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## **NURSING STUDENTS' ATTITUDES TOWARDS DOMESTIC VIOLENCE**

A quantitative study at Kilimanjaro Christian Medical College, Moshi,  
Tanzania

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## SUMMARY

Gender-based violence is a widespread health problem all over the world and in Tanzania, domestic violence and rape within marriage are widely spread. Since nursing students are likely to meet abused women within their future profession, it is important to explore their attitudes towards the subject. The aim with the study was to describe nursing students' attitudes towards domestic violence. The method used was descriptive, quantitative and the instrument used was a questionnaire containing questions from Domestic Violence Blame Scale (DVBS) and Domestic Violence Myths Acceptance Scale (DVMAS), two self-constructed questions were also added. The respondents (n=30) were nursing students at KCM College, in Moshi Tanzania. The result shows that the general opinion among the students was that the likeliness of domestic violence to occur was affected by situational factors, such as family living conditions. Almost half of the respondents strongly agreed that the Tanzanian society was male-dominated, and that it contributes to the occurrence of domestic violence and many of the students thought that women instigate domestic violence and that they have themselves to blame. Since the result shows that many of the students seem not to fully understand the mechanisms of domestic violence and that they tend to blame the victim for the crime it is essential with more education on the subject.

**Keywords:** Attitudes, domestic violence, gender-based violence, nursing student, Tanzania.

# SAMMANFATTNING

Våld mot kvinnor är ett omfattande hälsoproblem över hela världen och i Tanzania är våld mot kvinnor, såsom våld i nära relationer och våldtäkt inom äktenskapet, vida spritt. Eftersom sjuksköterskestudenter troligtvis kommer att möta våldsutsatta kvinnor i sitt framtida yrke är det viktigt att undersöka deras attityder kring ämnet. Syftet med studien var att beskriva sjuksköterskestudenters attityder till våld mot kvinnor i nära relationer. Metoden för studien var deskriptiv, kvantitativ och instrumentet som använts är ett frågeformulär med frågor från Domestic Violence Blame Scale (DVBS) och Domestic Violence Myths Acceptance Scale (DVMAS), samt två frågor tillagda av författaren till studien. Respondenterna (n=30) var sjuksköterskestudenter på KCM College, I Moshi Tanzania. Resultatet visar att den generella åsikten bland studenterna var att situationen, som till exempel familjeförhållanden påverkar sannolikheten för att våld mot kvinnor i nära relationer ska uppstå. Knappt hälften av respondenterna höll med om att samhället är mansdominerat, vilket bidrar till förekomsten av våld mot kvinnor och många av studenterna tyckte att våld i nära relationer är en konsekvens av kvinnans eget beteende och att hon får skylla sig själv. Eftersom resultatet visar att många av studenterna inte fullt förstod mekanismerna kring våld mot kvinnor i nära relationer, och att de tenderade till att skuldbelägga kvinnan för brottet, är mer utbildning i ämnet av högsta vikt.

**Nyckelord:** Attityder, genusbaserat våld, sjuksköterskestudent, Tanzania, våld i nära relationer.

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# 1 INTRODUCTION

The opportunity was given to me to spend my fifth semester of the nursing program at Kilimanjaro Christian Medical Centre (KCMC), Moshi, Tanzania. I knew that the nursing students at Kilimanjaro Christian Medical College (KCM College) had a course about gender-based violence and since the subject interests me I wanted to know their attitudes towards it. Since there are many misconceptions worldwide about gender-based violence and the victims are often getting blamed for it, I think it is very interesting to explore the attitudes of future nurses, as the victims are very likely to meet them in the future.

## 1.2 Definitions

### 1.2.1 Gender-based violence and domestic violence

*Domestic violence* is a type of *gender-based violence* and they are, often used interchangeably. Therefore gender-based violence, as well as domestic violence, will be described in this study. When using the term *domestic violence*, “violence against women by their intimate partner” is intended and **gender-based violence** will refer to “all types of violence” women are exposed to.

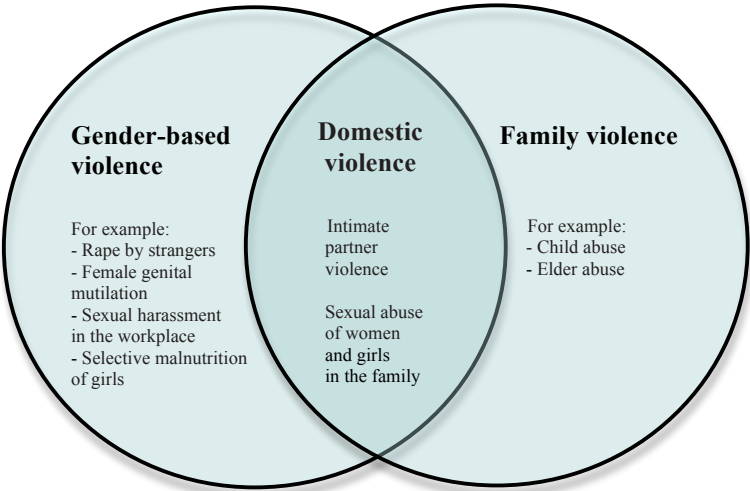
The Declaration on the Elimination of Violence against Women defines gender-based abuse as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*". (United Nations [UN], 1996) The Declaration affirms that the phenomenon violates, impairs or nullifies women's human rights and their exercise of fundamental freedoms.

The term *Violence Against Women (VAW)* is also commonly used to describe gender-based violence. There are many reasons why to choose certain terms but the three mentioned are all commonly used and are often used synonymously in literature. There are, however, big differences between the terms; while VAW obviously relates to the victim as a woman, domestic violence appears gender neutral both in relation to the victim and the perpetrator. It is very important to illuminate that intimate partner violence includes both men and women as

victims and perpetrators and that violence occurs in same sex relationships, and using the term domestic violence could consider that, depending on the definition. However, it is also important to clarify that gender-based violence includes much more than domestic violence and that domestic violence is only a part of all the violence women are exposed to. Some literature use gender-neutral expressions, such as domestic violence or gender-based violence but still refer to the victims as women; this makes it difficult to completely separate the terms. However, according to a report from the World Health Organization (WHO) there is now international consensus that gender-based violence should be defined as all abuse of women and girls, since its origin comes from women’s subordinate status in society with regard to men (Ellsberg & Heise, 2005). This is why the term gender-based violence and not Violence Against Women is used in this study, to clarify the roots of the violence.

The report from WHO also highlights that the term *domestic violence* most often refers to abuse of women by current or former male intimate partners, however, in some regions *domestic violence* is used to describe any violence in the home, such as violence against women and elderly (Ellsberg & Heise, 2005, p 11-12). Since the questionnaires used for this study refer to domestic violence as violence against women performed by their intimate male partners, I will define domestic violence in the same way and use the term gender-based violence when referring to all the types of violence women are exposed to.

Figure 1 shows how domestic violence is a part of gender-based violence but also that women are exposed to additional violence.



**Figure 1.** The overlap between gender-based violence and family/domestic violence (figure from Ellsberg & Heise, 2005, p 12).



### **1.2.2 Attitudes**

According to Cambridge Dictionary (2010) *attitude* is “a feeling or opinion about something or someone, or a way of behaving that is caused by this”

## **2 BACKGROUND**

### **2.1 Understanding gender-based violence**

WHO affirms that both men and women can be victims as well as perpetrators of violence but the violence committed to women differs from the violence men are most likely to be exposed to. While men are more likely to be killed or injured in wars and physically assaulted on the street by a stranger, women are more likely to be physically assaulted or murdered by someone known, often a family member or an intimate partner. Women are also, to a larger extent than men, at risk for being sexually assaulted or exploited through all their lives. Men are more likely to be the perpetrators of violence, no matter the sex of the victim. (Ellsberg & Heise, 2005, p 10) Studies have shown that emotional violence and controlling behaviour are generally closely accompanied with sexual and physical abuse of women (Ellsberg & Heise, 2005, p 16).

Peters (2003, p 5) writes that there are number of explanations for understanding gender-based violence, for example sociological, evolutionary, pathological and radical feminist models. The explanation of gender-based violence according to the radical feminist model, which will be the reference frame for this study, is that the violence supports and is supported by patriarchal oppression of women and that gender-based violence is part of structural attitudes toward women (Peters, 2003, p 6). Critics of this theory means that this explanation ignores the occurrence of domestic violence in same-sex relationships, however supporters of the feminist theory respond that violence within same-sex relationships occurs due to structures of heterosexual roles. (Hawkins, 2007, p 13)

According to the population council (2008) WHO identifies the following evidence-supported risk factors for gender-based violence;

- Traditional gender norms that support male superiority and entitlement
- Social norms that tolerate or justify gender-based violence

- Weak community sanctions against perpetrators
- Poverty
- High levels of crime and conflict in society more generally

Peters (2003, p 7-8) highlights the importance of research on rape myths because it gives a greater understanding of the role of socialization in sexual violence against women and for the understanding of social response once violence has been perpetrated. In general, myths about domestic violence tend to minimize the crime, blame the victim and exonerate the perpetrator. As a result to this, women are encouraged to adapt to strategies to prevent rape, which limit their individual and collective freedom of movement, employment and social advancement. Peters quotes Brownmiller (1974/1993, p 14-15) who described the rape myths and rape itself as social control over women as the “process of intimidation by which all men keep all *women* [sic!] in a state of fear” (Peters, 2003, p 8-9).

UN also declares that the roots of gender-based violence lie in persistent discrimination against women (United Nations [UN], 2010). WHO claims that although gender-based violence results in high costs and suffering, social institutions in almost every society in the world legitimize, obscure, and deny the abuse (Ellsberg & Heise, 2005, p 9).

### **2.1.1 Gender-based violence - worldwide**

Gender-based violence is a worldwide problem and it is estimated that, from country to country 20-50 % of the women have experienced physical violence from a family member or a partner and at least every third woman have been beaten, raped or abused in other ways during her lifetime.

Although women are less likely than men, to be exposed to violence in general, there is a five to eight times higher risk for a woman to be victimized by an intimate partner than there is for a man (Caretta, 2008, p 28).

WHO declares that gender-based violence is a major public health and human rights problem throughout the world. In the report - *Researching Violence Against Women: A practical guide for researchers and activists* – WHO affirms that “*violence against women is the most pervasive yet under recognized human rights violation in the world. It is also a profound*

*health problem that saps women's energy, compromises their physical and mental health, and erodes their self-esteem. In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression”* (Ellsberg & Heise, 2005, p 9).

According to the report, gender-based violence often occurs behind closed doors and is therefore frequently “invisible” (Ellsberg & Heise, 2005, p 25). Moreover, gender-based violence is often not treated as a crime by many legal systems and cultural norms, but rather as a "private" family matter or a normal part of life. The report also highlights that gender-based violence is widespread and its health consequences enormous. The authors therefore recommend that governments over the world act and make recommendations for the health, education and criminal justice sectors to take action.

Caretta (2008, p 27) writes that women and children often are exposed to great danger at the place they would be safest, among their family. Domestic violence affects the victims, both physically and mentally. Her study *Domestic violence - A worldwide exploration* reveals that 44 % of the 3400 women who participated had experienced violence by a partner. According to the report, “violence against women” performed by a husband or a male partner is one of the most common forms of gender-based violence.

Wendt Höjer (2002) means that men's violence against women and women's fear of violence plays an important prerequisite for the maintenance of a patriarchal gender power order. This means that the violence not only affects those who have suffered or are exposed to it, violence and threats of violence restrict all women's living space.

### **2.1.2 Gender-based violence in Tanzania and Moshi**

According to the Swedish Ministry of Foreign Affairs (Utrikesdepartementet), law in Tanzania prohibits discrimination of women and *The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)* was ratified in 1985. However, the law admits traditional law (Sharia) to be respected, which means that cases can be judged according to Sharia law where the status of women are consistently lower than men's. The

Tanzanian law condemns wife battering but stipulates no prohibition or punishment for it. Rape is severely punished but rape within marriage is not punished. (UD, 2007, p 14-15)

Mella (2003, p 717) declares that Female Genital Mutilation (FGM) is practiced in five of the twenty regions in Tanzania and that the main reason for practicing FGM is to “control female sexual behaviour”. Amnesty establish, in a report from 2009, that gender-based violence, such as domestic violence, rape within marriage and child marriage, is widely spread and that Female Genital Mutilation (FGM) is practised in some rural areas (Amnesty, 2009).

Although intimate partner violence in Tanzania has not been assessed through a population-based survey, McCloskey, Williams and Larsen (2005, p 124) claims that the prevalence in Sub-Saharan Africa ranks high. According to their study, 21 % of the 1 444 participated women in Moshi, Tanzania, had experienced intimate partner violence.

A study from Dar es Salaam, Tanzania showed that among the 245 surveyed women, 37,6 % had experiences from a physically abusive partner and 16,3 % had experiences of sexually abuse from a partner (Maman et al., 2002, p 1333).

WHO has, in a selection-based study in 2002, explored physical assaults on women by an intimate partner in Tanzania. The study shows that in the capital Dar es Salaam, 15 % of the women of the ages 15-49 years had experienced physically assault by a partner the last 12 months and 33 % had experienced it in their lifetime. In the smaller town Mbeya, in southern Tanzania, the amount of women who had experienced physically assault by a partner the last 12 months was 19 % and 47 % of the women had experienced physically assault by a partner during their lifetime (Ellsberg & Heise, 2005, p 13). The same report shows that in city areas 23 % of the women had ever experienced physical violence by a partner, 30 % of the women had ever experienced sexual violence by a partner and 41 % of the women had ever experienced physical and/or sexual violence by a partner. For the province 47 % of the women had ever experienced physical violence by a partner, 31 % of the women had ever experienced sexual violence by a partner and 56 % of the women had ever experienced physical and/or sexual violence by a partner (Ellsberg & Heise, 2005, p 16).

In both Dar es Salaam and Mbeya 4 % of the women reported experiences of child abuse, defined as unwanted sexual activity, contact and noncontact before the age of 15. (Ellsberg &

Heise, 2005, p 20) 14 % of the women in Dar es Salaam and 17 % of the women in Mbeya reported their first sexual intercourse as forced (Ellsberg & Heise, 2005, p 21).

According to Ellsberg and Heise (2005, p 22) studies in Tanzania and South Africa show that HIV-positive women were more likely to report physical abuse from a partner than HIV-negative women. This indicates that women in Tanzania with violent or controlling male partners are at increased risk of HIV infection. Maman et al. (2002, p 1331) also claim that violence and threats of violence are important factors that contribute to the rapidly increasing HIV epidemic among women.

McCloskey, Williams and Larsen (2005, p 125) claim that strong patriarchal traditions and institutions have controlled sexual unions in Sub-Saharan Africa for long time. In Tanzania the practice of bride price, polygamy and paternal control of the choice of marriage partner have affected women's possibilities to control their own lives for a long time. However many of these patriarchal patterns are changing, women are now usually free to choose their husband and are somewhat exercising more control over birth control options than they have done before.

United Nations [UN] (2004, p 145) establishes that one of Tanzania's major challenges is to raise public awareness about discrimination against girls and women. In the National Population Policy for Tanzania (Ministry of planning, economy and empowerment, 2006, p 16) it is stated as a fact that traditional gender stereotyped roles are restricting girls and women's opportunities and one of the policy directions in the report is to eliminate all forms of discrimination and gender-based violence.

## **2.2 Attitudes towards domestic violence worldwide and Tanzania**

Peters (2003, abstract) defines domestic violence myths as "*stereotypical attitudes and beliefs that are generally false but are widely and persistently held, and which serve to minimize, deny, or justify physical aggression against intimate partners*". Further on the author describes how these myths are used two ways; to defend individuals from psychological threat and also as a social function to support patriarchy.

Peters (2003, p 11) refers to several studies that shows that men are more likely, than women, to support the myths about domestic violence and gender-based violence. Bryant and Spencer (2003, p 369-374) write that many people blame victims of interpersonal violence for their assault. Bryant and Spencer (2003) assert, in contradiction to Peters (2003), that there are no clear relations between gender and blaming victims. Individuals who hold feminist positions are, on the other hand, more likely sympathize with victims of domestic violence. Bryant and Spencer's (2003) own study showed gender differences in blame in domestic violence, with male students more likely to blame the victim and women more likely to identify with the victim.

Ellsberg and Heise (2005, p 25) claim that many cultures justifies that a man controls his wife by punishment. Studies in Tanzania among others show that physical abuse by a husband is widely accepted as a way to “correct” a wife that is seen as misbehaving. Oyedokun (2008, p 306) claims that people in Nigeria do not talk about domestic violence simply because it is seen as an accepted occurrence in a marriage and that the gender norms in patriarchal societies consider women as subordinates to their husbands, men can discipline their wives without being questioned.

A study by Maman et al. (2002, p 1332) from Dar es Salaam, Tanzania, shows that 41 % of the women justified partner violence because of disobedience, infidelity and non completion of household. Forty-four percent of the women asked, also thought that there was no reason for a woman to refuse intercourse after her husband had been beaten. The study also shows that violence considered as mild or moderate, not leaving physical marks were also tolerated (2002, p 1333).

### **2.2.1 Education about gender-based violence at KCM College, Moshi, Tanzania.**

One of the objectives for the nursing students at KCM College is to “understand gender health issues and the nature of gender based violence”. One part of a course in the second year of the education of Bachelor of Science in Nursing is called “Gender health and gender-based violence” which, among other things, includes “the role of nurses in prevention and management of gender violence” (Kilimanjaro Christian Medical College, 2007).

## **2.3 The role of nurses in the prevention and management of domestic violence**

Domestic violence does not only include physical violence, but also other forms of abuse used to terrorize and control the victim. Peters (2003, p 4) mentions anxiety, fear and depression as symptoms of mental distress and also that battered women have a significant higher risk for gynecological, central nervous system, and stress-related problems.

Peters (2003, p 10) means that there is a need of an instrument for measuring domestic violence myths. This instrument could be used and followed with sensitivity training for the professionals who are likely to have contact with victims of domestic violence. Mella (2003, p 713) writes that health and health-related sectors in Tanzania should cooperate to empower women and that action must be taken to address violence and sexual abuse.

Caretta (2008, p 28) writes that nurses play a major role in screening for domestic violence. The author highlights that nurses should be aware of signs of possible domestic violence in all patients they treat. It is also recommended that nurses to take part in health care planning, public policies and community responses to violence (Caretta, 2008, p 31). Also, Goldblatt (2009, p 1647) establishes that there is a need for improved training for nurses in screening for domestic violence when they meet patients. Ellsberg and Heise (2005, p 26) write that abused women often avoid reaching out for help in fear of social stigma, therefore the attitude of the nurses is essential when meeting women exposed to gender-based violence.

Bryant and Spencer (2003, p 375) believe that the universities should provide educational programs regarding violence in interpersonal relationships. They propose that educational programs about domestic violence should be included in the health and wellness courses.

Maman et al. (2002, p 1336) declare that women in Tanzania are at high risk for both HIV infection and violence mostly due to the behaviour of their male partners. The authors claim that violence prevention must include efforts to raise community awareness and to increase critical attitudes toward domestic violence.

## 2.4 Previous research

WHO establishes in the report - *Researching Violence Against Women: A practical guide for researchers and activist-* that it is not until the latest twenty years that gender-based violence is considered an issue worth of international attention and concern. Gender-based violence is now considered a human right issue and the authors to this report affirm that rigorous research is needed for formulation and implementation of effective interventions and prevention strategies (Ellsberg & Heise, 2005, p 5).

Hawkins (2007, p 1) establishes that myths and inaccurate knowledge about domestic violence, among social workers, can result in inappropriate and ineffective responses, which could result in greater endangerment and discouraging the victim from future help-seeking behaviour. This highlights the importance of professionals working with domestic violence, such as nurses that have by their profession a great responsibility towards the victim.

Goldblatt (2009, p 1646) writes that nurses are expected to make a distinction between their professional and private life and to treat and care for the patients regardless of their own personal backgrounds and emotions.

Goldblatt (2009, pp 1646-1647) writes that few studies regarding the impact of domestic violence on nurses are made and that this subject needs further exploration. However, previous studies show that nurses have to be aware of their attitudes and emotional reactions while treating victims of domestic violence. Furthermore, the author write that that nurses often try not to show their emotions in order to act in accordance with role expectations. This means that they express empathy towards the patients and suppress negative emotions such as anger and criticism. The same article shows that although nurses are trained not to let their own attitude influence their care, they have difficulties not to advise a victim to leave her partner. They tend to criticize an abused woman's decision to stay with her abusive partner even though they have the theoretical knowledge regarding the dynamics of intimate partner violence (Goldblatt, 2009, p 1650).

Öhman (2009, pp 36-37) also claims that little research is made concerning domestic violence and how the medical care/nursing care should approach this. However, Öhman (2009) refers to one study that shows how midwives had knowledge about domestic violence but they did not know to how to relate to the women, who they suspected to be victims of violence.



Few previous studies are found regarding nursing students', or nurses', attitudes towards domestic violence and the ones found are mostly focusing on attitudes and *experiences* of domestic violence among nurses.

### **3 RESEARCH STATEMENT**

Gender-based violence is an endemic problem all over the world, resulting in enormous health consequences. Gender-based violence and domestic violence are often seen as private matters and it is not unusual that the victim is blamed for it. Nurses play an important role in screening for women that might be abused, caring for them and educating the community about myths and prejudices regarding gender-based violence. Abused women often avoid reaching out for help in fear of social stigma, therefore the attitude of the nurses is essential when meeting women exposed to gender-based violence. Since nursing students probably will deal with this issue in the future it is imperative to know about their attitudes towards gender-based violence, as they might themselves carry on long tradition of prejudice regarding this problematic issue. Also, it is important to study this, since there is a lack of research on nurses' - and nursing students' attitudes towards the subject.

Hawkins (2007, p 25) claims that “victim blaming attitudes, stereotyping of battered clients and acceptance of violence between spouses persist in social service providers and affect the quality of service provided to battered clients. Attribution of blame for the acts which occur in domestic violence may dictate the intervention that is chosen and thereby may place the victim in greater danger”.

### **4 AIM**

The aim of this study is to describe nursing students' (in Moshi, Tanzania) attitudes towards domestic violence.

## **5 METHOD**

### **5.1 Design**

This study was performed using a quantitative, descriptive, self-report method. Polit and Beck (2004, p 51) write that the use of self-report methods is popular for asking the subjects about their feelings, behaviour, attitudes and personal traits. The authors claim that “the purpose of descriptive studies is to observe, describe and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development” (p 192). Olsson and Sörensen (2007, p 67) write that descriptive studies most often are cross-sectional, which means that the study describes a certain population at a given time.

The respondents were asked to answer a questionnaire based on two different scales; 1. *Domestic Violence Blame Scale (DVBS)* and, 2. *Domestic Violence Myth Acceptance Scale (DVMAS)*, some self-constructed questions were also added. The DVBS and the DVMAS measure attitudes, myth acceptance, beliefs, knowledge and attribution of blame towards domestic violence and gender-based violence (Hawkins, 2007, p 33). The scales and the questionnaire are further described in chapter 5:3, data collection. The questionnaire used was structured, cross-sectional, which means that the design is specified before the data is collected and that the data is collected at one point in time (Polit & Beck, 2004, p 165).

This study was made with a feminist approach. According to Polit and Beck (2004, p 265) feminist research is similar to critical theory research and is focusing on gender domination and patriarchal societies.

### **5.2 Sample selection**

The group of nursing students that were a part of the study were the students at the Kilimanjaro Christian Medical College (KCM College) in Moshi, Tanzania. The chosen students were at their last year, of three, for a bachelor in nursing science. In the second year, the students had a course called "Gender Health and Gender-based violence" (Kilimanjaro Christian Medical College, 2007). Contact was already established with the Dean at the

Faculty of Nursing at Tumanini University (KCM College), Dr. Marcelina Msuya, and she was also the one who handed out the questionnaires during a lesson.

### 5.2.1 Study area

Tanzania is situated in eastern Africa and has a population of 41, 9 million inhabitants (Central Intelligence Agency [CIA], 2011). The majority of the population lives in rural areas, with only 23 % living in urban areas. (WHO, 2009, p 1-2) Poverty is one of the major factors that influence the health status of the country, with more than half of the population living below the poverty line of USD 1 per day. The shortage of skilled personnel in the health sector reflects the critical health crisis of this country (WHO, 2009, p xi).

Moshi is situated in northern Tanzania and is one of six districts of Kilimanjaro region. Moshi is the largest city in the region, with a population of 230 000 people (Msuya et al., 2006, p 7), see figure 2 and 3.



**Figure 2.** Geographic location of Tanzania



**Figure 3.** Map of Tanzania

### 5.3 Data collection

The data was collected using a questionnaire (appendix 2) focusing on attitudes towards domestic violence. The first part of the questionnaire contained 5 demographic, contextual and educational questions. In the second part, 40 questions about attitudes towards domestic violence were asked and finally the students were invited to answer 2 open-ended questions (questions 41 and 42). These two last questions covered; 1) how the respondents think their attitudes can influence the care that they provide and 2) the respondents were asked for

additional comments. The first part of the questionnaire, as well as question 41 and 42, were constructed by the author of the study. Questions 1-23 are from the *Domestic Violence Blame Scale (DVBS)* and question number 24-40 are from the *Domestic Violence Myth Acceptance Scale (DVMAS)*.

The *Domestic Violence Blame Scale (DVBS)* was constructed in 1994 and is a 23-item instrument with focus on attitudes towards domestic violence (Hawkins, 2005, p 33). Items are scored on a six point Likert scale with anchors of “Almost never” and “Almost always” or “Strongly disagree” and “Strongly agree”. All items from DVBS were used in the questionnaire for this study.

The *Domestic Violence Myth Acceptance Scale (DVMAS)* was constructed in 2003 and consists of 18 items related to four factors of victim blame – character blame, behavioural blame, perpetrator exoneration and minimization of the seriousness of domestic violence (Norgaard, 2005, p 35). The last item from DVMAS was not used in this study (“If a woman goes back to the abuser, how much is that due to something in her character?”) since it was considered difficult to interpret together with statements on a Likert scale. Therefore, 17 items (question 24-40) from DVMAS were used in this study. The DVBS- and the DVMAS questionnaires were not found in their original publications, which is why they are referred to from other authors that have used the scales in their research.

Along with the questionnaire, an information sheet was attached, which informed the respondents about the aim of the study, their right to refrain from participation at any time and that the participation was anonymous and voluntarily (appendix 1). The questionnaires were handed out to all the students in the third year during a lesson, with no time limit given except the time of the lesson, which was one hour. The questionnaires were handed out, and collected, by the teacher of the class, also Dean at the Faculty, Dr. Marcelina Msuya.

## **5.4 Data analyses**

When the, filled in, questionnaires were collected they were numbered from 1 to 30 so that the respondents became unidentified and given a number instead of the names.

To get an overview of the results, the level of agreement to the statements were numbered from 1 to 6, with “strongly disagree” being 1 and “strongly agree” being 6. All the data from the respondents, including demographic- and educational information, was inserted in the Microsoft Excel program as a table, with the respondents being numbered and their answers also shown in numbers between 1 to 6. The table gave an overview of the respondents’ answers.

Item 1-23 in the questionnaire are taken from the *Domestic Violence Blame Scale* and include four different factors; the Situational Blame Factor (questions 11, 12, 13, 15 & 17), the Perpetrator Blame factor (questions 3, 4, 5, 18 & 19), the Societal Blame Factor (questions 1, 2, 7, 14, 16 & 23) and the Victim Blame Factor (questions 6, 8, 9, 10, 20, 21 & 22). High scores on items from the *Situational Blame Factor* indicate blame for wife abuse related to the situation or context. Family conditions and the use of alcohol and/or drugs by the abuser are seen as important contributing factors for the occurrence of violence. Respondents obtaining high scores on questions related to the *Perpetrator Blame Factor*, believe that violent husbands are unable to control their behaviour due to mental illness or psychological reasons and that they should be punished by law for abusing their wives. High scores at the items relating to the *Societal Blame Factor*, indicates that blame is given to societal values such as the amount of sex and violence in media, a male-dominated society where wives are being regarded as property and that wife beating is an acceptable masculine behaviour in marriage. The items regarding *Victim Blame Factor*, assign blame to the victim. Respondents with high scores on these questions believe that wives encourage and provoke domestic violence, that they exaggerate the effects of wife abuse and that they deserve the physical abuse. The rise of the women’s movement is also seen as a contributing factor for increasing wife abuse (Hawkins, 2007, p 34-35).

Item 24-40 in the questionnaire are taken from the *Domestic Violence Myth Acceptance Scale* and according to Hawkins (2007, p 35), the result is calculated by adding up the total and dividing by the number of items answered, which gives a mean level of agreement (M) to all the statements. This will indicate the level of myth acceptance as an overall myth acceptance score. The items are divided into *Character Blame Factor* (questions 26, 28, 30, 33, 37 & 39), *Behavioural Blame Factor* (questions 27, 29, 35, 36 & 40), *Perpetrator Blame Factor* (question 25, 28, 31, 32, 37 & 38) and *Minimization Factor* (question 24, 30, 31 & 34).

To find any differences and similarities between the respondents, the result from items of the DVMAS (question 24-40), was divided into five groups according to gender-based violence education and marital status. The groups were the following; 1. respondents with no gender-

based violence education, 2. respondents with gender-based violence from any source, 3. respondents with gender-based violence from KCMC, 4. respondents who were married or in a relationship and 5. respondents who were single (table 7).

To get an overview of the respondent's answers in level of agreements to the statements, the answers are presented per statement in tables. Descriptive statistics, such as total numbers (n), percent (%) and mean (M) are used to present the data. The results of the surveys were compiled in order to observe the level of agreement among the respondents. Responses are reported in graphs and text. Answers from the two open questions in the end will serve as complements to the other results. These answers, when several of the respondents reported similar opinions, were chosen to be presented in the result.

## **6 ETHICAL ASPECTS**

The Dean of the Faculty of Nursing at KCM College approved the aim of this study and was also shown the questionnaire, to be used, before the study was conducted.

The respondents were given an information letter (appendix 1) attached with the questionnaire (appendix 2), this information explained the purpose of the study and that it was based on informed consent, which gave the students a choice if they wanted to participate in the study or not. The respondents gave their consent by marking a box that they agreed on that they had been informed about their right to refrain from the study at any time and that participation was anonymous. The information given in the questionnaires was handled with confidentiality and was only used for this study. Since there were only four male students, the sex of the respondents is not shown in any statistics, this is to maintain the anonymity and avoid identification of the respondents.

Gender-based violence can be considered a sensitive topic and it can potentially be threatening and traumatic for the respondents to answer questions about the subject. Some of the respondents may have their own experiences from domestic violence in have being abused or have abused a partner. There is always a risk, and especially with a sensitive topic like this, that the participants may give answers that they think are considered to be politically correct and not their actual attitude. As an attempt to try to avoid this, in the beginning of the

questionnaire, it was explained that the questions asked were common attitudes toward domestic violence and there are no right or wrong answers, the respondents were asked to answer based on their opinions only.

According to the World Factbook, published by CIA (2010), English is one of the official languages and the primary language of commerce, administration and higher education; however the first language of most people in Tanzania is one of the local languages. Although all the students presumably speak English well enough to perform their education in English, it has to be considered that most of them probably have another language as their mother tongue and this could affect the outcome of the of their responses and therefore the result of this study. Also, the author of this study does not have English as mother tongue, which could affect the interpretation of the result.

The ethical aspects of how to define gender-based violence were highly considered. As mentioned, gender-based violence is considered the general definition addressing abuse of women and girls and that its origin comes from women's subordinate status in society with regard to men. The use of the term domestic violence can be misleading, in the way that it can refer to both family violence in general and the most common definition as violence against women by an intimate partner. To include only women as victims and men as perpetrators while referring to domestic violence is obviously a problem since that ignores the occurrence of violence in same-sex relationships and also that women can be perpetrators as well as men can be victims of violence from an intimate partner. Not only does it ignore the occurrence of violence in same-sex relationships, it also ignores the actual existence of same-sex relationships. Another ethical issue with using the term domestic violence and referring to it as always being violence against women by an intimate male partner is that it maintains stereotypes about men and women. This could lead to that women are always seen as victims and also that men do not identify themselves as being victims for intimate partner violence and the chances that they dare to report the crime reduce. However, the constructors of the original questionnaires used for present this study, define domestic violence as conducted to a women, by an intimate male partner, which is why the term is used and defined as that in this study.

## 7 RESULTS

The demographic data of the respondents is presented in table 1. Further, the result is divided into four parts; answers of question 1-23, from the *Domestic Violence Blame Scale (DVBS)* (7:2), answers of question 24-40 from the *Domestic Violence Myth Acceptance Scale (DVMAS)* (7:3), the answers in relation to education and marital status (7:4) and answers from the two open questions (7:5).

The constructors of the DVBS and DVMAS have divided the statements into different categories according to how the blame of domestic violence is assigned and the result from this study will be presented into these groups. The items of the DVBS are divided into; *Situational Blame Factor, Perpetrator Blame Factor, Societal Blame Factor and Victim Blame Factor* and items from DVMAS are divided into; *Character Blame Factor, Behavioural Blame Factor, Perpetrator Blame Factor and Minimization Factor*.

To clarify the result, only the items that relate to if the respondents assign blame of violence to the victim, are presented both in tables and in text. Results from other items are presented in text only.

### 7.1 Demographic data

**Table 1.** Demographic and educational data of the respondents

	n (30)	%
<b>Sex:</b>		
Female	26	87
Male	4	13
<b>Age:</b>		
27-43 (mean age: 33,2)	26	87
Not answered	4	13
<b>Marital status:</b>		
Married	20	67
Single	8	27
In a relationship	1	3
Not answered	1	3
<b>Nursing education at KCMC:</b>		
Yes	9	30
No	21	70
<b>Taken class about GBV:</b>		
Yes	18	60
No	12	40
<b>Received information about GBV from other source:</b>		
Yes	24	80
No	6	20



## **7.2 Student's attitudes towards domestic violence – items from *Domestic Violence Blame Scale (DVBS)***

### **7.2.1 Situational Blame Factor**

The general opinion among the students was that they assign blame for domestic violence to situational or contextual factors. This means that various family conditions such as the abuser's use of alcohol and/or drugs were seen as important factors that affect the likelihood of domestic violence to occur. Eighty percent of the respondents strongly agreed that the husband's use of alcohol and drugs can cause domestic violence and a majority (66,6 %) moderately or strongly agreed with the statements that domestic violence was more likely to occur in unstable homes and in families with poor interpersonal relationships. Yet, a majority (56,6 %) slightly to strongly disagreed that domestic violence is more likely to occur in slum or "bad" areas.

### **7.2.2 Perpetrator Blame Factor**

Although 40 % of the respondents strongly disagreed with the statement that an abusive husband is "mentally ill" or have a psychological problem, just as many strongly agreed that domestic violence can be attributed to peculiarities in the husband's personality. The opinions were split regarding if violent husbands are lacking self-control or not, half of the group (50,1 %) slightly agreed that they cannot control their violent behaviour.

All of respondents, except one, strongly disagreed and thought that a man who physically abuses his wife should be punished with prison.

### **7.2.3 Societal Blame Factor**

A big majority of the respondents (83,4 %) slightly to strongly agreed that domestic violence is a result of wives being regarded as property by the society and 46,7 % strongly agreed with society being male-dominated, which contributes to the occurrence of domestic violence.

A majority (70 %) also agreed somehow that domestic violence is accepted from the society and 43,4 % slightly to strongly agreed that society accepts a husband to physically strike his wife, as a masculine behaviour. Almost all the respondents (90 %) agreed to strongly agreed that the probability of domestic violence increases within a stressful marriage.

## 7.2.4 Victim Blame Factor

Slightly more than 50 % (56,7 %) of the respondents agreed that the wife provokes the husband to physically assault her. A moderate majority (63,3 %) also slightly to strongly agreed that that wives encourage domestic violence by their own behaviour. Despite that, eighty percent strongly disagreed with the statement that wives are physically assaulted by their husbands because they deserve it. Almost half of the respondents (46,7 %) slightly to strongly agreed that wives exaggerate the physical and psychological effects of domestic violence and majority of the respondents (56,7 %) believe that it's a husband's right to strike his wife in his own home (table 2).

**Table 2.** Victim Blame Factor

	Strongly disagree n (%)	Moderately disagree n (%)	Slightly disagree n (%)	Slightly agree n (%)	Moderately agree n (%)	Strongly agree n (%)	Not answered n (%)
6. It is the wife who provokes the husband to physically assault her.	10 (33,3)	1 (3,3)	1 (3,3)	13 (43,3)	2 (6,7)	2 (6,7)	1 (3,3)
8. Wives encourage domestic violence by using bad judgment, provoking the husband's anger, and so on.	8 (26,7)	1 (3,3)	0 (0)	9 (30)	6 (20)	4 (13,3)	2 (6,7)
9. Wives are physically assaulted by their husbands because they deserve it.	24 (80)	0 (0)	1 (3,3)	2 (6,7)	0 (0)	1 (3,3)	2 (6,7)
10. Domestic violence can be avoided by the wife trying harder to please her husband.	9 (30)	1 (3,3)	0 (0)	5 (16,7)	9 (30)	4 (13,3)	2 (6,7)
20. The rise of the "women's movement" and feminism has increased the occurrence of domestic violence.	6 (20)	6 (20)	1 (3,3)	4 (13,3)	7 (23,3)	5 (16,7)	1 (3,3)
21. Wives exaggerate the physical and psychological effects of domestic violence.	13 (43,3)	2 (6,7)	0 (0)	4 (13,3)	7 (23,3)	3 (10)	1 (3,3)
22. In our society, it is a husband's prerogative to strike his wife in his own home.	7 (23,3)	2 (6,7)	3 (10)	4 (13,3)	5 (16,7)	8 (26,7)	1 (3,3)

## 7.3 Student's attitudes towards domestic violence myths – items from Domestic Violence Myth Acceptance Scale (DVMAS)

Item 28, 30, 31 and 37 occur two times within different tables, this is according to the author of the scale who has included the same items in different groups (Hawkins, 2007, p 35).

### 7.3.1 Attitudes related to education and marital status

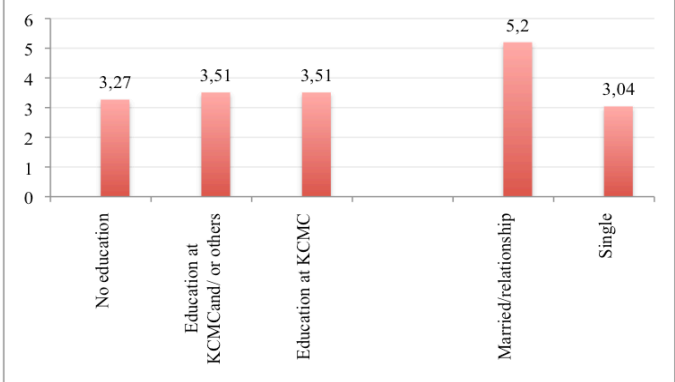
The result, presented in table 3, is based on item 24-40 in the questionnaire, which are items from the *Domestic Violence Myth Acceptance Scale*. The mean level (M) of agreement to all the statements answered by the respondent is presented. The more they tend to agree with

domestic violence myths the higher mean level (M) they get which means that a high number (from 1-6) indicates high myth acceptance for domestic violence.

The result showed that students who claimed that they have taken or received any sort of information about gender-based violence were more likely to agree with myths about domestic violence than the students who claimed they had not received education or information about gender-based violence. The average level of agreement for the students with no education about gender-based violence was 3,27 and for the students with education from KCMC and/or information from other source, 3,51.

The students who were married or in a relationship, tended to agree more (5,20) with the domestic violence myths, than the students who were single (3,04).

**Table 3.** Mean level of agreement (from 1-6) with domestic violence myths



**7.3.2 Character Blame Factor**

Nearly half of the group (43,3 %) slightly to strongly agreed that it is the woman’s own fault if she gets beaten again when she stays with an abusive husband and a moderate majority of 63,3 % slightly to strongly agreed that some women unconsciously want their partner to control them. Thirty percent strongly agreed that a woman can leave if she doesn’t like it and a bit more than 23 % (23,3 %) of the respondents strongly agreed with the statement that a woman who stays with her abusive partner deserves what she gets, but a small majority of 56,7 % strongly disagreed. Nearly half of the group (43,3 %) slightly to strongly agreed, that they don’t have much sympathy for battered women who keep going back to the abuser (table 3).

**Table 4. Character Blame Factor**

	Strongly disagree n (%)	Moderately disagree n (%)	Slightly disagree n (%)	Slightly agree n (%)	Moderately agree n (%)	Strongly agree n (%)	Not answered n (%)
26. If a woman continues living with a man who beat her, then its her own fault if she is beaten again	14 (46,7)	1 (3,3)	3 (10)	2 (6,7)	4 (13,3)	7 (23,3)	0 (0)
28. Some women unconsciously want their partners to control them.	5 (16,7)	3 (10)	3 (10)	4 (13,3)	10 (33,3)	5 (16,7)	0 (0)
30. If a woman doesn't like it, she can leave.	11 (36,7)	1 (3,3)	4 (13,3)	2 (6,7)	3 (10)	9 (30)	0 (0)
33. I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.	17 (56,7)	1 (3,3)	2 (6,7)	2 (6,7)	1 (3,3)	7 (23,3)	0 (0)
37. Many women have an unconscious wish to be dominated by their partners.	5 (16,7)	2 (6,7)	4 (13,3)	6 (20)	6 (20)	7 (23,3)	0 (0)
39. I don't have much sympathy for a battered woman who keeps going back to the abuser.	13 (43,3)	0 (0)	3 (10)	3 (10)	3 (10)	7 (23,3)	0 (0)

### 7.3.3 Behavioural Blame Factor

A majority (66,7 %) slightly to strongly disagreed that making a man jealous is asking for it and a majority (63,3 %) slightly to strongly agreed that a lot of domestic violence occurs because women keep on arguing about thing with their partner. Almost half of the group (46,7 %) slightly to strongly agreed that women who flirt “are asking for it” and majority of the respondents (56,7 %) slightly to strongly agreed with the statement that women can avoid physical abuse by giving in occasionally. Almost half of the group (46,7 %) slightly to strongly agreed that women instigate most domestic violence (table 4).

**Table 5. Behavioural Blame Factor**

	Strongly disagree n (%)	Moderately disagree n (%)	Slightly disagree n (%)	Slightly agree n (%)	Moderately agree n (%)	Strongly agree n (%)	Not answered n (%)
27. Making a man jealous is asking for it.	14 (46,7)	3 (10)	3 (10)	2 (6,7)	3 (10)	5 (16,7)	0 (0)
29. A lot of domestic violence occurs because women keep on arguing about things with their partners.	7 (23,3)	1 (3,3)	3 (10)	3 (10)	9 (30)	7 (23,3)	0 (0)
35. Women who flirt are asking for it.	10 (33,3)	1 (3,3)	3 (10)	7 (23,3)	2 (6,7)	5 (16,7)	2 (6,7)
36. Women can avoid physical abuse if they give in occasionally.	8 (26,7)	1 (3,3)	4 (13,3)	4 (13,3)	5 (16,7)	8 (26,7)	0 (0)
40. Women instigate most domestic violence.	12 (40)	2 (6,7)	1 (3,3)	5 (16,7)	2 (6,7)	7 (23,3)	1 (3,3)

### 7.3.4 Perpetrator Blame Factor

Forty percent of the respondents strongly agreed that a man is violent because he has lost control of his temper and just as many strongly disagreed that abusive men lose control so much that they don't know what they are doing. A majority of the group (63,3 %) believe that most domestic violence involves mutual violence between the partners.

### 7.3.5 Minimization Factor

A large majority (73,3 %) strongly disagreed that domestic violence does not affect many people and almost half the group (46,6 %) slightly disagreed that domestic violence rarely happens in their neighbourhood (table 5).

**Table 6.** Minimization Factor

	Strongly disagree n (%)	Moderately disagree n (%)	Slightly disagree n (%)	Slightly agree n (%)	Moderately agree n (%)	Strongly agree n (%)	Not answered n (%)
24. Domestic violence does not affect many people	22 (73,3)	0 (0)	1 (3,3)	5 (16,7)	2 (6,7)	0 (0)	0 (0)
30. If a woman doesn't like it, she can leave.	11 (36,7)	1 (3,3)	4 (13,3)	2 (6,7)	3 (10)	9 (30)	0 (0)
31. Most domestic violence involves mutual violence between the partners.	7 (23,3)	1 (3,3)	3 (10)	4 (13,3)	6 (20)	9 (30)	0 (0)
34. Domestic violence rarely happens in my neighbourhood	6 (20)	7 (23,3)	1 (3,3)	3 (10)	6 (20)	5 (16,7)	2 (6,7)

### 7.4 Student's own opinions about domestic violence

One third (10) of the respondents expressed in some way that domestic violence is a private matter and that it is a difficult issue for a nurse to handle when encountering it. Their opinions are shown with the following selected quotes:

**Question 41. How do you think your attitudes towards gender-based violence can influence the care that you, as a nurse, are providing?**

*“it is not easier for the nurse to help women because gender-based violence is perceived as private issue (personal issues) other women does not ability to express their feelings concerning that, it keeps as a secrets. In other way even the health workers faces the same problems and they are still tolerating for their abusers, so it is impossible to help other women in the community. [sic!]“ - respondent 3*

*“Due to the culture in our societies the women has less power than men as known as men are the head of the family, everything have to decide and when women disagree with his decisions can lead to domestic violence at many time. [sic!]” - respondent 25*

*“Gender-based violence is really a bad thing but it is difficult for the nurse to do anything because it is a secret issue, most of the patient they don’t want to talk about their violence they fear to offend their partners. [sic!]” - respondent 2*

*“(…) as a nurse is to advice community to make sure there’s a rules which will protect womens against violence and to make sure all traditional and taboos in society which sensities this issue of domestic violence to be stop [sic!]” respondent 13*

#### **Question 42. Do you wish to add or comment anything?**

*“ I suggest that women should be open about gender-based violence don’t keep quiet.  
- It should be taught in schools about gender-based violence  
- Discourage bad belief on male-dominated society  
- Discourage bad costumes/traditional that [sic!]” – respondent 3*

*“(i) Gender-based violence is obviously is a personal issue, most of the gender-based violence victims usually remain silent, they do not want to disclose the information.  
(ii) Nurses do not have any authority or power to go to the court of law to advocate for patients who had experienced/suffered from gender-based violence. [sic!]” – respondent 7*

*“ (….) that gender-based violence to be taught as a subject in school especially in higher learning so as to decrease cases that which might occur.*

*Addition – the government to pass a law and strictly punishes violence done against women. Seminars, workshop to be conducted to groups of women so as every woman to know her right and if mistreated, where to report. [sic!]*” - respondent 26

*“Education – women education will help to decrease domestic violence [sic!]*” - respondent 27

## **8 DISCUSSION**

### **8.1 Discussion of method**

Polit and Beck (2004, p 193) claim that one disadvantage of non-experimental studies is that they do not reveal underlying relationships. However, the authors write that most studies involving human subjects, nursing studies included, are non-experimental (p 188). Since the subject for this study can be considered sensitive and controversial, using a qualitative method such as interviews might have made it easier to explore misconceptions and attitudes that are not revealed by grading statements. However, the use of a quantitative method could be an advantage because of the anonymity the questionnaires provide.

#### **8.1.1 Instrument**

In the WHO report - *Researching Violence Against Women: A practical guide for researchers and activist* – the authors write that quantitative studies are useful for drawing conclusions valid for a broader population and that surveys are often used for obtaining information about opinions and behaviour. The main disadvantage of using surveys is that the information obtained is often fairly superficial and might not contribute to a deeper understanding of the problem. (Ellsberg & Heise, 2005, p 55) However a cross-sectional design can give valuable insights into elements that define the context in which violence occurs, for example attitudes towards violence (Ellsberg & Heise, 2005, p 63). Polit and Beck (2004, p 234) write that surveys are often used to collect information on people’s knowledge, opinions, attitudes and values.

The first part of the questionnaire, used in the present study, contains items from the Domestic Violence Blame Scale (DVBS). This scale is, according to Norgaard (2005, p 33) the most widely used multidimensional measure of attribution related to battering. The second part of the questionnaire contains items from Domestic Violence Myth Acceptance Scale (DVMAS), which has good measurement reliability, good convergent validity with other scales and good construct validity, according to Hawkins (2005, p 36). Further, according to Hawkins (2005, p 36), the constructor of DVMAS states that the scale is a useful instrument for evaluating the pervasiveness of domestic violence myths in professionals who work with victims of domestic violence

Polit and Beck (2004, p 235) write that great care must be taken in developing questionnaires to formulate questions clearly, simply and unambiguously, which is why this study is conducted with evidence-based and well-established questionnaires. Since DVBS is claimed to be the most widely used instrument of measuring blame related to domestic violence and DVMAS is a newer instrument measuring attitudes towards the same subject, it was considered to be an advantage to use both the scales for this study. By using questions from both these questionnaires the issue will become more covered and more fully described. Since the questionnaires used (DVBS and DVMAS) were not found in their original publications, they are referred to from a secondary source which must be taken into consideration as it could affect the credibility of the study.

### **8.1.2 Sample selection**

The aim of the study was to describe nursing students', in Moshi, Tanzania, attitudes towards domestic violence. Polit and Beck (2004, p 291) define a representative sample as distribution of individuals that are closely approximate to the population. Since the target group of this study is 30 nursing students from one class at one university, it is a very small sample and one has to be careful to draw conclusions from the result. This is why this study was performed with no intentions to draw conclusions regarding all nursing students' in Tanzania and their attitudes towards domestic violence. However, there is no reason to believe that the students in this study differ from other nursing students in Tanzania, which is why the result probably gives an indication of the general attitudes towards domestic violence, among nursing students in Tanzania.



The sample was selected based on the knowledge that the students had taken the gender-based violence course in their second year, which means that it was expected that the third-year students should have some knowledge from taken the course about the subject.

The sex of the respondents is not taken into consideration while presenting the result. It could have been interesting to know this matter and compare the answers between men and women, especially since there are studies that show that men are more likely to blame the victim and women more likely to identify with the victim. However, since the number of male respondents was so few, the anonymity of the respondents had to be prioritized.

### **8.1.3 Attrition**

Attrition is described, by Polit and Beck (2004, p 712), as the loss of participants over the course of study, which can create bias and threaten the study's internal validity. The higher the rate of attrition, the greater risk of bias, which, according to the authors, are usually of concern if the rate exceeds 20 % (Polit & Beck, 2004, p 215).

The intention was to ask all thirty-two nursing students in the second year to be a part of this study. However, at the time for the study, two students of the class did not attend the lesson and therefore did not participate. No students knew about the study in advance, so the two students that did not participate are not considered as dropouts. The participation in the study was therefore 100 %, all students that were asked, agreed to be a part of the study and to fill in questionnaire. Since all of the students present agreed to fill in the questionnaire it must be taken into consideration that some students did not dare to refrain from participation. However, to avoid that, the information sheet was the first page of the questionnaire, so it would have been possible for the respondents to leave a questionnaire that was not filled in, without anyone noticing.

Nine students have chosen to, or accidentally, not answered 1-6 statements. This means that 30% of the participants did not answer all of the questions set out in the questionnaire, something which must be taken into consideration when interpreting the results. However, the questions that were unanswered differed between respondents, which is why all questions have been analyzed for the ones that have answered them.

### **8.1.4 Data analysis**

According to Polit and Beck (2004, p 451), averages and percentage are usually used for analyzing and present the result of descriptive studies, which is why the result is presented in tables showing number of respondents for each question together with the percentage. The result is divided into different categories, with statements addressing similar issues. The constructors of the two scales - DVBS and DVMAS, had already set these categories.

A mean level (M) of agreement to all the statements from DVMAS of each respondent was calculated, which according to the constructor of DVMAS is how an over all myth acceptance score is calculated. The constructor to DVBS does not suggests that an over all “blame score” can be calculated, which is why only items from DVMAS (question 24-40) are presented with a mean level of agreement in the result (chapter 7:4) (Hawkins, 2007, p 34-35).

## **8.2 Discussion of result**

The aim of this study was to describe nursing students’, in Moshi, Tanzania, attitudes towards domestic violence. The core result shows that many of the students have poor knowledge about domestic violence and that they tend to agree with myths and misconceptions about domestic violence. Kim and Motsei (2002, p 1246) write that the training of primary health care nurses may represent a critical opportunity to begin addressing gender-based violence through the health sector.

### **8.2.1 Situational Blame Factor**

The general opinion among the students was that they assigned blame for domestic violence to situational or contextual factors (chapter 7.2.1), as for example the abuser’s use of alcohol and/or drugs are seen as important factors that affect the likeliness of domestic violence to occur. Even though alcohol probably plays a significant role for the occurrence of domestic violence and violence in general, the abuse is always the perpetrator’s responsibility. To blame the situational factors will not only minimize the actual crime but will also complicate a possible treatment for the abuser. If nurses have this opinion, that the occurrence of domestic violence is depending on the context, they will probably not be able to help the abused woman or the abuser because their solutions or actions will not correspond with the actual reason for the abuse.

### **8.2.2 Perpetrator Blame Factor**

The result regarding the perpetrator blame factor showed that all of the students, except one, strongly thought that a man who physically abuses his wife should be punished with prison (chapter 7.2.2). In one way this shows that domestic violence is seen as a serious crime among the students. However, in spite of this, the result regarding for example the victim blame shows that many of the students think that the woman has herself to blame if she gets abused. This might be a sign of that the students' theoretical knowledge and their attitudes and feelings towards domestic violence do not correspond. A recent study performed on nurses in Israel shows that while nurses are aware of domestic violence and understand the significance of identification, it is often not manifested in practice (Natan & Rais, 2010, p 112). The authors claim that nurses are not skilled enough to act and report when encountering domestic violence and they propose continuous education on the subject. This is proposed to be done from the department and also to devote a special place in the medical history record for inquiry on this subject (Natan & Rais, 2010, p 116).

### **8.2.3 Societal Blame Factor**

A majority of the students agreed that domestic violence is a result of wives being regarded as property by the society and nearly half the group strongly agreed with society being male-dominated, which contributes to the occurrence of domestic violence (chapter 7.2.3). To change these discriminating structures, effort has to be made at an individual, as well as societal level. However, as UN (2010) declares, the cultural discrimination of women, is worldwide and WHO claims that social institutions in almost every society in the world legitimize, obscure, and deny abuse of women (Ellsberg & Heise, 2005, p 9). Even though it is important to be aware of all the contributing factors to gender-based violence, in order to fight it, it is also important to realize that it is a problem worldwide and that the explanations are not only to find in certain cultures but in discriminating structures and gender inequality all over the world.

### **8.2.4 Victim/Character/Behavioural Blame Factor**

A majority of the respondents slightly agreed or more, that the wife provokes the husband to physically assault her (chapter 7.2.4). A big majority also slightly agreed or more that that wives encourage domestic violence by their own behaviour (chapter 7.2.4) and almost one

fourth of the students strongly agreed with the statement that a woman who stays with her abusive partner deserves what she gets (chapter 7.3.1). The students' attitudes regarding the victim blame factor in the questionnaire is interesting since it will probably influence how they, in their profession, will treat and perceive abused women. Understanding the mechanisms of domestic violence is essential to be able to provide good care and right care. These results may highlight the poor level of understanding of the students on the mechanism of domestic violence as it consists of emotional violence and controlling behaviour, which makes it very difficult to leave an abusive partner.

As earlier mentioned, Goldblatt (2009, p 1646) writes that nurses are expected to make a distinction between their professional and private life and to treat and care for the patients regardless of their own personal backgrounds and emotions. However, if the nurse has these attitudes, that domestic violence is a family matter or that the woman is to blame for the crime she is exposed to, then the nurse would obviously not see the need of providing help and support.

Many abused women avoid reaching out for help in fear of social stigma (Ellsberg and Heise, 2005, p 26), it is therefore very important that the woman is treated with trust and understanding if she decides to seek help. The majority of the respondents in this study believe that it's a husband's right to strike his wife in his own home (chapter 7.2.4). If these attitudes were expressed in a professional situation with a help-seeking woman, it would totally undermine her decision to seek help and possibly discourage her from come back if she would be abused again.

Since nurses play an important role in screening for domestic violence it is essential that they understand the mechanism of the violence, not only to be able to discover the occurrence but also to be able to provide the right care and support. If they do not know about the mechanisms they would not know what signs to look for and they would not know how to handle it if they came across a victim of domestic violence. As mentioned, Hawkins (2007, p 1) establishes that myths and inaccurate knowledge about domestic violence, among professionals, can result in inappropriate and ineffective responses, which could result in greater endangerment and discouraging the victim from future help-seeking behaviour.

A majority of the respondents slightly agreed or more with the statement that women can avoid physical abuse by giving in occasionally and almost half of the group slightly agreed or more that women instigate most domestic violence (chapter 7.3.2), which could affect the advices the students would give to a patient. Maybe they would advice the women to change their behaviour instead of convincing them that the abuser is the one responsible for the violence.

### **8.2.5 Minimization Factor**

Almost half of the respondents slightly agreed or more that wives exaggerate the physical and psychological effects of domestic violence (chapter 7.2.4). This indicates that students tend to minimize the harm of domestic violence, which probably will be reflected in their care.

Nurses play an important role in educating people to prevent gender-based violence but also to screen for it and act when to encounter it; this is why it is essential that they do not express attitudes, or act in a way that supports any of the myths about gender-based violence. It is not only important for the abused woman that these myths and misconceptions about domestic violence are discussed and obliterated. As mentioned, myths about domestic violence and fear of violence influence all women since they have to adapt to this threat, which limit their individual and collective freedom.

Kim and Motsei (2002, p 1246) write that when battered women are identified, they are often treated insensitively and have their abuse minimised or ignored, with healthcare workers tending to focus on physical injuries while subtly blaming women for their abuse. As a result of this, battered women often consider healthcare professionals to be the least effective source of help among formal support systems

### **8.2.6 Attitudes related to education and marital status**

Four of the respondents claimed that they have not taken any course or received any information about gender-based violence, despite the fact that all students in the third year should have taken the gender-based course. This could be because that they have actually missed the course somehow, or that they were not aware of, or have forgotten that they have taken the course.

Even though most of the students in this study were educated about gender-based violence and its mechanisms, they are, to a certain extent, still a product of their society. This could explain the result of the students accepting the myths about domestic violence. It takes a long time to change attitudes and norms, which is why it is very important with education about gender-based violence as early as possible. The result also shows that it might not be enough with education about gender-based violence at one time, since it is sensitive topic and some might have to reconsider their attitudes, a continuous open discussion might be preferable.

The result shows that the students *with* education/information about gender-based violence agreed *more* with the domestic violence myths than the students who claimed they had not received any education or information on the subject (table 7). This could indicate that the education has not been enough or that it has had the wrong approach. However, only four students claimed that they had not received any education/information about gender-based violence. With a small sample like this, no real conclusions can be drawn but the result still indicates that if education is given it has to be assured that it fulfills its purpose.

The students who were married or in a relationship, tended to agree more with the domestic violence myths, than the students who were single (table 7). This could imply that some of the students in a relationship are being- or have been exposed to domestic violence by their intimate partner and are therefore more receptive for the myths. It could also mean that, even though they have not been exposed to violence, they have experienced being subordinate their partner, which could affect their attitudes towards domestic violence.

As study performed by Kim and Motsei (2002, p 1243) about attitudes of gender-based violence among nurses in rural South Africa, shows that nurses are women and men first - and as such, experience the same cultural values, and similar or higher levels of violence, as the clients they are expected to counsel and treat.

According to Christofides and Silo (2005, p 9), nurses with experiences of domestic violence from friends and family are more likely to provide better care for patients, exposed to domestic violence. The authors draw the conclusion that the greater degree to which nurses identify with domestic violence the more likely they are to provide higher quality of care. This is why training of nurses in domestic violence must try to build such empathy.

### **8.2.7 Student's own opinions about domestic violence**

Many of the students expressed, both in answers to the statements and in the open questions, that the culture is contributing to the occurrence of domestic violence. Some part of the occurrence of the domestic violence in Tanzania can probably be explained by specific factors of Tanzanian culture. As mentioned, patriarchal traditions, such as Female Genital Mutilation and rape within marriage are common, in certain areas, in Tanzania. These traditions with women seen as subordinate to men are, according to the population council (2008) an evidence-supported risk factor for gender-based violence. Other risks that WHO has declared are social norms that tolerate or justify gender-based violence, weak community sanctions against perpetrators, poverty and high levels of crime and conflict in society more generally (population council, 2008). With all this present in Tanzania, the risk of gender-based violence can be considered high, and a part of it is due to cultural patriarchal norms. With the gender-based violence present in the society, people's attitudes and values will reflect this. Even though it is important to see the cultural aspects that contribute to the occurrence and acceptance of gender-based violence, it is also essential to be aware of that the structures are exactly the same all over the world.

### **8.3 Conclusions**

Since the overall result shows that many of the students seem not to fully understand the mechanisms of domestic violence and that they tend to blame the victim for the crime it is essential to increase education on the issue. Many of the statements show that the students believe some of the myths about domestic violence. If the students would express these opinions and attitudes in their profession, as nurses, it could endanger help-seeking women and contribute to the fact that women do not seek help if they are abused. Furthermore, if these attitudes are expressed, it contributes to maintain misconceptions about the roots of gender-based violence, which will make it difficult to eradicate violence. As mentioned earlier, the domestic violence myths are used both to defend individuals from psychological threat but also as a social function to support patriarchy. Nurses have the responsibility to erase these myths; both on an individual level, for the victim's sake, and on a structural level, to prevent domestic violence to occur. Cristophides and Silo (2005, p 13) assert that the inconsistent management of domestic violence indicates that screening guidelines are needed and that nurses should receive training on the identification and management of the subject.

The result of this study shows that even though the students got education about gender-based violence they still accepted the myths about domestic violence. This highlights the importance of the education being adapted to the level of pre-understanding the students have and also that the education is evaluated to see what the outcome is.

#### **8.4 Clinical impacts**

Education can improve the knowledge and alter the attitudes towards gender-based violence and domestic violence. Since domestic violence is widely spread and an endemic problem all over the world, it is of great importance that education about the issue is included in nursing educations and preferably, all health related educations. It is essential that nurses and other health workers become aware of their attitudes towards domestic violence, to be able to screen for the victims of domestic violence and also advice and support them for further guidance and help.

According to Natan and Rais (2010, p 112-113) women tend not to report if they have been exposed to violence but when asked, they consent violence in a much higher extent. Despite many women's wish to be asked about violence, studies show that nurses don't. Why nurses do not ask women if they are exposed to violence is a complex issue; it contains many different factors and discomfort, missing skills and lack of awareness are some reasons that the authors bring up. The authors also claim that department routines and management support or lack of support are factors that influence the occurrence of nurses' screening for domestic violence.

#### **8.5 Proposal on further research development**

Since little research has been published concerning nursing students' attitudes towards domestic violence, it would be of interest to further explore the issue. Studies on the subject could contribute to highlight the importance of education regarding gender-based violence, not only for nurses but for all professions that are likely to meet women exposed to violence. Kim and Motsei (2002, p 1245) write "clearly, there is a need for further research to explore these issues in more depth and to inform the development of appropriate training strategies for health care workers, particularly in developing countries. Moreover, such research may well



have implications for the design and implementation of training interventions aimed at raising awareness and capacity within other sectors such as the welfare, police and judicial systems.”

It is also of interest to explore what outcome different educations or interventions give. Since this study shows that even though the students were educated about gender-based violence they still showed acceptance for domestic violence myths, it would be interesting to explore what kind of intervention that is needed to change, sometimes deeply rooted, attitudes towards domestic violence.

Peters (2003, p 10) write that there is a need of an instrument for measuring domestic violence myths for the professionals who are likely to have contact with victims of domestic violence. A proposal for further research could be to develop an easy used instrument to explore attitudes towards domestic violence and with proposals how to work for changing unwanted attitudes and misconceptions about domestic violence.

Since domestic violence is only a part of all the violence women are exposed to, it is also of great interest to develop an instrument that can be used to investigate attitudes towards gender-based violence in general. It is also important to find a way to raise the awareness about gender-based violence but still admit that women can be perpetrators as well as men can be victims to violence.

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## APPENDIX 1.



**The Red Cross University College**  
- education and research in the healthcare sector

### **General information for you as a participant**

I am asking for your participation in this study that is a part of my nursing education at the Red Cross University College in Sweden.

The aim for the study is to investigate and describe the attitudes, of nursing students at KCM College, towards violence against women/gender based violence.

The following questionnaire contains first a section with demographic and general questions and then 40 questions about attitudes towards gender based violence/ violence against women/ domestic violence. Finally there is 1 open question about how you think your attitudes can influence the care that you provide and at last 1 question for additional comments.

**The participation in this study is based on informed consent which means that you as a student have the right to refrain from participation at any time, that participation in this study is anonymous and that you participate in this study merely on a voluntarily basis.**

Thank you for your cooperation

- Anna Blideman

## APPENDIX 2.

<b>I am informed that I have the right to refrain from this study at any time. Further my participation in this study is anonymous.</b>	<b>Agree</b> <input type="checkbox"/>	<b>Disagree</b> <input type="checkbox"/>
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What is your age in years?
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What is your marital status:				
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow/widower <input type="checkbox"/>	In a relationship <input type="checkbox"/>

Did you do your nursing education (for diploma) at Kilimanjaro Christian Medical College?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever taken a class during your nursing education that included domestic violence/ gender-based violence/ violence against women as a major topic?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you received information or education about domestic violence/ gender-based violence/ violence against women from another source than your nursing education?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Attitudes towards gender-based violence

The questions below ask about common attitudes toward domestic violence. The term domestic violence will in this study refer to violence against women conducted by a male intimate partner, also referred to as gender-based violence.

If you agree with a statement, please mark the box of the question that corresponds to the degree of your agreement. If you disagree with a statement, mark the box of the question that corresponds with the amount you disagree.

Please answer the following questions based on your opinion only. There are no right or wrong answers.

1. The amount of sex and violence in the media today strongly influences the husband to physically assault his wife.

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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2. Domestic Violence is a result of wives being regarded as property by our society.

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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3. A husband who physically assaults his wife should be locked up for the act.

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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4. A husband who physically assaults his wife is “mentally ill” or psychologically disturbed.

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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41. How do you think your attitudes towards gender-based violence can influence the care that you, as a nurse, are providing?

42. Do you wish to add or comment anything?

**Thank you for your participation!**

## APPENDIX 3.

### Result from DVBS

	Strongly disagree n (%)	Moderately disagree n (%)	Slightly disagree n (%)	Slightly Agree n (%)	Moderately agree n (%)	Strongly agree n (%)	Not answered n (%)
1. The amount of sex and violence in the media today strongly influences the husband to physically assault his wife.	3 (10)	4 (13,3)	1 (3,3)	6 (20)	7 (23,3)	9 (30)	0 (0)
2. Domestic Violence is a result of wives being regarded as property by our society.	3 (10)	1 (3,3)	0 (0)	2 (6,7)	9 (30)	14 (46,7)	1 (3,3)
3. A husband who physically assaults his wife should be locked up for the act.	1 (3,3)	0 (0)	0 (0)	4 (13,3)	2 (6,7)	23 (76,7)	0 (0)
4. A husband who physically assaults his wife is "mentally ill" or psychologically disturbed.	12 (40)	3 (10)	0 (0)	8 (26,7)	1 (3,3)	6 (20)	1 (3,3)
5. Domestic violence can be mainly attributed to peculiarities in the husband's personality.	4 (13,3)	1 (3,3)	1 (3,3)	4 (13,3)	7 (23,3)	12 (40)	1 (3,3)
6. It is the wife who provokes the husband to physically assault her.	10 (33,3)	1 (3,3)	1 (3,3)	13 (43,3)	2 (6,7)	2 (6,7)	1 (3,3)
7. Domestic Violence is the product of a male-dominated society.	5 (16,7)	3 (10)	0 (0)	3 (10)	3 (10)	14 (46,7)	2 (6,7)
8. Wives encourage domestic violence by using bad judgment, provoking the husband's anger, and so on.	8 (26,7)	1 (3,3)	0 (0)	9 (30)	6 (20)	4 (13,3)	2 (6,7)
9. Wives are physically assaulted by their husbands because they deserve it.	24 (80)	0 (0)	1 (3,3)	2 (6,7)	0 (0)	1 (3,3)	2 (6,7)
10. Domestic violence can be avoided by the wife trying harder to please her husband.	9 (30)	1 (3,3)	0 (0)	5 (16,7)	9 (30)	4 (13,3)	2 (6,7)
11. Domestic violence is more likely to occur in unstable homes.	6 (20)	1 (3,3)	0 (0)	3 (10)	7 (23,3)	13 (43,3)	0 (0)
12. Domestic violence is more likely to occur in families with poor interpersonal relationships.	2 (6,7)	1 (3,3)	0 (0)	3 (10)	2 (6,7)	22 (73,3)	0 (0)
13. The husband's abuse of alcohol and drugs cause domestic violence.	0 (0)	1 (3,3)	0 (0)	1 (3,3)	5 (16,7)	24 (80)	0 (0)
14. Domestic violence occurs because society accepts it in marriage.	9 (30)	0 (0)	0 (0)	5 (16,7)	9 (30)	7 (23,3)	0 (0)
15. Domestic violence is more likely to occur in slum or "bad" areas.	12 (40)	1 (3,3)	4 (13,3)	1 (3,3)	4 (13,3)	8 (26,7)	0 (0)
16. As stress on the marriage increases, so does the probability of domestic violence.	2 (6,7)	1 (3,3)	0 (0)	3 (10)	5 (16,7)	19 (63,3)	0 (0)
17. Domestic violence is more likely to occur in families that are socially isolated from the community.	8 (26,7)	3 (10)	2 (6,7)	8 (26,7)	5 (16,7)	3 (10)	1 (3,3)
18. Husbands who physically assault their wives cannot control their violent behaviour.	10 (33,3)	2 (6,7)	2 (6,7)	2 (6,7)	5 (16,7)	8 (26,7)	1 (3,3)

19. Husbands who physically assault their wives had dominant, aggressive fathers who also engaged in domestic violence.	2 (6,7)	0 (0)	0 (0)	5 (16,7)	7 (23,3)	15 (50)	1 (3,3)
20. The rise of the “women’s movement” and feminism has increased the occurrence of domestic violence.	6 (20)	6 (20)	1 (3,3)	4 (13,3)	7 (23,3)	5 (16,7)	1 (3,3)
21. Wives exaggerate the physical and psychological effects of domestic violence.	13 (43,3)	2 (6,7)	0 (0)	4 (13,3)	7 (23,3)	3 (10)	1 (3,3)
22. In our society, it is a husband’s prerogative to strike his wife in his own home.	7 (23,3)	2 (6,7)	3 (10)	4 (13,3)	5 (16,7)	8 (26,7)	1 (3,3)
23. Husbands who physically strike their wives because in our society this is defined as acceptable masculine behaviour.	12 (40)	4 (13,3)	0 (0)	3 (10)	5 (16,7)	5 (16,7)	1 (3,3)

## Result from DVMAS

	Strongly disagree n (%)	Moderately disagree n (%)	Slightly disagree n (%)	Slightly Agree n (%)	Moderately agree n (%)	Strongly agree n (%)	Not answered n (%)
24. Domestic violence does not affect many people	22 (73,3)	0 (0)	1 (3,3)	5 (16,7)	2 (6,7)	0 (0)	0 (0)
25. When a man is violent it is because he lost control of his temper.	7 (23,3)	5 (16,7)	0 (0)	4 (13,3)	2 (6,7)	12 (40)	0 (0)
26. If a woman continues living with a man who beat her, then its her own fault if she is beaten again	14 (46,7)	1 (3,3)	3 (10)	2 (6,7)	4 (13,3)	7 (23,3)	0 (0)
27. Making a man jealous is asking for it.	14 (46,7)	3 (10)	3 (10)	2 (6,7)	3 (10)	5 (16,7)	0 (0)
28. Some women unconsciously want their partners to control them.	5 (16,7)	3 (10)	3 (10)	4 (13,3)	10 (33,3)	5 (16,7)	0 (0)
29. A lot of domestic violence occurs because women keep on arguing about things with their partners.	7 (23,3)	1 (3,3)	3 (10)	3 (10)	9 (30)	7 (23,3)	0 (0)
30. If a woman doesn't like it, she can leave.	11 (36,7)	1 (3,3)	4 (13,3)	2 (6,7)	3 (10)	9 (30)	0 (0)
31. Most domestic violence involves mutual violence between the partners.	7 (23,3)	1 (3,3)	3 (10)	4 (13,3)	6 (20)	9 (30)	0 (0)
32. Abusive men lose control so much that they don't know what they're doing.	12 (40)	2 (6,7)	1 (3,3)	1 (3,3)	4 (13,3)	10 (33,3)	0 (0)
33. I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.	17 (56,7)	1 (3,3)	2 (6,7)	2 (6,7)	1 (3,3)	7 (23,3)	0 (0)
34. Domestic violence rarely happens in my neighbourhood	6 (20)	7 (23,3)	1 (3,3)	3 (10)	6 (20)	5 (16,7)	2 (6,7)
35. Women who flirt are asking for it.	10 (33,3)	1 (3,3)	3 (10)	7 (23,3)	2 (6,7)	5 (16,7)	2 (6,7)
36. Women can avoid physical abuse if they give in occasionally.	8 (26,7)	1 (3,3)	4 (13,3)	4 (13,3)	5 (16,7)	8 (26,7)	0 (0)



37. Many women have an unconscious wish to be dominated by their partners.	5 (16,7)	2 (6,7)	4 (13,3)	6 (20)	6 (20)	7 (23,3)	0 (0)
38. Domestic violence results from a momentary loss of temper.	10 (33,3)	5 (16,7)	1 (3,3)	3 (10)	4 (13,3)	6 (20)	1 (3,3)
39. I don't have much sympathy for a battered woman who keeps going back to the abuser.	13 (43,3)	0 (0)	3 (10)	3 (10)	3 (10)	7 (23,3)	0 (0)
40. Women instigate most domestic violence.	12 (40)	2 (6,7)	1 (3,3)	5 (16,7)	2 (6,7)	7 (23,3)	1 (3,3)



