the students (80.3%) were found to be in 18-22 age range whereas 185 students (80.8%) were found to be female. (Table 1). Among the participants, 189 students (82.5%) were determined to live in urban areas with their families and 42 students (18.3%) to have 8 or more individuals alive in their families. 184 students (80.3%) were found to have an average family income at 'medium' level. 167 of the students (72.9%) responded to the question about how family decisions are taken as "We decide together upon issues concerning all" (Table 1).

**Table 1.** Frequency of students and their

	n	%	
<b>Age</b>	18-22	184	80.3
	23-27	39	17.0
	28-above	6	2.6
	Total	229	100.0
<b>Gender</b>	Female	185	80.8
	Male	44	19.2
	Total	229	100.0
<b>Region</b>	Urban	189	82.5
	Rural	40	17.5
	Total	229	100.0
<b>Number of family person</b>	2-4	99	43.2
	5-7	88	38.4
	8 and above	42	18.3
	Total	229	100.0
<b>Average income</b>	Low	19	8.3
	Medium	184	80.3
	High	26	11.4
	Total	229	100.0
<b>How the decision making is performed in your family</b>	We decide together upon issues concerning all.	167	72.9
	Sometimes my opinion is asked	36	15.7
	My opinion is never asked, my mother and my father alone decide	14	6.1
	My mother alone (decides)	1	0.4
	My father alone (decides)	11	4.8
	Total	229	100.0

family characteristics

Sixty-one of the students (26.6%), participating in the study were found to suffer from domestic violence while 24 of those students (39.3%) in this category were determined to suffer from both psychological and physical violence (Table 2).

Male students (59.1%) were found to have a significantly higher rate of suffering from family

**Table 2.** Frequency of students' suffer for family violence

	n	%	
<b>Have you ever suffered family violence?</b>	Yes	61	26.6
	No	168	73.4
	Total	229	100
<b>What kind of violence did you experience if you have suffered family violence?</b>	Psychological	21	34.4
	Physical	16	26.2
	Both	24	39.3
	Total	61	100
<b>Who committed violence against you?</b>	Mother	10	17.5
	Father	20	35.1
	Both mother and father	26	45.6
	Other parental figures	1	1.8
	Total	57	100
<b>Which family members have suffered violence?</b>	None	180	79.6
	Mother	1	0.4
	Children	21	9.3
	Mother and children	23	10.2
	Father and children	1	0.4
	Total	229	100

\*Column percentages are taken for number of n.

violence than female students (18.9%) ( $p < 0.01$ ). Students responding "yes" to the question "Have you ever had a boyfriend / girlfriend unwanted by your family?" had a rate of 44.1% regarding their suffering for family violence and that rate had statistically significant difference ( $p < 0.01$ ).

Likewise, students who could not share their problems with family had a significantly high rate of suffering for family violence (84.2%) ( $p < 0.01$ ) (Table 3). Male students (52.3%) were found to have a significantly higher rate of committing violence than female students (17.5%) ( $p < 0.01$ ) (Table 3). Students who committed violence were found to have a significantly high rate of having suffered for violence (78.2%) ( $p < 0.01$ ) (Table 4).

## Discussion

Diagnosis of violence, giving relevant care and consulting occupy the first step to prevent violence<sup>10</sup>. Due to high incidence of violence, people suffering for violence and health

**Table 3.** Factors influencing the suffer for family violence and the commit to violence

Factors Influencing the Suffer for Family Violence		Family Violence				Chi-Square	P
		I have suffered		I have not suffered			
		n	%	n	%		
Gender	Female	35	18.9%	150	81.1%	29.35	0.000**
	Male	26	59.1%	18	40.9%		
Have you ever had a boyfriend /girlfriend unwanted by your family?	Yes	49	44.1%	62	55.9%	33.78	0.000**
	No	12	10.2%	106	89.8%		
Can you tell your problems to your family?	Yes	15	11.1%	120	88.9%	55.73	0.000**
	No	16	84.2%	3	15.8%		
	Sometimes	30	40.0%	45	60.0%		
Factors Influencing the Commit to Violence		I have committed		I haven't committed		Chi-Square	p
		n	%	n	%		
Gender	Female	32	17.5%	151	82.5%	23.38	0.000**
	Male	23	52.3%	21	47.7%		
Can you tell your problems to your family?	Yes	20	15.0%	113	85.0%	32.01	
	No	14	73.7%	5	26.3%		
	Sometimes	21	28.0%	54	72.0%		

\*\*p<0,01

**Table 4.** Relationship between Suffer for Violence and Commit to Violence

Family Violence	I have suffered I have not suffered	Violence				Chi-Square	p
		I have committed		I have not committed			
		n	%	n	%		
	I have suffered	43	78.2%	18	10.5%	97,246	0,000**
	I have not suffered	12	21.8%	154	89.5%		

\*\*p<0,01

professionals confront each other frequently. Health professionals take key roles in diagnosis of violence and for the right and timely initiatives to be taken<sup>3</sup>. Thus, health professionals' suffering for violence and their viewpoints on violence have great importance on their approaches to victims of violence.

Among the participants, 184 students (80.3%) were on 18-22 age range, 39 students (17.0%) between 23-27 ages, and 6 students (2.6%) were 28 or over. 185 of

the students (% 80.8%) female, 44 of them were male (19.2%) (Table 1).

Yavuz and Aşirdizer (2009), in their study titled "The Analysis of Female Cases Suffering from Domestic Violence and Who Applied to Celal Bayar University Faculty of Medicine", described the features of 53 women who were victims of domestic violence and who applied to Celal Bayar University Faculty of Medicine, Forensic Medicine Department between 2003 and 2008 due to this issue<sup>8</sup>. In this study, the age range of people suffering from violence was identified as 29.30±10.21, which is not

parallel to our study. That might be due to the fact that our sampling group comprises university students.

In a study by Mayda and et al. (2006), where they searched about "the correlation between students' marks for university entrance and their suffering from domestic violence as well as their attitudes towards violence", male students were found to double female students. The reason was indicated as the research being done with 316 students who were studying at the Faculty of Technical Education and most of whom were male students<sup>7</sup>. Similarly, the reason why most of the students in our study comprised of female students can be related to the study being done at the School of Health.

The frequency of students regarding family characteristics display that 82.5% of them live in urban areas and 80.3% of them having an average income level. (Table 1). In a study by Karataş and et al.<sup>11</sup>, where "the opinions of women coming from rural areas about domestic violence" have been analyzed through 265 female participants, 63.4% of them has been found to live in a village the longest time<sup>12</sup>. In the study by Yavuz and Aşirdizer (2009) however, 50.94% of the females suffering from domestic violence was found to apply from district centers whereas 45.28% of them to apply from provincial centers<sup>8</sup>. Similarly, the study by Lepisto and et.al.<sup>13</sup> indicated that 66.2% of the adults suffering from violence had announced their income at good level<sup>14</sup>. These findings are very similar to those of our study.

Regarding the question on how the decision making is performed in the family, 72.9% of the participants responded it as "we decide together upon issues concerning all" whereas

15.7% responded as "sometimes my opinion is asked" (Table 1). In the study by Karaçam and et.al.<sup>10</sup>, "factors influencing the suffering of married women from domestic violence and some characteristics of women regarding violence" have been analyzed through 291 female participants; and with reference to the participation of those women in family decisions, 67.7% was found to decide together with the spouse while 24.4% was found to say the husband was to decide and only 2.4% was found to be the person to decide herself<sup>15</sup>. The way of taking family decisions is similar to the data in our study, where individuals' opinions are seen to be respected within the family.

In our study, 26.6% of the students were found to suffer from family violence; concerning the type of violence being exposed to, 34.4% was of psychological, 26.2% was of physical and 39.3% was of both types (Table 2). In a study upon "obeying behaviors of students of the Faculty of Medicine and their connection to violence" by Kaya and et.al.<sup>16</sup>, 80.2% of the students was found to suffer from verbal violence in childhood and 62.8% was found to suffer from physical violence<sup>16</sup>. Both studies concluded that verbal violence victims had a higher rate than physical violence victims. These data are similar to the ones of our study.

The study we had indicates that 10.2% of the students suffering from violence had the mothers and children as the individuals mostly suffering from violence in their families (Table 2). This result is parallel to the results of Mayda and et.al.<sup>7</sup>.

Concerning the factors influencing the suffer for family violence, males (59.1%) were found significantly higher in frequency than females (18.9%) when suffer for violence is analyzed through gender ( $p < 0.01$ ) (Table 3). The study

about "adults' methods to cope with family violence", which was conducted by Lepistö and et.al.<sup>13</sup> in Finland, stated that girls suffered more for violence than boys ( $p=0.002$ ) while it also showed 30% of adults who were suffering for family violence had encountered problems during school years<sup>14</sup>. The findings of our study don't comply with the results of other researches. This difference is supposed be due to the gender difference of the individuals in the selected sampling.

Regarding the factors influencing the commit to violence, male students were found to have a rate of 52.3% in committing violence while female students had 17.5% on the same issue. Statistically, male students' rate of violence exertion was found to be significantly higher than female students' violence exertion rate ( $p<0.01$ ). The frequency of commit to family violence in students who were not able to share their problems with the family (73.7%) was also found to be significantly high ( $p<0.01$ ) (Table 3). It is stated that witnessing or suffering for violence during childhood would increase the probability of the commit to violence in men and the probability of the suffering for violence in women<sup>7,8</sup>. In this context, it is important to raise the social sensitivity against violence and to extend the awareness for violence as not being a problem-solving method via different media and coursebooks<sup>6,17</sup>. There is a similarity detected between our results and the former literature.

In our research, the frequency of suffering for family violence (78.2%) in students committing violence themselves was found significantly high ( $p<0.01$ ) (Table 4). To have a childhood under the exposure to violence increases the possibility of being a person committing

violence to the family and the society in the future and this probably becomes the primary and initiating ring of the violence chain at all<sup>7,8,18</sup>. With this aspect, the way to decrease the inclinations for violence in Turkey is to avoid violence in child education<sup>6,19</sup>. In the study on "physical domestic violence and our female patients" by Vahip and Doğanavşargil<sup>6</sup>, 100 patients applying to psychiatry clinic were examined and it was found that 68% of those patients suffered for physical violence during childhood and 38% of them witnessed physical violence between mother and father<sup>20</sup>. Mayda and et.al.<sup>7</sup> stated in their research that 48.5% of the students, whose mother or father had been exposed to violence during childhood, also suffered for family violence themselves while 18.1% of the students, who expressed that neither mother nor father had been exposed to violence, suffered for violence themselves. Finally, it is also indicated that those children supposed to be trained by physical penalty, would be transformed into adults abusing other children themselves in advanced ages and thus, violent actions would be transferred from generation to generation and would continue to exist<sup>7,16</sup>. The study which was conducted in Turkey countrywide in 1994 concluded that parents' past experiences of beating would transfer violence to present at 70%<sup>6</sup>. Regarding these studies, a person's or one of his/her family member's suffering for violence increases both commit to and suffering for violence. Those results are parallel to the findings of our research.

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