

# Evaluation of the Perceptions and Attitudes Towards Dating Violence Among Medical Students

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## ABSTRACT

**Purpose:** The aim of this study was to evaluate the perceptions and attitudes of medical students about dating violence.

**Methods:** In the cross-sectional study, the universe was medical students of 1st-6th grade in a state university in Istanbul. A questionnaire consisting of sociodemographic questions (18 questions), Dating Violence Attitude Scale (DVAS), Dating Violence Perception Scale (DVPS) was sent to the participants by mobilephone via WhatsApp.

**Results:** The median age of 339 students who answered the questionnaire was 21.0 (17.0-29.0). Of the students 61.4% (n=208) were women. The rates of students who used nicotine and alcohol were 53.4% (n=181) and 58.4% (n=198), respectively. Of the students 67.3% (n=228) had a dating relationship before, and 30.4% (n=103) had current relationship. Of the students had a dating relationship before, 23.7% (n=54) had experienced dating violence in their past relationship, and 14.6% (n=15) of the students who had a current dating relationship had experienced dating violence in their current relationship. Students who used nicotine and alcohol were exposed to a higher rate of dating violence. While the total scores of DVAS of women were higher than men, the total scores of DVPS were significantly lower (p<0.001 for both). Alcohol users had lower DVPS total scores than non-drinkers (p=0.004).

**Conclusion:** The rate of exposure to dating violence is high in medical students. Interventions are needed especially for groups at risk for exposure to dating violence. Qualitative and quantitative studies should be conducted to investigate the reasons why young people tend to violence.

**Keywords:** Dating Violence, Medical Students, Perception of Dating Violence, Dating Violence Attitude, Relationship

## ÖZET

**Amaç:** Bu çalışmanın amacı, tıp fakültesi öğrencilerinin flört şiddetine ilişkin algı ve tutumlarını değerlendirmektir.

**Yöntem:** Kesitsel tipteki araştırmanın evrenini, İstanbul'da bir devlet üniversitesinde öğrenim gören 1-6. sınıf tıp öğrencileri oluşturmaktadır. Katılımcılara sosyodemografik sorular (18 soru), Flört Şiddeti Tutum Ölçeği (FŞTÖ), Flört Şiddeti Algısı Ölçeği'nden (FŞAÖ) oluşan bir anket cep telefonu aracılığıyla WhatsApp aracılığıyla gönderildi.

**Bulgular:** Anketi yanıtlayan 339 öğrencinin ortalama yaşı 21.0 (17.0-29.0) idi. Öğrencilerin %61,4'ü (n=208) kadındı. Sigara ve alkol kullanan öğrencilerin oranları sırasıyla %53,4 (n=181) ve %58,4 (n=198) idi. Öğrencilerin %67,3'ünün (n=228) daha önce flört ilişkisi, %30,4'ünün (n=103) ise şu an ilişkisi bulunmaktadır. Daha önce flört ilişkisi olan öğrencilerin %23,7'si (n=54) önceki ilişkilerinde; halen flört ilişkisi olan öğrencilerin ise %14,6'sı (n=15) mevcut ilişkilerinde flört şiddeti yaşamıştı. Sigara ve alkol kullanan öğrenciler daha yüksek oranda flört şiddetine maruz kalmışlardı. Kadınların FŞTÖ toplam puanları erkeklerden yüksek iken, FŞTÖ toplam puanları anlamlı olarak düşüktü (her ikisi için de p<0.001). Alkol kullananların FŞAÖ toplam puanları, içmeyenlere göre daha düşüktü (p=0,004).

**Sonuç:** Tıp fakültesi öğrencilerinde flört şiddetine maruz kalma oranı yüksektir. Özellikle flört şiddetine maruz kalma riski taşıyan gruplar için müdahalelere ihtiyaç vardır. Gençlerin şiddete yönelme nedenlerinin araştırılması için nitel ve nicel araştırmalar yürütülmelidir.

**Anahtar Kelimeler:** Flört Şiddeti, Tıp Öğrencileri, Flört Şiddeti Algısı, Flört Şiddeti Tutumu, İlişki

Intimate partner violence is a serious problem that can have a profound impact on lifelong health, opportunity, and well-being (1). According to the World Health Organization (WHO), dating violence is defined as 'intimate relationships among young people, which may be of varying duration and intensity, and do not involve cohabiting' (2). Unfortunately, the frequency of dating violence is increasing, and for this reason, it is an important public health problem that needs to be addressed worldwide (3-7).

Today, the issue of dating violence is frequently discussed and there are many studies conducted on this subject in the literature. Although dating violence can be seen in both genders, women are more frequently exposed to dating violence and negative health outcomes related to dating violence are more common in women (7-9). In addition, dating violence is more common at younger ages. According to the Centers for Disease Control and Prevention (CDC), 1 out of every 12 high school students in the USA has been exposed to physical and sexual dating violence (10). In a study conducted in our country, 88% of female university students had been subjected to emotional violence, 22.2% of them had been subjected to verbal abuse, 21.4% of them had been economically abused, 16.4% of them had been subjected to physical violence, and 7.2% of them had been subjected to sexual violence by their partners (5).

The ages between 18-30 years corresponding to the university period; is when young people step into adulthood. Since university students are in an emotionally fragile period, they may be more affected by the effects of dating violence (11). This period poses a risk for dating violence, and students experience violent behaviors more frequently during these times (12). In a study in the literature, the attitudes of university students towards dating violence were evaluated and it was reported that the acceptance attitudes of medical faculty students towards dating violence were lower than those of students from other faculties (13). In a study conducted with students in the 5th and 6th grades of medical school, approximately one in five of those who had not been exposed to dating violence previously and did not perpetrate violence to their partner. In the same study, students most frequently perpetrate emotional violence on their partners or were exposed to emotional violence (14).

It is necessary to know the frequency of dating violence, which may have negative consequences especially in young people who are exposed to it (2,15). In addition, the factors that predispose to dating violence should be determined in order to prevent dating violence. In this context, the aim of this study was to evaluate the experiences, perceptions and attitudes of medical school students about dating violence.

## Material and Methods

### *Study Place and Design*

The population was medical faculty students of 1st-6th grade in a state university in Istanbul. A questionnaire was used to evaluate the perceptions and attitudes of medical students about dating violence.

### *Research Type*

The study is a cross-sectional study.

### *Population*

There are total 1589 medical faculty students studying in 2022 and 2023 in the relevant university. The sample size was calculated as 310; as the percentage of high perception of dating violence among medical school students was accepted as 50%, margin of error 5%, and confidence level of 95%.

### *Questionnaire*

A questionnaire consisting of sociodemographic questions (18 questions), Dating Violence Attitude Scale (DVAS), Dating Violence Perception Scale (DVPS) was used. Sociodemographic questions were inspired from other studies in literature (16-19) including data about gender, current class, current smoking status (yes or no), current alcohol use (yes or no) and questions about their dating relationship.

### *Dating Violence Attitude Scale (DVAS)*

The Dating Violence Attitude Scale was developed in 2016 (16). It was developed to determine the attitudes of university students regarding violent behaviors in dating relationships. It includes 5 different assessment areas: physical, emotional, economic, sexual and general violence sub-dimensions. DVAS is a 5-point likert-type scale consisting of 28 questions, scored between 1-5 (1: Strongly disagree-5: Strongly agree). The fact that the average score obtained from the scale is close to 5 indicates that the attitudes of individuals towards dating violence do not support dating violence.

### Dating Violence Perception Scale (DVPS)

It is a scale developed in 2022 to be applied especially to university students between the ages of 18-30, and it has the feature of evaluating how individuals perceive dating violence related to scenario-based sexual, physical and psychological dating violence (17). For each of the perceptions of physical, sexual and psychological dating violence, 15 questions are asked over three different scenarios. There are a total of 15 questions in the scale and it has a single factor. Scores from the scale range from 15 to 90. High scores mean that the person does not perceive the relevant dating violence (physical, sexual, or psychological) as abusive.

### Data Collection

The questionnaire was sent to the participants by mobile-phone via WhatsApp. Before the questionnaire, the participants were informed about the purpose of the study and their consent was obtained.

### Statistical Analysis

SPSS (Statistical Package for Social Sciences) for Windows 25.0 program was used for statistical analysis and data recording. Mean, standard deviation, median, minimum and maximum values and numbers (n) and percentages (%) were used for descriptive data. Pearson Chi-Square (or Fisher Exact test, where appropriate) test was used to compare categorical data. Conformity of continuous variables to normal distribution was examined by visual (histogram and probability graphs) and analytical methods (Kolmogorov-Smirnov/Shapiro-Wilk tests). It was analyzed with the Mann-Whitney U test for comparison of continuous variables that did not fit the normal distribution. The relationship between two continuous variables in which the normal distribution was not observed was evaluated with the Spearman correlation test. Statistical significance was determined as <0.05.

### Results

In the study, 339 students answered the questionnaire. The median age of the students was 21.0 (17.0-29.0). Of the students 61.4% (n=208) were women. Percentage of students between the first and 6th grades were 22.7% (n=77), 10.0% (n=34), 13.6% (n=46), 17.4% (n=59), 18.6% (n=63) and 17.7% (n=60), respectively. Of the parents of students 87.6% (n=297) were together. The percentage of students who used nicotine and alcohol was 53.4% (n=181) and 58.4% (n=198), respectively.

Of the students 67.3% (n=228) had a dating relationship before, and 30.4% (n=103) current relationship. Of the students 23.7% (n=54) had a previous dating relationship, had experienced dating violence previously. Of the students having current dating relationship, 14.6% (n=15) experienced dating violence in their current relationship. Students experienced mostly psychological violence in their previous and current relationships (22.8% [n=52] and 13.6% [n=14], respectively) (Table 1).

**Table 1.** The data of the participants about dating relationship and dating violence

		n	%
Having a dating relationship before	Yes	228	67.3
	No	111	32.7
Having a current dating relationship	Yes	103	30.4
	No	236	69.6
Experience of dating violence previously	Yes	54	23.7
	No	174	76.3
Experience of psychological dating violence previously	Yes	52	22.8
	No	176	77.2
Experience of physical dating violence previously	Yes	6	2.7
	No	217	97.3
Experience of sexual dating violence previously	Yes	9	4.0
	No	214	96.0
Experience of economic dating violence previously	Yes	4	1.8
	No	219	98.2
Experience of dating violence in current relationship	Yes	15	14.6
	No	88	85.4
Experience of psychological dating violence in current relationship	Yes	14	13.6
	No	89	86.4
Experience of physical dating violence in current relationship	Yes	3	2.9
	No	100	97.1
Experience of sexual dating violence in current relationship	Yes	1	1.0
	No	102	99.0
Experience of economic dating violence in current relationship	Yes	1	1.0
	No	102	99.0

When the factors that may be related to exposure to dating violence were evaluated; 24.9% (n=45) of smokers and 8.9% (n=14) of non-smokers stated that they were exposed to dating violence in the past or in their current relationship (p<0.001). Students who used alcohol also stated that they were exposed to dating violence at a statistically significantly higher rate than non-drinkers (23.7% [n=47], 8.5% [n=12], respectively) (p<0.001). There was no significant relationship between gender, class, relationship status of parents and exposure to dating violence (p>0.05) (Table 2).

**Table 2.** Factors associated with exposure to dating violence in a past or current relationship

		Exposure to dating violence		P value
		Yes n (%)	No n (%)	
<b>Gender</b>	Male	22 (16.8)	109 (83.2)	0.814
	Female	37 (17.8)	171 (82.2)	
<b>Class</b>	1	6 (7.8)	71 (92.2)	0.072
	2	5 (14.7)	29 (85.3)	
	3	7 (15.2)	39 (84.8)	
	4	11 (18.6)	48 (81.4)	
	5	17 (27.0)	46 (73.0)	
	6	13 (21.7)	47 (78.3)	
<b>Relationship status of parents</b>	Together	48 (16.2)	249 (83.8)	0.109
	Seperated	11 (26.2)	31 (73.8)	
<b>Smoking</b>	Yes	45 (24.9)	136 (75.1)	<0.001
	No	14 (8.9)	144 (91.1)	
<b>Using alcohol</b>	Yes	47 (23.7)	151 (76.3)	<0.001
	No	12 (8.5)	129 (91.5)	

When the students' DVAS and DVPS scores were evaluated; the highest score was obtained from the sub-dimensions of general violence and physical violence in the DVAS scale. The lowest score was obtained from the sexual violence sub-dimension. The highest score was obtained from the physical violence sub-dimension, and the lowest score was obtained from the psychological violence sub-dimension according to the DVPS scores (Table 3).

**Table 3.** Scores of DVAS ve DVPS of participants

	Median	Minimum	Maximum
DVAS-General violence	5.0	1.2	5.0
DVAS- Physical violence	5.0	1.8	5.0
DVAS- Psychological violence	4.5	1.83	5.0
DVAS- Economic violence	4.4	1.00	5.0
DVAS- Sexual violence	0.97	0.34	1.0
DVAS total score	4.68	1.96	5.0
DVPS- Sexual violence	17.0	15.0	76.0
DVPS- Physical violence	20.0	15.0	90.0
DVPS- Psychological violence	16.0	15.0	90.0
DVPS total score	57.0	45.0	256.0

When the factors related to the participants' attitudes and perceptions of dating violence were evaluated, while the total scores of DVAS of women were significantly higher than those of men, the total scores of DVPS were significantly lower ( $p < 0.001$  for both). Experiencing dating

violence in previous relationships did not have a significant effect on dating violence attitude and perception scores ( $p > 0.05$ ). Those who experienced dating violence in their current relationships had significantly higher DVAS and DVPS scores ( $p = 0.002$  and  $p < 0.001$ ). In other words, those who are not exposed to dating violence are less supportive of dating violence; and perception of dating violence as a problem was also higher in students without an experience of dating violence. Alcohol users had significantly lower DVPS total scores than non-drinkers ( $p = 0.004$ ). The class, relationship status of parents, previous dating relationship, smoking status did not have a significant effect on scale scores ( $p > 0.05$ ) (Table 4).

**Table 4.** Scores of DVAS and DVPS and related factors

Median (min-max)		Total DVAS	p value	Total DVPS	p value
			Median (min-max)		
<b>Gender</b>	Male	4.6 (2.8-5.0)	<0.001	71.0 (45.0-171.0)	<0.001
	Female	4.7 (2.0-5.0)		52.0 (45.0-256.0)	
<b>Class</b>	1	4.7 (3.1-5.0)	0.234	58.0 (45.0-164.0)	0.756
	2	4.6 (3.5-5.0)		56.5 (45.0-158.0)	
	3	4.7 (2.0-5.0)		58.0 (45.0-256.0)	
	4	4.7 (3.0-5.0)		53.0 (45.0-160.0)	
	5	4.6 (3.2-5.0)		59.0 (45.0-171.0)	
	6	4.6 (3.5-5.0)		59.0 (45.0-143.0)	
<b>Relationship status of parents</b>	Together	4.7 (2.0-5.0)	0.554	57.0 (45.0-256.0)	0.465
	Seperated	4.7 (3.0-5.0)		58.0 (45.0-155.0)	
<b>Having a dating relationship before</b>	Yes	4.7 (2.0-5.0)	0.203	55.0 (45.0-256.0)	0.160
	No	4.6 (3.0-5.0)		60.0 (45.0-164.0)	
<b>Experience of dating violence previously</b>	Yes	4.6 (2.0-5.0)	0.429	56.0 (45.0-256.0)	0.731
	No	4.7 (3.5-5.0)		55.0 (45.0-171.0)	
<b>Experience of dating violence in current relationship</b>	Yes	4.5 (2.0-5.0)	0.002	95.0 (48.0-256.0)	<0.001
	No	4.7 (3.0-5.0)		56.0 (45.0-171.0)	
<b>Smoking</b>	Yes	4.7 (2.8-5.0)	0.862	55.0 (45.0-164.0)	0.576
	No	4.7 (2.0-5.0)		59.0 (45.0-256.0)	
<b>Using alcohol</b>	Yes	4.6 (2.8-5.0)	0.128	61.0 (45.0-164.0)	0.004
	No	4.7 (2.0-5.0)		55.0 (45.0-256.0)	

When the correlation of the scales was evaluated, a significant negative correlation was observed in the total score and all sub-dimension scores of the DVAS and DVPS scales ( $p < 0.001$ ) (Table 5).

Table 5. Correlation between DVAS and DVPS scales					
		DVPS-Sexual violence	DVPS-Physical violence	DVPS-Psychological violence	Total DVPS
Total DVAS	r	-0.393	-0.468	-0.487	-0.507
	p	<0.001	<0.001	<0.001	<0.001
DVAS-General violence	r	-0.287	-0.341	-0.386	-0.383
	p	<0.001	<0.001	<0.001	<0.001
DVAS-Physical violence	r	-0.307	-0.337	-0.332	-0.377
	p	<0.001	<0.001	<0.001	<0.001
DVAS-Psychological violence	r	-0.287	-0.360	-0.353	-0.386
	p	<0.001	<0.001	<0.001	<0.001
DVAS-Economic violence	r	-0.280	-0.370	-0.368	-0.391
	p	<0.001	<0.001	<0.001	<0.001
DVAS-Sexual violence	r	-0.252	-0.340	-0.341	-0.356
	p	<0.001	<0.001	<0.001	<0.001

## Discussion

Since dating violence can be exposed especially in younger ages, and dating violence causes serious consequences (2,15), it is an important field of study that should be examined in university students. In this context, we evaluated the experiences, attitudes and perceptions of medical students towards dating violence were evaluated.

In the literature, the percentages of exposure to dating violence among adolescents and university students are high. In a study conducted with university students in Turkey, 13.8% of students were exposed to violence in their dating relationships (18). In another study, the

frequency of physical and sexual dating violence in adolescents was reported to be 20% and 9%, respectively (20). In our study, of the students having a current relationship 14.6% experienced dating violence in their current relationship. The percentages of experiencing psychological, physical and sexual violence in their current relationships were 13.6%, 2.9% and 1.0%, respectively, in our study. The percentages of exposure to dating violence among medical school students was found to be high in our study in a similar percentage when compared to the literature. The rate of exposure to sexual violence was found to be lower in our study compared to other study in the literature. The percentages of exposure to dating violence and types of exposed violences may vary between different societies depending on social norms and lifestyles. Being alert to different types of dating violence and develop preventive interventions for at-risk groups are necessary.

In the literature, there are many studies showing differences between gender and exposure to dating violence (7-10, 21). In our study, no significant relationship was found between gender and exposure to dating violence. This may be due to the different gender roles attributed to individuals in different cultures. For example in the patriarchal culture, the social roles are played by men and women have different powers. In this cultural vision, women are dominated and this situation causes men become strong and women become fragile. In these male-dominated cultures, even physical violence experienced by women are not perceived as violence by women and may be considered normal within the dating relationship (22,23).

In the literature, students who use alcohol are more exposed to dating violence (19). Similarly, in another study conducted in our country, university students who used alcohol were more exposed to dating violence (24). Also in our study, students who used alcohol and nicotine were exposed to dating violence more than those who did not. Alcohol use may cause difficulties in behavioral control and decrease in physical and cognitive functions in individuals (4, 25). This situation can lead people to aggressive behaviors and cause dating violence. On the other hand, students may turn to risky behaviors such as smoking and alcohol use during stressful periods (24). All these factors may have facilitated exposure to dating violence, as situations such as low self-confidence and motivation can be seen in students during the stressful period. Since the studies in the literature and our study were conducted in a cross-sectional design, it is difficult

to elucidate the cause-and-effect relationship of alcohol and smoking with dating violence. Thus, qualitative studies can be conducted to better understand the reasons why smokers and alcohol users are more exposed to dating violence.

According to the DVAS scores in our study, females and those who were not exposed to dating violence were less supportive of dating violence. Perception of dating violence as a problem is also higher in female and those who have not experienced dating violence. In addition, students who use alcohol in our study perceive dating violence as a problem less. According to a study in the literature, female university students have a higher perception of violence than males (18). In a study conducted with university students in faculties of health sciences, acceptance levels of female students towards dating violence were lower, similar to the results of our study (26). The fact that the perception of dating violence as a problem in our study was lower in those who experienced dating violence suggests that the students who were exposed to violence accepted this situation and normalized it. Violence against women is marked by social, cultural, psychological, and economic attributes ascribed to individuals based on their sex. This leads to the troubling perception of violence as a normal and allowing it to persist unnoticed in society (27). Since perceiving dating violence as normal can be a barrier to seeking help, there is a need to improve the perception of violence. For this reason, there is a need for informative and awareness-raising lessons about dating violence to be added to the education curriculum of the students. With psychological guidance and counseling services, students who are exposed to this situation and who have a tendency to violence should be provided with the necessary support and help. Dating violence prevention programs can be developed nationally taking into account the psychosocial needs of university students. In addition, further studies are needed to determine the role of alcohol use on dating violence perception.

In our study, according to the scale results; students mostly do not support physical and general violence and mostly perceive the physical type of violence as a problem. According to a similar study conducted with university students; students mostly perceive physical violence as a problem (28). In our study, although students were exposed to mostly psychological violence, they mostly accept the physical type of violence as a problem according to their scale scores. This is a serious situation that requires attention. It should be understood why psychological violence is seen as less of a problem although it

is frequently experienced by students. Because the fact that the violence experienced is not seen as a problem may prevent students from help-seeking behaviour in this regard. According to the literature, observers around the victims often perceive the harm caused by psychological aggression as minimal, especially when compared to physical aggression. This is concerning because third-party perceptions of aggression tend to have a significant impact on the experiences of both victims and perpetrators of partner violence. Third parties may influence victims not to deny the psychological violence and minimizing it (29). Moreover, we think that the meaning attributed to the dating relationship, expectations of the relationship, existing mental problems such as anxiety, depression, and character traits related to obedience can be potential barriers to perceiving psychological violence as a problem. The fact that these factors were not questioned in our study is a limitation. With qualitative studies to be conducted in this field, the barriers to the perception of psychological violence as a problem should be examined and thus, specific interventions should be planned in the areas where students are in need. Interventions also should target to increase awareness of psychological violence among students and society.

In our study, attitude and perception scores of students were negatively correlated. This mean, students who show less supportive attitude towards dating violence are more likely to perceive dating violence as a problem. This result supports that the students answered the questions reflecting the truth while answering the questionnaire. Since the answers given to the scales are compatible, the probability of social desirability bias in the study is low.

#### *Limitations and Strengths*

The study was conducted with medical faculty students of a single university. Without systematic sampling, the participants were included in the study with the link of questionnaire sent via the mobile phones. This situation creates a limitation in representing the study results for the entire population. Another limitation of the study is that students who do not have WhatsApp application on their mobile phones could not participate in the study. In the study, the frequency of dating violence and related factors were examined; students' attitudes and perceptions towards dating violence were evaluated with the help of scales. With these aspects, the study has a big contribution to the literature with a broad perspective. This is the strength of our study.

## Conclusion

Unfortunately, the percentage of exposure to dating violence is high in medical school students, similar to the studies conducted with other university and high school students. Students who experience dating violence are mostly exposed to psychological violence. Students who use alcohol and nicotine have been exposed to dating violence more than those who do not. In addition, according to the results of the study; female students have more anti-violence attitudes and perceptions than males. There is a need for interventions to be made especially for groups at risk for exposure to dating violence, and psychosocial support services to be offered to couples (30). In addition, it would be beneficial to conduct qualitative and quantitative studies that will investigate the reasons why young people tend to violence.

## Declarations

### Ethics Approval

Ethics committee approval was obtained on 07.10.2022 with the decision number of 09.2022.1162 from the clinical research ethics committee of the university where the study was conducted.

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## Conflicts of Interest

The authors have no conflicts of interest to declare.

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### Authors' Contributions

ZMA: Conceptualism, manuscript writing, data analysis, literature review, critical review.

SH: Conceptualism, manuscript writing, data analysis, literature review, critical review, supervision.

SDJ: Conceptualism, manuscript writing, data analysis, literature review, critical review.

MA: Conceptualism, data collection, data analysis, manuscript writing, literature review, critical review.

MA: Conceptualism, data collection, data analysis, manuscript writing, literature review, critical review.

MAA: Conceptualism, data collection, data analysis, manuscript writing, literature review, critical review.

FSA: Conceptualism, data collection, data analysis, manuscript writing, literature review, critical review.

### Availability of Data and Material

Not applicable.

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