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Araştırma Makalesi / Research Article

Domestic Violence Against Women: The Views and Practices of Medical Faculty Nurses

Kadına Yönelik Aile İçi Şiddet: Tıp Fakültesi Hemşirelerinin Görüş ve Uygulamaları

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ÖZ

Amaç: Bu çalışma bir tıp fakültesi hastanesi hemşirelerinin kadına yönelik şiddete bakış açılarını ve bu konudaki uygulamalarını ortaya koymayı amaçlamaktadır.

Yöntem: Araştırma tanımlayıcı türdedir. Konya'da bir tıp fakültesinde çalışan 392 hemşire ile yapılmıştır. Araştırmada 36 soruluk bir veri toplama formu kullanılmıştır. Araştırma verilerinin özetlenmesinde sayı ve yüzdelikler, kategorik veriler arası ilişkilerin belirlenmesinde Ki-kare ($\chi 2$) testi kullanılmıştır. İstatistiksel olarak $p<0.05$ anlamlı kabul edilmiştir.

Bulgular: Katılımcıların yarısından fazlası (%60.2) şiddet mağdurlarının sorunlarıyla başa çıkabilmek için eğitime ihtiyaç duyduklarını ve yaklaşık üçte biri (%30.6) şiddetle ilgili yapılandırılmış, profesyonel bir eğitim almak istediklerini belirtti. Hemşirelerin %44.1'i şüpheli bir şiddet olayıyla karşılaştıklarını ifade ederken; yalnız beşte biri (%20.9) şiddetin olası nedenleriyle ilgili soruya yanıt verdi ve düşük eğitim düzeyine sahip olma en sık kaydedilen yanıttı (n=31, %7.9). Vücutta morluk, şişlik ve yaralar (%66.8) ile kadınların açıklanamayan psikolojik yakınmaları (%52.8) katılımcılar için şiddet şüphesinin ana ipuçlarıydı. Ekonomik ve sözlü şiddet hemşireler tarafından en çok tanık olunan şiddet türleriydi (%36.7). Kadına yönelik şiddetten kuşku duyma 18-27 yaş grubunda diğer yaş gruplarına kıyasla daha düşüktü ($p<0.001$), evli hemşirelerde bekarlara kıyasla daha yüksekti ($p=0.001$) ve şiddetle ilgili bir seminere veya kursa katılmış hemşirelerde daha yüksekti ($p=0.03$)

Sonuç: Araştırmaya katılan hemşirelerin beşte birinin kadına yönelik şiddet konusunda eğitim aldığı belirlenmiştir. Katılan hemşirelerin yarısı kariyeri boyunca şiddete maruz kalan en az bir kadınla karşılaştığını, beşte biri de tanıdığı bir kadının şiddet gördüğünü bildirmiştir. Genç ve bekar hemşirelerin şiddetten şüphe duyması, yaşça daha büyük ve evli hemşirelere göre düşük bulunmuştur.

Anahtar kelimeler: Kadına yönelik şiddet, aile içi şiddet, hemşire

ABSTRACT

Objective: This study aimed to determine the views and practices of a medical faculty nurses about violence against women.

Methods: The research is descriptive. It was conducted with 392 nurses working in a medical faculty in Konya. A 36-question data collection form was used in the study. Numbers and percentages were used to summarize the research data, and Chi-square ($\chi 2$) test was used to determine the relationships between categorical data.

Results: More than a half of participants (60.2%) noted their need for an education about how to manage problems of a violence victim and approximately one third (30.6%) specified a structured, professional education need about violence. Although 44.1% reported an suspicion of violence they experienced, interestingly, just one of five (20.9%) answered the questions asking the probable reasons of violence and low education level of violent was at the top of answers (n=31; 7.9%). Bruise, swelling, and wounds on the body (66.8%) and unexplained psychological complaints of women (52.8%) were the main cues for violence suspicion for participants. Economic and verbal violence were the types of violence nurses noted mostly (36.7%). Suspicion of violence against women was lower in the 18–27 age group than older age groups ($p<0.001$), it was higher in married than singles ($p=0.001$) and it was significantly higher in the nurses who went to a seminar or course on violence ($p=0.03$).

Conclusion: It was determined that one fifth of the nurses participating in the study received training on approach to violence against women. Half of the participating nurses reported that they encountered at least one woman who was subjected to violence during their career, and one fifth reported that a woman they knew experienced violence. The suspicion of violence by young and single nurses was found to be lower than older and married nurses.

Keywords: Violence against woman, domestic violence, nurse

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Introduction

Violence is growing in Turkey as it is all over the world and specifically to the vulnerable ones. Unfortunately, women are among these vulnarable groups (Brown 2004; Ergöçmen et al., 2013). The World Health Organization (WHO) described violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation (Krug et al., 2002a).

Violence is often more easily and frequently used against those who are weak or defenseless (Brown 2004; Hıdıroğlu et al., 2006). Although women are not defined as the "in need of protection group", they are often exposed to violence in some societies, especially by male spouses and family members (RT 2009; GNAT 2015). In this respect, violence against women is seen as a public health problem that concerns the entire society, and efforts to prevent violence against women should be a public health priority (Dişsiz and Hotun Şahin, 2008; Garcia-Moreno and Charlotte, 2011).

There are studies on the importance of the public health sector in preventing violence, and these studies investigate the global scope and magnitude of violence against women (Krug et al., 2002b; Watts and Zimmermen, 2002). According to the "Multi-country Study on Women's Health and Domestic Violence against Women," the frequency rate of husband-on-wife violence ranges from 13–61%, and the frequency of sexual violence ranges from 6–59% (WHO 2005). In Turkey, a study found that the rate of women who have been exposed to violence in any period is 39.3%, sexual violence 15.3%, and both 41.9% (RT 2015). In a study conducted in Konya, 20.7% of the women stated that they were exposed to violence, and 83.3% of the violence came from males, of whom 77.4% were the women's husbands (Karaoğlu et al., 2006). In a study conducted with 287 people in Manisa, the rate of being subjected to violence from their spouses or ex-spouses at least once in their lives and in the last year was 27.2% and 13.6%, respectively. Of the women, 39.4% were subjected to emotional violence, 24.4% to economic violence, 23.3% to physical violence, and 9.8% to sexual violence (Bilgin Şahin and Erbay Dündar, 2017).

WHO emphasized that the healthcare sector plays a key role in the prevention of violence and increasing the sensitivity of healthcare professionals to this issue and providing training is an important strategy (WHO 2014). The perspectives and approaches of healthcare professionals working as nurses and midwives, which are mostly roles filled by women, are important in terms of preventing violence against women (Bozkurt et al., 2013; Kıyak and Akın, 2010).

The aim of this study is to determine the medical faculty nurses' views and practices in cases of suspected violence.

Methods

Study Design and Participants

This descriptive study was conducted at the Hospital of Meram Medical Faculty in Konya in 2013. The target population consisted of 514 nurses working at the hospital. For the research, with G-power version 3.1.9.4, the minimum sample size was calculated as 295 with 5% type 1 error, 95% power and 13 degrees of freedom based on the Chi-square test ($\chi 2$) (Faul et al., 2009). A total of 392 nurses who completed the data collection form completely or almost completely were included in the study.

Data Collection and Data Collection Tools

The data related to the research were collected between the dates of 01.06.2013-01.07.2013. A data collection form consisting of 36 questions was created by the researchers by scanning similar studies in the general literature (Kaynar Tuncel et al., 2007; Kanbay et al., 2012; Sarıbıyık 2012). The form consists of open-ended and multiple-choice questions. The survey questions were about the sociodemographic characteristics of the nurses, their education such as courses, seminars on violence against women, their level of knowledge on issues such as risk groups for violence, suspected violence situations and possible causes of violence.

A pilot study was conducted with 10 nurses to test the comprehensibility of the data collection form. These nurses were excluded from the study. The nurses were contacted in their working environment and informed about the purpose of the study, and questionnaires were left for the volunteers to fill out. Each form was filled in approximately 20 minutes. On the next day, the nurses were visited again, and completed questionnaires were collected. The responses to open-ended questions were categorized during the analysis.

Statistical Analysis

The data were analyzed using SPSS program (SPSS for Windows, Version 16.0. Chicago, SPSS Inc.) The data were summarized as percent and mean±standard deviation. Chi-square ($\chi 2$) test was

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used to compare categorical data. Significance level was set as $p<0.05$.

Results

Nurses' Sociodemographic Characteristics

The mean age of the 392 nurses participating in the study was 28.3±7.3 years. The nurses' other sociodemographic characteristics are shown in Table 1.

Table 1. The nurses' sociodemographic characteristics

Charecteristics		n(%)
Age groups	18-27	211(53.8)
	28-37	141(36.0)
	38 and higher	40(10.2)
Marital status	Married	193(49.2)
	Single	199(50.8)
Family type	Nuclear family	305(77.8)
	Extended family	87(22.2)
Education graduates	High school	193(49.2)
	University	199(50.8)
Working unit	Clinical sciences	264(67.3)
	Surgical sciences	128(32.7)
Working way	Staffed	204(52.0)
	Contracted	188(48.0)
Working shifts	Daytime shifts	113(28.8)
	Night shifts	36(9.2)
	Day and night shifts	243(62.0)

Nurses' Knowledge of Violence Against Women

Among the nurses who participated in the study, 18.4% (n=72) stated that they had taken courses and seminars related to how to approach women who experienced violence. Of those who had taken courses, 60.2% (n=236) and 30.6% (n=120), respectively, thought that healthcare professionals should be educated about how to intervene for women who experienced violence in absolute terms and that they need to get professionally informed about the issue. When they were asked about their knowledge of violence against women, the nurses gave the answers in Table 2.

Economic and verbal acts of violence were the most common answers given to the question "What is the most common type of violence that women are exposed to?" Here, the participants noted nearly this two types in equal percentages (36.7%; n=144) (Figure 1).

Table 2. Opinions of the nurses about violence against women in medical faculty

Opinions	n (%)
The most important reason for violence against women	
Respondents	82(20.9)
Low education level	31(7.9)
Psychological reasons, communication problems, jealousy	27(6.9)
Male dominance, upbringing	14(3.6)
Economic problems, unemployment, alcohol consumption	6(1.5)
Social status of the women	4(1.0)
Participants who answer 'I don't know'	310(79.1)
Factors supporting violence against women	
Respondents*	365(93.1)
Low education/socio-economic level	199(50.8)
Considering women as having a lower status	181(46.2)
Lack of legislation/law	145(37.0)
The idea of what happens in family stays in family	87(22.2)
Upbringing of the male, lack of respect/tolerance	54(13.8)
Participants who answer 'I don't know'	27(6.9)
Violence against women should be accepted as a health problem	
Yes	309(78.8)
No	83(22.2)
It would be true to ask a violence victim questions about her experiences	
Yes	342(87.2)
No	50 (12.8)
It would be true to interfere with the situations of violence as a health professional	
Yes	324(82.7)
No	68(17.3)

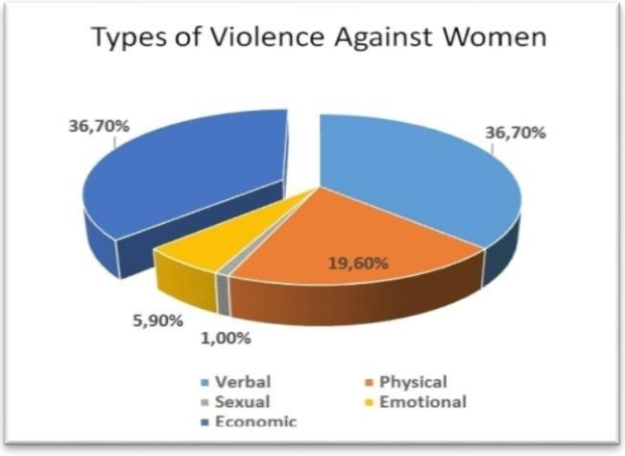

Figure 1. Types of violence that women are most exposed to for nurses

When "risk groups in terms of violence" were asked, 40.1% (n=157) of the participants stated that

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discrimination was not possible while some of the respondents claimed more than one risk. Respectively, bad habits of the husband (61.7%; n=242), psychological problems of the husband (60.7%; n=238), low education level of the women (42.3%; n=166), living in a low-income family (40.3%; n=158), unemployed husband (39.5%; n=155), low education level of the husband (32.9%; n=129), educated and employed women (24.0%; n=94), handicapped women (22.7%; n=89), high education level of the husband (18.4%; n=72), and older women (18.1%; n=71) were given as risks.

Of the nurses, 6.9% (n=27) stated that the victims of violence had asked for help from them, and 66.8% (n=262) answered the question "which symptoms make you suspicious of violence in a violence victim if she does not share" by giving a bruise, swell or wound in any part of the body as an answer. The reasons for suspicion of violence and the responses to the situations considered violent are displayed in Table 3.

Table 3. Situations suspected and considered as violence according to the nurses

Opinions	n (%)
Situations suspected as violence*	
Bruise, swelling, and wounds on the body	262(66.8)
Psychological complaints	207(52.8)
Avoiding eye contact	130(33.2)
Contradictory information in the history	26 (6.6)
Situations considered as violence*	
Injurious physical actions	345(88.0)
Injurious psychological actions	310(79.1)
Injurious sexual actions	305(77.8)
Forcing women to do something	302(77.0)
Insulting behavior against women	295(75.3)
Behavior that cause women to suffer	294(75.0)
Sexist behavior against women	250(63.8)
Economic limitation of women	226(57.7)

**More than one response is given by the participants.*

Although suspicion of violence against women was lower in the 18–27 age group than older age groups (p<0.001), it was higher in married than singles (p=0.001), in higher education graduates than high school graduates (p=0.007), and in staffed than contracted employees (p=0.002). Also, it was significantly higher in the nurses who went to a seminar or course on violence (p=0.03), and these nurses stated they had violence victims around them (p<0.001), were asked for help by a violence victim before (p=0.002) and were exposed to domestic violence (p=0.001).

Nurses' Practices About Violence Against Women

While 44.1% (n=173) of the nurses in the study stated that they had suspected violence against woman at least once in their professional life, 23.0% (n=90) stated that they had familiar women who are exposed to violence. Of the nurses, %44.1 encountered situations in which they suspected violence in their professional life (Table 4).

Table 4. Suspicion of violence against women, what nurses do in this case, and their knowledge of the relevant foundations/phone numbers

Practices	n (%)
Suspicion of violence throughout their professional life	
Yes	173(44.1)
No	219(55.9)
Learning about the reason for violence against women	
Yes	64(16.3)
No	328(83.7)
What is done in case of suspicion of violence against women	
Talk and relieve	61(15.6)
Asking questions to understand	59(15.1)
Guidance about consulting to the police	51(13.0)
Making an official report	1 (0.3)
Participants who answer 'I don't know'	220(56.0)
Known formal and non-governmental organizations working on women's problems	
Women's shelters-Mor çatı	42(10.7)
Directorate of family and social policies	12 (3.1)
Police department/governorate/municipality	6 (1.6)
Participants who answer 'I don't know'	332(84.6)
Knowledge of a woman who is exposed to violence about hotlines that must be dialed	
155 Police Help	197(50.3)
112 Emergency	30 (7.7)
183 Family-Women-Children and Disability Social Services Consultancy Hotline	29 (7.4)
Participants who answer 'I don't know'	136(34.6)

Nurses' Views about Prevention Violence Against Woman

Of the participants, 16.1% (n=63) answered the question "What actions do you think can be taken to prevent violence against women?". Eleven percent (n=43) of the respondents stated that education and the socio-economic levels should be increased,

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domestic education should be given, and women should be protected immediately in the light of legal regulations. Other participants suggested psychological support, raising awareness, and studies giving social messages to help women. Of the participants, 12.2% (n=48) who answered the question about what actions women can take to prevent violence claimed that communication should be taken seriously, women should know their rights, and women should not get married before they become financially independent.

Discussion

In our study, less than one-fifth of the participating nurses indicated that they had received a course, training, or seminar related to how to approach women who had suffered from violence. In a study conducted with a total of 1389 midwifery and nursing students, the rate of students receiving education on violence against women was 57.2% (Dağlar et al., 2017). In another study conducted with 255 health workers, the rate of getting education was 31.4% (Duman Büyükkayacı et al., 2016). However, the training given to the health professionals working in the healthcare organization, which violence victims consult with, and the content of the training are important in providing support to these women (NHS 2007; Garcia-Moreno et al., 2015). For this reason, health professionals should be more effective in secondary protection, including "identifying violence victim women, the solution to health problems, providing security, and meeting their needs" (Garcia-Moreno et al., 2015; Kandemirci and Kağnıcı, 2014). Because a healthcare worker is the first professional contact with a violence victim and healthcare organizations are the first places victims consult, healthcare professionals need to be trained to identify and stop the violence; this can be done by emphasizing the importance of strengthening secure healthcare services without intruding on nurses' autonomy.

When risk groups were asked regarding violence, there were several answers, and they were diversified, for example, that the husband was highly educated or not, or that the violence victim was educated or uneducated. In another study, unemployment, polygamous marriage, husbands' social habits and infertility were found as the causes of violence. However, no relationship was found with education level (Aduloju et al., 2015). In this context, we believe that education about violence should be reconsidered. In other words, when it comes to domestic violence against women, it is obvious that the risk group should not be discriminated against, and everybody should be emphasized as a victim. Likewise, half of the participants gave the answer "no discrimination, everyone is at risk." Only a few participants responded to the question concerning the most important reason for violence, and the first two answers on the list were a low education level and psychological reasons, communication problems and jealousy while almost all the participants responded to the question concerning factors supporting risk of violence against women; it was remarkable that most participants gave low education and socio-economic level as an answer. This indicates that health professionals are close in their thinking, awareness, perspective, and approach to the causes of violence, but they cannot clarify it.

One-third of the nurses in the study believed that it would not be a good idea to ask a familiar violence victim questions or to intervene for them. In a study conducted with health professionals consisting of 77% nurses in Istanbul, 73% of the participants did not do anything against violence, and 28.3% answered that "It would not be appropriate to be involved in domestic violence as a stranger" (Hotun Şahin et al., 2008). This result is similar to the findings in our study. However, healthcare professionals need to provide available and secure environment for asking questions that can reveal the existence of violence; they should also respect and listen the victim without judging (Lundell et al., 2018). The fact that some health professionals hesitate about asking questions or intervening can be explained by the cultural perspectives of health workers' and their approaches to violence, as well as their lack of training.

It is even more striking that almost half of the nurses who participated in the study stated that during their career, they suspected of at least one woman who had been exposed to violence, and that even one in every five nurses has a familiar woman who was exposed to violence. In another study, the suspicion of health professionals regarding domestic violence against women was slightly higher (54.6%) but not very different (Orhan and Gölbaşı, 2011). Considering that consulting with a healthcare organization in the case of violence against a woman is 4% in Turkey (RT 2015), it may be important for health professionals to be more sensitive about the issue in terms of suspicion and awareness of the issue.

In our study, the fact that the participants had

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learned about the reason for the violence when they suspected it parallels the idea of finding it insignificant to ask questions about the issue. Suspicion of violence against a woman was low in the younger group and in single nurses. Perhaps, this may explain the situation that marriage and age causes an increase in awareness and experience of violence. However, it is interesting that considering the media, education, and communication possibilities, the young population (singles are usually in this age group) falls behind when it comes to domestic violence. The high awareness of the staff may be because the contracted nurses do not pay much attention to their surroundings. However, this situation is limited only to the opinions of the researchers because no explanatory question was asked. Positively, to have a high rate of suspicion of violent symptoms in higher education graduates is important.

In the case of suspected violence, the first thing that comes to mind is the consequences of physical violence (if they are visible) (Gömbül and Buldukoğlu, 1997). In another study, the most common types of violence observed by healthcare professionals are verbal, physical and psychological violence, respectively (Duman Büyükkayacı et al., 2016). However, as the results of our study have shown, most of the violence is economic and verbal violence. In third place is physical violence. Although the types of violence observed are similar, it may also be affected by different working areas of the participants such as emergency services, outpatient clinics and inpatient services.

Participating nurses answered the question of what they did when they suspected a woman coming to the hospital for a different reason as they talked and relieved the victim, asked questions to understand the situation, informed about consulting to the police and only one nurse said that she made an official report. The percentage of the answers is less than 50% for this question. This indicates that coping skills for domestic violence against women is not enough. In another study, when asking what health professionals do in case of a suspicion, it was seen that more than half of the participants said they asked questions to understand the situation, relieved the patient, and made official reports (Orhan and Gölbaşı, 2011). A similar point of interest in studies is that the question about what has been applied remains unanswered and the approach is still not enough.

Two-thirds of the participants stated that women exposed to violence must receive professional help. Because women exposed to violence generally return to the same environment after the hospital, one-third of the participants believed that it would be difficult for health professionals to help in cases of violence. Officials or non-governmental organizations working on women studies were not well-known to the participants. Some organizations the participants knew are women's shelters, most famously Morcati women's shelter foundation in Turkey, established in 1990, which is considered a significant step in the initiative against violence against women Turkey (Page and Ince, 2008). Likewise, these women's shelters have been founded in developing countries since the 1980s, and these shelters dominate the programs aimed at fighting domestic violence victims in developed countries (Krug et al., 2002 a).

Conclusions and recommendations

It was determined that one fifth of the nurses participating in the study received training on approach to violence against women. When asked about risk groups for violence, responses were varied, such as whether the husband was educated or not, and the woman was educated or uneducated. One third of the nurses think that it would not be appropriate to ask questions to a familiar person who has experienced violence. Half of the participating nurses reported that they encountered at least one woman who was subjected to violence during their career, and one fifth reported that a woman they knew experienced violence. The suspicion of violence by young and single nurses was found to be lower than older and married nurses. According to the nurses, women are most frequently exposed to economic and verbal violence.

In Turkey, national action plans for domestic violence against women are being carried out, enabling cooperation between sectors. However, the need for information and training of nurse shows the importance of supporting nurses in getting training to draw attention to domestic violence against women and raise awareness. Because, when serving domestic violence victims, health professionals are expected to be at the forefront in preventing violence. Also, guidance from health professionals while following their ethical and professional codes in identifying a victim of violence, providing privacy and security, and giving support are important. We believe that training nurses periodically on how to approach and guide the women exposed to violence would be useful to increase awareness in the field.

Limitations of the Study

The research is a study conducted in a single center. In order to limit the subject, questions such as nurses' own experiences of violence were not included in the study. These are the limitations of the study.

Ethics Committee Approval: Permission was obtained from Necmettin Erbakan University non-pharmaceutical and non-medical device Ethics Committee for the research (2013/399). Institutional permission was obtained from the chief physician of the hospital to conduct the study.
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What did the study add to the literature?

- The study revealed the perspectives of nurses working in a university hospital on domestic violence against women.
- Nurses participating in the research need training on violence against women.
- It has been determined that nurses have always encountered women who were exposed to violence throughout their careers.

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