Original Article

Health Professionals' Opinions on "Intimate Partner Violence against Women"

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Abstract

Objectives: This study aims to determine the health professionals' opinions on "intimate partner violence against women".
Methodology: This research is descriptive. The research was conducted between October 2019 and December 2019 with a total of 120 nurses, midwives and physicians working at the Health Practice and Research Hospital of a University Faculty of Medicine. The data were collected with personal identifying information and the health professionals' opinion form on intimate partner violence against women. In the evaluation of the data, t-test analysis, one-way ANOVA, Mann-Whitney U test, Kruskal-Wallis H test were used.
Results: The study found that a large proportion of midwives, nurses, and physicians did not receive education before graduation violence against women (71.7%) and intimate partner violence (88.3%). Our survey found that nearly all health professionals (93.3%) did not receive a certified education on violence against women after graduation. In the study, it was determined that health professionals encountered intimate partner violence against women (63.3%) during their professional life. The majority of health professionals agreed with "*Intimate partner violence is a global health problem*" (89.2%), "*Intimate partner violence has a negative impact on parent-child communication*"(97.5%), "*women are more exposed to intimate partner violence*" (93.3%) and "*there are women who are exposed to intimate partner violence during pregnancy*" (93.3%) on the opinion form on intimate partner violence against women.
Conclusions: The study revealed that a large proportion of health professionals have a high awareness of intimate partner violence against women.

Keywords: Violence against women, intimate partner violence, midwifery, nursing.

Introduction

Intimate partner violence is an increasingly important community health problem that appears at all stages of a woman's life, negatively affecting women's health (Crombie, Hooker & Reisenhofer., 2017). İntimate partner violence is defined as physical, sexual or emotional violence inflicted by an engaged, beloved, divorced or current partner (Guruge et al. 2012). A broad definition of intimate partner violence has been made by Tjaden and Thoennes (2000: 427). According to this definition, rape, harassment, physical assault, stalking, approaching, bad words and insulting, verbal assault, emotional abuse and economic restriction towards the partner were evaluated as partner violence. The World Health Organization (2013, WHO) defines intimate partner violence as the control of all actions and behaviors by the partner that can cause physical, sexual and psychological damage to the person.

Studies investigating the prevalence of partner violence in the world and Turkey report that such violence is increasing and the victims of this violence are usually women (Baird et al. 2015). Although intimate partner violence is common in all cultures, it is more frequent among women who develop attitudes towards accepting violence and observe violence especially with young age, low socioeconomic level, exposure to violence in childhood, inadequate social support. According to WHO (2014) data, 35% of women worldwide experience violence by their intimate partner. The study by Cox (2012) found that 25% of women over the age of 15 had been exposed to violence by their partners. In our country, according to the results of the violence against women study (2009), the proportion of women who were exposed to physical violence in any period of their lives was found to be 38%.

Intimate partner violence leads to many physical and many psychological health problems in women (Ogunsiji & Clisdell 2016). Women often experience physical health problems with injuries in their face, head, back, neck, chest, and abdomen. Hypertension, arthritis, headache, migraine, peptic ulcer, irritable bowel syndrome, neck and back pain are more common in these women (Guruge et al., 2012). Depression, anxiety, posttraumatic stress disorder, alcohol and substance use are psychological problems seen in these women. Also, suicide attempts and ideation are higher in women who have suffered violence by relatives, in migrants, in those undergoing clinical treatment (Chmielowska & Fuhr, 2017). According to WHO (2014) data, 38% of suicides and murders of women are committed due to intimate partner violence.

Intimate partner violence occurs during pregnancy and poses a significant public health problem (Baird et al., 2015). In the world, 1 out of every 4 women is subjected to physical or sexual abuse by their partners during pregnancy. Studies have also reported that the rate of women who were exposed to violence by their partner during pregnancy ranged from 0.9% to 50% (Demir & Oskay 2015, Baird et al., 2015). Due to the violence experienced during pregnancy, the fetus and newborn are adversely affected by this condition. The risk of miscarriage, premature birth, low birth weight baby, malnutrition and neonatal death is high in these pregnancies (Chmielowska & Fuhr, 2017). An analysis of data from 10 countries collected by the WHO also indicated that women who experience partner violence want more abortions than women who have never experienced violence. At the same time, reproductive health issues are important in these women, and sexually transmitted diseases, unintended pregnancies and chronic pelvic pain are more common (Demir and Oskay 2015:36). As a result, intimate partner violence is seen at every stage of the woman's life and negatively affects both her physical and psychological health. Therefore, health professionals have important roles in reducing the negative effects of violence on women's health, preventing the continuity of violence, providing health services, coordinating the safety of women, taking protective measures, raising awareness, early diagnosis and intervention (Crombie, Hooker & Reisenhofer 2017). In this context, the aim of the study was to determine the views of health professionals on “intimate partner violence against women”. In the study, answers to the questions about the opinions of the health professionals on the violence against women, whether the health professionals received education about the violence against women, whether the education levels of the health professionals about the violence against women were sufficient.

Method

Type of the study: This study is descriptive. Objectives: This study aims to determine the health professionals' views on “intimate partner violence against women”.

Population and sample of the study: The research was conducted between October 2019 and December 2019 with nurses, midwives and physicians at the Health Practice and Research Hospital of a University Faculty of Medicine. The research aims to reach the entire population. 120 of the health professionals who were invited to study agreed to participate in the study. As a result, the sample of the study comprised a total of 120 health professionals (16 midwives, 41 nurses, 63 physicians) who agreed to participate in the study and filled out the data collection form. The study excluded those with a communication disability, a psychiatric illness, and those who did not volunteer to participate in the study.

Data collection tools and data collection: Two different forms of data collection were used in the research. The first of these forms is the personal information and opinion form of health professionals on the violence of intimate partners

against women (HPVPW). Personal identifying information form contains 13 questions about; education status of the nurses, midwives and physician, the clinic which they currently working, gender, marital status, working hours, and the status of receiving education before graduation on intimate partner violence against women, where they have received education and encountering the women who experienced violence. The health professionals' opinion form on intimate partner violence against women consists of a total of 20 questions. This form was created by researchers using literature information (Crombie, Hooker & Reisenhofer, 2017; Uluocak, Gokulu, Bili,r 2014; Duman et al., 2016). In order to improve the comprehensiveness and scope of the form, the views of three faculty members from the field of obstetrics and gynecology, nursing were taken and the form was rearranged according to the recommendations and two questions were raised. Intimate partner violence against women statements in the opinion form, health professionals have responded by answering one of the options of agree, disagree and ambivalent. The answer options on the form are “agree=2 points”, “undecided=1 point” and “disagree=0 points”. In this context, the scores that can be obtained from the intimate partner violence opinion form for women vary between 0 and 40 points. Data collection forms were collected during working hours on weekdays. The health professionals who agreed to participate in the research were given the relevant question form after the purpose, scope, method, duration of application, confidentiality, and importance of the data were explained and asked to complete it. The data collection forms took about 20 minutes to complete.

Evaluation of Data: Continuous data were evaluated as mean ± standard deviation. Categorical data is given as percentage (%). The Shapiro Wilk test was used to investigate the suitability of the data for normal distribution. In the comparison of normal distribution groups, independent sample t-test analysis was used for cases with two groups and one-way ANOVA analysis was used for cases with three and above groups. In the comparison of groups that do not conform to the normal distribution, the Mann-Whitney U test was used for cases with two groups, and the Kruskal-Wallis H test was used for cases with three groups and above. In the implementation of analyses, IBM SPSS Statistics 21.0 softwares were used. $p<0.05$ was accepted as the benchmark for statistical significance.

Ethical Aspect of the Study: The study was approved by the Clinical Research Ethics Committee of Balikesir University Faculty of Medicine and written permission was obtained (number: 94025189-050.03). In order to conduct the study, written permission was obtained from the Head Physician of a University Health Practice and Research Hospital. The informed consent form contains a description of the purpose of the research and the confidentiality of personal information, and the names of health professionals are not included in the question forms, and all personal information is kept confidential.

Limitations of the Study: This study has some limitations. This study was applied only to physicians, nurses and midwives working at a University Health Practice and Research Hospital. Therefore, the results of the research cannot be generalized.

Results

The identifying characteristics of the 120 health professionals who accepted the research are included in Table 1. The study found that more than half of healthcare professionals were female (56.7), single (54.2) and physician (52.5%). 7.5% of these were in high school, 5.8% had an associate's degree, 34.2% had a bachelor's degree, 42.5% of them studied in medical faculty and 10.0% of them specialized in medicine. The working year averages of health professionals were determined as 18.09±8.34. When the cases of education on violence against women before graduation were examined, it was found that very few health professionals received education (28.3%) and that the education received was beneficial. Likewise, it is seen in Table 1 that a very small proportion (6.7%) of health professionals participate in the certificate program on violence against women. Besides, a large proportion of health professionals (73.3%) in the study stated that they had encountered a woman who exposed to violence. In the study, it was determined that very few participants (11.7%) received education on intimate partner violence; when we asked the participants where did they receive intimate partner violence education, the majority of them (5.8%) answered congress/seminar/conference. In addition, half of the health professionals (52.5%) consider themselves competent in the knowledge of intimate partner violence.

Table 1. Identifying Characteristics of Health Professionals

Identifying Characteristics	N	%
Gender (n: 120)		
Female	68	56.7
Male	52	43.3
Marital status (n: 120)		
Married	42	35.0
Single	65	54.2
Divorced	9	7.5
Wife passed away	4	3.3
Educational status (n: 120)		
High school	9	7.5
Associate degree	7	5.8
Bachelor's degree	41	34.2
Faculty Of Medicine	51	42.5
Specialization In Medicine	12	10.0
Occupation (n: 120)		
Midwife	16	13.3
Nurse	41	34.2
Physician	63	52.5
Working time (n:120)		
5 years and below	28	23.3
6 – 10 years	33	27.5
11 – 20 years	25	20.8
More than 20 years	7	5.8
Educational status on violence against women before graduation (n:120)		
Received education	34	28.3
Not received education	86	71.7
Sufficiency of the education (n: 34)		
Sufficient	24	20.0
Partly sufficient	8	6.7
Insufficient	2	1.7
Attending a certification program during the vocational education (n:120)		
Yes	8	6.7
No	112	93.3
Encountering with a woman who was exposed to violence during the professional life		
Yes	88	73.3
No	32	26.7
Receiving education on intimate partner violence (n:120)	14	11.7
Yes	106	88.3
No		
Place of the education on intimate partner violence (n:14)	6	5.0
University	7	5.8
Congress/Seminar/Conference	1	0.8
Private Institution		
Level of knowledge about intimate partner violence (N: 120)	63	52.5
Sufficient	57	47.5
Insufficient		
Encountering with a woman who was exposed to violence by her partner (n:120)		
Yes	76	63.3
No	44	36.7

Table 2. Health Professionals' Opinions On Intimate Partner Violence Against Women

Statements On Intimate Partner Violence	Agree		Undecided		Disagree	
	N	%	N	%	N	%
Intimate partner violence is a global health problem.	107	89.2	6	5.0	7	5.8
Women are more exposed to intimate partner violence.	112	93.3	5	4.2	3	2.5
Intimate partner violence is the most common form of violence in an emotional relationship.	105	87.5	10	8.3	5	4.2
It is normal for women to be exposed to violence who exhibit behaviors that their partner does not want.	6	5.0	6	5.0	108	90.0
The fact that the woman has chronic unidentified pain may indicate that she has been exposed to violence or abused by her partner.	101	84.2	12	10.0	7	5.8
Women who were exposed to intimate partner violence often get hurt in the face, head, back, neck, chest, breast or abdomen.	94	78.3	19	15.8	7	5.8
Intimate partner violence is indirectly associated with conditions such as depression, substance use, post-traumatic stress disorder.	99	82.5	16	13.3	5	4.2
There are also women who are exposed to intimate partner violence during pregnancy.	112	93.3	4	3.3	4	3.3
All women who are exposed to violence face bigger problems when they are separated from their partners.	77	64.2	6	5.0	37	30.8
Even if partner violence ends, it negatively affects the woman's health for a long time	107	89.2	5	4.2	8	6.7
Intimate partner violence also has a negative effect on parent-child communication.	117	97.5	1	0.8	2	1.7
In children who witness intimate partner violence, experiencing emotional and developmental disorders results in increased morbidity and mortality.	86	71.7	21	17.5	13	10.8
Efforts to reduce partner violence are the first step in reducing all types of violence.	105	87.5	8	6.7	7	5.8
The woman has the right to hide that she was exposed to violence by her partner, and should not be interfered with.	38	31.7	62	51.7	20	16.7
Only the judicial institution and the police should deal with partner violence.	73	60.8	30	25.0	17	14.2
Partner violence is an issue that is being postponed by health professionals.	60	50.0	50	41.7	10	8.3
The effort made by health professionals to prevent partner violence also contributes to the prevention of sexual violence.	108	90.0	5	4.2	7	5.8
Health professionals have an active role in raising women's awareness about partner violence.	77	64.2	36	30.0	7	5.8
In the vocational education of health professionals, partner violence against women should be more involved.	97	80.8	13	10.8	10	8.3
For health professionals, post-graduation education on intimate partner violence is more beneficial than pre-graduation education.	43	35.8	15	12.5	62	51.7

Table 3. Comparison of Health Professionals on the Violence of İntimate Partners Against Women Form with Socio-Demographic Characteristics of Health Professionals

Socio-Demographic Characteristics		N	OFPVAW Median (Q1-Q3)	Test Statistics
Gender	Female	68	1,56 (1.05+1.90)	t:-0.403* p: 0.688
	Male	52	1,58 (1.05+1.90)	
	Married	42	1.52 (1.05+1.90)	
Marital Status	Single	65	1.62 (1.05+1.90)	X^2_{kw}:41.817** **p: 0.06**
	Divorced	9	1.52 (1.35+1.85)	
	Wife passed away	4	1.40 (1.25+1.40)	
Midwife Education Status	High school	1	1.65 (1.65+1.65)	Z_{mwu}:1.500*** p: 0.250
	Bachelor's degree	15	1.48 (1.05+1.80)	
Nurse Education Status	High school	8	1.47 (1.10+1.75)	
	Associate degree	7	1.54 (1.35+1.75)	X^2_{kw}: = 0.488 p: 0.783
	Bachelor's degree	26	1.48 (1.05+1.85)	
Profession	Midwife	16	1.49 (1.10+1.90)	$X_{2\,kw}$: = 34.828 **p: 0.000**
	Nurse	41	1.49 (1.05+1.80)	
	Physician	63	1.55(1.25+1.55)	
Working year	5 years and below	48	1.64(1.25+1.90)	$X_{2\,kw}$: = 34.828 **p: 0.09**
	6 – 10 years	40	1.54(1.25+1.90)	
	11 – 20 years	25	1.53(1.25+1.90)	
	5 years and below	7	1.42(1.25+1.90)	

* t: t-test * * X^2_{kw}: Kruskal-Wallis test * * Z_{mwu}: Mann-Whitney U test

Table 4. Comparison of Health Professionals on the Violence of İntimate Partners Against Women Form with Health professionals' receiving education on violence

Education on intimate partner violence and comparison		N	OFPVAW Median (Q1-Q3)	Test Statistics
Education on violence against women before graduation	Received education	34	1.52 (1.05+1.90)	Z_{mwu}: =-0,173 **p: 0.06**
	Not received education	86	1.59 (1.05+1.90)	
Place of the education on intimate partner violence	University	6	1.56 (1.25+1.85)	F:0.096 p: 0.99
	Congress/Seminar	7	1.51(1.40+1.60)	
	Private Institution	1	1.60(1.60+1.60)	
Level of knowledge about intimate partner violence	Sufficent	63	1.64(1.05+1.90)	Z_{mwu}: = 1,060 **p: 0.000**
	Insufficient	57	1.50(1.05+1.80)	
Encountering with a woman who was exposed to violence by her partner	Yes	76	1.50(1.05+1.80)	Z_{mwu}: = 1.523 p: 0.417
	No	44	1.50(1.05+1.80)	

The distribution of health professionals' views on intimate partner violence towards women is seen in Table 2. The average score of the opinion form of health professionals on the violence of intimate partners against women was 31.48±4.03 (December: 21-38). Health professionals' awareness of intimate partner violence against women was found to be high. Health professionals who participated in the research on intimate partner violence against women when

we examined their responses to items on the feedback form it was determined that, most of the participants agreed on the opinions of "Intimate partner violence, affect parent-child communication negatively"(n=117), "women are more exposed to intimate partner violence" (n=112) and "there are women who were exposed to intimated partner violence during pregnancy" (n=112). Again, it is determined that the most disagreeable articles by the health professionals identified as; "it is normal to be exposed to violence for women who exhibit behaviors that their partner does not want" (N:108), 'all women who are exposed to violence face greater problems when they are separated from their partners."(n:37), " post-graduation education on intimate partner violence for health professionals is more beneficial than pre-graduation education (n: 62). Also in the study, the vast majority of health professionals were found to be undecided in the statements of; "*Women have right to hide that they have been exposed violence by their partner, and it should not be interfered with.*"(51.7%), "*Partner violence is a problem that has been postponed by health professionals.*"(41.7%) (Table 2). The difference between opinion form of health professionals on the violence of intimate partners against women and health professionals' gender, health professionals education status were not statistically significant ($p>0.05$). However, the difference between the opinion form of health professionals on the violence of intimate partners against women and health professionals' marital status variables was statistically significant ($p<0.05$), and the Bonferroni corrected Mann-Whitney U test analysis showed that this difference was due to the difference between married and single (M-U=-19.252; p=0.030) (Table 3). In the study, the difference was statistically significant when the working year of the health professionals was compared with the opinion form of health professionals on the violence of intimate partners against women ($p<0.05$). In the Bonferroni corrected Mann-Whitney U test analysis, it was determined that this difference was due to the difference between those who worked 5 years and below and above 20 years (M-U=-39.240; p=0.031) (Table 3). In the study, the difference was statistically significant when the profession of health professionals compared with the opinion form of health professionals on the violence of intimate partners against women ($p<0.05$). It was found that the difference in Bonferroni Corrected Mann-Whitney U test analysis, was due to the difference between the those who have the profession of a nurse and a physician, (M-U=-47.578; p=0.000), and those who have the profession of midwifery and physician (M-U=-46,589; p=0.000) (Table 3). The comparison of opinion form of health professionals on the violence of intimate partners against women with the health professionals' education on violence and encountering status with women who are exposed to violence is included in Table 4. There was no statistically significant difference between the health professionals' education on violence against women before graduation, the place of intimate partner violence education, the encountering status with the women who were exposed to violence by their partners and opinion form of health professionals on the violence of intimate partners against women ($p>0.05$). On the other hand, there was a statistically significant difference between the level of health professionals' knowledge of intimate partner violence of health professionals and the opinion form of health professionals on the violence of intimate partners against women ($p<0.05$).

Discussion

The main findings from the study are discussed in this section according to the literature. This study was conducted with 120 people working at Health Practice and Research Hospital in order to determine the opinions of working health professionals on intimate partner violence against women. More than half of healthcare professionals were female (56.7), single (54.2) and physician (52.5%). 7.5% of these were in high school, 5.8% had an associate's degree, 34.2% had a bachelor's degree, 42.5% of them studied in medical faculty and 10.0% of them specialized in medicine. The working year averages of health professionals were determined as 18.09±8.34.

The study found that a large proportion of midwives, nurses and physicians did not receive education on violence against women before graduation (71.7%) and intimate partner violence (88.3%). A study conducted in our country revealed that nearly all of the nurses (84.8%) and physicians (82.1%) did not receive an education (Yayla 2009). Kanlica (2019)'s study also found that more than half of the health workers (69,0) did not receive information about violence against women. Another study (Kara et al. 2018) found that most health professionals (84.4%) did

not receive education on violence against women before graduation. Other studies with health professionals also contain information supporting our study finding (Saribiyik, 2012; Sener & Uncu, 2017). This result shows that the education given to health professionals on violence against women before graduation is inadequate. In this context, it can be said that it is important to increase knowledge and awareness in the pre-graduation period in order for health professionals to define intimate partner violence towards women and to provide timely support to women. Besides, it is possible to consider that intimate partner violence education should be included within the curriculum, considering that the young people who are candidates for the profession will have an important role in combating intimate partner violence after graduation.

Our survey found that nearly all health professionals (93.3%) did not receive a certified education on violence against women after graduation. Other studies in our country also show that health professionals do not participate in certified education on violence against women during their vocational education (Kiyak & Akin, 2010; Kara et al., 2018). In order to prevent intimate partner violence against women, which is considered to be an important public health issue, it is thought that health professionals will increase their awareness and competence by organizing in-service educations and training programs on intimate partner violence against women in the institutions they work in.

In the study, it was determined that health professionals encountered intimate partner violence against women (63.3%) during their professional life. In the study of Kara et al., (2018), it was found that more than half (72.6%) of healthcare professionals had experienced violence against women in their professional life. Kanlica (2019)'s study also supports our research results; 64.9% of nurses and 87.0% of physicians encountered women who were exposed to violence in their professional lives. In this context, when health professionals encounter women who are exposed to violence in the institutions where they work, it is vital to establish the written functioning/policies of the institution such as intervention, diagnosis, treatment and referral to competent authorities within the scope of the institution's procedures and to inform the staff according to the 'obligation of health professionals to report the crime' (Turkish Criminal Law A.280; Aksu & Karaca 2019).

In this study, health professionals' opinions on intimate partner violence against women were collected through a form consisting of 20 articles, which were evaluated as "I disagree" (0), "Undecided" (1) and "I agree" (2). As a result of this evaluation, the opinion score averages of health professionals on intimate partner violence towards women were very high (31.48±4.03, December: 21-38). This result is valuable for demonstrating that health professionals have a high awareness of intimate partner violence against women.

The majority of health professionals agreed with "*Intimate partner violence is a global health problem*" (89.2%), "*Intimate partner violence has a negative impact on parent-child communication*"(97.5%), "*women are more exposed to intimate partner violence*" (93.3%) and "*there are women who are exposed to intimate partner violence during pregnancy*" (93.3%) on the opinion form on intimate partner violence against women. Intimate partner violence is reported as a major public health problem by the WHO (2012,2013) reports in the literature. However, it has been determined in the literature that intimate partner violence affects women more, that it has directly and indirectly negative effects on children, and that women also suffer violence during pregnancy. The study by Baird, Salmon & White (2015) also found that a large proportion of midwives (93.2%) agreed with the view that women also had a higher risk of suffering intimate partner violence. It is also noted that intimate partner violence limits the woman's decision-making power regarding her reproductive health, putting the woman at risk for sexually transmitted infections (Benebo et al., 2018). These findings are an important result showing that health professionals in our country are aware of intimate partner violence against women.

The majority of health professionals in the study were found to disagree with the statements of: "*it is normal to be exposed to violence for women who exhibit behaviors that their partner does not want*"(90.0%), "*all women who are exposed to violence face bigger problems when they are separated from their partners*."(30.8%), "*post-graduation education on intimate partner violence for health professionals is more beneficial than pre-graduation education*"

(51.7%). These opinions of the participants in our study support our conclusion that more than half of them (63.3%) met women who had been exposed to violence by their partner and the majority (88.3%) had a high awareness of partner violence against women despite not being trained in intimate partner violence.

The vast majority of health professionals were found to be undecided in the statements of; "*Women have right to hide that they have been exposed violence by their partner, and it should not be interfered with.*"(51.7%), "*Partner violence is a problem that has been postponed by health professionals.*"(41.7%). These opinions of health professionals may result from the possibility of misjudging the situation of victims of violence, as well as the possibility of making the victims worse off, as well as from the idea that they can distract the competent authorities in vain.

More than half (64.2%) of participants in the study agreed with the statement of: "*health professionals have an active role in raising women's awareness about partner violence.*" In the literature, it is also stated that it is important in raising awareness of the health professionals and providing appropriate services and initiatives in flirt violence (Kocak & Can, 2019). This finding of the study is gratifying for us. This result reflects a positive situation in which a large proportion of nurses, midwives and physicians are aware of their role in raising women's awareness of partner violence.

It is also a gratifying and positive finding that more than half (89.2%) of the participants in the study agreed "*Even if partner violence ends, it negatively affects women's health for a long time*". In the literature, it is reported that the negative effects of intimate partner violence on women's health and this supports our study finding (Crombie et al., 2017). This conclusion suggests that health professionals see violence against women as a major problem that affects women's physical and mental health and negatively impedes their social, economic and cultural positions.

In the study, it was observed that opinions on intimate partner violence towards women had more positive results in those who were married and single than those who were divorced and whose spouse had died, more positive results in nurses and physicians than midwives, and more positive results in those who worked for 5 years in their profession than those who worked for 20 years and older. Our study results are important to show that while the majority of healthcare professionals see the partner violence against women as a health problem, their gender and educational status (midwives/nurses/physicians) do not influence their opinions on intimate partner violence against women.

The study showed that positive opinions on intimate partner violence against women were higher than those of healthcare professionals who saw sufficient knowledge of intimate partner violence (Table 4). Although more than half of the participants saw their level of knowledge as adequate (52.5%), this ratio should be increased by supporting interventions for victims to have a more positive impact on women's health. It is important to establish a framework for understanding the cause, effect and how partner violence can be prevented. Increasing the level of knowledge cannot be discussed as health professionals are in the service stage for victims of partner violence.

Conclusion and Recommendations

As a result, this study showed that health professionals are often highly aware of violence against women. Based on these results, it may be suggested that;

- Inclusion of the education of health professionals on intimate partner violence against women before graduation into the curriculum,
- Including the responsibilities of identifying the intimate partner violence against women, preventing, treating and supporting subjects on the in-service and vocational education programs,
- Repeating the work in our country with different characteristics of individuals and provinces.
- It may be suggested to conduct qualitative research that examines in-depth information, opinions, and studies of health professionals on intimate partner violence against women.

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