Original Article

Nursing and Midwifery Students' Attitudes towards Violence against Women and Recognizing Signs of Violence against Women

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Abstract

Introduction: The ability of midwives and nurses to manage violence, to recognize its signs and to recognize the needs of individuals is influenced by their knowledge, attitudes and beliefs.
Objective: The aim of this study is to examine the attitudes of midwifery and nursing students' towards violence against women and their recognition of the signs of violence.
Methodology: The sample of this descriptive study consisted of 750 undergraduate students studying in the midwifery and nursing department of a university. Data were collected using Personal Information Form, the Scale for Attitudes toward Violence (SATV) and Ability of Nurses and Midwives to Recognize the Signs of ViolenceAgainst Women Scale (NMRVAWS).
Results: According to the total mean score of SATV (39.93±11.08), students had non-traditional and contemporary attitudes towards violence. The average score of NMRVAWS was above the average (18.11±3.18). It was determined that midwifery students adopted more contemporary views on attitudes towards violence than nursing students (t=–3.704, p=0.000). A statistically significant negative correlation was found between SATV and total mean scores of NMRVAWS (r=–0.227, p=0.000), recognition of physical (r =–0.143; p=0.000), emotional signs (r =–0.210; p=0.000).
Conclusion: Students have a contemporary attitude towards violence against women and can recognize signs of violence "partially sufficient". As the traditional attitude towards violence increases, the recognition of the signs of violence decreases. The results of this study emphasize the importance of addressing violence and signs in undergraduate education.

Keywords: Midwifery and Nursing Students, Violence Against Women, Attitude, Recognition of Violence Signs.

Introduction

Violence against women is an important public health problem and affects the economic, social, education and health areas of the society negatively. It is a violation of human rights that women face at every age, every culture, every education level and everywhere (Majumdar, 2004; Silva et al. 2015; Doran and Hutchinson, 2016). According to the results of Research on Domestic Violence Against women in Turkey (2015), 36% of women stated that they were exposed to physical violence, 12% were exposed to sexual violence and that 38% were exposed to at least one of two violence types, show that sexual violence is usually accompanied by physical violence. In this study, 44% of women stated that they were exposed to emotional violence and 24% were exposed to financial abuse (Research on Domestic Violence Against women in Turkey, 2015).

Women who are exposed to violence are physically injured and may experience physical and psychological problems such as chronic pain, sexually transmitted diseases, depression,

anxiety, somatization, posttraumatic stress disorder, suicidal ideation and sleep problems (Bahadır Yılmaz and Oz, 2018). Poor health perception, lack of daily activities, drug and substance use are highly prevalent in women who are exposed to violence (Akgun and Sahin, 2017) and their psychological well-being is adversely affected (Martins et al. 2014). Another factor affecting women is violence during pregnancy. Abortion, premature birth and birth of a baby with low birth weight are usually experienced during pregnancy because of violence (Doran and Hutchinson, 2016). Women who are exposed to violence during pregnancy only apply to health professionals when they have abortions. For this reason, the positive approach of health professionals and the determination of violence in the early period is important (Bahadır Yılmaz and Oz, 2018). Violence is also associated with high morbidity, mortality and health costs (Rigol-Cuadra et al. 2015).

In studies investigating the attitudes of students towards violence against women in Turkey, attitudes of students have found to be usually positive (Akgun and Sahin, 2017; Aktas, 2016; Bahadır Yılmaz and Oz, 2018; Demirel Bozkurt et al. 2013; Sabancıogulları et al. 2016). In an international study conducted with midwifery and nursing students, it was determined that students thought that domestic violence was important, they had theoretical knowledge about the nature and results of violence, but they did not have confidence in themselves and experienced anxiety in recognizing and reacting to violence. In the same study, students stated that they did not feel sufficiently prepared to deal with the problem of domestic violence (Bradbury-Jones and Broadhurst, 2015). In a study conducted with nursing students, it was determined that they were not sufficient to recognize the signs of violence against women (Tambag and Turan, 2015).

Women who are exposed to violence can easily access to the health institutions and they can share their problems easily with the midwives and nurses who provide services to the family and can establish closer relationships with women (Basar and Durmaz, 2015; Dissiz and Hotun Sahin, 2008; Majumdar, 2004; Silva et al. 2015). In this context, the midwives and nurses who are in a key position must carry out the roles of evaluating, intervening, advocating, supporting, counseling and caregiving for individuals and their families (Beccaria et al. 2013; Dissiz and Hotun Sahin, 2008; Durmaz et al., 2016; Er Guneri, 2016). Midwives and nurses should know verbal and nonverbal signs of violence, factors that reveal violence, cycle of violence, supportive interventions and they should be able to refer to other professionals when necessary, and have the knowledge and skills to help the woman and her family (Demirel Bozkurt et al. 2013; Durmaz et al. 2016; Martins et al. 2014).

The ability of midwives and nurses to manage violence, to recognize its signs and to recognize the needs of individuals is influenced by their knowledge, attitudes and beliefs (Beccaria et al. 2013; Majumdar, 2004; Rigol-Cuadra et al. 2015). Therefore, determining the attitudes of midwifery and nursing students towards violence and determining at which level they can recognize the signs of violence are important to help women who are exposed to violence and who are in risk group and to provide high quality health care. The study was conducted to examine the attitudes of midwifery and nursing students' towards violence against women and their recognition of the signs of violence.

Methodology

Study Design and Sample

The sample of this descriptive study consisted of 750 undergraduate students studying at midwifery (n=258) and nursing (n=492) departments of a university located in the Central Anatolia region of Turkey. The students who accepted to participate in the study between December 1, 2017 and January 15, 2018 were included in the study.

Data Collection Tools

***The Personal Information Form*:** In the form prepared by the researches after the literature review, there are 20 questions concerning socio-demographic characteristics and characteristics of violence such as age, gender, place of residence, department, place of residence before university, type of family.

The Scale for Attitudes toward Violence (SATV): The scale developed by Gombul (2000) assesses the attitudes of healthcare personnel regarding domestic violence committed by a woman's husband. The scale includes four sub-dimensions and 19 expressions related to economic violence, emotional, psychological,

sexual violence, legitimizing myths and explanatory myths. This Likert-type scale wasscored as follows: "1" means strongly disagree, "2" disagree, "3" neutral, "4" agree, and "5" strongly agree. The average possible attitude score from the scale varies between 19 and 95. A high total score indicates a higher level of traditionalism in the attitude of healthcare personnel towards violence, while a low total score indicates a rejection of traditionalism and agreement with more modern opinions (Gombul, 2000).

Ability of Nurses and Midwives to Recognize the Signs of ViolenceAgainst Women Scale (NMRVAWS): This scale, which was developed by Baysan-Arabacı and Karadaglı, consists of 31 true or false questions. To evaluate responses to items on the scale, "1" point is given to responses of "true"and "0" points are given to responses of "false". There are two sub-dimensions as physical and emotional. Knowledge level of recognizing the signs of violence against women of midwives and nurses who knew 80% or more of the items correctly was found to be "sufficient", knowledge level of those who knew 50-79% was found to be "partially sufficient" and knowledge level of those who knew 50% and less were found to be "insufficient". The score is 0-31 for the total scale score, 0-18 for the physical symptoms sub-dimension, and 0-13 for the emotional symptoms sub-dimension. High scoresindicate a high level of knowledge (Baysan Arabacı and Karadaglı, 2006).

Application: The students who were studying in midwifery and nursing department and who accepted to participate in the research were informed about the content and the purpose of the research, and their verbal and written informed consent were obtained. Personal Information Form, SATV and NMRVAWS were applied to the students who accepted to participate in the study. It took approximately 10-15 minutes to fill out the forms.

Statistical Analyses : The data were evaluated using the SPSS 22.0 package program. In the evaluation of the data, the percentage distribution was used to determine the characteristics of socio-demographic and violence. When the parametric test assumptions were performed, the t test was used for the comparison of the two groups, the Anova test was used for the comparison of more than two groups and the Tukey test was used to determine from which group the difference originated. Pearson Correlation analysis was used to determine the relationship between the variables and the level of error was taken as $p<0.05$.

Ethics: Before starting the research, ethics committe approval was obtained from Non-Interventional Clinical Research Ethics Committee of the university (deision no: 2017-11/30) and written permission from the institution where the study would be conducted. The study was conducted in accordance with the ethical standards of the Helsinki declaration.

Results

Descriptive characteristics of students

The mean age of the students was 20.31±1.81 (min: 17, max: 34) and 75.9% of them were females. 65.6% of the students were nursing students, 34.4% were midwifery students and 30.8% were first grade students. 79.7% of the participants lived in the dormitory during their education and 52.5% lived in the city center before they started their education. 84.9% of the students lived in a nuclear family, 53.1% of them said their monthly income was tolerable and 63.7% of them considered their academic achievement as moderate.

Students' opinions on violence

Of the students participating in the study, 51.1% had witnessed any kind of violence, 74.1% stated that violence was addressed in the courses, 86.3% stated they could approach to violence situation, 50.8% had sufficient knowledge of how to address violence, and 91.6% of them stated addressing violence should be included in the occupational practices (Table 1).

SATV and NMRVAWS related results

Table 2 shows the mean scores of the students from the SATV and sub-dimensions. Total mean score of SATV was 39.93±11.08 (min: 19, max: 84), economic violence sub-dimension mean score was 14.20±5.63 (min: 7, max: 35), emotional, psychological, sexual violence mean scores were 13.53±5.14 (min: 6, max: 30), the legitimizing myths were 5.43 ± 2.59 (min: 3, max: 15) and the explanatory myths were 6.77±2.62 (min: 3, max: 15). The low attitude score in the evaluation of the scale shows the rejection of traditionalism and adopting more contemporary view. According to the research, it was determined that the attitude of the students

towards the violence against women was in the direction of contemporary view.

Total mean score of NMRVAWS was 18.11±3.18 (min: 9, max: 27), physical signs sub-dimension mean score was 7.40±1.68 (min: 1, max: 12) and emotional signs mean score was 10.71±2.29 (min: 4, max: 17). The knowledge level of the students was above the average (Table 2). In the evaluation of the scale, knowledge level of nurses and midwives, who accurately knew 50-79% of the items that constitute the total and sub-scale scores, was evaluated as "partially sufficient". In our study, 58.4% of students were found to be "partially sufficient" in total NMRVAWS evaluation, 56.9% of them in physical signs and 59.5% of them in emotional signs.

Table 1. Students' views on violence

		n (%)
Witnessing violence	Yes	367 (48.9)
	No	383 (51.1)
Addressing violence in courses	Yes	556 (74.1)
	No	194 (25.9)
Approaching to violence	Yes	647 (86.3)
	No	103 (13.7)
Thinking to have sufficient knowledge in dealing with violence	Yes	381 (50.8)
	No	369 (49.2)
Thinking about the necessity of addressing violence to take part in occupational practices	Yes	687 (91.6)
	No	63 (8.4)

Table 2. SATV, NMRVAWS and sub-dimension mean scores of students

	Min-max	M±SD
SATV total	19-84 (19-95)	39.93±11.08
Economic violence	7-35 (7-35)	14.20±5.63
Emotional, psychological, sexual violence	6-30 (6-30)	13.53±5.14
Legitimizing myths	3-15 (3-15)	5.43±2.59
Explanatory myths	3-15 (3-15)	6.77±2.62
NMRVAWS total	9-27 (0-31)	18.11±3.18
Physical signs	1-12 (0-13)	7.40±1.68
Emotional signs	4-17 (0-18)	10.71±2.29

*The scores obtained from scales; **The scores need to be obtained from scales

Table 3. SATV and NMRVAWS mean scores of students' according to their socio-demographic characteristics

	n (%)	SATV Total X±SD	NMRVAWS Total X±SD
(Age mean:20.31±1.81)			
Age groups			
17-20	265 (35.3)	37.82±9.81	18.25±3.14
21-23	416 (55.5)	41.36±11.55	18.15±3.16
24 and above	69 (9.2)	39.44±11.65	17.30±3.33
Test**		F=8.502; **p=0.000***	F=2.548; p=0.079
Gender			
Female	569 (75.9)	37.23±10.11	18.42±3.13
Male	181 (24.1)	48.44±9.63	17.13±3.14
Test***		t= –13.132;p**=0.000***	t=4.835; p=0.000
Department			
Midwifery	258 (34.4)	37.88±10.84	18.24±3.17
Nursing	492 (65.6)	41.01±11.07	18.04±3.19
Test***		t= –3.704; **p=0.000***	t=0.782; p=0.434
Grade			
First	231 (30.8)	38.55±10.24	17.98±3.10
Second	180 (24.0)	39.75±10.11	18.32±3.21
Third	154 (20.5)	42.79±12.51	17.77±3.16
Fourth	185 (24.7)	39.45±11.39	18.35±3.25
Test**		F=4.813; **p=0.003***	F=1.329; p=0.264
Perception of monthly income			
Sufficient	207 (27.6)	38.13±10.91	18.20±3.19
Tolerable	398 (53.1)	40.32±10.73	18.07±3.09
Insufficient	145 (19.3)	41.45±11.99	18.08±3.41

Test **	F=4.370; **p=0.013**	F=0.123; p=0.884

* p < 0.05; **One-Way Anova test; ***Independent-Samples t test

Table 4. SATV and NMRVAWS mean scores of students' according to their views on violence

	SATV Total X±SD	NMRVAWS Total X±SD
Witnessing violence		
Yes	39.85±10.88	18.37±3.18
No	40.01±11.29	17.86±3.16
Test**	t= –0.204; p=0.838	t=2.206; **p=0.028***
Addressing violence in courses		
Yes	39.46±11.03	18.28±3.19
No	41.29±11.16	17.63±3.11
Test**	t= –1.990; **p=0.047***	t=2.424; **p=0.016***
The necessity to include violence in occupational practices		
Yes	39.36±10.95	18.21±3.16
No	46.14±10.68	16.96±3.19
Test**	t= –4.706; **p=0.000***	t=3.002; **p=0.003***

* p < 0.05; **Independent-Samples t test

Table 5. The correlation between NMRVAWS total score and SATV total and sub-dimension scores

	Physical signs	Emotional signs	NMRVAWS total
SATV total	r = –0.143**	r = –0.210**	r = –0.227**
	p=0.000	**p=0.000**	**p=0.000**

* r = Pearson correlation analysis; **Correlation is significant at the 0.01 level (2-tailed).

There was a statistically significant difference between the total mean scores of SATV according to age, gender, department, grade, and monthly income ($p<0.05$). It was found that those aged between 17-20, first grade students and those expressing their monthly income adequate were seen to reject traditionalism and adopt more contemporary view when compared to those aged between 21-23, third grade students and those expressing their monthly income inadequate. In addition, female students and midwifery students in our study rejected traditionalism and adopted the contemporary view (Table 3).

A statistically significant difference was found between the total score of NMRVAWS and students' witnessing to violence ($p<0.05$). Students who witnessed violence were more likely to recognize the signs of violence (Table 4).

There was a statistically significant difference between the total mean scores of SATV and NMRVAWS according to the necessity of addressing the violence in occupational practices ($p<0.05$). The attitudes of the students, who stated that the issue of violence takes place in courses and that it should take part in the occupational practices, are towards the adoption of the contemporary view. They are also sufficient to recognize the signs of violence (Table 4).

In the study, a statistically significant negative correlation was found between total mean score of SATV and the total score of NMRVAWS ($r= –0.227$, $p=0.000$), recognizing physical ($r= –0.143$; $p=0.000$), emotional signs ($r = –0.210$; $p=0.000$). As students' traditional attitudes toward violence increased, their recognition of the signs of violence decreased (Table 5).

Discussion

Today, violence against women is an important public health problem and has a significant negative impact on the economic, social, educational and health areas of individuals, families and society. Violence against women is a violation of the human rights faced by women all over the world, everywhere, in every age and in every culture (Sabancıogulları et al. 2016). Since "gender discrimination" affects the utilization of health services, it is one of the issues to be addressed within the concept of health (Dissiz and Hotun Sahin, 2008). According to the evaluation of the SATV, the low attitude score indicates rejection of traditionalism and adopting more contemporary view. Accordingly, the attitudes of the students towards violence against women in our study seem to be in the direction of rejecting traditionalism and adopting more contemporary view. Findings of some studies carried out in Turkey also support our study findings (Bahadır Yılmaz and Oz, 2018; Demirel Bozkurt et al., 2013; Er Guneri, 2016; Sabancıogulları et al., 2016; Kaynar Tuncel et al., 2007). Contrary to the findings of our study, Aktas (2016) found that the attitudes of nursing and physical therapy and rehabilitation students towards domestic violence were low and Karabulutlu (2015) found that the attitudes of nursing students (physical, sexual, economic, verbal) were rather negative. It was found that only 18.4% of nursing and medical students in Syria had positive attitudes (Gharaibeh et al. 2012) and nursing students in Australia had negative attitudes towards lack of understanding and misconceptions of domestic violence (Doran and Hutchinson, 2016).

In our study, the students' knowledge of recognizing the signs of violence against women (both physically and emotionally and in total) is "partially sufficient". Studies carried out with working midwives and nurses (Basar and Durmaz, 2015; Kahyaoglu Sut and Akyuz, 2016; Kara et al. 2018; Kıyak and Akın, 2010; Sarıbıyık, 2012; Yayla, 2009; Taskıran Catak, 2016) and students (Majumdar, 2004; Tambag and Turan, 2015) support our study findings. In a study, it was determined that nursing students were ready to cope with the violence in the clinic, but their communication was at the basic skill level. In the same study, it was found that students could not fully understand the effects of violence in social, economic and health areas at individual and social level (Beccaria et al. 2013). In another study, it was found that midwifery and nursing students had theoretical knowledge about the causes and consequences of domestic violence, but they did not have confidence in themselves about recognizing and responding to violence, and they experienced anxiety. In the same study, the students stated that they did not feel prepared enough to deal with the problem of domestic violence (Bradbury-Jones and Broadhurst, 2015). In a study conducted with nursing students in Spain, it was found out that students were not informed about the characteristics of the violence, the special intervention that had to be done, the principles of

intervention and the questions required for screening (Rigol-Cuadra et al. 2015). Gombul and Buldukoglu (1997) found that working nurses did not have sufficient knowledge about addressing the violence in a professional manner, and Durmaz et al. (2016) also found working nurses were insufficient to recognize the signs of violence against women. In another study, while 49% of midwives and nurses believed that they could recognize the signs of violence, they stated that it was difficult to communicate and they needed more information (Di Giacomo et al. 2016). It is important that midwives and nurses, who are key to recognizing the signs of violence, have "sufficient" knowledge to identify women who are exposed to violence in the early stages. This emphasizes the importance of the education that will be given especially starting from student days.

In our study, students aged between 17-20 adopt more contemporary view when compared to those aged between 21-23. Demirel Bozkurt et al. (2013) found that the traditional attitude towards the occupational roles of midwifery students increased as age increased. In some studies conducted with working midwives and nurses, it was determined that the traditional attitude increased as the age increased (Gombul 2000; Kıyak and Akın, 2010). In addition, the finding of another study that older students had more positive attitudes towards violence, differs from our findings (Gharaibeh et al. 2012).

In our study, female students adopted more contemporary views than male students. This finding can be related to the traditional perspective of men in the society in which the study has been conducted. Some researches support our findings (Agrawal and Banerjee, 2010; Bahadır Yılmaz ve Oz, 2018; Er Guneri, 2016; Gharaibeh et al. 2012; Sabancıogulları et al. 2016). In some studies, the tendency to blame women on violence is higher among males (Bryant and Spencer, 2003; Di Giacomo et al. 2016). In another study which has a different finding than our study finding (Aktas, 2016), the fact that female students have negative attitudes towards domestic violence, can be explained by the fact that the sample groups are different. In addition, students studying at midwifery adopted more contemporary views than students in nursing department. That female students were more sensitive about violence against women was due to the fact that almost all of the midwifery students in the sample were female. Majumdar (2004), in her study on medicine and nursing students, reported that female students were more sensitive to violence against women than male students. In another study, that the attitudes of students studying at midwifery department towards violence was positive, supports our study finding (Demirel Bozkurt et al. 2013).

First grade students adopted contemporary view more when compared to third grade students. In a study similar to our findings, first grade students adopted more contemporary view when compared to second grade students (Er Guneri, 2016). Contrary to our findings, Sabancıogulları et al. (2016) found that students adopted more contemporary views as their school year increased.

Students who perceived their monthly income sufficient adopted more contemporary views than those who perceived insufficient. A research finding that supports our finding takes place in the literature (Sabancıogulları et al. 2016).

In our study, students who witnessed violence were more qualified to recognize the signs of violence. It was thought that the experiences of the students about the violence they witnessed before made a positive contribution to the knowledge level on recognizing signs of violence. Another study showing that nurses and midwives who had previously witnessed violence were more competent to recognize the signs of violence, supports our findings (Kıyak and Akın, 2010). In addition, Demirel Bozkurt et al. (2013) found that students who witnessed violence in the family reflected their modern view on violence in their professional role.

The students who stated that the issue of violence takes place in courses and that they should be included in the occupational practices are to adopt more contemporary view. There are some studies in the literature that support our findings (Er Guneri, 2016; Sabancıogulları et al., 2016). Besides, the students who stated that the issue of violence takes place in courses and that they should be included in the occupational practices are also sufficient to recognize the signs of violence. This shows us that being knowledgeable about violence can positively affect individuals and help them to recognize the signs of violence easily. Akgun and Sahin (2017) found that students who had participated in the

violence against women program were found to have higher levels of knowledge about recognizing the signs of violence against women. In some researches, midwives and nurses who got education on violence during their education and who thought that they should have taken part in occupational practices have higher levels of knowledge about recognizing symptoms (Basar and Durmaz, 2015; Kahyaoglu Sut and Akyuz, 2016).

As students' traditional attitudes towards violence increase, their recognition of the signs of violence decreases. The perception of men as a leader, a hero, a warrior and raising them in this way have led men to be regarded as more powerful and respected than women in the society where the research was carried out. The unequal power created by this perception was the reason for the aggressive behavior of men and their violence against women (Kara et al. 2018). Having patriarchal gender norms and values decreases the status of women in society and may increase the likelihood of women being exposed to violence (Ali et al. 2017). Therefore, the need to recognize and know the signs of violence in a society may be reduced with perceiving violence as an usual issue in this traditional society.

Study Limitations

The results obtained from this study cover only students who were studying in department of nursing and midwifery of the university where the study was conducted (Sivas/Turkey). Results can not be generalized to other nursing and midwifery students in Turkey.

Conclusion

Students have a contemporary attitude towards violence against women and can recognize signs of violence "partially sufficient". As the traditional attitude towards violence increases, the recognition of the signs of violence decreases. The results of this study emphasize the importance of addressing violence and signs in undergraduate education.

References

Agrawal, S., Banerjee, A. (2010) Perception of violence against women among future health professionals in an Industrial Township. Ind Psychiatry J 19(2),90–93.

Aktas, D. (2016) Attitudes of university students towards domestic violence against women. Clin Invest Med 39 (6), S173–S178.

Akgun, R., Sahin, H. (2017) A research on recognition levels of students in department of nursing on violence against woman. Journal of Forensic Sciences 16 (1), 7–13.

Ali, T.S., Karmaliani, R., Mcfarlane, J., Khuwaja, H.M.A., Somani, Y., Chirwa, E.D. (2017) Attitude towards gender roles and violence against women and girls (VAWG): Baseline findings from an RCT of 1752 youths in Pakistan. Global Health Action 10(1), 1342454.

Bahadır Yılmaz, E., Oz, F. (2018) Assessing the relation between attitudes towards gender roles and domestic violence of nursing and paramedic students. Clinical and Experimental Health Sciences 160–165.

Basar, F., Durmaz, A. (2015) Nurses and midwives about domestic violence against women. Journal of Medical Social Services 6, https://edergi.saglik.gov.tr/dergiler/2015_ARALIK/index.html#p=22

Baysan Arabacı, L., Karadaglı, A. (2006) Scale for recognizing the signs of violence against women by nurses and midwives. Journal of Health and Society 16(2), 101–112.

Beccaria, G., Beccaria, L., Dawson, R., Gorman, D., Harris, J.A., Hossain, D. (2013) Nursing student's perceptions and understanding of intimate partner violence. Nurse Educ Today 33, 907–911.

Bradbury-Jones, C., Broadhurst, K. (2015) Are we failing to prepare nursing and midwifery students to deal with domestic abuse? Findings from a qualitative study. JAN 71, 2062–2072.

Bryant, S.A., Spencer, G.A. (2003) University students' attitudes about attributing blame in domestic violence. Journal of Family Violence 18 (6), 369–376.

Demirel Bozkurt, O., Dasıkan, Z., Kavlak, O., Sirin, A. (2013) Determination of the knowledge, opinions and professional attitudes of midwifery students about violence during pregnancy. Balıkesir Health Sciences Journal 2(2), 99–107.

Di Giacomo, P., Cavallo, A., Bagnasco, A.M., Sartini, M., Sasso, L. (2016) Violence against women: knowledge, attitudes and beliefs of nurses and midwives. Journal of Clinical Nursing 26, 2307–2316.

Dissiz, M., Hotun Sahin, N. (2008) Universal women health problem: Violence against women. Maltepe University Journal of Nursing Science and Art 1 (1), 50–58.

Doran, F., Hutchinson, M. (2016) Student nurses' knowledge and attitudes towards domestic violence: Results of survey highlight need for continued attention to undergraduate curriculum. Journal of Clinical Nursing 26, 2286–2296.

Durmaz, H., Korkmaz, T., Okanlı, A. (2016) Nurses' exposure to violence and their level of knowledge on the signs of violence against women. International Refereed Journal of Nursing Researches 7, 1–18. www.khsdergisi.com

Er Guneri, S. (2016) Determination of university students attitudes towards violence againts women. Turkiye Klinikleri J Obstet Womens Health Dis Nurs-Special Topics 2(2),49–56.

Gharaibeh, M.K., Abu-Baker, N.N., Aji, S. (2012) Attitudes toward and justification for wife abuse among syrian medical and nursing students. Journal of Transcultural Nursing 23(3), 297–305.

Gombul, O., Buldukoglu, K. (1997) The vievvs of nurses about women and wife abuse. Crisis Journal 5 (2), 103–114.

Gombul, O. (2000) Nurses' attitudes towards violence and their professional role in violence in the family. Journal of Nursing Research, 1, 19–32.

Kahyaoglu Sut, H., Akyuz P. (2016) Nurses and midwives' knowledge levels about recognition signs of violence against women. International Refereed Journal of Gynaecology And Maternal Child Health 6, 1–15. www.jacsdergisi.com

Kara, P., Akcayuzlu, O., Gur, A.O., Nazik, E. (2018) Determination of knowledge levels associated with recognition of violence against women of health professionals. Journal of Duzce University Health Sciences Institute 8(3), 115–122.

Karabulutlu, O. (2015) Experiences and attitudes of nursing students regarding domestic violence against women. Cumhuriyet Nursing Journal 4(1), 24–34.

Kaynar Tuncel, E., Dundar, C., Pesken, Y. (2007) Evaluation of the knowledge and attitudes of nursing and midwifery students about domestic violence. Journal of General Medicine 17(2),105–110.

Kıyak, S., Akın., B. (2010) Knowledge and attitudes of nurses and midwives towards domestic violence against women. Journal of Research and Development in Nursing 2, 5–16.

Majumdar, B. (2004) Medical and nursing students' knowledge and attitudes toward violence against women India. Education for Health 17(3), 354–364.

Martins, C., Gouveia, A., Chaves, M., Lourenco, R., Marques, S., Santos, T. (2014) Dating violence and nursing student well-being. Aten Primaria 46, 129–134

Rigol-Cuadra, A., Galbany-Estragué, P., Fuentes-Pumarola, C., Burjales-Martí, M.D., Rodríguez-Martín, D., Ballester-Ferrando, D. (2015) Perception of nursing students about couples' violence: Knowledge, beliefs and professional role. Rev. Latino-Am. Enfermagem 23(3), 527–534.

Sabancıogulları, S., Taskın Yılmaz, F., Ar, E., Cakmaktepe, G. (2016) The attitudes of nursing students towards violence against women and occupational role in violence, self-esteem and affecting factors. Journal of Education and Research in Nursing 13 (1), 35–43.

Sarıbıyık, M. (2012) Experiences of doctors, nurses and midwives who work at the health care centers in the city center of Malatya, levels of attitude and behaviour related to violence directed at women. Master Thesis, İnonu University Health Sciences Institute, Malatya.

Silva, C.D., de Oliveira Gomes, V.L., de Oliveira, D.C., Marques, S.C., da Fonseca, A.D., da Rocha Martins, S. (2015) Social representation of domestic violence against women among Nursing Technicians and Community Agents. Rev Esc Enferm USP 49 (1),22–29.

Tambag, H., Turan, Z. (2015) Ability of nursing students to recognize signs of violence against women. International Journal of Nursing Knowledge 26 (3), 107–112.

Taskıran Catak A. (2016) Attitudes and behaviors of the primary care physicians, midwives and nurses in the recognition and reporting of domestic violence against women. Thesis in Medicine, Pamukkale University, Faculty of Medicine, Department of Family Medicine, Denizli.

Research on Domestic Violence Against women in Turkey). T. C. Ministry of Family and Social Policies Directorate General on the Status of Women. Ankara: Apple Technical Printing Printing; 2015 (in Turkish).

Yayla, I.D. (2009) Knowledge levels and attitudes of nurses and physicians regarding violence aganist women. Master Thesis, Marmara University Health Sciences Institute, Istanbul.