



## Nursing students training on domestic violence: How are we doing?

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### ABSTRACT

**Introduction:** Domestic violence is a public health problem. Evidence suggests deficits in nurses' knowledge and training in this area.

**Objectives:** To identify the curricular units of the study plan for the Nursing degree course at a Health School in the north of Portugal that addresses the topic of domestic violence and identify improvement opportunities.

**Methodology:** This is part of a larger action-research study, consisting of the first data collection stage: observation. The following data collection instruments were used: documental analysis of the nursing degree study plan and a focus group with two fourth-year students and three professors.

**Results:** No content related to the theme was identified in any of the curricular units. The focus group content analysis identified three categories: curricular program, training importance, and improvement opportunities.

**Conclusion:** These results corroborate the available evidence, justifying and highlighting the relevance of the next phases of this study.

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## RESUMO

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**Introdução:** A violência doméstica configura-se como um problema de saúde pública. A evidência sugere défices nos conhecimentos e formação dos enfermeiros nesta área.

**Objetivo:** Identificar a/as unidade(s) curricular(es) do plano de estudos do curso de licenciatura em Enfermagem de uma Escola Superior de Saúde do norte do país que aborda (m) o tema da violência doméstica e identificar estratégias/oportunidades de melhoria.

**Metodologia:** Trata-se de uma parte de um estudo mais abrangente de investigação-ação, consistindo na primeira fase de recolha de dados: observação. Usaram-se os seguintes instrumentos de recolha de dados: análise documental do plano de estudos do curso de licenciatura em Enfermagem e um *focus group*, com dois estudantes do 4<sup>o</sup> ano e três docentes.

**Resultados:** Não foram identificados em nenhuma das unidades curriculares conteúdos relacionados com a temática. Da análise ao conteúdo do *focus group* salientam-se três categorias: programa curricular, importância da formação e oportunidades de melhoria.

**Conclusão:** Estes resultados corroboram a evidência disponível, justificando e salientando a relevância das fases seguintes deste estudo.

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## Introduction

The Portuguese Association for Victim Support defines domestic violence as physical or psychological mistreatment, once or repeatedly, of a partner (regardless of the formal nature of the relationship) or parent of a first-degree common descendant, whether they live together or not.<sup>1</sup> Domestic violence is also committed by anyone who inflicts physical or psychological abuse, once or repeatedly, on someone who is particularly vulnerable, whether due to age, disability, illness, pregnancy, or economic deprivation, as long as they live together.<sup>1</sup> In the National Plan to Prevent and Combat Domestic and Gender Violence 2014-2017<sup>2</sup> one of the strategic areas currently in force is the training and qualification of professionals who work directly or indirectly with these victims. One of the target groups for this strategic area is health professionals. In the case of nurses, evidence suggests they lack adequate training to support victims. This is an urgent issue needing immediate attention.<sup>3, 4</sup>

In most situations, nurses are the front line in the fight against domestic violence. They are one of the first health professionals to come into contact with victims of domestic violence when they visit health services.<sup>3</sup> Therefore, they must be prepared to identify possible aggression cases. As care providers, nurses must promote strategies that enable appropriate, timely guidance and continuity of care, organizing responses that recognize the social context and value the singularities of domestic violence victims. Nurses who care for victims of violence must understand the unique socio-cultural context and promote holistic actions that

establish a bond and promote trust, seriousness, and satisfaction of their individual needs.<sup>4</sup> Professionals should also pay attention to identifying these victims since they often seek out health services following the consequences of the aggression. Victims do not disclose they were assaulted, most of the time out of shame or fear. It is up to professionals to be discreet, to provide a welcoming atmosphere, encouragement, safety, and guidance. They must act in an integrated manner so that the victim receives humanized, complete, and quality assistance.<sup>5</sup>

Nurses do not receive sufficient training to deal with these cases and to recognize.<sup>6</sup> Continued efforts are needed to emphasize and address domestic violence in nursing education and training to enhance nursing understanding and appropriate identification in a clinical setting.<sup>6,7</sup> In a scoping review aimed at identifying the current literature on educational practices for nurses/midwives in addressing intimate partner violence, Crombie and colleagues<sup>8</sup> discovered that there are low levels of undergraduate or post-registration education on this subject. The existing strategies for educating on intimate partner violence are diverse in terms of implementation, method, and content. However, the outcomes of these educational programs are not consistently and rigorously evaluated for both staff and client-based results.<sup>8</sup> In Sweden, as a part of the national strategy to address domestic violence, mandatory teaching on domestic violence was added to nursing curricula in 2017, making the subject a recurring theme in undergraduate nursing education to enhance nursing students' interests and confidence.<sup>9</sup>

In Portugal, according to a study on domestic violence against women, which explored the knowledge, attitudes, and barriers of family nurses, 78% of the participants said they had never had training in this area.<sup>10</sup> In another study of emergency room nurses, 74.6% of the participants also reported never having received training.<sup>11</sup> The evidence suggests that universities approach the issue of domestic violence, training professionals with weaknesses in identifying and caring for victims.<sup>12</sup> In light of this evidence, the following research questions were asked in a specific Health School: Which curricular units in the syllabus include/address the issue of domestic violence? How can the approach to domestic violence be improved in the syllabus of the Nursing degree at this school, promoting better training for future nurses? To this end, an action research study was designed, with different stages, to contribute to the training of undergraduate nursing students to approach victims of domestic violence. Adding value and relevant knowledge to nurses' training could improve their work with victims of domestic violence. In the first stage of the study, which is now reported, the aim was to identify the curricular units on the Nursing degree course syllabus that address the issue of domestic violence and to identify strategies/opportunities for improvement.

## Methodology

This study is part of a more extensive action-research study. Action research is situation-based and context-specific, involving action, evaluation, and critical reflection. Based on the gathered evidence, changes in practice are implemented. Action research can be characterized as a cyclical process with a progressive variation between understanding, change, action, and critical reflection on practice.<sup>13</sup> There are four basic stages in the cyclical action research process, and this study consists of the first stage: observation (fact-finding and analysis).

In a qualitative approach, data collection was conducted using documentary analysis and a focus group in a Health School in the northern region of Portugal. In the documentary analysis, the syllabus of the Nursing degree course was analyzed, and the curricular units whose contents were to be analyzed were identified, fulfilling the first objective of identifying the curricular unit(s) of the syllabus that addresses the issue of domestic violence. This analysis was carried out sequentially, starting with an analysis of the curricular units in the first year of the nursing degree course and so on, until all the curricular units in the degree were analyzed, using the identification of related content, by searching for the following words: "violence"; "domestic violence", "aggression", "abuse", "mistreatment", "integrity". The organizational documents for each curricular unit were analyzed as a source of data collection. This analysis was carried out between September 2022 and

March 2023. The results of this analysis were transposed into a data extraction table with the following variables: year, semester, name of the curricular unit, transcript of the curricular content concerning domestic violence, and the lecturer of that curricular unit.

A focus group was held to identify strategies/opportunities for improvement, comprising three professors with responsibilities in this area (expertise in domestic violence and deep knowledge of the nursing degree organization), one of whom was the course coordinator, another the institution's representative on the City's Council Observatory in Violence and another with clinical practice and relevant experience in this area for over 15 years. Fourth-year nursing students were invited to participate after being randomly chosen (using a computerized random selection system). This criterion was based on the fact that, being in their final year, they have better knowledge of clinical practice and a more comprehensive view of the entire syllabus. The focus group simultaneously met the criteria of homogeneity and heterogeneity, comprising five members (three professors and two students). The focus group participants were three women (two professors and one student) and two men. The moderator was the principal investigator, with experience moderating focus groups.

The focus group enables interaction in group discussions based on the researcher's active role in stimulating the discussion for data collection.<sup>14</sup> The focus group followed a guideline in which the group's objective was first defined and problems introduced. The questions that guided the discussion were as follows: if participants consider that the syllabus satisfactorily addresses issues related to domestic violence; if they have any suggestions for improvement to be considered to improve the training of future nurses to prepare them better to deal with these situations in clinical practice. At the beginning of the focus group, the document analysis results were shared with the participants. A 60-minute session was held in March 2023 using the Microsoft Teams® platform, recorded and transcribed in full for analysis according to the methodology proposed by Bardin.<sup>15</sup>

Concerning ethical aspects, it should be noted that it is impossible to guarantee the participant's confidentiality in the focus group session.<sup>6</sup> Also, considering that the group comprised professors and students, the moderator tried to ensure an equal opportunity for each participant to express their opinions freely.<sup>17</sup> The moderator verbally explained the study's objectives and emphasized voluntary participation. Before the recording began, consent was presented on an online form, which all participants provided.

Anonymity was guaranteed, and no personal data or characteristics were collected that could associate or identify the participant in reporting the results, aspects of which were made clear in the informed consent. The names of the participants were not identified in the data analysis, but an alphanumeric code was used (Participant [P]1, P2, P3, P4,

P5). Participation in this focus group complied with the Declaration of Helsinki. The study was approved by the Ethics Committee of the participating institution, under opinion no. 027/2022.

## Results

Data collection took place between September 2022 and March 2023. Initially, after a preliminary analysis of the Nursing degree syllabus of the Escola Superior de Saúde, the Nursing curricular units (code 723 of the National Classification of Education and Training Areas) were selected for documentary analysis, considering that their curricular contents have application in clinical nursing practice. The clinical teaching and research curricular units were not analyzed due to the specific nature of each one. In the case of clinical teaching, it is the practical component that aims to transpose theory into practice and Research due to the specificity of its content. Of the 42 curricular units taught in the syllabus, 14 were selected for detailed analysis of the objectives and syllabus content.

After analyzing the organizational documents of the selected curricular units and identifying related content by searching for the following words: "violence," "domestic violence", "aggression", "abuse", "mistreatment", and "integrity", it was concluded that none of the curricular units mentioned above address the issue under study. Table 1 shows the curricular units analyzed with the following variables: year, name of the curricular unit, and transcript of the curricular content concerning domestic violence.

Table 1. Curricular unit analyzed

Year	Curricular Unit	Content
1 <sup>st</sup>	Epistemology of Nursing Red Cross Identity and Volunteering Fundamentals of Nursing I and II	No syllabus or learning objectives related to domestic violence were identified.
2 <sup>nd</sup>	Helping relationships Nursing - Adult and Elderly Health Health Education Family and Community Nursing I	
3 <sup>rd</sup>	Mental Health Nursing Nursing - Child and Adolescent Health and Pediatrics Nursing - Maternal Health, Obstetrics and Gynecology Promoting Self-Care in the Elderly	
4 <sup>th</sup>	Family and Community Nursing II Nursing - People in Critical Situations Emergency and Disaster Nursing	

The focus group participants all stated that they considered it very relevant to include education on domestic violence in nursing curricula. Participants highlighted the urgent need to include this subject. They recognized this study as an opportunity to improve nursing education on domestic violence for undergraduate and postgraduate nursing

students, considering that Scholl also offers a Midwifery specialization program. The teachers say that even though this subject is not explicitly covered in the syllabus of the different curricular units, it is addressed by several teachers during lessons. The students corroborated this. Therefore, they consider it urgent to clarify what is already covered during training and systematize this approach, guaranteeing consistent and empowering training. The professors expressed frustration that such an important subject must be explicitly included in the curriculum. The further content analysis highlights three categories: "curricular program", "training importance", and "improvement opportunities."

Table 2. Focus group content analysis categories

Curricular program
"The syllabus doesn't respond to this phenomenon; it doesn't meet the needs of the students, which embarrasses us (...) (P1); (...) it's not present as syllabus content in any curricular unit" (P2); "The subject [domestic violence] needs to be distributed throughout the entire cycle of studies" (P3); "(...) the subject [domestic violence] could be more worked on, more involved, more effectively integrated into different curricular units" (P5); "we really need to reinforce the curriculum" (P5). ) can be more worked on, more involved, integrated in a more effective way [the subject of domestic violence] in different contents and different curricular units" (P5); "We really need to strengthen the curriculum" (P4); "These are complex interventions that involve the whole family at different levels of the life cycle (...) ) in which we need to take a differentiated view, as it is a relevant phenomenon in our country, today when we talk so much about citizen science" (P1); "Looking at the course, the subject can actually be integrated in a more effective way (...). However, we develop transversal skills with the students through different extracurricular activities" (P4).
Training importance
"The curriculum needs to be strengthened to improve undergraduate and postgraduate training" (P1); "(...) It [nurses' knowledge] is not enough to deal with a victim of domestic violence in professional practice. It's necessary to train them" (P2); "although it's current, it's still not debated, it's not explored enough to train [students] to respond to these situations, which are serious" (P3); "I think it's really important to train them for early detection and to demystify domestic violence a bit too" (P2); "I think it's extremely important and I think we should invest in this area as we do in other types of areas, perhaps more technical (...)" (P5)
Improvement opportunities
"In the family and community health curricular unit in the fourth year, we should have interventions at the family level" (P1); "In violence against the elderly, we have to act through the primary health units" (P2); "In the first year, the topic should be covered in the health psychology curricular unit, in the second year in the health education curricular unit, in the third year in the pediatrics subject, more focused on violence against children. It should also be covered in mental health and obstetrics" (P3); "Clinical teaching should be taken into account when integrating this content, depending on its relevance, especially in places such as emergency rooms, pediatrics, and obstetrics" (P5); "(...) starting with health psychology, from a more general perspective (...) moving on to the specialties of gynecology, maternal health, mental health, and pediatrics (...)" (P4).

## Discussion

The results obtained suggest that the issue of domestic violence is not sufficiently addressed in the syllabus of the undergraduate nursing course at a school in the northern region of Portugal, and according to the information publicly available on the schools' websites that teach undergraduate nursing courses, violence-related topics appear in the curricular content of units such as Mental Health Nursing and

Child Health Nursing. For example, in the undergraduate nursing courses taught at the Polytechnic Institute of Viana do Castelo<sup>18</sup> and the Polytechnic Institute of Bragança.<sup>19</sup> In these courses, the topic emerges from content such as behavioral disorders in adolescents or neglect/abuse in children. Including this content in these curricular units corroborates the results obtained through the focus group, in which the participants also identified the areas of Mental Health and Child Health as relevant for the inclusion of this topic. Similarly, the proposal for the European Curriculum for Family and Community Nurses calls on the need to develop knowledge and skills to identify and report abuse of women and children and to detect and prevent abuse of older people.<sup>20</sup> Some higher education institutions also offer their nursing students optional curricular units with content more focused on the theme of violence from the perspective of identifying and collecting evidence, such as the Forensic Nursing curricular unit in the Nursing degree course at the Nursing School of Coimbra<sup>21</sup> and the Polytechnic Institute of Guarda.<sup>22</sup> This research was limited since not all schools make the syllabuses and curricular objectives of all the curricular units of the Nursing degree course publicly available.

From the Portuguese nurse's competency profile perspective, there are no criteria for evaluating competency units in this area except for the specific competency profiles of nurses specializing in Child and Paediatric Health Nursing and nurses specializing in Mental Health and Psychiatric Nursing.<sup>23, 24</sup> The Regulation on Differentiated Added Competences in Forensic Nursing was also approved<sup>25</sup>, which details the set of skills needed to ensure practical and comprehensive support for the person, family, and community involved in scenarios of violence, human rights violations, trauma, and/or disaster, including identifying and intervening with victims.

In Europe, some countries have already integrated education on domestic violence into their nursing curricula with innovative and active methodologies, and nursing students are actively involved. Professors feel that domestic violence should be approached with a more cross-disciplinary, systematized focus from all perspectives: health, psychological, social, ethical, and legal. The need to methodize and foster the training of teaching staff is highlighted.<sup>9, 26, 27</sup> Nevertheless, evidence stresses the need to focus on enhancing the undergraduate curriculum.<sup>7, 8</sup> Furthermore, the World Health Organization (WHO) has elaborated a curriculum for healthcare providers to respond to domestic and sexual violence against women. The curriculum teaches skills to address providers' attitudes toward survivors of violence. It includes identifying women needing support, providing initial and essential clinical care, and connecting survivors with local resources. The training emphasizes compassionate, empathetic provider-patient communication and is a vital component of the health system's response to violence

against women. WHO also emphasizes the critical role that health managers and policymakers play in strengthening planning, coordination, policy establishment, and monitoring care for survivors of violence.<sup>28</sup>

Nurses' perception that they do not have the knowledge and skills needed to approach these victims could have consequences for professionals and, more significantly, for the victims. The difficulty in identifying, referring, and detecting cases of women victims of domestic violence contributes to the continuation of violent practices by aggressors. Nurses' lack of knowledge in dealing with victims of domestic violence also contributes to them feeling desperate and hesitant in their professional practice, limiting their approach to this type of victim.<sup>6</sup>

## Conclusion

These results corroborate the available evidence of the need for nurses to be trained in domestic violence. The results suggest that the degree syllabus does not sufficiently address this issue, as it is not addressed in any curricular unit.

Participants pointed to the curricular units of Health Psychology and Health Education as units where this issue could be explored, as they are present in the first and second years of the degree and are two fundamental curricular units for an early approach to this issue. For a more specific approach, the following curricular units were suggested: "Nursing - Child and Adolescent Health and Pediatrics", to explore violence against children, "Nursing - Maternal Health, Obstetrics, and Gynecology", thus addressing issues such as violence against pregnant women, gynecological violence and rape, "Nursing - Mental Health", with the main focus on violence against the mentally ill, and "Family and Community Nursing I; Family and Community Nursing II", since domestic violence is a public crime, the work and training of nurses in this area is considered crucial so that these cases in the community can be identified and resolved quickly.

This study's limitations include being restricted to a single School and analyzing and interpreting the data only within this institution. As future developments, and given the importance and implications for professional practice, it is considered crucial to implement this theme in the training of nurses, which is the second phase of this action-research study. It is also suggested that studies of this nature be replicated in other higher education institutions to identify potential gaps in training and implement strategies that add value to the nursing care provided to victims of domestic violence.

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