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ORIGINAL RESEARCH

Attitudes Toward Intimate Partner Violence and Levels of Hope in University Students in Health-Related Departments

Ayşe Gümüşler Başaran[1], Bahar Kefeli Çol[2], Burcu Genç Köse[1]

[1]Department of Nursing, Faculty of Health Sciences, Recep Tayyip Erdogan University, Rize, Turkey; [2]Department of Physical Therapy and Rehabilitation, Guneysu School of Physical Therapy and Rehabilitation, Recep Tayyip Erdogan University, Rize, Turkey

Correspondence: Ayşe Gümüşler Başaran, Department of Nursing, Faculty of Health Science, Recep Tayyip Erdogan University, Rize, Turkey, Tel +90505 241 77 49, Email ayse.basaran@erdogan.edu.tr

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Background: Intimate partner violence, is a major public and clinical health issue. Health institutions are one of the institutions to which a violence victim applies first. That is why the attitude of future health professionals is important. Hope is a concept that supports well-being and mental health. The aim of this study was to determine the relationship between attitudes towards intimate partner violence and hope levels of university students studying in the field of health.

Methods: The research was a descriptive cross-sectional study. The research was carried out in December 2021 with 934 students. Data were collected using the sociodemographic data form, the acceptance of couple violence scale, and the trait hope scale.

Results: %65 have a date or an ex-date, and %3.1 of them have experienced dating violence. 2.1% of the female students and 6.9% of the male students reported having experienced dating violence, and this was significantly higher in male students. Acceptance of couple violence among students are low in all dimensions. Acceptance of violence by men was significantly higher in all dimensions. Acceptance of male violence was significantly higher in those who use cigarettes and alcohol, and those who have experienced domestic or dating violence. The hope scale scores were close to high in all dimensions.

Conclusion: The findings of the study showed the attitudes of students studying in health fields against violence. Students have dating relationships, are exposed to any violence in dating relationships, had low levels of acceptance of couple violence and high levels of hope. Students will start working with hope.

Keywords: partner violence, nursing, student, hope level, health

Introduction

According to the World Health Organization, intimate partner violence includes physical, sexual and psychological harm. Intimate partner violence by a new or former partner is an important clinical and public health problem.[1] Dating violence, which is a type of intimate partner violence, is seen in adolescents.[2] Teen dating violence profoundly affects lifelong opportunities and well-being.

Violence can be categorized into four types. In *physical violence*, physical force is used. In *psychological violence*, verbal or non-verbal communication is used to mentally and emotionally harm or control the partner. In *sexual violence*, the partner is forced to participate in a sex act or is touched without consent. Harassment is violence that causes fear and anxiety by repeated unwanted attention and contact towards the victim or his/her relative.[3]

As a result of all these types of violence, victims may experience physiological, psychological, social, and economic problems such as anxiety, depression, anger, suicidal ideation, alcohol and substance abuse, unwanted pregnancies, sexually transmitted diseases, low academic achievement and low levels of life satisfaction.[4–6] In particular, suicidal ideation increases by a factor of 2.4 in peer victims, by 6 times in those who experience multiple victimizations (over seven events), by 3.4 times in those who are sexually harassed, and by 4.4 times in those subjected to maltreatment.[7]

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The WHO lists risk factors for intimate partner violence as low educational attainment, exposure to maltreatment as a child, witnessing domestic violence, antisocial personality disorder, harmful alcohol use, having multiple partners, attitudes that condone violence, harmful masculine behaviors, and social norms that privilege low gender equality, low status, and income. It considers exposure to violence, difficulties in communication, and the controlling behaviors of men as risk factors, especially in intimate partner violence. One in every three women in the world reported that they were subjected to physical/sexual violence by their partner.[1]

According to data published in the According to CDC survey data, the incidence of dating violence in the last year is 1 in 11 women and 1 in 14 men high-school students. The rate of exposure to some form of violence before the age of 18 was reported to be 26% for women and 15% for men.[3]

Previous studies have reported the number of students in dating relationships to be between 37% and 75.4%.[5,8–12] The rates of being exposed to any violence in dating relationships were between 4% and 96%, and the highest rate was seen with regard to emotional/psychological violence.[4,5,8–11,13–15] Violence in dating relationship ranged between 3% and 22%.[5,9,10,13,15] Alcohol and substance users and those who were exposed to violence in their previous emotional relationships were more likely to commit dating violence.[13] The rate of exposure to domestic violence was between 18.9% and 51.8%[4,13,15] and exposure to or witnessing violence as a child increased the likelihood of exposure to or the perpetration of dating violence.[13,14] Violence during adolescence can become chronic and lead to adult partner violence.[16] There was a significant difference in the acceptance of violence levels of individuals according to gender, age, maternal education level, place of residence, exposure to domestic violence, violence against siblings, and exposure to or use of violence in a relationship.[4,10,17,18]

It can be said that the concept of "hope", which is actively engaged with in processes that enable human beings to survive, strengthen individuals' well-being and support their mental health,[19] is related to the attitude toward violence. "Hope" can be defined as an attitude about something in the future for that is wished for or desired to happen in the future.[20] A study conducted with students indicated that intrinsic and extrinsic "life purpose" increased with an increase in hope, and psychological well-being could be strengthened through such an increase.[21] People with high levels of hope have more life goals and can generate more strategies to achieve them. They are also focusing on the goal in the face of difficulties rely on their own coping strategies by. Because these people are self-confident, lively and energetic.[19]

To reduce the likelihood of violence or exposure to violence in close relationships, it is necessary to gain deep insight into individuals' own acceptance of violence.[17] Health institutions are among the first institutions to which individuals exposed to violence resort. Given that students studying in health-related departments will work in health institutions in the future, it is especially pivotal to determine the extent to which they accept violence and their levels of hope. Studies evaluating the relationship between hope and violence are limited in the literature.

Aim

The aim of this study was to determine the relationship between attitudes towards intimate partner violence and hope levels of university students studying in the field of health.

Research Questions

1. What is the attitudes toward intimate partner violence and hope level among students studying of the health field?
2. Do some sociodemographic characteristics affect intimate partner violence and hope level ?
3. Is there a relationship between intimate partner violence and hope level ?

Materials and Method

Design and Participants

The research was a descriptive cross-sectional study. The study data were collected in December 2021. The population of the research consisted of 1463 student registered at a university's in the Departments of Nursing (403) and Physiotherapy and Rehabilitation department (300), Medical Laboratory program (159), Physiotherapy program (153), First and Emergency Aid program (151), Anesthesia program (167), and Elderly Care program (130). The sample size was

calculated utilizing the Raosoft Sample Size Calculator program. To reach the highest sample size, the incidence was taken as 50%. When this ratio, 99% reliability, and a 5% maximum error were considered, the sample size was determined as n = 457. The study was completed with 934 students who were in class when the forms were distributed and who agreed to participate in the study. The study were asked to fill out the forms under observation in the classroom environment.

Data Collection Tools

The data were collected using a Sociodemographic Information Form developed by the researcher, the Acceptance of Couple Violence Scale (ACVS), and the Trait Hope Scale (THS).

Sociodemographic Information Form

This form consisted of 16 questions including age, gender, grade, department, place of residence, number of siblings, high school, employment status, smoking and alcohol use, parental education status, witnessing domestic violence, experiencing domestic violence, previous or current dating status and dating violence.

Acceptance of Couple Violence Scale (ACVS)

Developed by Foshee, Futhergill, and Stuart (1992) and adapted into Turkish by Sezer (2008), the ACVS is an 11-item, four-point Likert-type scale. Items 1, 3, and 4 of the scale are about acceptance of violence perpetrated by men against women; items 5, 6, and 8 are about acceptance of violence perpetrated by women against men; and items 2, 7, 9, 10, and 11 are about acceptance of couple violence in general. The scoring of the scale ranges from 1 = "Strongly disagree" to 4 = "Strongly agree". A high score indicates a high level of acceptance of violence between couples, while a low score indicates a low level of acceptance of violence between couples. The Cronbach's alpha value was found to be 0.87 in the validity study,[22] and 0.94 in this study.

Trait Hope Scale (THS)

The THS was developed by Snyder et al (1991) to identify the trait hope levels of individuals aged 15 and above consists of 12 items and two sub-dimensions. The sub-dimensions are measured with four items each: Alternative Ways of Thinking (items 1, 4, 6, and 8), and Actuating Thinking (items 2, 9, 10, and 12). One of these four items includes statements about the past, two about the present, and one about the future. The other four items are filler items that have nothing to do with hope. The items in the scale are evaluated on an 8-point Likert scale ranging from 1 = "Absolutely true" to 8 = "Absolutely false". When scoring the scale, the filler items are not scored, and the total score of the THS is obtained by adding the scores obtained from the Alternative Ways of Thinking and the Actuating Thinking sub-dimensions. The lowest and the highest scores that can be obtained from the scale are 8 and 64, respectively. The adaptation of the scale into Turkish was conducted by Tarhan and Bacanlı (2015), and the Cronbach's alpha coefficient was found to be 0.84.[19] In the present study, Cronbach's alpha values were 0.85 for the whole scale, 0.78 for the Alternative Ways of Thinking sub-dimension, and 0.74 for the Actuating Thinking sub-dimension.

Statistical Analyses

The SPSS 22 package program was used for statistical analysis of the data. Descriptive data were expressed as percentage, mean, and standard deviation. The conformity of the data to normal distribution was evaluated with the Kolmogorov–Smirnov test, $p< 0.05$ indicated abnormal distribution. The Mann–Whitney *U*-test, the Kruskal–Wallis test, the chi-square test, and Spearman correlation analysis were used in the analysis. In correlation analysis, 0–0.39 was considered a weak correlation, 0.40–0.69 a moderate correlation, 0.70–0.89 a strong correlation, and 0.90–1.00 a very strong correlation. $p<0.05$. was accepted as significant.

Ethical Consideration

The study data were collected with the permission of the Social and Human Sciences Ethics Committee of the Recep Tayyip Erdogan University numbered 2021/268 and dated 14.12.2021, and the institutional permissions of the relevant units. Participants were informed about the study aims and joined voluntarily.

Results

Of the students in the study, 78.3% were female, and the mean age was 20.57±1.54 years. 50.9% were undergraduate students, 49.1% were associate degree students, 30.6% were nursing students, 20.2% were physiotherapy and rehabilitation students, 9.1% were medical laboratory students, 6.3% were physiotherapy students, 10.1% were anesthesia students, 9.4% were elderly care students, and 14.2% were first and emergency aid students. 35.2%, 39.8%, 13.4%, and 11.6% were first, second, third- and fourth-year students, respectively. 29.1% were health high school graduates, and 3.6% were employed. 53.9% lived in the city center, 33.3% in the surrounding district, 12.8% in a village/town, and the highest rates of maternal and paternal education were primary and secondary school graduates with 80.7% and 60%, respectively. 17.7% smoked and 7% consumed alcohol. 13.9% had witnessed domestic violence, 9.4% had experienced domestic violence, and gender did not make a difference in experiencing domestic violence (p=0.293). 65% had a current or ex-partner and 3.1% had experienced dating violence. 2.1% of the female students and 6.9% of the male students reported having experienced dating violence, and this was significantly higher in male students (p<0.001). No significant difference was found between departments in terms of gender, employment status, place of residence, alcohol consumption, and experience of domestic violence (p=0.358, p=0.94, p=0.603, p=0.455, p=0.130). Smoking, dating, experiencing dating violence, and witnessing domestic violence were observed at the highest rates in the Physiotherapy Department with a significant difference (p=0.007, p=0.005, p=0.009). Those who had witnessed domestic violence and those dating had significantly higher rates of experiencing domestic violence (p<0.001). Those who had witnessed domestic violence and those who had experienced domestic violence had significantly higher rates of dating violence (p<0.001).

The mean number of siblings was 3.15±1.85, and the mean number of dating experiences was 2.3±8.5. The students' scores on the ACVS and the THS are shown in Table 1.

Students' levels of acceptance of violence were low in all three sub-dimensions. The level of hope scores were close to high in terms of the sub-dimensions and total scores.

Significant differences were found in the ACVS according to gender, smoking, alcohol consumption status, domestic violence status, dating violence status, and department. The level of acceptance of violence perpetrated by women against men was significantly higher in elderly care. However, there was no significant difference between the groups after the Bonferroni correction. (Table 2)

Bachelor's/associate's degree (p=0.782, p=0.061, p=0.668), type of high school (p=0.735, p=0.450, p=0.567), employment status (p=0.320, p=0.442, p=0.872), witnessing domestic violence (p=0.231, p=0.791, p=0.120), dating status (p=0.943, p=0.534, p=0.721), class (p=0.477, p=0.241, p=0.589), place of residence (p=0.066, p=0.233, p=0.162), maternal education (p=0.527, p=0.224, p=0.174), and paternal education (p=0.762, p=0.625, p=0.902) did not have a significant effect on the acceptance of violence perpetrated by men against women, acceptance of violence perpetrated by women against men, and acceptance of couple violence in general. (Table 2)

In the analysis of the THS, employment status created a significant difference in favor of employees in the THS sub-dimensions and total scores (p=0.009, p=0.008, p=0.004). Place of residence created a significant difference only in the sub-dimension of Alternative Ways of Thinking, and it was found to be higher in those living in the city center (p=0.047) (Table 3). No significant difference was found in the trait hope scale sub-dimensions and total according to the following variables: gender (p=0.755, p=0.317, p=0.691), bachelor's/associate's degree (p=0.101, p=0.562, p=0.181), type of high

Table 1 The Acceptance of Couple Violence Scale, and the Trait Hope Scale

Scales		n	AB53	Sd	Min-Max
The Acceptance of Couple Violence Scale	Acceptance of violence perpetrated by men against women	933	3.43	1.47	3–12
	Acceptance of violence perpetrated by women against men	933	3.85	1.89	3–12
	Acceptance of intimate partner violence in general	933	5.89	2.43	5–20
The Trait Hope Scale	Alternative ways of thinking	934	26.29	4.24	4–32
	Actuating thinking	934	24.25	4.49	4–32
	Total score	934	50.54	8.15	8–64

Table 2 Significant Variables in the Analysis of the Acceptance of Couple Violence Scale

Independent Variables	n	Acceptance of violence perpetrated by men against women		Acceptance of violence perpetrated by women against men		Acceptance of intimate partner violence in general	
		Mean Rank	Significance test	Mean Rank	Significance test	Mean Rank	Significance test
Female	730	442.48	U=56197.0	452.29	U=63353.5	442.96	U=56543.5
Male	203	555.17	Z= −9.061	519.91	Z= −4.163	553.46	Z= −6.882
			P<0.0001		P<0.0001		P<0.0001
Smoker	165	507.99	U=56596.5	502.19	U=57553.5	491.48	U=59320.0
Non-smoker	768	458.19	Z= −3.703	459.44	Z= −2.434	461.74	Z= −1.713
			P<0.0001		P=0.015		P=0.087
Alcohol use	65	516.35	U=25002.0	496.30	U=26305.5	506.98	U=25611
No alcohol use	868	463.30	Z= −2.632	464.81	Z= −1.196	464.01	Z= −1.652
			P=0.008		P=0.232		P=0.099
Exposed to domestic violence	88	502.65	U=34042.5	483.15	U=35759	508.06	U=33566
Non-exposed to domestic violence	845	463.32	Z= −2.242	465.32	Z= −0.778	462.72	Z=−2.000
			P=0.025		P=0.437		P=0.045
Exposed to dating violence	29	537.66	U=11059.0	505.41	U=11994	495.00	U=12296
Non-exposed to dating violence	904	464.73	Z= −2.466	465.77	Z= −1.027	466.10	Z=−.757
			P=0.014		P=0.305		P=0.449
Nursing	286	481.99	KW X^2=12.355	465.74	KW X2=15.350	481.16	KW X2=7.110
Physiotherapy and Rehabilitation	189	447.81	P=0.054	437.94	P=0.018	438.57	P=0.311
Medical laboratory	85	451.45		434.96		479.81	
Physiotherapy	58	463.16		454.35		495.16	
Anesthesia	94	496.36		487.87		457.48	
Elderly care	88	477.24		526.60		455.86	
First and emergency aid	133	446.11		482.94		470.59	

Abbreviations: KW X^2, Kruskal Wallis test; U, Mann Whitney *U*-Test; Z, Z statistic.

school (p=0.592, p=0.982, p=0.898), smoking and alcohol consumption (p=0.282, p=0.827, p=0.544, p=0.569, p=0.983, p=0.857), witnessing domestic violence (p=0.235, p=0.506, p=0.873), experiencing domestic violence (p=0.119, p=0.491, p=0.684), dating (p=0.069, p=0.525, p=0.132), experiencing dating violence (p=0.244, p=0.719, p=0.367), department (p=0.468, p=0.845, p=0.696), class (p=0.332, p=0.108, p=0.182), and maternal and paternal education level (P=0.076, p=0.124, p=0.143, p=0.277, p=0.257, p=0.547). (Table 3)

In the correlation analysis, there was a moderate positive correlation (r= 0.556, r= 0.612) between acceptance of violence perpetrated by the man against the woman and acceptance of violence perpetrated by the woman against the man, and acceptance of couple violence in general, and a strong weak negative correlation (r= −0.096, r= −0.082, r=

Table 3 Analysis Results of Significant Variables in the Trait Hope Scale and Its Subscales

Independent Variables	n	Alternative Ways of Thinking		Actuating Thinking		Total score	
		Mean Rank	Significance test	Mean Rank	Significance test	Mean Rank	Significance test
Working	34	585.22	U=11297.5	588.01	U=11202.5	599.82	U=108001.0
Not working	900	463.05	Z= −2.602	462.95	Z=−2.661	462.50	Z=−2.196
			P=0.009		P=0.008		P=0.004
City	503	487.41	KW X^2=6.101	474.40	KW X^2=1.909	481.63	KW X^2=3.032
Province	311	447.08	P=0.047	450.66	P=0.385	449.50	P=0.220
Village/Town	120	436.99		482.23		454.90	

Abbreviations: KW X^2, Kruskal Wallis test; U, Mann Whitney *U*-Test; Z, Z statistic.

−0.099) was found between the Alternative Ways of Thinking and the Actuating Thinking sub-dimensions and the THS total ($p<0.001$, $p<0.05$). There was a moderate positive correlation (r= 0.449) between acceptance of violence perpetrated by women against men and acceptance of couple violence in general, and a weak negative correlation (r= −0.069, r= −0.070) between the Actuating Thinking score and the THS total score ($p<0.001$, $p<0.05$). In general, there were negative and weak (r= −0.120, r= −0.106, r= −0.126) significant relationships between acceptance of couple violence and the total and sub-dimensions of the THS ($p<0.001$, $p<0.05$). A positive moderate (r= 0.632) significant relationship was found between the sub-dimensions of the THS ($p<0.001$). (Table 4)

Discussion

This study, which evaluated attitudes towards intimate partner violence and the level of hope of university students in health-related departments, found that the percentage of students with a current or ex-partner was 65%, while the percentage who had experienced dating violence was 3.1%. Consistent with these results, the percentage of students in dating relationships was 37–75.4% in other studies,[5,8–12,15] and the percentage of those who had experienced violence in a dating relationship was 3.7%-46.5%.[4,5,8–10,13–15]

In the study, men were found to have been significantly more exposed to dating violence than women. In contrast, some studies in the literature emphasize that women are more exposed to dating violence.[6,18,23–25] This may be because the female students in our study were emotional and verbal violence.[26] In addition, the fact that the women were more likely to ignore, forgive or excuse violence may have contributed to the lower level of dating violence they experienced.

In the study, the low level of acceptance of violence in all three sub-dimensions was similar to the literature.[5,12,27] In terms of gender, acceptance of violence in all sub-dimensions of the scale was found to be significantly higher in males, consistent with the literature.[4,10,15,17,27,28] It is obvious that men have higher levels of acceptance of violence, which highlights the significance of planning new studies focusing on the male gender as an at-risk group.

The percentages of students witnessing domestic violence (13.9%) and experiencing domestic violence (9.4%) were lower than those of witnessing and experiencing violence in the literature: 30.1–38.7%,[13,15] and 18.9%–51.8%,[4,14] respectively. The rate of experiencing dating violence was found to be significantly higher in those who had witnessed and experienced domestic violence, similar to the literature.[29] Acceptance of couple violence in general and acceptance of violence perpetrated by men against women were found to be significantly higher in those who had experienced domestic violence,[30–32] and dating violence, which was similar to the literature,[8,10] The increase in the level of acceptance of violence in those who had experienced domestic or dating violence in the findings can be explained by the social learning theory, which suggests that learning occurs through observation and imitation.[33]

In the study, being in a dating relationship did not make a significant difference in the acceptance of violence. The literature has conflicting results regarding this issue: one study did not show a significant difference in acceptance of violence,[17] while another suggested a lower level of acceptance of violence in those who were in dating relationship.[15]

Acceptance of violence perpetrated by men against women was found to be significantly higher in smokers and alcohol users, and acceptance of violence perpetrated by women against men was found to be significantly higher in smokers. Various studies have shown that smoking and alcohol use affect students' attitudes toward violence. Smoking and alcohol use lead students to have a more accepting attitude towards violence.[30,34] These results can be interpreted as demonstrating that smoking and alcohol use increase the level of acceptance of violence. No significant difference was found between the students in the Department of Elderly Care and other departments in terms of gender, employment status, place of residence, smoking and alcohol consumption, experiencing domestic violence, and experiencing dating violence, which can all affect the acceptance of violence. It is thought that the reason for the high level of women's acceptance of violence among the students of the elderly care department may be the subject of new researches.

In the correlation analysis, the positive correlation between the sub-dimensions of the ACVS, which are acceptance of violence perpetrated by men against women, perpetrated by women against men, and acceptance of couple violence in general, was consistent with the students' low level of acceptance of violence in all three sub-dimensions. This demonstrated that the students did not accept violence from either side.

The students' levels of hope were found to be close to a high level in terms of both the sub-dimensions and the total scores. Likewise, university students have been reported to have high levels of hope.[35,36] These findings suggest that

Table 4 Spearman Correlation Analysis of Variables

		Number of siblings	**Number of dates**	**Acceptance of violence perpetrated by men against women**	**Acceptance of violence perpetrated by women against men**	**Acceptance of couple violence in general**	**Alternative ways of thinking**	**Actuating thinking**	**Trait hope scale total score**
Age	r	0.100*	0.053	0.001	−0.029	−0.006	0.025	−0.019	0.007
	p	0.002	0.109	0.968	0.369	0.855	0.440	561	836
Number of siblings	r	1.000	−0.053	0.058	0.010	0.048	0.035	−0.008	0.015
	p		0.112	0.080	0.760	0.148	0.290	0.801	0.657
Number of dating experiences	r		1.000	0.049	0.050	0.001	0.024	−0.004	0.014
	p			0.144	0.136	0.966	0.478	0.908	0.670
Acceptance of violence perpetrated by men against women	r			1.000	0.556**	0.612**	−0.096**	−0.082*	−0.099**
	p				0.000	0.000	0.003	0.012	0.002
Acceptance of violence perpetrated by women against men	r				1.000	0.499**	−0.059	−0.069*	−0.070*
	p					0.000	0.072	0.035	0.032
Acceptance of couple violence in general	r					1.000	−0.120**	−0.106**	−0.126**
	p						0.000	0.001	0.000
Alternative ways of thinking	r						1.000	0.632**	0.899**
	p							0.000	0.000
Actuating thinking	r							1.000	0.899**
	p								0.000

Notes: *p<0.05, ** p<0.01.

students who are expected to work under challenging conditions due to their field of study have a greater ability to make successful plans, formulate new ways of achieving them, and make successful decisions in the process of reaching their goals.

It was found that participants who were employed had higher Alternative Ways of Thinking and Actuating Thinking scores and were more hopeful. Likewise, those living in the city center were found to be more able to engage in alternative ways of thinking. This may be because individuals who work as employees and those who live in urban areas have different types of cultural interactions, more economic freedom, have to solve more day-to-day problems, and lead different lifestyles.

A negative relationship was found between the acceptance of violence perpetrated by men against women, women against men, and acceptance of couple violence in general and the total score of the THS and the sub-dimension of Actuating Thinking. Similarly, there is an inverse relationship between hope and acceptance of violence,[37,38] and the level of hope is also related to participation in violence.[39,40] These findings also explain the low level of acceptance of violence in general among the students in this study. The sense of hope in young people acts as a protective buffer against violence and is effective in reducing the level of acceptance of violence, which emphasizes the necessity of always keeping the students' levels of hope high.

Similar to the literature, this study found that the sub-dimensions of Alternative Ways of Thinking and Actuating Thinking were significantly related to each other.[19]

The strengths of the study are; students studying in different departments of the health field are included. The fact that it is a study that evaluates the attitude towards partner violence and the hope level scale together makes the study strong. The fact that it was conducted in a single center is a limitation of the study.

Conclusion

In the study, students had low levels of acceptance of couple violence and high levels of hope, suggesting that students who will work in the field of health will be able to provide effective care to the individuals they encounter who are victims, will not ignore such cases, will communicate and carry out the treatment process in the desired way, as well as being able to cope with gender-based violence and oppose the stereotypical attitudes that normalize violence.

Acceptance of violence was found to be higher in males, smokers, and alcohol users, and those who had experienced domestic violence and dating violence. Since the acceptance of violence will increase the actual perpetration of violence, health care professionals need to accept these groups as posing a risk and plan interventions and training activities for them in order to prevent violence.

A negative relationship was found between hope and the acceptance of violence. The level of hope was found to be lower in those who were not employed and those who lived in villages and towns. These findings indicate that interventions to increase the level of hope and indirectly reduce violence by regarding these groups as at-risk will be effective. The results will guide interventions that directly promote hope in order to prevent violence and the acceptance of violence.

Health institutions are among the first institutions to which individuals exposed to violence resort. Health professionals are expected to provide services such as diagnosing victims of violence, risk assessment, providing medical care, psychological support and referral for other services. Health field students will work in future health institutions. Therefore their attitudes towards violence are important. This will improve the quality of service provided to the community. Awareness of violence and had low levels of acceptance of couple violence will have a positive impact on the care of victims.

It is important to provide counseling services in educational institutions to prevent students who are exposed to violence from normalizing the situation. It is important to provide counseling services in educational institutions so that students who are exposed to violence do not normalize the situation. It is thought that it would be beneficial to add appropriate courses to the curriculum, organize seminars and conduct more scientific studies in this field so that students who receive education in the field of health can be successful in creating awareness of violence, determining risk groups and managing violence. Men, those who are considered as a risk group in the study, those who have experienced

domestic violence or dating violence, and those who smoke and drink alcohol should be given priority in the violence prevention policies to be created.

Institutional Review Board Statement

This study was conducted as per the Declaration of Helsinki and approved by the Recep Tayyip Erdogan University's social and humanities ethics committee (2021/268, 14 December 2021).

Data Sharing Statement

Data will be available upon genuine request from the corresponding author. Ayse Gumusler Basaran, ayse.basaran@erdogan.edu.tr.

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

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Disclosure

The authors declare no conflict of interest.

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