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The relationship between municipal trainees' attitudes toward violence against women and their gender perceptions

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Abstract

Purpose: This study examined the relationship between individuals' attitudes toward violence against women and their perception of gender roles.

Design and Methods: This descriptive and cross-sectional study design ($n = 635$) collected data using the ISKEBE Violence against Women Attitude Scale and the Perception of Gender Scale. Data analyses included descriptive statistics, Pearson's correlation analysis, and multiple linear regression analyses.

Results: About 37.5% of the participants had been exposed to violence. A moderately positive correlation was found between the participants' scores on gender perception and attitude toward violence against women ($r = 0.551$, $p < 0.000$).

Practice Implications: Women did not approve of violence against women more than men did. Participants with higher education levels and employment had a more negative attitude toward violence against women.

KEYWORDS

domestic violence, gender, gender perception, violence against women

1 | INTRODUCTION

Violence against women is an important social and public health and human rights issue affecting the lives of 15%–75% of women worldwide (Barchi et al., 2018; Fidan & Bui, 2016; Oram et al., 2017). One out of every three women in the world is exposed to physical or sexual violence by her partner at some point in her life (Devries et al., 2013). Violence against women is defined as any form of gender-based violence occurring in public or private life, including threats, coercion, or arbitrary deprivation of liberty, which results in or is likely to result in physical, sexual, or psychological harm or suffering.

There are various types of violence against women, including physical, verbal, psychological, economic, and sexual (Adjah & Agbemafle, 2016; Alsaleh, 2020; Çalışkan & Çevik, 2018; Oram et al., 2017). These types of violence against women are extremely common in all cultures and all over the world, regardless of the level of development, geographical border, and education level (Çalışkan & Çevik, 2018; Dursun, 2020; Genç et al., 2019). According to the 2013 report of the World Health Organization (WHO) on violence against women, 13%–61% of women between the ages of 15–49 are exposed to physical violence by their husbands at least once in their lives; this rate is around 23% in high-income countries, 37.7% in Southeast Asia, 37% in the eastern Mediterranean, 36.6% in Africa, 29.8% in the United States, 25.4% in Europe, 24.6% in the West Pacific, 19.3% in high-income countries of Western Europe, and 27% in central and eastern Europe (World Health Organization, 2013). Studies conducted in different countries across the world reveal that violence against women is common. In the study by Jawarkar et al. (2016), the prevalence of at least one type of violence against women within the family has been reported to be 40.25%. In their study on adult trauma patients exposed to domestic violence, Joseph et al. (2015) reported 5503 domestic violence cases and stated that 63% of the victims were women and the rate of domestic violence was 3.7 cases out of 1000 trauma patients.

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According to the Domestic Violence against Women Survey in Turkey, women are exposed to physical violence (36%), sexual violence (12%), emotional violence (44%), and economic violence (30%) at some point in their lives (T.R. Ministry of Family and Social Policies, General Directorate on the Status of Women, 2014). In a study conducted by Hacettepe University Institute of Population Studies on 15,072 individuals aged between 15 and 59 years in 12 statistical regions, the rate of women who were "exposed to physical violence even once in their life" has been reported to be 36% (T.R. Ministry of Family and Social Policies, General Directorate on the Status of Women, 2014). Dikmen and Gonenc (2020) found that 23% of the women were exposed to physical violence, 46.8% to verbal violence, 33.6% to emotional violence, 21.1% to sexual abuse, and 13% to economic violence in Turkey.

Sex defines the genetic, physiological, and biological characteristics of the individual as a woman or man. It also refers to the socially ascribed meanings and expectations of society and culture to be a woman or man (Esen et al., 2017; Özpulat, 2017; Uçar et al., 2017). Gender roles are expectations and wishes regarding the behavior and characteristics of men and women. These roles can be explained by the expression of femininity and masculinity in social environments. The roles generally attributed to men and women in social life cause inequality in many areas. The main source of violence against women is gender inequality and the asymmetrical power relationship between men and women stemming from the society (Bükecik & Özkan, 2018). Since this inequality manifests itself in many areas, there are significant gender differences in attitudes toward violence. The traditional perception of gender assigns different roles to men and women (Akkuş & Yıldırım, 2018). While it deems a more passive, silent, and nonquestioning characteristic suitable for women, it confers a more assertive and aggressive attitude to men. It also normalizes men's use of any type of violence in situations that create conflict, thereby justifying violence (Akkuş & Yıldırım, 2018; Esen et al., 2017; Kul Uçtu & Karahan, 2016; Özpulat, 2017; Uçar et al., 2017).

Significant studies have been performed on various platforms to reduce and prevent violence against women worldwide. Globally, violence against women is recognized as a problem; however, multiple programs targeting all segments of the society are needed to reduce and prevent violence against women (Vázquez et al., 2019). In Turkey, the current literature investigating the reasons for violence against women and evaluating the views of both women and men is limited. It is thought that determining the thoughts of individuals who exercise violence or are exposed to violence will shed light on the development of effective interventions. Therefore, this study examined the relationship between individuals' attitudes toward violence against women and their perceptions of gender, and the factors affecting them.

1.1 | Research questions

1. What is the level of individuals' attitudes toward violence against women?
2. What is the level of individuals' perception of gender?
3. What are the factors affecting individuals' attitudes toward violence against women?
4. Is there a relationship between individuals' attitudes toward violence against women and their perception of gender?

2 | METHODS

2.1 | Design and participants

This descriptive and cross-sectional study was conducted between November 2019 and January 2020. The universe of the study consisted of 805 men (157) and women (648) who visited a sports complex affiliated to the municipality of a central district for physical exercise and took courses in municipal training centers. The study sample consisted of 261 individuals using the known population sampling formula (N = N.t2.p.q/d2(N-1)+t2.p.q), assuming that the standard deviation would be 5% and the probability of occurrence would be 50% because the probability of occurrence of the case could not be reached in the literature. Considering the possibility of losses in the sample during the study process, we planned to include 313 individuals in the study, which was 20% more than the number of participants calculated previously. Eventually, 635 individuals (527 women and 108 men) participated in the study. Individuals who had cognitive impairment or did not volunteer to participate were not included in the study.

2.2 | Instrument

The data were collected using the ISKEBE Violence against Women Attitude Scale and the Perception of Gender Scale (PGS).

2.2.1 | Questionnaires

The questionnaire was designed by researchers through literature review (Büyükyılmaz & Demir, 2016; Çalışkan & Çevik, 2018; Esen et al., 2017; Jawarkar et al., 2016; Uçar et al., 2017) and comprised 15 questions evaluating whether violence against women may lead to health problems. Additionally, it aimed to collect sociodemographic information, such as age, gender, level of education, marital status, type of marriage, employment status, income status, family type, number of children, alcohol consumption, information about factors that may affect the participant's views on violence against women, exposure to violence during some period of life, the type of violence, and the reasons why people use violence or are exposed to violence.

2.2.2 | The ISKEBE Violence against Women Attitude Scale

The "Violence against Women Attitude Scale," called the "ISKEBE Attitude Scale" in short, was developed by Kanbay et al. (2017)

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to determine individuals' attitudes concerning violence against women. The scale includes 30 items rated on a 5-point Likert scale. Each item is evaluated over five options, which include strongly agree (1), agree (2), undecided (3), disagree (4), and strongly disagree (5). The 5th and 24th items on the scale are positive expressions and hence, are inversely scored. The scale comprises two subscales: *"attitudes toward the body"* and *"attitudes toward identity."* The first subscale, attitudes toward the body, has 16 items (e.g., "The woman who has been sexually harassed is at fault." "A woman has to have intercourse with her husband, even if she does not want to." "I believe that the man has good reasons to beat the woman." "The woman should have sexual intercourse the way the man wants, even if she does not want to." "I think there is some justification for murders committed in the name of honor." "Even if the woman does not want to, she should have a child just because the man wants it." "It is natural for a woman who is out late to be harassed."). The second subscale, attitudes toward identity, consists of 14 items (e.g., "When a woman goes somewhere, she should get permission from the man." "When a woman marries, she must take her husband's surname." "The expenditures of the woman should be under the control of the man." "The man should decide on financial matters in the family." "If the man does not want it, the woman should not work." "A woman should not wear a garment that the man does not allow."). Scores on the attitudes toward the body subscale range between 16 and 80. Scores on the attitudes toward the identity subscale range between 14 and 70. The total scale score is obtained by summing the scores of the two factors of the scale. A high score indicates that the individual is against violence against women and a low score indicates that the violence against women is seen as "normal" and "acceptable." In other words, high scores indicate that individuals do not approve of violence against women. Total scores on this scale range between 30 and 150. The overall internal consistency reliability coefficient (Cronbach's alpha) of the scale was 0.86. In this study, the internal consistency reliability coefficient was 0.92.

2.2.3 | The Perception of Gender Scale

This 25-item scale was developed by Altınova and Duyan (2013) to measure the gender perceptions of individuals and is rated on a 5-point Likert scale. Each item is responded using one of the following five options: totally agree (5), agree (4), undecided (3), disagree (2), and totally disagree (1). Ten of the items are positive (e.g., "Marriage cannot prevent a woman from working." "A working woman can devote enough time to her children." "Women can be managers." "A working woman is a better mother to her children." "Men should also do household chores such as washing dishes.") and fifteen of them are negative (e.g., "A woman should not work if her husband does not allow it." "A woman without a husband is like a home without an owner." "Men should provide the income of a family." "The first duty of women is to take over the housework." "A woman should not earn more than her husband." "The man should always be the head of the household.") and are inversely scored. The scores on this scale range from 25 to 125, with high scores indicating a positive perception of gender and gender roles. The internal consistency coefficient (Cronbach's alpha) of the PGS was 0.87. In this study, the internal consistency reliability coefficient was calculated to be 0.77.

2.3 | Study variables

2.3.1 | Dependent variable

Attitudes toward violence against women.

2.3.2 | Independent variables

Sociodemographic characteristics, thoughts about domestic violence and its characteristics, and perception of gender.

2.4 | Data collection

After obtaining approval from the ethics committee and the affiliated institution, the researchers visited the sports complex, seven different training centers, and cleaning, infrastructure, parks, and gardening units affiliated with the municipality and informed the participants about the study in detail. Subsequently, they obtained informed consent. There were two or three physical exercise sessions in a sports complex daily. Individuals living in the neighborhood attended these sessions at a convenient time. They waited in the lounge until all members of the group gathered before the exercise. The study data were collected during the waiting period. There are seven different municipal training centers in the municipal region. These facilities are closed once a week, and various handicraft courses are offered on other days. The study data were collected before the courses started. During the data collection process, great care was paid to avoid information exchange among individuals.

2.5 | Data analysis

Data were analyzed using descriptive statistics, including numbers, percentages, means, and standard deviations. Pearson's correlation analysis was used to determine the relationship between individuals' attitudes toward violence against women and their mean scores for their perception of gender or perception of health. Multiple linear regression analysis was used to determine whether the independent variables affected individuals' attitudes toward violence against women. Cronbach's alpha was calculated for the validity of the scales, and statistical significance was set at $p < 0.05$. All analyses were performed using SPSS for Windows version 25.0 statistical software package.

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2.6 | Ethical considerations

At the outset, written permission was obtained from the Scientific Ethics Committee (with dates 17.07.2019 and issue 2019/18-31) and from the district municipality of a province located in the western part of Turkey. The authors' permission to use the scales used in the study was obtained via email. Furthermore, informed consent was obtained from the participants.

3 | RESULTS

The mean age of the 635 individuals participating in the study was 45.84 ± 11.3 years. The mean score on the ISKEBE Violence Against Women Scale was 128.09 ± 17.48; the mean scores on attitude toward the body and attitude toward identity were determined as 73.87 ± 8.71 and 54.22 ± 10.40, respectively. The participants' mean score on the PGS was 96.93 ± 15.79. Additionally, 83% of the participants (527) were women, 35% (222) had high school education, 77.8% (494) were married, 42.2% (268) were unemployed, 84.7% (538) had a nuclear family, and 37.5% (238) of the participants stated that they had been exposed to violence. Of the participants who were exposed to violence, 19.7% (125) had experienced verbal violence. Table 1 presents participants' attitudes toward violence against women based on their characteristics. A statistically significant difference was found between the attitude scores of female (75.05 ± 7.0) and male participants (68.12 ± 12.8; $p = 0.000$). Additionally, there was a significant difference between the attitude scores of the participants toward violence based on their level of education. The attitude scores of the university graduates (137.13 ± 12.1) and high school graduates (128.31 ± 14.9) were significantly higher than those with lower education levels ($p = 0.000$). Furthermore, there was a statistically significant difference between the attitudes of the participants according to their employment status. The attitude scores of the participants who were civil servants/workers/tradesmen (122.79 ± 21.6) were statistically lower than those of other participants ($p = 0.000$). Another significant difference was found between the attitude scores of the participants toward violence based on the number of children. The attitude scores of the participants who had no children (131.78 ± 17.51) were significantly higher than those of other participants ($p = 0.000$). The attitude scores of the participants who stated that violence against women would cause health problems (128.87 ± 17.0) were significantly higher than those of the participants who stated that it would not cause any health problems (119.02 ± 19.7; $p = 0.001$; Table 1).

A moderately positive correlation was found between the participants' scores on the perception of gender and attitudes toward violence on the body ($r = 0.396$, $p = 0.000$), and between their scores on attitude toward violence against identity ($r = 0.594$, $p = 0.000$) and overall attitude toward violence ($r = 0.551$, $p = 0.000$; Table 2).

Table 3 shows the results of multiple regression analysis (multivariate linear) that explains the factors affecting the participants' level of attitude toward violence on the ISKEBE Attitude Scale.

TABLE 1 Distribution of scores for attitude toward violence against women according to the characteristics of the participants

Characteristics	*n*	Total score of ISKEBE Violence against Women Attitude Scale	*t/F*	*p*
Age		Mean ± *SD*	1.039	0.386
30 or younger	65	130.84 ± 21.9		
31–40	142	126.23 ± 17.6		
41–50	206	128.98 ± 16.8		
51–60	153	128.07 ± 16.8		
61 or older	69	126.76 ± 15.4		
Sex				
Women	527	75.05 ± 7.0	9.821	**0.001**
Men	108	68.12 ± 12.8		
Level of education				
Elementary	129	119.50 ± 20.9	39.173	**0.001**
Middle	91	120.59 ± 17.9		
High school	222	128.31 ± 14.9		
University	193	137.13 ± 12.1		
Marital status				
Married	494	127.03 ± 17.2	4.168	**0.016**
Single	87	131.78 ± 17.6		
Divorced	54	130.90 ± 18.5		
Income				
Income less than expenses	268	125.88 ± 17.8	4.396	**0.013**
Equal income and expenses	304	130.18 ± 16.0		
Income more than expenses	63	127.44 ± 21.4		
Employment status				
Unemployed	268	129.57 ± 14.9	10.099	**0.001**
Irregular employment	36	134.02 ± 16.1		
Employed (civil servant/worker/tradesman)	198	122.79 ± 21.6		
Retired	133	131.42 ± 13.4		
Family type				
Nuclear family	538	129.39 ± 16.3	14.474	**0.001**
Extended family	75	118.12 ± 20.3		
Divorced family	22	130.31 ± 23.6		
Number of children				
0	112	131.78 ± 17.5	3.719	**0.001**
1	144	130.86 ± 16.6		
2	298	126.10 ± 18.2		
3	58	126.06 ± 13.4		
4 or more	23	123.78 ± 16.6		

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TABLE 1 (Continued)

Characteristics	*n*	Total score of ISKEBE Violence against Women Attitude Scale	*t/F*	*p*
Exposure to violence in adulthood				
Yes	238	125.72 ± 20.2	−2.492	**0.013**
No	397	129.52 ± 15.4		
Does violence against women lead to health problems?				
Yes	585	128.87 ± 17.0	3.417	**0.001**
No	50	119.02 ± 19.7		

TABLE 2 The correlation between the participants' perception of gender and the overall and subscales of ISKEBE violence against women attitude

	Violence against women					
	Attitude toward body		Attitude toward identity		Overall score	
The scales	*r*	*p*	*r*	*p*	*r*	*p*
Perception of gender	0.396	**0.001**	0.594	**0.001**	0.551	**0.001**

Note: *r*: Pearson correlation coefficient.

TABLE 3 Multiple regression analysis and the total score for ISKEBE Violence Against Women Attitude Scale

Variables	*β*	*SE*	*t*	*p*	Adj. R^2	*F*
Constant	95.94	6.31	15.21	**0.001**	0.390	51.65
Perception of gender	0.42	0.04	10.52	**0.001**		
Gender (Woman vs. Man)	13.09	1.67	−7.71	**0.001**		
Level of education	2.11	0.57	3.71	**0.001**		
Employment status	0.11	0.48	0.22	0.827		
Family type	−1.07	1.17	−0.92	0.360		
Number of children	0.45	0.41	1.107	0.269		

Note: *β*: regression coefficient, *SE*: standard error.
$p < 0.05$.

The regression analysis identified gender, the perception of gender, and educational status as the main variables affecting participants' attitudes toward violence. The analysis showed that the model for determining attitudes toward violence against women among adults was significant ($F = 51.656$, $p = 0.001$). The adjusted R^2 value was 0.390, demonstrating an explanatory power of 39.0%. The attitude toward violence against women among adults was most affected by factors such as a high perception of gender ($\beta = 0.42$), female gender ($\beta = 13.09$), and an increase in the education level ($\beta = 2.11$; Table 3).

4 | DISCUSSION

Although domestic violence and violence against women occurs worldwide, its prevalence varies widely across countries and regions. According to the findings of the current study, violence against women is still prevalent. These results are consistent with the findings of many previous studies conducted in Turkey, which reported that the rates of violence against women varied from 30% to 70% (Aslan et al., 2019; Gencer et al., 2019; Dikmen & Gonenc, 2020). In another study, Jawarkar et al. (2016) determined the prevalence of domestic violence in the form of physical, emotional, or sexual violence among 400 women in Maharashtra, India, as 40.2%. Lucena et al. (2017) found that the prevalence of domestic violence among 424 women in Brazil subjected to violence was 54.4%. Barchi et al. (2018) conducted a study with women living in Northwestern Botswana and determined that 35.9% of the participants were exposed to physical violence. In yet another study conducted with 1524 women on determinants of domestic violence against women in Ghana, Adjah and Agbemafle (2016) found that 33.6% of the participants had been exposed to domestic violence. Additionally, in the study conducted by Eldoseri and Sharps (2020) in Saudi Arabia, almost half of the participants (44.5%) stated that their spouses had exercised physical violence against them at least once. Muluneh et al. (2020) found that all types of intimate partner violence (physical, sexual, and emotional violence) are common experiences among women in Sub-Saharan Africa countries, with emotional violence being the most prevalent. In a study by Ogum Alangea et al. (2018), half of the women had experienced intimate partner violence once in their lifetime, with the experience of sexual or physical violence being highly prevalent (39.3%).

In the current study, the total mean score on the attitude scale for violence against women was high. This shows that the participants did not approve of violence against women. In the study conducted by Tektaş et al. (2020) and Delibaş et al. (2020), university students' scores on their attitudes toward violence against women were similar to the present study (Delibaş et al., 2020; Tektaş et al., 2020). Şahin et al. (2019) found that midwifery students' scores on their attitudes toward violence against women were also similar to the scores in the present study (Şahin et al., 2019).

The traditional perspective on gender imposes roles on women, such as being responsible for housework, taking care of children, and being passive in business life. Men are given responsibilities and roles, such as being successful in education and business life, providing for the family, and being the head of the household. Egalitarian perspective on gender states that women and men should undertake the responsibilities equally in family, professional, marital, social, and educational life, and there is no sharp distinction between their roles (Dursun, 2020). In this study, participants' mean score on the gender perception scale was 96.93 ± 15.79. In a study by Kul Uçtu and

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Karahan (2016), it was determined that the students' average score on the gender perception scale was higher (94.76 ± 17.26) and the average scores of female students were higher than that of male students (Kul Uçtu & Karahan, 2016). Similarly, Alabaş et al. (2019) found the mean score on the gender perception scale to be 93.55 ± 18.022, with the mean score of female students being higher than that of the male students. Esen et al. (2017) found that gender affects gender perceptions and those female students have a more egalitarian gender perception than male students. Dağlar et al. (2017) and Dikmen and Marakoğlu (2019) found that male students exhibited a more traditional attitude.

Many factors affect perceptions and attitudes toward violence against women (Vázquez et al., 2019). Some of these factors include gender, educational status, culture, exposure to or witnessing domestic violence in childhood, employment status, and family structure. In this study, it was determined that the mean ISKEBE score of men was significantly lower than that of women. In a study conducted by Tektaş et al. (2020) with university students, it was determined that the mean ISKEBE score of men was significantly lower than that of women (Tektaş et al., 2020). In this study, there was a significant difference between the participants' attitudes toward violence and their education level. The attitude scores of university graduates (137.13 ± 12.1) and those of high school graduates (128.31 ± 14.9) were statistically higher than the scores of the participants with lower education levels ($p < 0.01$). This finding from the current study was consistent with Bora and Gölge (2019), who found that as the level of education increased, the tolerance for violence against women decreased. The results of the current study also support the findings of Adjah and Agbemafle (2016) that the level of education that is higher than secondary education acted as a protective buffer against domestic violence. In the current study, there was a statistically significant difference between participants' attitudes toward violence according to their profession. The scores of the participants who were civil servants/workers/tradesmen on their attitude toward violence (122.79 ± 21.6) were statistically lower than those of other participants ($p < 0.01$). Genç et al. (2019) found that men used more violence against their wives who were unemployed. Eldoseri and Sharps (2020), in their study of 213 Saudi women, determined that women whose husbands did not work were exposed to violence more than those whose husbands worked. In their study investigating the determinants of domestic violence against women in Turkey conducted using the multinomial logit model approach, Büyükyılmaz and Demir (2016) found that a high level of education for both women and their partners decreased the level of violence against women. Higher secondary education, which provided more access to professional jobs, was therefore a factor that decreased the risk of violence against women by husbands.

The social perspective, culture, and the environment toward violence were identified as highly decisive social factors that determine whether violent behavior against women is socially accepted. For individuals growing up in traditional environments in which violence against women is normalized, violence is regarded as an ordinary situation similar to other behavioral patterns (Genç et al., 2019; Özpulat, 2017). The gender roles imposed by the society on men and women and the perception of gender affect people's tendency for violence (Kul Uçtu & Karahan, 2016). Domestic violence and violence against women are more common in patriarchal societies and cultures (Anitha et al., 2018; Bora & Gölge, 2019; Oram et al., 2017). Saeed Ali et al. (2017) found a significant relationship between patriarchal attitudes and violence in their study in Pakistan. In Turkey, Kul Uçtu and Karahan (2016) found a significant relationship between students' exposure to violence and their gender. In Turkey, Dikmen and Gonenc (2020) identified increased gender equality in marriage as a factor that decreased violence. Ozaki and Otis (2017) investigated the relationship between patriarchal norms, as evidenced by individual attitudes and perpetration of intimate partner violence against women among samples of male students attending universities in a select group of Asian and European countries. They found that Asian male students scored significantly higher on all beliefs/attitudes indicative of patriarchal norms and also reported significantly more severe physical assault and severe psychological aggression than their European counterparts.

In the current study, a moderately positive correlation was found between the gender perception score of the participants and their scores on the subscales of the ISKEBE violence against women attitude scale and overall attitude toward violence ($r = 0.551$, $p < 0.000$). In Dursun's (2020) study, the average score on the attitudes toward the body, which includes the physical and sexual violence attitudes of the adolescents from the ISKEBE scale, was higher than the average score on the attitudes toward the personality, which includes psychological and economic violence, indicating that they considered psychological and economic violence (attitudes toward identity) to be more acceptable. In the study conducted by Rende (2020) with married men, a positive and significant relationship was found between the attitudes of the participants toward violence against women and their attitudes toward gender roles (Rende, 2020). Özpulat (2017) found that there was a significant negative relationship between Turkish nursing students' tendency toward violence and their perception of gender ($r = -0.153$, $p < 0.05$) and that the gender perception of students with a high tendency toward violence was lower. In a study by Uçar et al. (2017) on university students' attitudes toward gender roles and behaviors of violence in Turkey, it was determined that as traditional attitude scores of gender roles increased among the students, their scores of agreeing with physical violence increased. Herrero et al. (2017) found that being female, having a higher educational background, considering the family as important in life, and being from countries more developed in terms of health, education, and wealth were predictive of individuals' lower levels of acceptability of intimate partner violence. Additionally, both genders and those with more positive attitudes toward violence in general show more acceptance of intimate partner violence. In a study by Um et al. (2018), gender role beliefs, child abuse history, and sociocultural adaptation were associated with domestic violence; child abuse history and sociocultural adaptation were commonly associated with sexual and economic abuse for both correlates, emotional abuse, and multiple forms of abuse for

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sociocultural adaptation, whereas gender role beliefs were associated with only physical abuse. In a study by Ogum Alangea et al. (2018), factors significantly associated with physical or sexual intimate partner violence risk among women were education, paid employment, exposure to violence in childhood, multiple sexual partners, and male partner control, alcohol use, and infidelity.

5 | CONCLUSION

In conclusion, almost half of the interviewees confirmed that they had been exposed to at least one type of violence in their lifetime, and this violence was most often verbal in nature. It was determined that the participants did not approve of violence against women. Additionally, women did not approve of violence against women more than men did. Moreover, participants with higher education levels and employment had a more negative attitude toward violence against women. A moderately positive relationship was found between participants' perceptions of gender and their attitudes toward violence against women. In other words, those who see men and women as equal also have a negative attitude toward violence against women.

Consistent with these results, we recommend that training programs should be organized for parents to encourage the adoption of an egalitarian gender attitude in raising children. Additionally, a wide range of multidisciplinary interventions and education programs should be organized to spread an egalitarian perspective to change the traditional perspective on gender perception and roles and to enhance awareness in the society. Men and women should be made aware of gender equality and women's education and economic freedom should be supported. Nurses play a key role in diagnosing violence against women and counseling these individuals. Nurses should contribute to studies that inform individuals, families, and society about gender-based violence against women through education. They should also advocate for the promotion and empowerment of women's social status. Additionally, as part of developing effective policies in the fight against domestic violence against women, starting from primary education, the curriculum at all levels should include topics intended to make a positive change in the perception of gender and to prevent violence so that value judgments about gender can be changed. Moreover, necessary policies and strategies should be developed to raise awareness concerning economic violence against women by institutions and nongovernmental organizations affiliated with the Ministry of Family and Social Policies.

6 | IMPLICATIONS FOR PSYCHIATRIC NURSING PRACTICE

The basic source of violence against women is the asymmetric power relationship between social gender inequality and the women and men of the community structure. Violence against women is a social problem that threatens women's lives and negatively affects their participation in social living. Public health personnel, especially nurses, can play a vital role in addressing this issue. The gender roles imposed by the society on men and women and the perception of gender affect individuals' tendency toward violence. Domestic violence and violence against women are more common in patriarchal societies and cultures. Nurses care about the cultural values of the individuals they serve and their approach and quality of care can play an important role in increasing awareness about gender equality. This study can support a wide variety of multidisciplinary interventions and training programs to replace the traditional perspective of gender perceptions and roles and to increase an egalitarian perspective to enhance awareness in the society.

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CONFLICT OF INTERESTS

All authors certify that there is no conflict of interest with financial, personal, or other relationships with other people or organizations within 3 years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work.

ETHICS STATEMENT

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

AUTHOR CONTRIBUTIONS

Study conception and design: Gülendam Karadağ, Gülcihan Arkan, and Meryem Öztürk Haney; *Data analysis and interpretation*: Gülendam Karadağ, Gülcihan Arkan, and Meryem Öztürk Haney; *Drafting of the article*: Gülendam Karadağ, Gülcihan Arkan, and Meryem Öztürk Haney; *Data collection*: Gülcihan Arkan; *Critical revision of the article*: Gülendam Karadağ, Gülcihan Arkan, and Meryem Öztürk Haney. All authors have approved the final version of the manuscript.

DATA AVAILABILITY STATEMENT

Data available on request from the authors.

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