

The male nursing students' childhood traumas and attitudes toward violence: A cross-sectional study in Turkey

Sevim Çelik¹, Ayfer Öztürk^{2*}, Elif Karahan³

¹Professor, Department of Nursing, Faculty of Health Sciences, Bartın University, Bartın, Turkey, ²Assistant Professor, Department of Psychiatry Nursing, Faculty of Health Sciences, Bartın University, Bartın, Turkey, ³Associate Professor, Department of Nursing, Faculty of Health Sciences, Bartın University, Bartın, Turkey

Abstract

Context: To prevent domestic violence against women, it is critical to identify men's attitudes toward violence itself.

Aims: This study aimed to examine the relationship between the experience of childhood trauma and attitudes toward violence in male nursing students.

Methods: This study included 276 male nursing students. Data were collected using a descriptive information form, the Childhood Trauma Questionnaire Short Form (CTQ-SF) and the Attitudes toward Violence Scale (ATVS).

Results: Participants' mean age was 21.61 ± 2.01 , 47.5% of them experienced violence, and 31.2% witnessed it. They had low levels of childhood trauma and negative attitudes toward violence. There was a weak-positive relationship between their ATVS mean scores and the mean emotional abuse, physical abuse, and sexual abuse subscale scores (CTQ-SF) ($P < 0.05$).

Conclusions: Nursing training programs should include courses on violence and its perception in society to increase awareness. Because childhood trauma negatively affects the violence perception, there should be support programs provided to students who have experienced it.

Keywords: Attitudes, childhood traumas, males, nursing, students, violence

Address for correspondence: Dr. Ayfer Öztürk, Department of Nursing, Faculty of Health Sciences, Bartın University, Bartın, Turkey.

E-mail: ayferozturk.83@yahoo.com

Submitted: 22-Jan-2021, **Revised:** 12-Mar-2021, **Accepted:** 20-Apr-2021, **Published:** 31-Aug-2021

INTRODUCTION

Violence is a destructive form of intense anger and hostility against people and objects. It is connected to social/cultural concepts and includes physical, psychological, and sexual aggression.^[1] The World Health Organization defines it as "the intentional use of physical force or power, against oneself, another person, or a group or community, that either results in injury, death, psychological harm, maldevelopment, or

deprivation." Exposure to any kind of violence in childhood can predispose individuals to committing similar acts.^[2]

According to a report by the WHO, 35% of all women are exposed to violence and 1.6 million die because of it each year.^[3] It is a common problem experienced throughout Turkey, and in a study, 36% of participants were exposed to physical, 44% to emotional, 12% to sexual, and 30% to economic violence.^[4]

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Çelik S, Öztürk A, Karahan E. The male nursing students' childhood traumas and attitudes toward violence: A cross-sectional study in Turkey. *Arch Ment Health* 2021;22:125-32.

Access this article online	
Quick Response Code: 	Website: www.amhonline.org
	DOI: 10.4103/amh.amh_16_21

Children exposed to domestic violence may exhibit behavioral and relationship issues.^[5] Childhood trauma can lead to mental illness, sleep disorders, addiction, musculoskeletal problems, etc.^[6,7] Felitti *et al.*^[7] reported that people exposed to violence were 4–12 times more likely to have a drug and/or alcohol problem and 2–4 times more likely to smoke. However, violence in childhood can predispose individuals to committing violence in the future.^[1] In a study conducted with nursing students, it was reported that 44.1% of them had been exposed to violence from their parents and that 57.6% had committed violence against another person.^[8]

Violence toward women is one of the most significant problems in Turkey as in the entire world, and studies on this topic have mostly included the opinions of women and been based on the reports of women.^[9] As the issue of domestic violence generally centers on women, it is important to first identify men's views and attitudes toward violence to prevent it.^[10] Bora and Gölge^[11] reported that men viewed violence as more acceptable. When studies with university students are examined, studies show that male nursing students have more negative attitudes toward violence than those of female students.^[12]

Health professionals, by virtue of their roles, are effective in preventing, treating, and reducing domestic violence.^[10] Health professionals are expected to be in a key position in diagnosing domestic violence cases; in providing the victims with medical care, support, and counseling; and in rehabilitation. Nurses are among the first health professionals, the victims visit and provide the victims with medical care and counseling. They should be objective when helping victims.^[9,13] However, research suggests that most nurses lack sufficient training to assume these responsibilities.^[14,15] For this reason, determining the violence-related experiences of student nurses who are the health professionals of the future and their attitudes toward violence inflicted upon women and revealing their points of view about their occupational roles on this topic is important for these students to take responsibilities regarding violence against women in their professional lives and for developing their awareness.

This study aims to investigate the relationship between male student nurses' experience of childhood trauma and their attitudes toward violence and the factors affecting this relationship. Many studies discussed nursing students' perspective on violence and childhood traumas separately, but very few studies examined the relationship between these two. This study aims to fill this gap and addresses the following questions:

1. What are the male nursing students' attitudes toward violence?

2. What are the levels of childhood trauma experienced by male nursing students?
3. Is there a relationship between the descriptive characteristics of male nursing students and their attitudes toward violence?
4. Is there a relationship between the descriptive characteristics of male nursing students and their childhood trauma levels?
5. Is there a relationship between male nursing students' childhood traumas and their attitudes toward violence?

METHODS

Research design

This descriptive and cross-sectional study investigates the relationship between male nursing students' childhood traumas and their attitudes toward violence.

Setting and participants

The universe of the study consisted of male nursing students in Turkey. Since the entire population of male nursing students in Turkey is not included sample, the criterion sampling method, which is one of the purposeful sample types, was used to determine the sample of the study. Inclusion criteria were being a male, being a nursing student in a state university in the 2018–2019 spring semester, volunteering to participate, being present on the determined dates, and having no communication problems. A total of 279 students out of 299 (92.3%) were chosen but 61 were excluded failing to meet the criteria. The data were collected between March 8 and 15, 2019, with face-to-face interviews. The verbal and written consent of the participants was obtained before the 10–15 min long data collection.

Measures

The descriptive information form consists of nine questions – one open-ended and eight closed-ended – on sociodemographics (age, class, high school, etc.) and their experience of violence.

The 4-point Likert-type Attitudes Toward Violence Scale (ATVS) developed by Blevins^[16] was adapted to Turkish by Balkis *et al.*^[17] It consists of 11 items and is scored between 11 and 44. A higher score represents a more positive attitude toward violence. The scale's internal consistency coefficient was 0.74 and the total correlations varied between 0.39 and 0.53. The factor loads were found to be accumulated on 2, 94 eigenvalue single factor, which explains 36.8% of the variance. The Cronbach's alpha coefficient was 0.90 in this study.

Childhood Trauma Questionnaire-Short Form (CTQ-SF) by Bernstein *et al.*^[18] used to identify childhood maltreatment

has five subscales: childhood physical abuse (CPA), childhood emotional abuse (CEA), childhood sexual abuse (CSA), childhood physical neglect (CPN), and childhood emotional neglect (CEN). The 5-point Likert-type scale has twenty-eight questions and three questions on minimization and denial. The scale was adapted to Turkish by Şar et al.^[19] It can be scored between 125 and 25, a higher score means a more intense experience of childhood abuse. In this study, the Cronbach's coefficient was calculated as 0.84.

Statistical analysis

The data were analyzed using SPSS v.22 (IBM Statistical Package for the Social Sciences v. 22). Sociodemographics were analyzed using descriptive statistics. The Kolmogorov–Smirnov test was used to check for normal distribution. Binary groups for nonnormally distributed data and scores were compared using the Mann–Whitney *U*-test. Kruskal–Wallis and Spearman's correlation were used to compare more than two groups. Statistical significance was accepted as $P < 0.05$.

Ethical considerations

Permission to use the scales was obtained from the developers. Ethical approval was granted by the State University's Human Research Ethics Committee (No: 30.04.2019/572). Written institutional permission was obtained from the faculty. Verbal and written consent was obtained from the participants. This study was conducted in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki).

RESULTS

Characteristics of the participants

The study included 276 male nursing students – 19.9% ($n = 55$) were 1st-year, 11.6% ($n = 32$) 2nd-year, 26.4% ($n = 73$) 3rd-year, and 42.0% ($n = 155$) 4th-year students and the total mean age was 21.61 ± 2.01 ; 49.3% ($n = 136$) were graduates of an Anatolian high school, and 27.5% ($n = 76$) resided in the Black Sea region for the longest [Table 1].

A total of 63.3% ($n = 175$) had no training on violence against women; 63.4% had sufficient knowledge about it; 27.2% ($n = 75$) disclosed experiencing violence 1–2 times and 23.3% ($n = 56$) more than 3; 31.2% witnessed violence against women; 78.8% regarded it as an important worth addressing as part of their profession [Table 1].

Attitudes toward violence scale, childhood trauma questionnaire-short form and subscale scores

The students' mean CTQ-SF and ATVS scores were 25.37

Table 1: Descriptive characteristics of the students

Characteristics	n (%)
Age, mean±SD	21.61±2.01
Year	
1 st	55 (19.9)
2 nd	32 (11.6)
3 rd	73 (26.4)
4 th	155 (42.0)
High schools the students graduated from	
General high school	59 (21.4)
Anatolian high school	136 (49.3)
Science high school	25 (9.1)
Vocational and technical high school	56 (20.3)
Region the students resided in the longest	
Marmara	44 (15.9)
Black sea	76 (27.5)
Mediterranean	32 (11.6)
Aegean	20 (7.2)
Southeastern anatolian	38 (13.8)
Eastern anatolian	37 (13.4)
Central anatolian	29 (10.5)
Education on violence against women	
Received education	101 (36.6)
Did not receive education	175 (63.4)
Knowledge on violence against women	
Sufficient	175 (63.4)
Insufficient	101 (36.6)
Perception of professional responsibility toward violence against woman	
It is my professional responsibility	217 (78.6)
I do not think it is my professional responsibility	59 (21.4)
Witnessed violence against woman	
Yes	86 (31.2)
No	190 (68.8)
Exposure to violence	
No	145 (52.5)
1 or 2 times	75 (27.2)
3 times and more	56 (20.3)

SD: Standard deviation

Table 2: Mean scores on the childhood trauma questionnaire-short form and Attitudes Toward Violence Scale

Scale and subscales	Mean±SD
Childhood trauma questionnaire and subscales	
CEA	10.85±4.84
CPA	9.96±5.02
CEN	16.76±5.34
CSA	10.00±5.12
CPN	13.04±3.59
Total CTQ-SF score	25.37±8.58
Total ATVS score	15.86±6.57

SD: Standard deviation, CEA: Childhood emotional abuse, CPA: Childhood physical abuse, CEN: Childhood emotional neglect, CSA: Childhood sexual abuse, CPN: Childhood physical neglect, CTQ-SF: Childhood trauma questionnaire-short form, ATVS: Attitudes Toward Violence Scale

and 15.86, respectively. Considering the minimum and maximum points that can be obtained in ATVS, it can be said that the ATVS scores of nursing students are at a low level. According to this information, the students seem to have negative attitudes toward violence against. At the same time, they had low levels of childhood trauma according to CTQ-SF scores [Table 2].

Mean CTQ-SF subscale scores were 10.85 for CEA, 9.96 for CPA, 16.76 for CEN, 10.00 for CSA, and 13.04 for CPN, with CEN as the highest and CPA the lowest, which is an important finding.

Comparison of Attitudes toward violence scale and childhood trauma questionnaire-short form score of participants' characteristics

There was no significant difference between the students' descriptive characteristics and the ATVS mean scores ($P = 0.05$).

There was a significant difference between descriptive characteristics and mean CTQ-SF scores ($P < 0.05$). There was a negative and weak relationship between the students' mean age and mean CEA, CPA, and CSA scores ($P < 0.001$) [Table 3]. The students' CTQ-SF scores decreased with increasing age.

There was a significant difference between the students' class and their mean CTQ-SF scores ($P < 0.001$). The 2nd-year CEN and total mean scores were high ($P < 0.001$). The 4th-year mean CEA, CPA, CSA, CPN, and total scores were significantly higher ($P < 0.001$) [Table 3].

There was no significant difference between the region students resided in the longest and the mean CTQ-SF scores ($P > 0.05$).

There was a significant difference between the participants' high schools and the CTQ-SF scores ($P < 0.001$). Scores of participants who graduated from vocational and technical high schools were significantly higher than others ($P < 0.001$). The mean CEA, CPA, CSA, and CPN scores of students who graduated from science high schools were higher ($P < 0.001$) [Table 3].

A statistically significant difference was found between the students' statuses of having received education on violence against women and their general mean scores on the CTQ-SF ($P < 0.05$). In particular, the mean scores of the students who had received education on violence against women before were significantly higher than those who had not $P < 0.05$ [Table 3].

There was a significant difference between the students' knowledge on violence against women and their mean CTQ-SF scores ($P < 0.05$). Mean CEA subscale scores and general mean scores of the students with sufficient knowledge were significantly higher. Mean CEN, CPA, and CSA subscale scores of those who considered their knowledge insufficient were higher ($P < 0.05$) [Table 3].

There was a significant difference between the students' exposure to violence and their mean CTQ-SF and CEN subscale scores ($P < 0.001$). Mean CTQ-SF and CEN subscale mean scores of the students who stated that they had never been exposed to violence before were found to be higher than those who had been exposed to violence at least once ($P < 0.05$) [Table 3].

Correlation between childhood emotional neglect, childhood physical abuse, childhood sexual abuse, and attitudes toward violence scale score

This study showed that childhood traumas affected the male nursing students' attitudes toward violence. There was no statistically significant relationship between the students' mean CTQ-SF scores and the mean ATVS scores. However, there was a positive, weak, statistically significant relationship between the students' mean CEN, CPA, CSA subscale scores and the mean ATVS scores ($P < 0.05$) [Table 4].

DISCUSSION

Violence is common across all cultures, and because it is considered disciplinary in Turkish families, it becomes continuous cycle.^[13] Men have a great responsibility in preventing violence as they are in the center of it in most cases. Accordingly, there has been an emphasis on their role recently.^[10] Nurses are also important in preventing domestic violence, particularly in identifying victims. Nursing education is important for shaping their attitudes toward it.^[20]

In the study, of the students, 31.2% reported witnessing violence against women; this was between 15.2% and 51.8% in similar studies.^[8,13,21] The witnessing of violence against women by students before might be important in recognizing its seriousness.

Almost half of the participants were exposed to violence at least once. This indicates that violence is a major issue in society, regardless of gender. This figure is an indicator of the fact that violence is a major problem in society, regardless of gender. Other studies conducted with national and international nursing students also support the results of this study.^[13,22] It should be remembered that violence can psychologically affect students and cause them to have serious problems later in life.

Education on violence is reported to be important in defining violence as a health problem, and it is emphasized in the studies that the lack of knowledge of health professionals can be a significant obstacle to recognizing and detecting violence against women. Sis Çelik and

Table 3: Comparison of the mean scores on the Attitudes Toward Violence Scale and childhood trauma questionnaire-short form according to students' descriptive characteristics

Characteristics	X±SD						
	Emotional neglect	Physical abuse	Emotional abuse	Sexual abuse	Physical neglect	CTQ-SF total score	Violence attitude
Year							
1 st	9.03±3.70	8.89±4.20	15.43±5.80	8.56±4.10	11.89±2.78	29.30±4.40	14.92±5.92
2 nd	10.12±4.49	8.21±4.15	18.59±5.02	8.68±4.65	11.71±2.79	30.25±4.25	16.18±6.51
3 rd	10.01±4.77	8.91±5.14	16.34±5.73	9.04±5.31	12.27±3.74	28.32±5.80	17.69±7.70
4 th	12.43±5.01	11.60±5.11	17.15±4.79	11.66±5.14	14.44±3.58	20.31±9.78	15.07±5.91
KW and P	21.578, 0.000	21.023, 0.000	8.498, 0.037	20.924, 0.000*	30.550, 0.000	69.460, 0.000	6.118, 0.106
Age (21.61±2.01)	10.85±4.84	9.96±5.02	16.76±5.34	10.00±5.12	13.04±3.59	25.37±8.58	15.86±6.57
Rho and P	0.242, 0.000	0.253, 0.000	-0.094, 0.119	0.259, 0.000	0.234, 0.000*	-0.408, 0.000*	0.003, 0.950
High schools the students graduated from							
GHS	13.37±4.48	9.00±4.47	16.83±5.58	9.22±4.66	13.00±3.31	22.08±11.06	17.25±6.96
AHS	10.50±4.75	9.70±5.05	17.12±5.29	9.52±4.76	12.61±3.66	26.74±7.74	15.38±6.10
SHS	15.32±4.05	13.84±3.38	14.44±4.63	14.12±4.26	15.64±3.16	22.28±6.07	13.48±5.69
VTHS	10.19±4.82	9.85±5.44	16.85±5.38	10.17±5.97	12.98±3.47	26.91±7.27	16.66±7.29
KW and P	22.919, 0.000	19.819, 0.000	6.554, 0.088	18.185, 0.000*	16.164, 0.001*	18.979, 0.000*	7.707, 0.052
Region the students resided in the longest							
Marmara	11.15±5.16	10.13±4.88	17.50±5.28	9.72±4.96	13.79±3.08	26.29±7.86	15.59±6.75
Black sea	10.52±5.13	9.71±5.18	17.42±5.56	9.96±5.53	13.38±3.44	25.88±9.15	15.97±7.10
Mediterranean	10.37±4.10	9.68±4.68	16.15±5.05	10.03±5.08	12.34±3.84	24.37±9.17	15.62±5.14
Aegean	9.00±3.61	8.65±4.68	15.90±6.05	8.00±3.78	11.45±2.92	25.70±8.73	16.40±7.70
Southeastern	11.65±4.94	10.57±5.41	17.63±4.75	10.36±5.80	2.92±3.59	24.60±10.02	16.47±6.93
Anatolia	11.40±4.79	10.67±5.27	16.08±5.33	11.02±4.97	12.48±4.45	25.24±7.31	14.27±3.82
Eastern anatolia central anatolia	11.27±4.94	9.82±4.84	14.93±5.20	10.13±4.34	13.48±3.37	24.72±7.30	17.17±7.81
KW and P	5.432, 0.490	3.820, 0.701	7.972, 0.240	5.432, 0.490	9.670, 0.139	2.897, 0.822	1.942, 0.925
Received education on violence against women							
Yes	11.16±5.40	10.16±5.38	17.50±5.36	10.44±6.05	13.44±4.16	27.13±7.42	16.33±7.64
No	10.66±4.49	9.84±4.82	16.33±5.30	9.75±4.49	12.81±3.20	24.36±9.05	15.60±5.87
Z and P	-0.315, 0.753	-0.015, 0.988	-1.859, 0.063	-0.170, 0.865	-1.316, 0.188	-2.727, 0.006	-0.070, 0.944
Knowledge on violence against women							
Sufficient	10.40±4.91	9.49±4.99	17.46±5.39	9.41±5.31	13.24±3.70	26.19±8.78	15.83±6.75
Insufficient	11.63±4.63	10.77±5.00	15.55±5.05	11.02±4.61	12.70±3.37	23.96±8.07	15.93±6.29
Z and P	-2.373, 0.018	-2.322, 0.020	-3.125, 0.002*	-3.113, 0.002	-1.351, 0.177	-2.859, 0.004*	-3.770, 0.706
Exposure to violence							
Never	10.71±5.04	9.60±5.02	17.31±5.63	9.94±5.30	13.08±4.04	26.60±7.93	15.87±6.65
1 or 2 times	10.78±4.19	10.26±4.61	15.76±4.87	10.28±4.54	12.94±3.25	22.37±9.53	14.96±6.33
3 and more	11.30±5.14	10.48±5.56	16.69±5.06	9.80±5.44	13.07±2.73	26.23±8.02	17.07±6.59
KW and P	0.834, 0.659	3.233, 0.199	6.779, 0.034*	1.128, 0.569	0.755, 0.685	12.712, 0.000*	4.074, 0.130

*P<0.05. GHS: General high school, AHS: Anatolian high school, SHS: Science high school, VTHS: Vocational and technical high school, KW: Kruskal–Wallis test, SE: Southeastern, Vo-Tech: Vocational and technical, SD: Standard deviation, CTQ-SF: Childhood trauma questionnaire-short form

Table 4: The relationship between the mean subscale and total scores on Attitudes Toward Violence Scale and childhood trauma questionnaire-short form

	The childhood trauma questionnaire (mean±SD)						
	Emotional neglect	Physical abuse	Emotional abuse	Sexual abuse	Physical neglect	CTQ-SF total score	
ATVS total score	15.86±6.57	10.85±4.84	9.96±5.02	16.76±5.34	10.00±5.12	13.04±3.59	25.37±8.58
Spearman's rho	0.185*	0.130*	0.022	0.175*	-0.005	-0.030	

*P<0.05. ATVS: Attitude toward Violence Scale, SD: Standard deviation, CTQ-SF: Childhood trauma questionnaire-short form

Aydın^[23] found that awareness education on violence against women given to nursing students increases their knowledge level about the symptoms of violence. This study found that more than half of the students had not received training on violence against women. Other studies confirm this finding, reporting that nurses and nursing students do not have enough knowledge about violence

against women, although they are interested in receiving education on this issue.^[8,15,21,24] Considering the importance of the issue, it is important to increase the knowledge and awareness of candidate nurses on violence against women because when they start working in the profession, they will interact with women. With this increased awareness, student nurses would be able to identify women who are

exposed to violence or who are likely to be exposed to violence, both in their social environment and in society at large, and once they start professionally working, they would be better able to offer services.

A majority of the participants regarded preventing violence against women as a professional responsibility, in line with the literature.^[13,25] It is encouraging that the majority of the students in this study regarded violence against women as their professional responsibilities, even in cases where they had not received education on it. This result suggests that the students had adopted an informative and supportive stance for their future professional roles on the issue of women who are exposed to violence.

Low mean ATVS scores suggested a negative attitude toward violence, in line with the literature.^[1,9,13] Although in this study the attitude toward violence did not vary according to whether or not the students had received education on violence before, the fact that the students' attitudes toward violence were found to be negative suggests that they gained awareness about violence and internalized this issue during their nursing education. In addition, the students' negative attitudes of students toward violence could have resulted from recent efforts by the media, legislative actions, and programs devoted to raising social awareness about the fight against violence toward women in Turkey. These results paint a hopeful picture for the future, provided that these attitudes remain steadfast in their professional lives.

There were not any significant differences between students' attitudes and their descriptive characteristics (age, gender, etc.); this is not consistent with other research.^[9,12,13,21]

Childhood trauma levels were low as the mean CTQ-SF score was 25.37; this is in line with literature.^[6,26] The low level of trauma experiences that students had in their childhood suggests that they either grew up in a safe environment in terms of violence or were reluctant to disclose the violence they had experienced in childhood.

When the students' mean CTQ-SF subscale scores were evaluated, CEN had the highest scores (which is an important finding) and CPA the lowest. In a study using the same scale, CEN had the highest and CPA the lowest score.^[6] Güneri Yöyen^[26] determined that emotional neglect had the highest mean score, while the physical abuse subscale had the lowest. In an international meta-analysis with CTQ-SF, the score of emotional neglect was the highest and sexual abuse the lowest.^[27]

There was a negative-weak relationship between the mean age and CTQ-SF total scores. Aytaçalp^[28] determined that the childhood trauma scores of university students decreased as their age increased. This finding may be interpreted as that, as age advances, the childhood traumas of individuals continuously lose their effect, and so, there was a decrease in the scale scores.

There was a significant relationship between class of the students and their CTQ-SF scores. Kivılcım and Bektaş^[29] also observed a significant relationship between class and CTQ-SF scores, like others.^[28]

CTQ-SF scores did not significantly change based on the region students lived in the longest. There are studies contradicting this finding.^[6,30] It is considered that cultural and regional differences may influence the abuse behaviors of families toward their children.

In this study, the CTQ-SF mean scores of the students who had previously received education about violence toward women and those who considered their knowledge on this topic sufficient were higher. This finding could not be discussed alongside the findings of similar studies. Nevertheless, this finding suggests that violence-focused education programs help students become aware of the traumas they experienced in their childhood.

CTQ-SF and CEN subscale mean scores of the students who stated that they had never been exposed to violence before were found to be higher than those who had been exposed to violence at least once. In another study, it was reported that the level of exposure to violence increased as the level of exposure to childhood traumas increased.^[31] In this study, on the other hand, it was an interesting finding that the childhood trauma levels of the students who stated that they had not been exposed to any violence before were high.

This study showed that childhood traumas affected the male nursing students' attitudes toward violence. There was a significant correlation between the childhood trauma levels and the attitudes. Furthermore, the mean ATVS scores increased with the CEN, CPA, and CSA scores. Türk and Tekin^[5] stated that exposure to childhood trauma affected the acceptance of violence between partners. Goodman *et al.*^[32] reported that those with a history of CSA, emotional and physical neglect, and violence were more likely to exhibit violent behaviors against children. All these results suggest that being exposed to neglect and abuse during childhood may be an important factor in individuals' tendency to violence.

CONCLUSIONS

This study showed that the male students had negative attitudes toward violence and their professional roles toward violence. The fact that nursing students feel a professional responsibility for preventing violence against women and for developing their professional roles, which include being informative and supportive, will make a positive contribution to the future of the health-care sector. The results obtained from determining the knowledge and attitudes nursing students have about violence can be used in planning education programs. It is recommended that studies similar to this one be conducted with larger populations of students in the nursing departments of different universities. Given that students' childhood traumas negatively affect their views on violence, carrying out improvement and support programs for students is also suggested.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Yagiz R, Sevil Ü, Guner Ö. The effect of university students' violence tendency on their attitude towards domestic violence and the factors affecting domestic violence attitudes. *J Inj Violence Res* 2020;12:39-46.
2. World Health Organization (WHO). World Report on Violence and Health. Geneva: World Health Organization; 2002. p. 1-46. Available from: <https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615>. [Last accessed on 2020 Oct 11].
3. World Health Organization (WHO) – Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council. Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non Partner Sexual Violence. World Health Organization; 2013. Available from: <https://www.who.int/publications/i/item/9789241564625>. [Last accessed on 2021 Apr 20].
4. Hacettepe Üniversitesi, Nüfus Etütleri Enstitüsü, 2015. Türkiye'de Kadına Yönelik Aile İçi Şiddet Araştırması [Investigation of Domestic Violence against Women in Turkey]. Ankara Retrieved from T.C. Aile ve Sosyal Politikalar Bakanlığı. Available from: [http://www.hips.hacettepe.edu.tr/KKSA TRAnaRaporKitap26Mart.pdf](http://www.hips.hacettepe.edu.tr/KKSA%20TRAnaRaporKitap26Mart.pdf) [Last accessed on 2021 Apr 20].
5. Türk B, Tekin A. Üniversite öğrencilerinde çocukluk çağı travmaları ile flört şiddeti arasındaki ilişkinin incelenmesi [Examining the relationship between childhood traumas and dating violence among university students]. In: Celbiş O, editor. Turaz Akademi 2018: Adli Bilimler. Ankara: Akademisyen Kitabevi; 2018. p. 85-91.
6. Özçevik D, Güneş ÖD, Bahar Z. Nursing students' childhood trauma according to some sociodemographic characteristics. *J Public Health Nurs* 2019;1:28-42.
7. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. REPRINT OF: Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Am J Prev Med* 2019;56:774-86.
8. Kanbay Y, Işık E, Yavuzaslan M, Keleş S. Determination of the opinions and attitudes of nursing students about domestic violence against women. *Gümüşhane Univ J Health Sci* 2012;1:107-19.
9. Dağlar G, Bilgic D, Demirel G. Nursing and midwifery students' attitudes towards violence against women. *Dokuz Eylül Üniv Hemşirelik Fak Elektronik Derg* 2017;10:220-8.
10. Adıbelli D, Ünal AS, Şen T. Attitudes of young adult men toward domestic violence and factors affecting their attitudes in turkey. *J Interpers Violence* 2019;34:3961-77.
11. Bora A, Gölge ZB. An investigation of the relationship between gender, education status, violence experiences and attitudes toward violence against women in marriage. *Turk Klin J Foren Sci Leg Med* 2019;16:88-97.
12. Sinan Ö, Tosun B, Ünal N. Hemşirelik öğrencilerinin şiddete bakışı [Perspectives of nursing students on violence]. *Turk Klin Nurs Spec Top* 2017;3:108-14.
13. Sabancıoğulları S, Taşkın Yılmaz F, Ar E, Çakmaktepe G. The attitudes of nursing students towards violence against women and occupational role in violence, self-esteem and affecting factors. *Hemşirelikte Eğitim Araştırma Derg* 2016;13:35-43.
14. Toraman AU. Identification of intimate partner violence in health care settings: Why health care providers ask (or don't) about intimate partner violence? *Turk Klin J Public Health Nurs Spec Top* 2015;1:12-8.
15. Tambağ H, Turan Z. Ability of nursing students to recognize signs of violence against women. *Int J Nurs Knowl* 2015;26:107-12.
16. Blevins RM. Attitudes Toward Violence and Reasons for Living in Adolescents with High, Moderate, and Low Self-Esteem (Master's Thesis). Johnson City, TN: East Tennessee State University; 2001.
17. Balkas M, Duru E, Buluş M. The relationship between attitudes toward violence and self efficacy, media, beliefs toward violence, peer group and sense of belonging to school. *Ege Eğitim Derg* 2005;6:81-97.
18. Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T, et al. Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse Negl* 2003;27:169-90.
19. Şar V, Öztürk E, İkikardeş E. Validity and reliability of the Turkish Version of Childhood Trauma Questionnaire. *Turk Klin J Med Sci* 2012;32:1054-63.
20. Doran F, Hutchinson M. Student nurses' knowledge and attitudes towards domestic violence: Results of survey highlight need for continued attention to undergraduate curriculum. *J Clin Nurs* 2017;26:2286-96.
21. Dikmen HA, Marakoğlu K. Hemşirelik öğrencilerinin toplumsal cinsiyet rolleri ile kadına yönelik şiddete ilişkin tutumlarının incelenmesi [Examining the gender roles of nursing students and their attitudes towards violence against women]. *Genel Tıp Derg* 2019;29:73-9.
22. Karabulutlu Ö. Experiences and attitudes of nursing students regarding domestic violence against women. *Cumhuriyet Nurs J* 2015;4:27-34.
23. Sis Çelik A, Aydın A. The effect of a course on violence against women on the attitudes of student midwives and nurses towards domestic violence against women, their occupational roles in addressing violence, and their abilities to recognize the signs of violence. *Perspect Psychiatr Care* 2019;55:210-7.
24. Majumdar B. Medical and nursing students' knowledge and attitudes toward violence against women in India. *Educ Health (Abingdon)* 2004;17:354-64.
25. Demirel Bozkurt Ö, Daşkan Z, Kavlak O, Şirin A. Determination of the knowledge, opinions and professional attitudes of midwifery students about violence during pregnancy. *Balikesir Health Sci J* 2013;2:99-107.
26. Güneri Yöyen E. Çocukluk çağı travması ve benlik saygısı. *Int J Soc Sci Educ Res* 2017;3:267-82.
27. Viola TW, Salum GA, Kluwe-Schiavon B, Sanvicente-Vieira B,

Çelik, *et al.*: Between male nursing students' childhood traumas and attitudes toward violence

- Levandowski ML, Grassi-Oliveira R. The influence of geographical and economic factors in estimates of childhood abuse and neglect using the Childhood Trauma Questionnaire: A worldwide meta-regression analysis. *Child Abuse Neglect* 2019;51:1-11.
28. Aytaçalp A. The investigation of the relationship between childhood trauma and feelings of guilt-shame and self-esteem in karabuk university student. *Sağlık Akad Kastamonu* 2019;4:144-87.
29. Kıvılcım S, Bektaş HM. Lise öğrencilerinde çocukluk çağı travmatik yaşam olayları, yalnızlık, utangaçlık ve suçluluğun; cinsiyete, lise türlerine ve sınıf düzeylerine göre incelenmesi. *Arnavutköy Rehberlik Araştırma Merkezi* 2017;1 21.
30. Örsel S, Karadağ H, Karaoğlan Kahiloğulları A, Akgün Aktaş E. Psikiyatri hastalarında çocukluk çağı travmalarının sıklığı ve psikopatoloji ile ilişkisi. *Anadolu Psikiyatri Derg* 2011;12:130-6.
31. Aydın BN. Flört şiddetine maruz kalmanın çocukluk çağı travmaları, psikolojik semptomlar, kendilik algısı ve temas biçimleri ile ilişkisi. İstanbul Üniversitesi-Cerrahpaşa, Adli Tıp ve Adli Bilimler Enstitüsü, Sosyal Bilimler Anabilim Dalı, Türkiye. 2018 Yüksek Lisans Tezi.
32. Goodman ML, Hindman A, Keiser PH, Gitari S, Ackerman Porter K, Raimer BG. Neglect, sexual abuse, and witnessing intimate partner violence during childhood predicts later life violent attitudes against children among Kenyan women: Evidence of intergenerational risk transmission from cross-sectional data. *J Interpers Violence* 2020;35:623-45.