JOURNAL OF
CONTEMPORARY MEDICINE

DOI:10.16899/jcm.1509181
J Contemp Med 2025;15(1):6-13

Original Article / Orijinal Araştırma

Evaluating Medical Faculty Students' Awareness and Professional Attitudes Towards Domestic Violence

Tıp Fakültesi Öğrencilerinin Aile İçi Şiddete İlişkin Farkındalıklarının ve Mesleki Tutumlarının Değerlendirilmesi

Duygu AYHAN BAŞER, Filiz BAYAR, Gamze IŞIK AVCI, Hilal AKSOY, İzzet FİDANCİ

Hacettepe University School of Medicine Department of Family Medicine, Ankara, Turkey

Abstract

Aim: This study aimed to investigate the awareness, attitudes, and perceptions of medical students regarding domestic violence, with a focus on examining the associations between sociodemographic factors and attitudes towards domestic violence.

Material and Method: This descriptive study was conducted as an e-survey between 01 January 2023- 01 May 2023 on students' social media group. The population consists of 4th, 5th, and 6th-year medical students undergoing clinical practice education at a University Faculty of Medicine. Statistical analyses, including descriptive statistics and inferential tests, were conducted to explore the relationships between sociodemographic variables and domestic violence-related features with participants' scores on the The Domestic Violence Awareness Scale (DVAS) and The Attitude towards Domestic Violence Scale (DVAtS).

Results: A total of 225 medical students participated in the study, 54.7% of them female and the mean age was 23.04±1.54 (20;31). Of the students, 17.3% of them stated that they exposed, 34.7% of them witnessed to domestic violence. Total score of domestic violence awareness scale was 57.6±3.83 (25; 60). Women demonstrated higher awareness scores compared to men, and individuals not exposed to domestic violence exhibited lower tolerance for normalized forms of violence. Higher maternal education levels were associated with more favorable attitudes towards casualization of violence. Participants belonging to nuclear families showed higher awareness levels compared to non-nuclear family participants.

Conclusion: The study underscores the importance of addressing domestic violence awareness and education among medical students, particularly regarding the nuanced associations between sociodemographic factors and attitudes towards domestic violence. Targeted educational initiatives and intervention strategies are needed to enhance awareness, sensitivity, and professional attitudes towards addressing domestic violence in clinical practice, ultimately contributing to the promotion of health and well-being among affected individuals and communities.

Keywords: Medical faculty students, domestic violence, awareness, professional attitudes

Öz

Amaç: Bu çalışma, sosyodemografik faktörler ile aile içi şiddete yönelik tutumlar arasındaki ilişkilerin incelenmesine odaklanarak tıp öğrencilerinin aile içi şiddete ilişkin farkındalık, tutum ve algılarını araştırmayı amaçlamıştır.

Gereç ve Yöntem: Tanımlayıcı tipte olan bu çalışma, 01 Ocak 2023- 01 Mayıs 2023 tarihleri arasında öğrencilerin sosyal medya grubuna e-anket olarak uygulandı. Evreni bir Üniversite Tıp Fakültesi'nde klinik uygulama eğitimi alan 4., 5. ve 6. sınıf tıp öğrencilerinden oluşmaktadır. Sosyodemografik değişkenler ile aile içi şiddete ilişkin özellikler arasındaki ilişkileri, katılımcıların Aile İçi Şiddet Farkındalık Ölçeği (DVAS) ve Aile İçi Şiddete Yönelik Tutum Ölçeği (DVAtS) puanlarıyla araştırmak için tanımlayıcı istatistikler ve çıkarımsal testleri içeren istatistiksel analizler yapıldı.

Bulgular: Çalışmaya %54,7'si kadın olmak üzere toplam 225 tıp öğrencisi katıldı ve yaş ortalaması 23,04±1,54 (20;31) idi. Öğrencilerin %17,3'ü aile içi şiddete maruz kaldığını, %34,7'si ise aile içi şiddete tanık olduğunu belirtti. Aile içi şiddet farkındalık ölçeğinin toplam puanı 57,6±3,83 (25; 60) idi. Kadınlar erkeklere göre daha yüksek farkındalık puanlarına sahipken, aile içi şiddete maruz kalmayan bireylerin normalleştirilmiş şiddet biçimlerine karşı daha düşük tolerans sergiledikleri görüldü. Daha yüksek anne eğitim düzeyi, şiddetin gündelikleştirilmesine yönelik daha olumlu tutumlarla ilişkilendirildi. Çekirdek aileye mensup katılımcılar, çekirdek aileye sahip olmayan katılımcılara göre daha yüksek farkındalık düzeyi gösterdi.

Sonuç: Çalışma, özellikle sosyodemografik faktörler ile aile içi şiddete yönelik tutumlar arasındaki incelikli ilişkiler açısından, tıp öğrencileri arasında aile içi şiddet farkındalığı ve eğitiminin ele alınmasının önemini vurgulamaktadır. Klinik uygulamada aile içi şiddetin ele alınmasına yönelik farkındalığı, duyarlılığı ve profesyonel tutumları artırmak ve sonuçta etkilenen bireyler ve topluluklar arasında sağlık ve refahın geliştirilmesine katkıda bulunmak için hedefe yönelik eğitim girişimlerine ve müdahale stratejilerine ihtiyaç vardır.

Anahtar Kelimeler: Tıp fakültesi öğrencileri, aile içi şiddet, farkındalık, mesleki tutumlar

Corresponding *(İletişim)*: Duygu Ayhan Başer, Hacettepe University School of Medicine Department of Family Medicine, Ankara, Turkey
E-mail *(E-posta)*: duyguayhan@outlook.com
Received *(Geliş Tarihi)*: 02.07.2024 **Accepted *(Kabul Tarihi)*:** 04.09.2024

INTRODUCTION

Domestic violence is defined by the Turkish Ministry of Family and Social Services as actions occurring between family members, including children, spouses, ex-spouses, and close relatives, resulting in physical, sexual, economic, or psychological harm or the likelihood of such harm. This definition encompasses threats, coercion, arbitrary deprivation of liberty, all forms of physical, sexual, psychological, verbal, or economic behaviors occurring in societal or private settings.[1] World Health Organization (WHO) defines violence as any behavior within an intimate relationship that causes physical, psychological, or sexual harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors.[2,3]

Exposure to violence contributes to lifelong health problems and premature death, especially for women and children.[4] Leading causes of death such as heart disease, stroke, cancer, and HIV/AIDS often result from coping mechanisms like smoking, alcohol and drug use, and engaging in unsafe sexual practices due to the psychological impact of violence. Moreover, violence imposes a heavy burden on healthcare and criminal justice systems, social and welfare services, and the economic fabric of communities.[3]

Despite being a primary issue in Turkey, limited efforts have been made to address domestic violence, particularly violence against women.[5-8] The approach of healthcare professionals is crucial due to the prevalence of violence among a significant portion of the female population. This prevalence leads to serious health issues, impacting safe motherhood, family planning, HIV/AIDS prevention, and sexually transmitted infections.[5-11] Therefore, all healthcare providers, especially primary care physicians who often encounter patients across various stages of the family life cycle, play a key role in recognizing and addressing domestic violence.

Individuals experiencing domestic violence may seek help from healthcare facilities for various reasons but may refrain from disclosing their problems due to factors like embarrassment or fear of the perpetrator. Hence, it is essential for healthcare professionals to recognize and address domestic violence, providing support while ensuring the victim's privacy and safety.[7]

Healthcare professionals need to document domestic violence cases ethically and guide victims without inducing guilt, referring them to appropriate support systems when necessary. However, studies show that healthcare personnel often lack adequate training and knowledge in identifying and managing cases of abuse, neglect, and domestic violence.[5-11]

As future physicians, medical students should assess their awareness, perspectives, and attitudes towards victims of domestic violence, as they will inevitably encounter such cases in their careers. Although studies have explored awareness and attitudes towards domestic violence among students in various faculties like health sciences, law, engineering, and education in Turkey, no specific research has evaluated medical students' awareness and attitudes.[9-11]

This study aims to assess the awareness, perspectives, and attitudes of medical students undergoing clinical practice towards domestic violence and victims of violence.

MATERIAL AND METHOD

This descriptive study was conducted as an e-survey between 01 January 2023- 01 May 2023 on students' social media group. The population consists of 4th, 5th, and 6th-year medical students undergoing clinical practice education at Hacettepe University Faculty of Medicine. Each semester, there were approximately 480-490 students, totaling around 1440-1470 students in the target group. Sampling did not be performed, and students who voluntarily participate by filling out the form on designated dates in social media groups were included in the study. The research form was shared in student groups at 10-day intervals over a period of 2 months.

As data collection tools, student information form, The Domestic Violence Awareness Scale (DVAS) and The Attitude towards Domestic Violence Scale (DVAtS) and 6 questions about attitudes of students were used. Iınformation form was prepared by making use of the literature, including the socio-demographic information of the students and questions about the concept of domestic violence. Two scales were used:

The domestic violence awareness scale: Developed by Özyürek and Kurnaz (2019) to determine individuals' awareness of domestic violence among university students, this scale is a three-point Likert scale with responses categorized as Agree (1), Partially Agree (2), and Disagree (3).[12] The scale consists of 20 items grouped into 4 dimensions: Identification of Domestic Violence, Consequences of Domestic Violence, Acceptance of Domestic Violence, and Normalization of Domestic Violence. Scores from the scale can be totaled, and items 11 through 20 are reverse-scored. Higher scores indicate higher awareness of domestic violence. Confirmatory factor analysis was conducted to determine the validity of the scale, yielding the following goodness-of-fit indices: x^2=73.38 (sd=164, p<.001), (x^2 /sd)=0.44, RMSEA=0.00, RMR=0.20, SRMR=0.03, GFI=0.96, CFI=1.00, and AGFI=0.94. The reliability of the scale was assessed using Cronbach's alpha, which ranged between .71 and .92 for internal consistency. The overall reliability coefficient for the scale was calculated as .92, indicating that the scale provided valid and reliable results. For this study, the calculated Cronbach's alpha coefficient for the total scale was found to be 0.84.

The attitude towards domestic violence scale: Developed by Şahin and Dişsiz (2009) in a five-point Likert format to assess attitudes toward domestic violence.[13] Responses are categorized as "strongly agree" (1), "agree" (2), "undecided" (3), "disagree" (4), and "strongly disagree" (5). Scores are obtained by summing the items, with the highest possible score being 65 and the lowest 13. An increase in scores indicates a positive attitude toward domestic violence, while a decrease indicates a negative attitude. The Cronbach's alpha coefficient for reliability was found to be 0.72. The scale comprises 13 items grouped into 4 factors: Normalization of Violence (5 items - 1, 2, 3, 4, 5),

Generalization of Violence (3 items - 6, 7, 8), Rationalization of Violence (3 items - 9, 10, 11), and Concealment of Violence (2 items - 12, 13).

Data Analysis

The data obtained in the study were transferred to electronic media (data entry) and statistical analyses of the data were performed using the IBM SPSS Statistics Premium 23 V statistical computer package program licensed by Hacettepe University. In the analyses, descriptive statistics were expressed as distributions, percentage, mean, median, minimum-maximum values, and standard deviation. The compatibility of the variables with normal distribution was checked by Kolmogrow Smirnov and Shapiro Wilk tests. Independent groups t test was used to compare independent two-group continuous variables that conformed to normal distribution. ANOVA was used to compare the means of more than two independent groups. Alpha 0.05 was taken.

Ethics

This study protocol was examined by Hacettepe University Ethics Committee and was approved on July 05, 2022 with the report numbered GO22/73917.

RESULTS

Two hundred twenty five students were participated to study, 54.7% of them female; 83.1% of them had no chronical disease and the mean age was 23.04±1.54 (min=20; max=31). The sociodemographic characteristics of the students were presented at **Table 1**.

Of the students, 17.3% of them stated that they exposed, 34.7% of them witnessed to domestic violence. 32.9% of them stated that they took lesson on domestic violence during their medical school education. The features of students related with domestic violence were presented at **Table 2**.

Table 2. The features of students related with domestic violence (N=225)

	Number	Percent (%)
Have you ever been exposed to domestic violence (physical, sexual or psychological)?		
No	186	82.7
Yes	39	17.3
Have you ever witnessed domestic violence?		
No	147	65.3
Yes	78	34.7
Have you ever taken lesson on domestic violence during your medical school education?		
No	151	67.1
Yes	74	32.9
If you have taken lesson on domestic violence, do you consider this lesson sufficient?		
No	45	60.8
Yes	29	39.2
If you have not taken lesson on domestic violence, would you like to study?		
No	36	24.0
Yes	114	76.0

Table 1. Sociodemographic characteristics of the students (N=225)

	Number	Percent (%)
Gender		
Female	123	54.7
Male	102	45.3
Class		
Class 4	89	39.6
Class 5	65	28.9
Class 6	71	31.6
Marital Status		
Married	1	0.4
Single	224	99.6
Chronic Disease		
No	187	83.1
Yes	38	16.9
Maternal Education Status		
Primary School and Lower	32	14.2
Middle School and High School	52	23.1
University and Higher	141	62.7
Maternal Working Status		
Not Worker/ Housewife	81	36.0
Worker	99	44
Retired	43	19.1
Died	2	0.9
Paternal Education Status		
Primary School and Lower	14	6.2
Middle School and High School	39	17.3
University and Higher	172	76.4
Paternal Working Status		
Not Worker	7	3.1
Worker	154	68.4
Retired	54	24
Died	10	4.4
Parents Cohabitation Status		
Parents Living Together	197	87.6
Parents Living Apart	16	7.1
Mother Died	2	0.8
Father Died	10	4.4
Family Structure		
Nuclear Family	215	95.6
Extended Family	10	4.4

	Mean	SD	Min	Max
Age	23.04	1.54	20	31

SD: Standard Deviation; Min: minimum; Max: maximum

Total score of domestic violence awareness scale was 57.6±3.83 (min=25; max=60). The total score and subscale scores of domestic violence awareness scale and the subscale scores of domestic violence attitude scale were presented at **Table 3**.

Table 3. The total sore and subscale scores of domestic violence awareness scale and the subscale scores of domestic violence attitude scale

DVAS Subscales	Mean	SD	Min	Max
Definition of domestic violence	14.71	0.87	9.0	15.0
Results of domestic violence	14.72	0.96	5.0	15.0
Acceptance of domestic violence	13.92	1.71	5.0	15.0
Normalization of domestic violence	14.28	1.63	5.0	15.0
DVAS Total Score	57.6	3.83	25.0	60.0
DVAtS Subscales	**Mean**	**SD**	**Min**	**Max**
Normalization of the violence	23.20	2.89	5.0	25.0
Generalization of the violence	14.36	1.38	3.0	15.0
Casualization of the violence	12.50	1.61	5.0	15.0
Hiding violence	9.13	1.45	2.0	10.0

SD: standard deviation; Min: minimum; Max: maximum

The evaluation of the perception and professional attitude of the physician in the context of the domestic violence were presented at **Table 4**. 92.9% of them were stated that they consider that should the physician ask the presence of domestic violence in his/her patient whom he/she thinks has been exposed to violence.

Table 4. The evaluation of the perception and professional attitude of the physician in the context of the domestic violence

	Number	Percent (%)
Do you consider that should the physician ask the presence of domestic violence in his/her patient whom he/she thinks has been exposed to violence?		
No	2	0.9
Yes	209	92.9
Hesitant	14	6.2
If the physician thinks that the patient is a victim of domestic violence, what should he/she do next?		
He/she should inform the competent authorities (law enforcement etc.) without asking with the patient.	84	37.3
He/she should notify the competent authorities after obtaining the patient's consent.	141	62.7
Do you consider that low-income victims of domestic violence should benefit from free medical treatment?		
No	12	5.3
Yes	180	80
Hesitant	33	14.7
Do you consider that women who are victims of domestic violence are not given enough attention by the physician because they exaggerate their symptoms?		
No	96	42.7
Yes	34	15.1
Hesitant	95	42.2
Do you consider that victims of violence have difficulty in expressing themselves?		
No	1	0.4
Yes	212	94.2
Hesitant	12	5.3
In your opinion, how should the physician's approach be to patients who are victims of violence and have difficulty expressing themselves?		
Paternalistic Model	1	0.4
Deliberative Model	163	72.4
Hesitant	9	4.0
I don't know	44	19.6
Other	8	3.6

The relationship of sociodemographic variables and domestic violence related features of participants with DVAtS scores were presented at **Table 5**. Statistically significant higher scores of total and subgroup domestic violence attitude among women compared to men were found (respectively, p<0.001; p<0.001, p=0.098, p=0.089, p=<0.001). It was found that those not witnessing domestic violence had statistically significantly higher DVAtS attitude scores (p=0.020). Additionally, those not exposed to domestic violence had statistically significantly higher normalization of violence attitude scores (p=0.040). A higher education level (university and above) in mothers was found to be statistically significantly associated with higher scores for casual attitudes toward violence (p=0.008). Furthermore, those with chronic illnesses and those not witnessing domestic violence had statistically significantly higher hiding violence attitude scores (respectively; p=0.013, p=0.09).

The relationship of sociodemographic variables and domestic violence related features of participants with DVAS scores were presented at **Table 6**. Statistically significant higher awareness scores of total and subgroup domestic violence among women compared to men were found (respectively, p<0.001; p=0.009, p=0.049, p=0.003, p=<0.001). Those belonging to nuclear families and those not exposed to domestic violence were found to have statistically significantly higher total DVAS awareness scores (respectively; p=0.030, p=0.038). It was found that those not exposed to and not witnessing domestic violence had statistically significantly higher Results of Domestic Violence awareness scores (p=0.018, p=0.041). Individuals who had lost their fathers were found to have statistically significantly higher Acceptance of Domestic Violence awareness scores (p=0.027). Additionally, those belonging to nuclear families were found to have statistically significantly higher Normalization of Domestic Violence awareness scores (p=0.003).

DISCUSSION

The present study aimed to investigate the awareness and attitudes of medical students towards domestic violence, as well as their perceptions and professional attitudes regarding physicians' roles in addressing domestic violence. The findings revealed several noteworthy observations regarding the participants' sociodemographic characteristics, exposure to domestic violence, educational background, and their scores on the Domestic Violence Awareness Scale (DVAS) and Domestic Violence Attitude Scale (DVAtS).

Regarding exposure to domestic violence, a notable proportion (52%) of students reported either being exposed to or witnessing domestic violence. This finding underscores the importance of addressing domestic violence awareness and education among medical students, as healthcare professionals play a crucial role in identifying and addressing such issues in clinical settings. In the literatüre, there are studies carried on nursing students[5,6,9,14-16] and medical students[17,18] the results were in accordance with our study. The study by Usta et al. (2014) conducted

among Lebanese medical students similarly highlights the significant exposure to domestic violence, although it does not specify a percentage. However, it provides crucial insights into the potential consequences of such exposure, particularly on students' ability to empathize with and assist survivors.[17] Similarly, Ambuel et al. (2003) explored the impact of exposure to violence on medical students' well-being and their perceived capacity to assist battered women. Their findings indicate that both female and male medical students who have been exposed to violence may experience diminished well-being, which in turn could affect their confidence and competence in helping survivors of domestic violence.[18]

The participants' educational level also revealed that a considerable percentage had received formal education on domestic violence during their medical school training.

In our study, total domestic violence awareness and domestic violence attitude scales and subscale scores were higher than literature.[19-21] For example, in Şahin and Dişsiz's (2009) [13] development study of the attitudes towards domestic violence scale among healthcare workers, and in Kay and Robin's (2000)[19] examination of attitudes towards domestic violence among Romanian and U.S. university students. Additionally, Gezgin Yazici, Batmaz, and Okten's (2022)[21] study on the awareness and attitudes towards domestic violence in Turkish society reported lower scores. One factor is that our study was conducted with clinical stage and final year (4th, 5th, 6th year) medical students, and it is a school preferred by successful students.

Table 5. The relationship of sociodemographic variables and domestic violence related features of participants and DVAtS

	DVAtS total		1.Normalization of the violence		2. Generalization of the violence		3. Causalization of the violence		4. Hiding violence	
	Mean (SD)	P	Mean (SD)	P	Mean (SD)	P	Mean (SD)	P	Mean (SD)	P
Gender										
Female	60.86±3.31	<0.001	24.10±1.41	<0.001	14.57±0.78	0.098	12.69±1.37	0.089	9.48±1.01	<0.001
Male	57.20±7.74		22.11±3.74		14.09±1.93		12.27±1.84		8.71±1.77	
Chronic disease										
No	58.90±6.38	0.147	23.09±3.07	0.541	14.28±1.48	0.147	12.49±1.65	0.801	9.02±1.53	0.013
Yes	60.71±3.57		23.73±1.75		14.71±0.61		12.57±1.42		9.68±0.80	
Maternal education status										
Primary school and lower	57.37±9.17		22.46±4.08		14.00±1.93		12.06±2.09		8.84±2.18	
Middle school and high school	58.55±5.99	0.046	23.07±3.20	0.416	14.28±1.79	0.420	12.15±1.53	0.008	9.03±1.35	0.562
University and higher	59.86±5.01		23.41±2.41		14.46±1.00		12.73±1.48		9.24±1.28	
Paternal education status										
Primary school and lower	59.00±8.93		23.42±3.67		14.28±1.89		12.50±2.34		8.78±2.35	
Middle school and high school	57.12±9.04	0.241	22.33±4.45	0.228	13.87±2.35	0.254	12.15±1.82	0.368	8.76±1.88	0.534
University and higher	59.69±4.70		23.38±2.31		14.47±0.96		12.58±1.49		9.25±1.23	
Parents cohabitation status										
Parents living together	58.87±6.27		23.06±3.02		14.31±1.45		12.39±1.62		9.10±1.50	
Parents living apart	61.25±3.72	0.094	23.83±1.64	0.066	14.50±0.79	0.639	13.66±1.23	0.027	9.25±1.21	0.655
Mother died	60.75±4.19		23.50±2.38		14.50±1.00		13.50±1.29		9.25±0.95	
Father died	62.16±1.80		24.83±0.38		14.83±0.38		12.91±1.31		9.58±0.99	
Family structure										
Nuclear family	59.42±5.67	0.213	23.30±2.78	0.061	14.38±1.33	0.221	12.53±1.53	0.641	9.19±1.36	0.057
Extended family	54.60±10.77		21.00±4.37		13.80±2.14		11.80±2.93		8.00±2.62	
Q1.Have you ever been exposed to domestic violence (physical, sexual or psychological)?										
No	59.45±5.96	0.057	23.33±2.88	0.040	14.37±1.38	0.685	12.51±1.65	0.558	9.22±1.36	0.094
Yes	58.02±6.27		22.56±2.92		14.28±1.39		12.46±1.44		8.71±1.82	
Q2. Have you ever witnessed domestic violence?										
No	59.48±6.39	0.020	23.26±3.10	0.116	14.35±1.49	0.403	12.55±1.70	0.207	9.30±1.34	0.009
Yes	58.69±5.27		23.08±2.48		14.37±1.14		12.41±1.44		8.82±1.60	
Q3. Have you ever taken lesson on domestic violence during your medical school education?										
No	59.09±6.51	0.799	23.14±3.09	0.740	14.33±1.54	0.564	12.50±1.65	0.906	9.10±1.52	0.773
Yes	59.43±4.92		23.32±2.45		14.40±0.96		12.50±1.54		9.20±1.31	
Q4. If you have taken lesson on domestic violence, do you consider this lesson sufficient?										
No	59.22±4.66	0.390	23.31±2.45	0.824	14.33±1.04	0.566	12.44±1.34	0.326	9.13±1.23	0.205
Yes	59.75±5.37		23.34±2.48		14.51±0.82		12.58±1.84		9.31±1.44	
Q5. If you have not taken lesson on domestic violence, would you like to study?										
No	58.94±7.47	0.428	23.08±3.37	0.550	14.27±1.48	0.838	12.66±2.00	0.220	8.91±1.82	0.607
Yes	59.13±6.24		23.14±3.03		14.35±1.57		12.45±1.54		9.17±1.42	

Table 6. The relationship of sociodemographic variables and domestic violence related features of participants and DVAS

	DVAS total		1. Definition of domestic violence		2. Results of domestic violence		3. Acceptance of domestic violence		4. Normalization of domestic violence	
	Mean (SD)	P	Mean (SD)	P	Mean (SD)	P	Mean (SD)	P	Mean (SD)	P
Gender										
Female	58.52±2.63	<0.001	14.85±0.58	0.009	14.84±0.54	0.049	14.23±1.37	0.003	14.59±1.37	<0.001
Male	56.57±4.71		14.53±1.10		14.57±1.28		13.53±1.99		13.92±1.83	
Chronic disease										
No	57.43±4.09	0.598	14.69±0.90	0.674	14.70±1.01	0.690	13.83±1.80	0.266	14.19±1.75	0.522
Yes	58.65±1.90		14.78±0.70		14.81±0.60		14.31±1.11		14.73±0.60	
Maternal education status										
Primary school and lower	57.28±6.11		14.59±1.18		14.62±1.77		13.65±2.00		14.40±1.68	
Middle school and high school	57.75±3.65	0.046	14.71±0.89	0.416	14.71±0.80	0.420	13.88±1.77	0.008	14.44±1.53	0.562
University and higher	57.68±3.22		14.73±0.78		14.75±0.73		13.99±1.62		14.20±1.66	
Paternal education status										
Primary school and lower	56.35±9.12		14.35±1.59		14.21±2.66		13.57±2.68		14.21±2.39	
Middle school and high school	58.17±2.28	0.241	14.76±0.66	0.228	14.84±0.48	0.254	13.94±1.33	0.368	14.61±0.74	0.534
University and higher	57.62±3.40		14.72±0.83		14.73±0.76		13.94±1.70		14.22±1.70	
Parents cohabitation status										
Parents living together	57.53±4.03		14.69±0.90		14.73±0.98		13.85±1.79		14.24±1.71	
Parents living apart	57.66±2.05	0.094	14.66±0.77	0.066	14.50±0.90	0.639	14.08±1.08	0.027	14.41±1.08	0.655
Mother died	59.00±1.54		15.00±0.00		15.00±0.00		14.50±1.00		14.50±1.00	
Father died	59.00±1.34		14.91±0.28		14.66±0.88		14.66±0.49		14.75±0.45	
Family structure										
Nuclear family	57.86±3.11	0.030	14.76±0.68	0.091	14.76±0.71	0.455	13.98±1.54	0.293	14.34±1.55	0.003
Extended family	52.80±10.44		13.50±2.46		13.80±3.15		12.50±3.80		13.00±2.70	
Q1.Have you ever been exposed to domestic violence (physical, sexual or psychological)?										
No	57.86±3.24	0.038	14.77±0.66	0.221	14.79±0.69	0.018	13.96±1.66	0.418	14.32±1.62	0.058
Yes	56.58±5.84		14.38±1.47		14.38±1.72		13.71±1.95		14.10±1.66	
Q2. Have you ever witnessed domestic violence?										
No	57.72±3.52	0.241	14.76±0.70	0.818	14.73±0.72	0.041	13.95±1.76	0.304	14.20±1.79	0.734
Yes	57.50±4.39		14.61±1.11		14.58±1.29		13.84±1.64		14.44±1.28	
Q3. Have you ever taken lesson on domestic violence during your medical school education?										
No	57.66±4.02	1.000	14.74±0.83	0.260	14.74±1.01	0.263	13.93±1.70	0.973	14.23±1.76	0.816
Yes	57.60±3.45		14.63±0.99		14.68±0.84		13.89±1.74		14.39±1i34	
Q4. If you have taken lesson on domestic violence, do you consider this lesson sufficient?										
No	87.75±3.01	0.561	14.66±0.92	0.727	14.62±0.96	0.467	13.95±1.44	0.676	14.51±1.01	0.772
Yes	57.37±4.40		14.58±0.98		14.79±0.61		13.79±2.16		14.20±1.73	
Q5. If you have not taken lesson on domestic violence, would you like to study?										
No	58.86±6.12	0.406	14.55±1.18	0.187	14.61±1.67	0.734	13.69±2.03	0.456	14.00±2.21	0.845
Yes	57.90±3.09		14.80±0.68		14.78±0.70		14.00±1.59		14.30±1.60	

Analysis of the participants' scores on the DVAS and DVAtS highlighted several significant findings. Firstly, women exhibited significantly higher scores on both total and subgroup domestic violence attitudes compared to men. This aligns with existing literature indicating that women tend to have greater awareness and sensitivity towards domestic violence issues, possibly due to their higher likelihood of experiencing or witnessing such incidents.[9,21]

Moreover, participants who reported not witnessing domestic violence had significantly higher DVAtS attitude scores, indicating a positive association between lack of exposure to domestic violence and more favorable attitudes towards addressing and combating it. Similarly, individuals not exposed to domestic violence exhibited higher scores on the normalization of violence attitude subscale, suggesting a lower tolerance for normalized forms of domestic violence among this subgroup.

Interestingly, higher maternal education levels (university and above) were associated with higher casualization of violence attitude scores among participants. This finding underscores the complex interplay between sociodemographic factors and attitudes towards domestic violence, highlighting the need for nuanced approaches in educational and intervention strategies. In the literature, no relationship has been found between family education level and domestic violence.[19-21]

Furthermore, participants with chronic illnesses and those not witnessing domestic violence had higher hiding violence attitude scores, indicating a potential reluctance or discomfort in acknowledging and addressing domestic violence issues among these subgroups.

Analysis of the participants' scores on the DVAS revealed significant gender differences, with women consistently exhibiting higher awareness scores across total and subgroup domestic violence categories compared to men. This gender disparity in awareness levels highlights the need for targeted educational initiatives and awareness campaigns to bridge this gap and enhance male participants' understanding and recognition of domestic violence issues.

Additionally, individuals not exposed to and not witnessing domestic violence exhibited higher scores on the Results of Domestic Violence awareness subscale, indicating a more comprehensive understanding of the consequences and impacts of domestic violence among this subgroup. This highlights the importance of fostering empathy and understanding among individuals with limited exposure to domestic violence to enhance their capacity to support and advocate for affected individuals.

Moreover, participants who had lost their fathers exhibited higher Acceptance of Domestic Violence awareness scores, suggesting a potential influence of familial experiences and dynamics on individuals' perceptions of domestic violence. This underscores the need for targeted interventions and support systems to address the unique needs and challenges faced by individuals who have experienced familial loss and trauma.

This study have some limitations. The study relied on voluntary participation via social media groups, potentially introducing sampling bias as individuals who actively engage in these platforms may not be representative of the entire student population and the findings are specific to medical students at Hacettepe University Faculty of Medicine, limiting the generalizability of the results to other student populations or institutions.

Overall, the findings of this study provide valuable insights into the awareness, attitudes, and perceptions of medical students regarding domestic violence, highlighting the need for comprehensive educational initiatives and intervention strategies to enhance awareness, sensitivity, and professional attitudes towards addressing domestic violence in clinical practice. Future research should continue to explore the multifaceted determinants and implications of domestic violence awareness and attitudes among healthcare professionals to inform targeted interventions and policy initiatives aimed at combating this pervasive societal issue.

CONCLUSION

This study sheds light on the awareness, attitudes, and perceptions of medical students regarding domestic violence, highlighting several key findings. These findings underscore the importance of targeted educational initiatives aimed at enhancing awareness, sensitivity, and professional attitudes towards addressing domestic violence in clinical practice. By equipping future healthcare professionals with the necessary knowledge and skills to identify, intervene, and support individuals affected by domestic violence, healthcare systems can play a vital role in addressing this pervasive societal issue.

Overall, this study contributes to the growing body of literature on domestic violence awareness and attitudes among medical students, providing valuable insights that can inform educational programs, policy initiatives, and clinical practice guidelines aimed at combating domestic violence and promoting the health and well-being of individuals and communities affected by this issue. Further research is warranted to explore the multifaceted determinants and implications of domestic violence awareness and attitudes among healthcare professionals, with a focus on developing targeted interventions and support systems to address this complex societal challenge.

ETHICAL DECLARATIONS

Ethics Committee Approval: This study protocol was examined by Hacettepe University Ethics Committee and was approved on July 05, 2022 with the report numbered GO22/73917.

Informed Consent: Because the study was designed retrospectively, no written informed consent form was obtained from patients.

Referee Evaluation Process: Externally peer-reviewed.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

Author Contributions: All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

REFERENCES

1. Ministry of Family and Social Services 2024 [cited 12 May 2024] Available from:https://www.aile.gov.tr/ksgm/siddete-maruz-kalindiginda/
2. Krug Etienne G, Dahlberg Linda L, Mercy James A, et al. World report on violence and health. 2002 [cited 12 May 2024]; World Health Organization. Available from:https://iris.who.int/handle/10665/42495
3. World Health Organization. Global status report on violence prevention 2014. 2014 [cited 12 May 2024]; World Health Organization. Available from:https://apps.who.int/iris/handle/10665/145086
4. Şahin N, Dişsiz M. Sağlık çalışanlarında aile içi şiddete yönelik tutum ölçeği geliştirme çalışması. Uluslararası İnsan Bilimleri Derg 2009;6(2):263-74.
5. Yaman EŞ. Acil servis hemşirelerinin kadına yönelik aile içi şiddete ilişkin rol ve sorumlulukları. FÜ Sağ Bil Tıp Derg 2012; 26(1):49-54.
6. Çatak A.T. Birinci basamakta çalışan hekim, ebe ve hemşirelerin kadına yönelik aile içi şiddeti tanıma ve bildirim konusundaki tutum ve davranışları. 2015. Pamukkkale Üniversitesi Yüksek Lisans Tezi. Denizli.
7. Kurt G, Gün İ. Sağlık personelinin istismar, ihmal ve aile içi şiddetle karşılaşma durum ve tutumları. J Forensic Med 2017;31:2.
8. Aşırdizer M. Acil servislere başvuran çocuk ve kadın istismarı olgularına hekimlerin yaklaşımı. Turkiye Klinikleri J Surg Med Sci 2006;2(50):39-48.
9. Tunçel Kaynar E, Dündar C, Peşken Y. Ebelik ve hemşirelik öğrencilerinin aile içi şiddet konusunda bilgi ve tutumlarının değerlendirilmesi. Genel Tıp Derg 2007;17(2):105-10.

10. Şahin Tezel F, Özyürek A. Üniversite öğrencilerinin aile içi şiddete yönelik görüşleri. Akademik Bakış Uluslararası Hakemli Sosyal Bilimler Derg 2014;40.
11. Toprak Ergönen A, Özdemir M, Sönmez E, Can İ, Köker M, Salaçin S. Dokuz Eylül Üniversitesi Hukuk Fakültesi Öğrencilerinin 'Aile İçi Şiddete' Yaklaşımları. Adli Bilimler Derg 2006;5(4):7-13.
12. Özyürek A, Kurnaz FB. Aile içi şiddet farkındalığı ölçeği: Güvenilirlik ve geçerlilik çalışması. Kalem Eğitim ve İnsan Bilimleri Derg 2019;9(1):227-50.
13. Şahin NH, Dişsiz M. Development study of attitudes towards domestic violence scale in healthcare workers. J Hum Sci 2009;6(2):263–74.
14. Ali P, McGarry J, Younas A, Inayat S, Watson R. Nurses', midwives' and students' knowledge, attitudes and practices related to domestic violence: A cross-sectional survey. J Nurs Manag 2022;30(6):1434-44.
15. Doran F, Hutchinson M. Student nurses' knowledge and attitudes towards domestic violence: results of survey highlight need for continued attention to undergraduate curriculum. J Clin Nurs 2017;26(15-16):2286-96.
16. Bahadır Yılmaz E, Öz F. Assessing the Relation Between Attitudes Towards Gender Roles and Domestic Violence of Nursing And Paramedic Students. Clin Exp Health Sci 2018;8(3):160-5.
17. Usta J, Hlais S, Farhat HA, Romani M, Bzeih H, Abdo L. Lebanese medical students' exposure to domestic violence: does it affect helping survivors? Fam Med 2014;46(2):112-9.
18. Ambuel B, Butler D, Hamberger LK, Lawrence S, Guse CE. Female and male medical students' exposure to violence: impact on well-being and perceived capacity to help battered women. J Comp Fam Stud 2003;34:113-41.
19. Kay MK, Robin LT. Attitudes toward domestic violence among romanian and U.S. university students. Women Politics 2000;21:3:27-52.
20. Lin K, Sun IY, Wu Y, Jianhong Liu. College students' attitudes toward ıntimate partner violence: a Comparative study of China and the U.S. J Fam Viol 2015;31:179-89.
21. Gezgin Yazici H, Batmaz M, Okten C. Awareness of and attitudes towards domestic violence in Turkish Society. Galician Med J 2022;29(3):E202234.