

Original Article

Determination of Attitudes of University Students towards Domestic Violence

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Abstract

Background: Domestic violence against women both in the world and in our country is an important community and women's health problem.

Objective: The aim of this study was to determine the attitudes of students studying in Health Sciences to domestic violence.

Methodology: A total of 450 students attending the first, second and third grade of the Faculty of Health Sciences and Nursing Faculty in the 2018-2019 school year participated in this study, which is descriptive and cross-sectional type. Sample selection was not made, and the entire universe was tried to be reached. Data were collected between 15 October 2018 and February 2019 using "Information Form" and "Attitude Scale towards Domestic Violence". Data were collected by using the "Scale of Attitudes Towards Violence Against Women" by questionnaire method. Data evaluated with SPSS (Statistical Package for the Social Sciences) program.

Results: The mean age of the students was 19.70 ± 1.60 and most of them were girls (87.6%) and half of them (50.2%) were in the faculty of health sciences. The study found that 18.9% of the students witnessed violence, 16.7% were subjected to violence by their parents and the most verbal violence in the family (12.7%). According to the domestic violence scale, it was determined that male students' tendency to hide violence and negative attitudes related to violence were significantly higher than female students ($p < 0.05$). Significant differences were found between the regions where the students lived according to the sub-dimension of the reasoning the violence scale of domestic violence ($p < 0.05$).

Conclusion: In the study, it was determined that male students conceal violence in the family more, had a negative attitude towards violence against women and students coming from Eastern Anatolia Region more reasoning the violence for university education.

Key words: Violence; Women; Attitude; University students..

Introduction

Today, domestic violence is increasingly seen in various ways for children, women, the elderly and all members of the family (Baysan Arabacı, 2014). Domestic violence, which is one of the kinds of violence, is defined as general "an individual creates control over the other individual in private relationships and practices physical and emotional mistreatment to maintain that control" (Baysan Arabacı, 2014). According to another definition, domestic violence is defined as "the physical or sexual violence of at least one family member in the family that will

cause physical and mental harm to the other by force" (Linda and Donna, 2014).

The World Health Organization (WHO) report published in 2002 reported that violence occurs in the highest number of family settings and is directed towards the woman and the child by the male (WHO, 2002). Similarly, the General Directorate of the Status of Women in Turkey conducted extensive research on domestic violence against women. According to this study, the rate of women being subjected to physical violence by their spouses at least once in their lifetime is 37.5% (Ministry of Family and Social Policies, Directorate General of the Status of

Women, 2014). In another study, it was determined that 27.2% of women were exposed to violence by their spouse or ex-spouses at least once, and the types of violence most frequently suffered were psychological violence (39.4%), economic violence (24.4%), physical violence (23.2%) and sexual violence (9.8%) (Bilgin Sahin ve Erbay Dundar, 2017). Kurt et al (2018) examined the history of domestic violence in women who applied to the psychiatry outpatient clinic and found that 70.1% of 300 women experienced verbal violence in their marriage, 49% experienced physical violence, and 65.3% of those who experienced verbal violence also experienced physical violence (Kurt et al, 2018).

Therefore, it has been suggested that the increasing rate of violence may cause medical and mental problems, loss of productivity, decrease in quality of life, deterioration of family integrity, increase treatment expenditures and also deterioration of family and community health in women (Sahin and Dissiz, 2009). A study by Ferrari et al (2018) of 260 women who have suffered from domestic violence states that women have high levels of anxiety and depression, even more than three-quarters of women experience post-traumatic stress disorder. In the same study is emphasized that as the severity of domestic violence increases, increases in the mental state observed until suicide (Ferrari et al, 2016).

Health professionals are key in providing medical care, support, counselling and rehabilitation to victims in the diagnosis of domestic violence cases (ICN, 2001; WHO, 2002). While performing the roles of health professionals in domestic violence; knowing their own feelings, thoughts and attitudes is extremely important in helping individuals who are exposed to violence. For this reason, it is thought that determining the attitudes of university students who are educated in the field of health towards domestic violence may be important for awareness raising and prevention of violence. However, in developing policy recommendations aimed at preventing/reducing domestic violence, is of particular importance to identify the views of university students who are considered to reflect young people. In the light of this information, this study was planned to determine the attitudes of students studying in health sciences to domestic violence.

Method

Research Type: The research was conducted in descriptive and cross-sectional type.

Population and Sampling of Research: The population of the study consisted of 1275 students studying in their first three classes of the Faculty of Health Sciences, which includes the departments of nursing, child development, midwifery, nutrition dietetics and health management of a university associated with the field of health. There was no selection of samples in the research; a sample group of 450 students who agreed to fill out the research forms, read and write in Turkish and complete the forms were created after being informed about the research. 35 students from Nursing Faculty and 200 students from child development department, 177 students from midwifery department, 184 students from nutrition and dietetics department and 209 students from health management department, a total of 770 students from Health Sciences Faculty did not want to participate in the study. In addition, 20 students were not included in the study because they were missing the questionnaire.

Data Collection Tools: "Information Form" was used to collect the data and the "Attitude Scale towards Domestic Violence (ATISS)" was used to determine the attitudes of students towards domestic violence.

Information Form: This form consisted of 28 questions including the socio-demographic characteristics of the students (gender, class, educational status of parents, place of residence, etc.) and violence stories.

The Attitude towards Domestic Violence Scale was developed by Sahin and Dissiz (2009). It was aimed to determine the attitude towards domestic violence with the scale which was prepared in a 5-point Likert format. The highest score that can be obtained from the scale is 65 and the lowest score is 13. The increase in the scores shows that the attitude towards violence is positive and the decrease is negative. The Cronbach alpha value was found to be 0.72. The scale consists of 4 factors with a total of 13 items. The factors were named "normalization of violence" (5 articles-1,2,3,4,5), "generalization of violence"(3 articles-6,7,8), "causality of violence" (3 articles-9,10,11), "hiding the violence"(2 articles-12,13) respectively.

Data Collection: The data were obtained by the researchers by informing the students about the purpose and importance of the study and self-reports of the students who agreed to participate in the study. It took about 15-20 minutes to complete the study forms by the student.

Ethical Committee Approval: Ethics committee approval was obtained from the ethics committee of the university for this study (IRB no: 2018-18/17). At the same time, work permits were obtained from the relevant institutions in order to carry out the research and the students who participated in the research received informed voluntary approvals.

Evaluation of Data The data evaluated by SPSS (Version 21.0) package program. In the statistical evaluation, t test was used for frequency, mean and independent groups. One-way analysis of variance or Kruskal -Wallis analysis techniques have been used to define the difference between groups in cases where groups are more than two.

If the difference between the groups is statistically significant, the Tukey test or the Mann Whitney U test was used to evaluate which groups the difference originated from. The statistical significance level was considered $p < 0.05$.

Results

Of the 450 students who participated in the study, 49.8% were Faculty of nursing, 22.9% were Faculty of nutrition and Dietetics, 15.1% were midwifery, 6.9% were health management, 5.3% were Child Development, and 50.2% were students of the Faculty of Health Sciences. 87.6% of the students were female, 12.4% were male and the average age was 19.70 ± 1.60 (min.17- max.39). Most of the students (97.8%) who participated in the study were single and had a nuclear family (81.8%). More than half of the students' mothers (52.4%) were at primary and lower levels and 66.4% of their fathers were at secondary and higher levels (Table 1).

Table-1: Distribution of Students According to Sociodemographic Characteristics (n=450)

Variables		Number (%)
Age	19 years and under	206 (45.8)
	Above 19 years	244 (54.2)
Gender	Female	394 (87.6)
	Male	56 (12.4)
Faculty	Faculty of Nursing	224 (49.8)
	Faculty of Health Sciences	226 (50.2)
Class	1st class	171 (38.0)
	2nd class	122 (27.1)
	3rd class	157 (34.8)
Marital status	The married	10 (2.2)
	Single	440 (97.8)
Economical situation	Low income	89 (19.8)
	Middle income	299 (66.4)
	High income	62 (13.8)
Family Type	Nuclear family	368 (81.8)
	Large family	73 (16.2)
	Separated family	9 (2.0)
Mother Education	Primary school and below	236 (52.4)
	Secondary school and above	214 (47.6)
Father Education	Primary school and below	151 (33.6)
	Secondary school and above	299 (66.4)

Table-2: Characteristics of Students Related to Domestic Violence (n = 450)

Variables		Number (%)
Witnessing Violence	Yes	85 (18.9)
	No	365 (81.1)
Type of Violence Witnessed *	Verbal violence	67 (14.9)
	Emotional violence	32 (7.1)
	Physical violence	62 (13.8)
History of Violence	Yes	75 (16.7)
	No	375 (83.3)
Type of Violence *	Verbal violence	57 (12.7)
	Emotional violence	36 (8.0)
	Physical violence	43 (9.6)
	Sexual violence	1 (0.2)
Practicing Violence *	Father	55 (12.2)
	Mother	38 (8.4)
	Friend (men,girl)	18 (4.0)
Attitude Against Violence	I was silent	45 (10.0)
	I cried	14 (3.1)
	I responded (verbal, physical)	15 (3.3)
	I took legal action	1 (0.2)
Opinion on Violence Against Women	Never acceptable	443 (98.4)
	Normal behavior	1 (0.2)
	In some cases you may deserve	6 (1.3)
Prevention Recommendations (n = 256)	Nothing to do	9 (3.5)
	Heavy penalties should be given	54 (21.1)
	Awareness trainings should be provided	124 (48.4)
	Psychological counseling should be provided	44 (17.2)

Protection programs should be developed

25 (9.8)

Table-3: Comparison of Score Averages Scale of Attitude towards Domestic Violence According to Sociodemographic Characteristics of Students (n = 450)

Variables	Scale of Attitude Toward Domestic Violence and Sub Dimensions				
	Normalization of Violence	Generalization of Violence	Causality of Violence	Hiding of Violence	Total Points
Age	Mean± SD	Mean± SD	Mean± SD	Mean± SD	Mean±SD
≤19 (n=206)	6.68 ± 2.80	3.77 ± 1.54	6.07 ± 2.04	2.95 ± 1.50	19.49 ± 6.37
>19 (n=244)	6.68 ± 2.60	3.88 ± 1.61	6.04 ± 1.91	2.91 ± 1.48	19.53 ± 5.98
t/p	.035 / .972	-.752 / .452	.127 / .899	.300 / .764	-.065 / .949
Gender					
Female (n=394)	6.58 ± 2.57	3.81 ± 1.51	6.03 ± 1.96	2.84 ± 1.37	19.27 ± 6.01
Male (n=56)	7.41 ± 3.37	4.00 ± 2.00	6.25 ± 1.98	3.57 ± 2.01	21.23 ± 6.90
t/p	-1.769 / .082	-.820 / .413	-.771 / .441	-2.618 / .011*	-2.240 / .026*
Faculty					
Nursing (n=224)	6.55 ± 2.64	3.83 ± 1.57	6.02 ± 1.99	2.97 ± 1.54	19.38 ± 6.12
Health Sciences (n=226)	6.80 ± 2.74	3.84 ± 1.59	6.09 ± 1.99	2.89 ± 1.43	19.64 ± 6.19
t/p	-.990 / .323	-.099 / .921	-.404 / .687	.565 / .573	-.451 / .652
Class					
1st class (n=171)	6.67 ± 2.74	3.77 ± 1.56	6.07 ± 2.02	2.90 ± 1.49	19.42 ± 6.14
2nd class (n=122)	6.68 ± 3.14	3.86 ± 1.81	6.09 ± 2.08	2.89 ± 1.48	19.52 ± 7.03
3rd class (n=157)	6.69 ± 2.24	3.89 ± 1.40	6.01 ± 1.82	3.00 ± 1.50	19.60 ± 5.12
F/p	.002 / .998	.251 / .778	.054 / .948	.241 / .786	.034 / .966
Economical situation					
Low income (n=89)	6.74 ± 2.06	3.73 ± 1.15	5.82 ± 1.08	2.05 ± 1.34	19.14 ± 4.80
Middle income (n=299)	6.63 ± 2.87	3.89 ± 1.73	6.16 ± 2.01	2.97 ± 1.56	19.67 ± 6.64
High income(n=62)	6.82 ± 2.63	3.70 ± 1.33	5.90 ± 1.98	2.85 ± 1.20	19.20 ± 5.70
F/p	.144 / .866	.612 / .542	1.279 / .281	.318 / .728	.298 / .743
Childhood Place of Residence					
Mediterranean (n=36)	7.11 ± 3.82	3.77 ± 1.83	5.58 ± 2.06	3.08 ± 1.71	19.55 ± 7.98
Eastern Anatolia (n=17)	7.94 ± 4.50	5.05 ± 2.86	7.00 ± 1.11	3.64 ± 1.99	23.64 ± 8.33
Marmara (n=278)	6.58 ± 2.55	3.76 ± 1.45	5.94 ± 2.02	2.89 ± 1.43	19.20 ± 6.05
Central Anatolia (n=24)	7.09 ± 2.61	4.33 ± 2.11	6.75 ± 2.00	3.29 ± 1.70	21.41 ± 6.80
Aegean (n=21)	6.19 ± 1.60	3.71 ± 1.41	6.66 ± 1.79	3.19 ± 2.01	19.76 ± 3.91
Southeastern Anatolia (n=31)	6.48 ± 2.43	3.87 ± 1.52	6.35 ± 1.95	2.70 ± 1.21	19.41 ± 5.78
Black Sea (n=43)	6.62 ± 2.09	3.62 ± 0.95	5.93 ± 1.68	2.58 ± 1.07	18.76 ± 4.08
KW/p	3.699 / .717	11.561 / .073	16.947 / .009*	7.962 / .254	11.530 / .073

*: p<0.05; t: Student's t Test; F: One Way Anova; KW: Kruskal Wallis Test.

Table-4: Comparison of Score Averages Scale of Attitude towards Domestic Violence According to Violence Characteristics of Students (n = 450)

Variables	Scale of Attitude Toward Domestic Violence and Sub Dimensions				
	Normalization of Violence	Generalization of Violence	Causality of Violence	Hiding of Violence	Total Points
Witnessing Violence	Mean± SD	Mean± SD	Mean±SS	Mean±SS	Mean± SD
Yes (n=85)	6.83 ± 2.73	3.77 ± 1.59	6.35 ± 1.86	2.89 ± 1.42	19.85 ± 5.49
No (n=365)	6.64 ± 2.69	3.85 ± 1.57	5.99 ± 1.98	2.96 ± 1.50	19.43 ± 6.30
t/p	.572 / .568	-.396 / .692	1.525 / .128	-.269 / .788	.570 / .569
History of Violence					
Yes (n=75)	6.72 ± 2.38	3.69 ± 1.12	6.13 ± 1.89	2.84 ± 1.21	19.38 ± 4.66
No (n=375)	6.67 ± 2.75	3.86 ± 1.65	6.04 ± 1.98	1.95 ± 1.54	19.54 ± 6.41
t/p	.125 / .401	-.866 / .387	.353 / .724	-.593 / .553	-.199 / .843

t: Student's t Test

The majority (61.8%) of the participating students came from the Marmara region for their university education, 79.9% of the students were housewives of their mother, 56.7% of the students were workers of their father, and more than half (56.2%) of the students had two or fewer siblings was determined.

18.9% of the students who participated in the study witnessed violence, verbal (14.9%) and physical (13.8%) violence were witnessed at most, and the violence witnessed most consisted of violence against the father's spouse and children was determined. 16.7% of the students stated that they had been exposed to violence and that verbal (12.7%) and physical violence (9.6%) had been inflicted on them, and most of them were subjected to violence by their fathers (12.2%). Most of the participants stated that they were silent in the face of violence (10%) and very few "women deserved violence in some cases" (not taking care of their children and home, not fulfilling their husband's wishes, cheating on her husband, talking continuously). Of the university students who participated in the study, only a few (3.5%) stated that there was "nothing to do" regarding violence against women in the family, 21.1% said that "severe penalties should be imposed (such as execution, death, life imprisonment)", close to half (48.4%) said that "awareness trainings should be given" and 9.8% said that "protection programs should be improved" (Table 2).

There was no significant difference between the subscales and total mean scores of domestic violence scale against women according to sociodemographic characteristics of the

participating students such as age, faculty, class and income level. In terms of gender (female/male) relative to domestic violence scale, in terms of severity retention sub-dimension and total score averages; in the sub-dimension of causation of violence relative to the region in which men live, those living in the Eastern Anatolia region received higher scores and showed the traditional approach was determined ($p < 0.05$) (Table 3).

There were no statistically significant differences in the mean of sub-size and total score in terms of the attitude scale of domestic violence in relation to students' witnessing violence and stories of violence ($p > 0.05$) (Table-4).

Discussion

The perception of violence as a method of decency, especially in the family environment in Turkey, and the legitimate perception of in the family and in the public cause the continuity/repetition, concealment or ignoring of the violence (Karacam et al., 2006). It is important that university students who are educated in the fields of Health Sciences reveal their views and professional attitudes regarding domestic violence against women and draw attention to this issue and change their traditional perspective in the fight against violence against women. More than half of the mothers of the 450 students who participated in this study were at primary and lower levels of education and the majority of the mothers were housewives, 66.4% of the fathers of these students worked as workers with secondary and higher education was seen. This finding can be interpreted as the fact that university students studying in the fields of

Health Sciences come from the middle and lower levels of society as socio-economic structure. Therefore, socio-economic conditions that concern the whole family such as lack of education or more, economic distress and unemployment may be risk factors for the occurrence of violence against women in the family.

In fact, the family is a unit that is expected to provide a safe environment for the individual as of its structure (Tezel Sahin and Ozyurek, 2014). The family should be the least likely place for any kind of violence to occur in the form of an individual's violence against another individual or individuals against each other. Studies have shown that children are faced with high levels of violence among their families, which should be the most reliable place (Tuncel, Dundar and Pesken, 2007; Kanbay et al., 2012; Muderrisoglu et al., 2014). The study determined that 18.9% of the students witnessed violence within the family. In the study conducted by Daglar and his colleagues with midwifery and nursing students, 15.2% of the students witnessed violence in the family (Daglar, Bilgic and Demirel, 2017). The results of the study were consistent with the results of other studies.

Studies have shown that university students who are exposed to or witnessed violence have a higher tendency to violence (Ayan, 2007; Kodan Cetinkaya, 2013). Furthermore, 16.7% of students stated that they were exposed to violence. Therefore, about one-fifth of the students suffer violence in the family, a rate that will not be underestimated. Kitzmann and his colleagues (2003) observed that children who witnessed violence within the family exhibited more negative behaviours than those who did not (Kitzmann et al, 2003). The study suggests that these young people are more likely to encounter or engage in violence in the following years.

On the other hand, in the study, university students expressed both the type of violence they witnessed and the type of violence they were exposed to as verbal and physical violence, respectively. In parallel with this study, in the study of Tezel and Ozyurek, it was found that the most common type of violence experienced by university students in the family was verbal violence, followed by physical and emotional violence, respectively. Tezel and Ozyurek point out that verbal violence includes emotional violence and physical violence includes both

verbal and emotional violence (Tezel Sahin and Ozyurek, 2014).

Both the Demographic and Health study in Turkey (2003) as well as in family studies that examined violence against women, the husband of wife beating was concluded that there may be some justification (such as burned the food, to pay no attention to the child care allowance of unnecessary expenditure, the refusal of sexual intercourse) (Hacettepe University Institute of Population Studies, 2003; Alper et al., 2005; Doran and Hutchinson, 2016). In this study, while most of the students stated that violence against women was never acceptable, very few students stated that “in some cases, a woman deserves violence” (not interested in her children and her home, her husband's failure to fulfil her wishes, her husband's cheating, her constant talk). In their work in Australia, Webster and his colleagues have stated that domestic violence is more than physical violence, and that most people think that violence cannot be justified (Webster et al., 2014). In their study by Doran and Hutchinson (2016), some of the nursing students answered that if a woman is abused by her husband, she probably deserves it (Doran and Hutchinson, 2016). The perception and identification of domestic violence is always shaped by the cultural values of society and individuals. Therefore, when the use of violence comes up as a situation that is accepted and legitimized by the society, it is difficult to define and define that behaviour as violence (Sahin and Beyazova 2001).

In addition, the study also evaluated suggestions for preventing violence by students studying at the University who will become a future health professional and parent candidate. In relation to violence against women in the family, very few (3.5%) of the students said there was nothing to do, 21.1% said severe penalties should be imposed (such as execution, death, life imprisonment), close to half (48.4%) said they wanted awareness training and 9.8% said protection programmes should be improved. According to the results of the research conducted by the Prime Ministry Family Research Institution (1998) on violence in the family and in the social sphere; In order to prevent violence, it is emphasized that violence against children in the family should be prevented and this is important (Prime Ministry Family Research Institute, 1998). Otherwise, the attitude of violence is a part of personality in the adult age

group and can become one of the characteristic features. Unlike past studies, this study suggests that university students should be given training to increase social awareness in the face of violence, and that protection programs should be developed, so it is a positive finding as a result of the study.

The role of patriarchal gender is suggested to be one of the factors influencing attitudes towards domestic violence. The patriarchal faith can see violence against the spouse as commonplace (Wang, 2016). Morgan and Chadwick stated that domestic violence was more acceptable to men and therefore women were more likely to be harmed (Morgan and Chadwick 2009). In this study, when we look at the average of gender and family violence attitudes, it was found that male students perceived domestic violence more normal and had a positive attitude towards domestic violence and this result was consistent with the results of other studies (Kaplan et al., 2014; Bulut, 2015). The fact that female students view domestic violence as unacceptable is due to the fact that the most important victims of violence are the same race. Therefore, they showed that there should be no domestic violence among female students at the university. On the other hand, it was determined that male students considered the attitude that violence should be kept in other words, which supports the stay of violence in the family, is more acceptable. According to Bulut's study with university students in 2015 to determine their attitudes towards domestic violence, it was determined that male students tend to hide more violence than girls (Bulut, 2015). The results of the study are consistent with the literature knowledge and the study of Bulut.

Students living in the eastern Anatolia region were found to demonstrate a traditional approach by scoring higher in the sub-dimension of causation of violence than in the region in which they lived. The factor of causation of violence is thought to be that students want to try to legitimize violence by attributing the cause of violence to a particular factor (such as alcohol, resentment, poverty).

It was determined that one in three women experienced physical violence in Turkey and that this rate increased significantly from West to East (Guler et al. 2005; Mayda and Akkus, 2004). In many Eastern cultures, violence against women or violence committed by men is considered

normal behaviour. In this study was determined that the students living in the Eastern Anatolia region showed a traditional approach by taking higher scores than the sub-dimension of violence causation. The factor of causation of violence is thought to be that students want to try to legitimize violence by attributing the cause of violence to a particular factor (such as alcohol, resentment, poverty). In addition, in order to avoid contradiction in the opinions of the students in the study that violence is not good, it can be thought that the students reasoning the violence. In addition, the attitude that responds and causes domestic violence in the eastern regions of the country; is argued that the perception of it as an internal matter of the family, that external intervention would make this problem worse and may be related to the more widespread acceptance of the belief that "there is always a reason if a woman is beaten".

Studies have suggested that children's exposure to or witnessing violence in the family may lead them to adopt an attitude of aggression in the future (Avci and Gucray, 2010; Kilic, 2012). As a matter of fact, in the study conducted by Karabulutlu with nursing students, was determined that 28.2% of the students were subjected to violence and 29.1% witnessed the violence and 28.2% of the same students applied violence to others (Karabulutlu, 2015). Kanbay and his colleagues (2012) found that 44.1% of the students were exposed to violence and 57.6% of the students applied violence to another (Kanbay et al., 2012). There was no significant difference between witnessing violence and exposure to violence and attitudes towards domestic violence in this study. It is thought that this may be related to the fact that students continue their university education in the departments related to health, the issues related to domestic violence are explained in the curricula of the course, and legal regulations are made, especially in the media, and as a result, their awareness of violence increases. The fact that nearly half of them stated that awareness training should be provided when the students' suggestions for preventing domestic violence were asked from the study findings support this result.

Conclusion: In this study, it was found that the students in the family were exposed to verbal violence most frequently by the father and witnessed the most verbal violence. The students coming from the Eastern Anatolia Region for university education caused the violence more

causally, the male students hid the violence experienced in the family more and they had negative attitude towards the violence against women was observed. Nevertheless, all the students recommended the dissemination of awareness trainings mostly to prevent domestic violence was determined. Therefore, it can be said that students are influenced by their environment, culture, traditions and family life while expressing their thoughts. In the studies, which are worked by different national and international disciplines and produced various projects for its solution; it is clear that violence awareness trainings should take place at all levels, since it will have negative effects on the families and occupational professionals of the future and to raise young individuals insensitive to the problem of domestic violence. This situation is of great importance for future parent candidates and health professionals to raise healthy, happy and successful individuals in all aspects.

Limitations of Research: The attitude information about domestic violence against women is based on students' self-report and is limited only to the group of students studied.

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