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Attitudes of Individuals with Alcohol and Substance Addiction Towards Violence Against Women

Alkol ve Madde Bağımlısı Olan Bireylerin Kadına Yönelik Şiddete İlişkin Tutumları

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ABSTRACT

The aim of this study was to determine the attitudes of alcohol and substance dependent individuals towards violence against women. This cross-sectional study was completed with n=105 patients who were followed up in the Alcohol and Substance Addiction Treatment and Research Center of a state hospital. In this study, personal information form and ISKEBE attitudes towards violence against women scale were used as data collection tools. Among the patients diagnosed with alcohol-substance use disorder, n=53 (60.9%) were between the ages of 18-34 and n=70 (66.7%) were single. Of the patients, n=36 (52.2%) had been exposed to any type of domestic violence. The attitude scores of patients diagnosed with alcohol-substance use disorder towards violence against women were measured as 99.89 ± 22.1. In the current study, patients diagnosed with alcohol-substance use disorder who were male, lived in rural areas, had poor income status and had low educational level were found to have negatively low attitudes towards violence against women. In conclusion of this study, further studies and practices to determine and improve attitudes towards violence against women in patients diagnosed with alcohol-substance use disorder are recommended.
Keywords: Violence against women, dependence, attitude, alcohol-substance abuse

ÖZ

Bu çalışmada amaç; alkol ve madde bağımlısı olan bireylerin kadına yönelik şiddete ilişkin tutumlarını belirlemektir. Bu çalışma kesitsel olarak bir devlet hastanesinin Alkol ve Madde Bağımlılığı Tedavi ve Araştırma Merkezinde takip edilen n=105 hasta ile tamamlanmıştır. Bu çalışmada veri toplama aracı olarak, kişisel bilgi formu ve İSKEBE kadına yönelik şiddete ilişkin tutum ölçeği kullanılmıştır. Alkol-madde kullanım bozukluğu tanısı almış hastaların n=53 (%60,9)'ü 18-34 yaş arasında, n=70 (%66,7)'i bekârdır. Hastaların n=36 (%52.2)'sı aile içinde şiddet türlerinden herhangi birine maruz kalmıştır. Alkol-madde kullanım bozukluğu tanısı alan hastaların kadına yönelik şiddete ilişkin tutum puanları 99.89 ±22.1 olarak hesaplanmıştır. Bu çalışmada, alkol-madde kullanım bozukluğu tanısı almış; erkek, kırsalda yaşayan, gelir durumu kötü olan ve düşük eğitim düzeyine sahip olan hastaların kadına yönelik şiddete ilişkin tutumları olumsuz olarak düşük olduğu görülmüştür. Bu çalışma sonucunda, alkol-madde kullanım bozukluğu tanılı hastalara yönelik kadına yönelik şiddete ilişkin tutumları belirlemeye ve geliştirmeye yönelik çalışma ve uygulamalar yapılması önerilmektedir.
Anahtar sözcükler: Kadına yönelik şiddet, bağımlılık, tutum, alkol-madde bağımlılığı

Introduction

The World Health Organization defines violence against women as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life*" (WHO 2013). Globally, 33% of women have been exposed to physical or sexual violence by their partners or non-partners, 38% of perpetrators are women's partners, and 7% are non-partners. In Türkiye, 36% of women have been subjected to physical, 12% to sexual, 44% to emotional, and 37% to economic violence at some point in their lives (Aile ve Sosyal Hizmetler Bakanligi 2015). Violence against women includes a variety of harmful treatments that vary by culture, such as beating, burning women, taking away their earnings or forcing them to work, failing to meet their emotional needs, female genital mutilation, honor killings, virginity control, and child marriage (Aile ve Sosyal Hizmetler Bakanligi 2021). Women victims of violence feel ashamed, blame themselves, and often do not report the

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attacks. There are several risk factors for the occurrence of violence against women. These include: the man's attempt to control his wife or to punish her for not being a good wife within the family (Sheikhbardsiri et al. 2020, Republic of Turkey Ministry of Family and Social Services 2021); and at the social level, simply being a woman, society's perception of honor, and seeing women as a financial burden on the family. As a result, economic inadequacy, low education level, history of violence by women or men, extreme jealousy of the spouse, divorce of the woman, and alcohol and substance addiction in individuals can be listed as risk factors/causes of violence (Rahnavardi et al. 2018, Sheikhbardsiri et al. 2020).

Addiction is defined by the inability to refrain from using the substance, the inability to control one's behavior, and the desire to use the substance. According to the Ministry of Interior (Icisleri Bakanligi 2018), the rate of alcohol use in Türkiye is 34.1%, with the average age of first use being 20 years. However, the Ministry of Interior reported that the rate of substance use is 3%, with men being more likely to use it. It was also stated that the rate of individuals using substances between the ages of 18-24 and 25-34 is 30-35% and that the rate varies between 7.8-8.5% between the ages of 45-65 (Icisleri Bakanligi 2018).

Addiction is among the leading causes of violent behavior. Alcohol and substance abuse have been linked to increased violence and aggression (Muluneh et al. 2020). Through their chemical effects, amphetamines, cocaine, and hallucinogens all play a direct role in the emergence of aggressive behaviors and acts of violence. Because these substances weaken the control mechanisms of the human brain or cause a state of intense energy, individuals may become more aggressive and behave erratically (Dellazizzo et al. 2020). Additionally, users may have difficulty obtaining alcohol or other substances (e.g. financial or access). They might ask the woman for cash, gold, or forced sex with other people in order to solve this issue. If these expectations are unmet, the alcohol and drug user may physically harm the family women.

On the other hand, being exposed to violence in the family poses a risk for the individual to start and maintain alcohol and substance abuse. Therefore, a vicious cycle exists between alcohol abuse, substance abuse, and violence. In this cycle, individuals subjected to violence are in the risk group for alcohol and substance addiction. In contrast, alcohol and substance addiction create a risk group for violence and types of violence (Dellazizzo et al. 2020, Huecker et al. 2020). Thus, it has become essential to intervene in this vicious cycle. There are few studies in the world and Türkiye to determine the attitudes of individuals with alcohol and substance addiction toward violence against women. To fill this gap, this study aims to evaluate the attitudes of individuals with alcohol and substance use disorders toward violence against women in a Turkish population.

Method

Sample

This corss sectional study was conducted between 01.07.2021-01.07.2022 with patients who were followed up with a diagnosis of Alcohol Substance Use Disorder (ASUD) in the Alcohol and Substance Addiction Treatment and Research Center (AMATEM) of a state hospital. Patients with ASUD who were examined at the outpatient clinic and deemed suitable for hospitalization were hospitalized for 28 days. In addition to pharmacologic treatment, non-pharmacologic treatments are applied in these wards. Non-pharmacological treatments include SAMBA (Smoking, Alcohol, and Substance Addiction Treatment Education Program), awareness-raising meetings, skill development activities, motivational interviews, individual interviews, interaction groups, and occupational therapies. Participants who were followed up in the AMATEM service between the study dates with a diagnosis of ADHD and who gave written consent to participate were included. In the previous year, between 01.07.2020-01.07.2021, n=151 patients with ASUD were followed up in this service.

While determining the sample selection in this study, the EPI-INFO 7.2.5.0 program developed by the CDC was used. The sample size was calculated with reference to the number of hospitalizations in the previous year (CDC 2022). Based on the population size: of 151 with an expected frequency of 5.1%, an effect size of 0.7, and an accepted margin of error between 5% and 95% confidence intervals, the minimum sample size was calculated as 98. This study was completed with n=105 participants. Individuals who were admitted to the AMATEM service as inpatients with a diagnosis of ASUD, who were over 18 years of age, who accepted the treatment and participation in the study, who were at least primary school graduates, and who had no mental or physical pathology that prevented them from completing the scales were included in the study group.

Procedure

The data collection forms of this study were delivered to the participants by the researcher. After the filling

process, the data collection forms were received by the researcher. Data collection was carried out between 01.07.2021-01.07.2022. Written permission was obtained from the institution where the research would be undertaken and from the Clinical Research Ethics Committee of a state university (decision no: 2021-174), and written informed consent was obtained from the participants. This study was conducted in accordance with the Declaration of Helsinki.

Measures

During the data collection period; Personal Information Form and ISKEBE Attitude Scale on Violence against Women were used.

Personal Information Form

The personal information form includes 13 questions about patients, age, gender, etc. (Dellazizzo et al. 2020, Huecker et al. 2020, Ministry of Family and Social Services 2021).

ISKEBE Attitude Scale on Violence against Women

It is a 5-point likert-type measurement tool developed by Kanbay et al. (2017), consisting of two factors and 30 items. The scale has two sub-dimensions, "attitudes towards the body" and "attitudes towards identity" [15]. Attitudes towards the body (Sexual and physical violence): 16 items (items 3, 4, 8, 9, 10, 12, 14, 15, 16, 17, 20, 22, 25, 26, 28 and 30) Attitudes towards identity (Psychological and economic violence): 14 items (items 1, 2, 5, 6, 7, 11, 13, 18, 19, 21, 23, 24, 27 and 29). Questions 5 and 24 are reverse scored. The total score of the scale is obtained by summing the scores obtained from the two factors. In the scale, there are five answer options as "1=strongly agree, 2=agree, 3=undecided, 4=disagree, 5=strongly disagree". In the scoring of the scale, each question is scored between 1-5. High scores indicate that the respondent is against violence against women, while low scores indicate that the respondent is not against violence against women. The lowest score that can be obtained from the first factor is 16 and the highest score is 80. The lowest score that can be obtained from the second factor is 14 and the highest score is 70. The lowest score that can be obtained from the overall scale is 30 and the highest score is 150. Kanbay determined the Cronbach α value of the scale as 0.80 for the first factor, 0.83 for the second factor and 0.86 for the overall scale. It was stated that the scale can be applied to individuals with at least primary school graduates and ages between 15-65 years (Kanbay et al. 2017). In this study, the Cronbach α value of the measurement tool was calculated as 0.93.

Table 1. Characteristics of the patients regarding substance use and incidents reflected on law enforcement

Type of addictive substance treated (n=104) +	**n**	**%**
Alcohol	45	43.3
Article	59	56.7
Alcohol	51	42.4
Heroin	24	20.0
Methamphetamine	20	16.6
Cannabis	11	15.8
Bonzai	9	9.1
Cocaine	5	7.1
Incidents under the influence of alcohol and drugs as reflected to law enforcement		
Absent	10	9.5
Present	95	91.5
Leading to a traffic accident	25	23.8
Fighting	25	23.8
Driving a vehicle	19	18.1
Assault on family members	17	16.2
Burglary	2	1.9
Other	7	6.7

+ some of the patients use more than one addictive substance.

Statistical Analysis

The data gathered from the data collection tool used in the study were analyzed using the SPSS-22 program. Percentage and frequency values were used to analyze data such as gender, income status and occupation. Mean and standard deviation were used in the statistics of age and scores from the scales. Skewness-kurtosis values were analyzed for normality distribution of variables. When the skewness and kurtosis values were between +2.5 and -2.5, the data were considered to be normally distributed (Akgül 2005). Independent sample T test was

used for normally distributed data. However, since the subgroups of some demographic variables (gender, age, military service, education level, income level, incident under the influence of alcohol and drugs, previous domestic violence) were not normally distributed (n≥30), Mann Whitney U test was applied (Bursal 2019). The results were calculated at 95% confidence interval and p<0.05 level.

Results

Of the patients with ASUD who participated in this study, n=3 (2.9%) were female, n=53 (60.9%) were between the ages of 18-34, and n=70 (66.7%) were single. Of the patients, n=49 (71.0%) had completed military service, and n=86 (81.9%) were high school graduates or below. N=14 (20.3%) of the patients defined their income as above average (Table 3). Of the patients followed up in the ward, n=59 (56.7%) were substance users. Of these substance users, n=20 (16.6%) used methamphetamine (Table 1). N=70 (66.7%) of the patients had a history of criminal offenses under the influence of alcohol/substance. Of these offenses, n=25 (23.8%) were fighting and n=17 (16.2%) were assaulting family members (Table 1). N=36 (52.2%) of the patients were exposed to some type of violence within the family. N=27 (39.1%) of the patients had previously experienced some form of domestic violence (Table 3).

According to Table 2, the mean score of the patients on the ISKEBE Violence Against Women Attitude Scale was 99.89±22.1. The mean score of the Attitudes Toward the Body subscale was 60.47±15.3. The mean score of the Attitudes Toward Identity subscale was found to be 39.41±9.6.

Table 2. Data related to patients' scores on the İSKEBE violence against women attitude scale scores

Measure	Mean	Standard deviation	Minimum-maximum	Skewness	Kurtosis
Attitude towards the body	60.47	15.3	17-80	-0.691	-0.183
Attitudes towards identity	39.41	9.6	18-63	0.249	-0.236
ISKEBE Scale total	99.89	22.1	39-140	-0.321	0-.226

According to Table 3, the attitude towards identity scores of women were significantly higher than men. The total scores of attitudes towards body and İSKEBE of those living in cities and big cities were significantly higher than those living in villages and towns. Those with good income status had significantly higher attitudes towards identity and total scores of İSKEBE than those with poor income status. Those with a high school diploma or less had significantly lower attitudes towards identity-body and total scores of İSKEBE compared to those with an associate's degree and higher education (p<0.05). There was no significant correlation between age, marital status, military service, presence of additional psychiatric illness, type of addictive substance used, being under the influence of alcohol in a criminal history reflected in the law, incident under the influence of alcohol reflected in the law, previous exposure to any type of violence in the family, previous perpetration of any type of violence in the family, and total and subscale scores of the ISKEBE (p>0.05).

Table 3. Comparison of the demographic characteristics of the patients and the ISKEBE violence against women attitude scale

Variable	n	(%)	Attitude towards the body	Attitudes towards identity	ISKEBE Scale total
Gender					
Female	3	2.9	69.00±13.0	53.33±6.6	122.33±19.4
Male	102	97.1	60.48±15.4	39.12±9.4	99.60±21.9
Statistics*			U=102.000, Z=-0.942, p=0.369	U=29.500, Z=-2.365 p=0.018	U=62.000, Z=-1.726 p=0.084
Age					
18-34	3	2.9	16.55±2.3	39.32±8.6	97.71±22.8
35-65	102	97.1	12.60±2.1	39.64±10.5	102.20±20.1
Statistics*			U=800.000, Z=-0.879, p=0.369	U=875,000 Z=-0.226, p=0.821	U=854.500, Z=-0.405, p=0.686
Marital status					
Married	35	33.3	57.82±15.3	37.62±10.1	95.45±22.8
Single	70	66.7	61.80±15.3	40.31±9.3	102.11±216
Statistics**			t=-1.255, df=103, p=0.212	t=-1.354, df=103, p=0.179	t=-1.463, df=103, p=0.146
Longest residence					
Urban-Metropolitan	49	46.7	65.46±14.7	40.08±10.8	105.55±23.5
Village, town	56	53.3	56.10±14.5	38.83±8.5	94.94±19.6
Statistics**			t=3.264, df=103, p=0.001	t=0.658, df=103, p=0.512	t=2.515, df=103, p=0.013

Military service					
Completed	49	71.0	65.12±14.2	39.61±11.1	104.73±23.2
Did not do it	20	29.0	70.30±8.1	42.50±8.3	112.80±13.7
Statistics*			U=400.500 Z=-1.186 p=0.236	U=404.500, Z=-1.132, p=0.258	U=409.000, Z=-1.072, p=0.284
Income status					
Above average	14	20.3	71.42±7.7	45.57±9.0	117.00±13.9
Below average	55	80.7	65.40±13.7	39.14±10.4	104.54±21.9
Statistics*			U=286.500 Z=-1.472 p=0.141	U=219.000 Z=-2.479 p=0.013	U=253.500 Z=-1.963 p=0.05
Education status					
High school and below	86	81.9	58.56±15.3	37.60±8.9	96.17±21.3
Vocational school and above	19	18.1	69.10±12.26	47.63±8.1	116.73±17.4
Statistics*			U=470.500, Z=-2.886, p=0.004	U=330.00 Z=-4.057, p=0.0001	U=381.00 Z=-3.630, p=0.0001
Type of addictive substance treated					
Alcohol	45	43.3	61.66±14.9	41.20±10.2	102.86±22.4
Article	59	56.7	59.27±15.6	38.13±9.1	97.40±2.18
Statistics**			t=0.789, df=102, p=0.432	t=1.616, df=102, p=0.215	t=1.248, df=102, p=0.215
Incident under the influence of alcohol and drugs as reflected in the legislation					
No	10	9.5	66.80±11.2	43.10±10.5	109.90±20.8
There is	95	91.5	59.8±15.6	39.03±9.5	98.84±22.0
Statistics*			U=356.500 Z=-1.294, p=0.196	U=369.500, Z=-1.153, p=0.249	U=359.000, Z=-1.267 p=0.205
Previous exposure to some form of domestic violence					
Yes	36	52.2	68.09±11.6	41.30±10.3	109.38±19.8
No.	33	47.8	65.03±14.1	39.51±10.5	104.54±22.4
Statistics**			t=0.982, df=67, p=0.330	t=0.711, df=67, p=0.480	t=0.952, df=67, p=0.344
Previous experience of any form of domestic violence					
Yes	27	39.1	68.03±11.4	40.51±9.3	108.55±18.1
No.	42	60.9	65.71±13.8	40.40±11.1	106.11±22.9
Statistics**			U=525.000 Z=-0,517 p=0.605	U=558.000 Z=-0.111, p=0.912	U=531.500 Z=-0.437 p=0.662

*Mann Whitney U, **t= Independent Sample T Test, + exempt, p<0.05

Discussion

This study was planned to determine the attitudes of patients followed up with a diagnosis of ASUD towards violence against women. In this study, the mean score of individuals diagnosed with ASUD regarding violence against women was calculated as 99.89±22.1. In the literature, no study was found to determine the attitudes of individuals diagnosed with ASUD towards violence against women. Romero-Martínez et al. (2019) reported that men who had been involved in crimes against women in the past approved violence against women more. In a study among university students, individuals who stated that they used alcohol were in an attitude approving violence (Adıbelli and Özkan 2020), and in another study, in another study, individuals who used alcohol were found to have positive attitudes towards violence against women (Polat et al. 2021). The attitudes of the Turkish society towards violence against women were reported to be negative (81.35±24.12) (Erenoğlu 2020). Nursing students' attitudes towards violence against women were positively high (129.57±0.92) (Şahin et al. 2014). The place of residence, education level and addictive substance use status of the study group affect attitudes towards violence against women (Şahin et al. 2014, Sheikhbardsiri et al. 2020, Adıbelli and Özkan 2020). Addictive substance use poses a risk for violence and violence against women. Individuals diagnosed with ASUD may have attitudes that sanction violence. Indeed, depending on the type of substance used (alcohol, heroin, cocaine), the risk of violence increases (Mohammadbeigi et al. 2019, Rahme et al. 2021). For example, a study conducted with women victims of violence reported that 0.4% to 20.8% of women's spouses used addictive substances (Alkan et al. 2021). Thus, it is an expected situation for the individuals with ASUD observed in this study to adopt negative attitudes towards violence.

In this study, female individuals with ASUD had higher positive attitudes towards identity compared to males. Female nurses were reported to have higher attitude towards identity scores compared to men (Tok and Mayda

2021). Unlike the results of this study, a study in Kosovo found that women approved violence against women more than men (Aliriza et al. 2021). In another study, 43% of women stated that they continued their marriages despite experiencing sexual violence (Dikmen et al. 2021). The reason for this inconsistency in the results of the study may be the existence of a patriarchal model. The approach and recognition of violence and types of violence may vary within the society. Violence against identity is the emotional and economic abuse and misuse of women. In this type of violence, rather than physical/visible violence, individuals are emotionally and economically abused and this type of violence is more difficult to be noticed from the outside. This may be the reason for the inability of men to recognize violence against identity and develop positive attitudes (Başar and Durmaz 2015, Ay and Kılınçel 2020).

There was no significant relationship between the age group of the individual with ASUD and the attitude scores regarding violence. In agreement with this result, there are studies that did not detect a difference between age groups and attitudes towards violence against women (Aliriza et al. 2021, Polat et al. 2021). According to a study among nurses, individuals under the age of 25 had high positive attitudes towards violence against women (Tok and Mayda 2021). The reason why the attitudes of individuals with ASUD towards violence against women do not change according to age may be because these individuals spend time together in the social environment regardless of age and have common experiences. These patients may be stigmatized after being diagnosed with addiction or tend to spend time only with groups of friends with alcohol and substance use (Demir et al 2019; Koç and Tok 2020). This may have resulted in them having common values and attitudes towards violence against women.

Although single individuals with ASUD had high attitudes towards violence, no significant relationship was found between marital status and attitude scores on violence against women. In one study, singles were shown to have higher positive attitudes towards violence against women compared to married individuals (Tok and Mayda 2021). Selim et al. (2022) reported that 19% of married women considered violence against women in the family as normal, 68.2% of single women and 79.5% of divorced women rejected domestic violence. The low scores of those who are married may be due to the fact that in societies influenced by Islamic culture, marriage is considered sacred and the confidentiality of all events/actions within marriage is emphasized. This situation has been reflected in proverbs and idioms, including "the arm is broken, the bones remain in the bosom; There is a woman destroys the house, there is a woman builds a house..." (Kalaycı et al. 2016). Married individuals diagnosed with ASUD who were raised with this perspective may have tended to conceal their attitudes towards violence against women. This tendency to conceal may cause married individuals diagnosed with ASUD to have low attitudes towards violence against women.

The attitudes towards violence against women of individuals with ASUD who had high income and lived in cities and big cities were found to be positively high. Similar to this result, in another study, those living in the city were shown to have high attitudes towards violence against women (Polat et al. 2021). Meanwhile, low socio-economic status negatively affects individuals' attitudes towards violence against women (Özpınar and Acar 2022). Communities living in low socio-economic status are at risk in terms of perpetrating and accepting violence against women. Studies indicate that the global rate of violence against women is 30% and this rate drops to 23.2% in high-income regions. For violence against women, the attitudes and reactions of the environment towards violence and the way they evaluate the victim are important. The close environment of the victim and the behavior of this environment to seek help in situations related to violence shape the individual's own attitude towards violence against women (Gracia et al. 2020). The fact that individuals live in a low socio-economic environment; the acceptance of a common culture and the ease of intergenerational transmission of this culture may have contributed to this outcome.

In this study, individuals with high level of education were found to have positively higher attitudes towards violence against women compared to those with low level of education. Higher educational status of individuals in different occupational groups has been shown to have more positive attitudes towards violence against women (Robinson et al. 2018, Aktaş et al. 2019, Tok and Mayda 2021). It is emphasized that educated men's attitudes towards violence against women are higher in a positive direction and their risk of committing types of violence is reduced. However, a high level of education is a factor that prevents the emergence of addiction. Individuals' attendance to any higher education institution can increase their awareness on social and social issues. Increasing the education levels of women and men in preventing violence against women and addiction is essential for redesigning the level and culture of the society (Öztürk et al. 2015, Gracia et al. 2020). In the present study, 52.2% (n=36) of the individuals diagnosed with ASUD were exposed to domestic violence while 39.1% (n=27) perpetrated violence within the family. No significant relationship was found between the history of violence/exposure or crime and attitudes towards violence against women in individuals followed up with a diagnosis of ASUD. Previous studies are in parallel with this finding and no significant relationship was found

between the experience of violence and the legitimization of violence (Dikmen and Çankaya 2021, Tok and Mayda 2021). It is known that individuals who have been exposed to violence in the family or in society tend to approve violence and violence against women (Choenni et al. 2017). Nevertheless, considering that there may be a proportion of those who do not want to share their experiences of violence, this result is quite reasonable. In a systematic review of domestic violence studies with addicted groups, the use of addictive substances (alcohol, cannabis, heroin, cocaine, etc.) was associated with an increased risk of violence and exposure to violence within the family. This risk increases as the amount of alcohol and substance used increases. However, no results were found to show a difference between the type of substance used and domestic violence or violence against women (Choenni et al. 2017). Likewise, in the present study, no significant relationship was found between the addictive substance used by individuals diagnosed with ASUD and violence against women and its sub-dimensions. The common influence of addictive substance use is to induce impulsivity. When individuals with ASUD are under the influence of substance/alcohol, there is an excessive energy surge and aggressiveness and uncontrolled behaviors may emerge. This may lead individuals to commit acts of violence and increase the chances of committing crimes. This negative picture exists for both users (Dellazizzo et al. 2020, Huecker and Smock 2020). Therefore, finding no difference between the type of addictive substance used and attitudes towards violence against women is an anticipated outcome.

Conclusion

As a result of this study, one third of the patients diagnosed with ASUD had negative attitudes towards violence against women. According to the results of this study, patients who were diagnosed as having ASUD and who were male, lived in rural areas, had poor income status and had low educational level were more likely to have negative attitudes towards violence against women. Initially, by addressing these groups, identifying the knowledge and attitudes of individuals diagnosed with ASUD towards violence against women and conducting a needs analysis is critical. In line with this needs analysis, informative meetings on violence against women should be held for patients with ASUD by prioritizing risk groups, and trainings with interactive learning techniques (video demonstration/play, creative drama, simulation, etc.) should be implemented.

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