

VIOLENCE IN INTIMACY RELATIONSHIPS IN YOUNG PEOPLE: RESEARCH-ACTION IN THE INITIAL TRAINING OF NURSES

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Abstract: Undergraduate training in Nursing requires an analysis of teaching-learning strategies and processes in the relationship between theory and practice in clinical teaching. Violence in young people's intimate relationships is a sensitive issue for Nursing care, and peer education can produce moments of cooperative training among students. Action research and project methodology promote intervention in Community Nursing for vulnerable groups and the acquisition of skills in Nursing students. To reflect on the teaching-learning process in Nursing training in Clinical Teaching to Vulnerable Groups, in the last three years, in a community context and using the project methodology, where attitudes related to violence in the intimate relationships of young people are measured in a certain population, and hence, targeting the decision-making process in an action-research context, a typology of interventions and outcomes in peer education interventions is described. A reflection on action research, project methodology and peer education in the training of Nursing students was elaborated. The analysis of the data obtained in the different editions of clinical teaching was carried out and the clinical teaching reports were analyzed to extract the interventions carried out in the face of the phenomenon under study. There is a legitimization of violence in the intimate relationships of young people that justifies a structured and continuous intervention in the target population. Intervention strategies were diversified and adapted to the young population, making peer education tangible in the training of young people in the specific protection of violence in intimate relationships. Teaching-learning has to bring theory and practice closer. Research and intervention in Community Nursing can be supported by the use of research-

action strategies, peer education and by integrating intervention projects focusing on the worrying legitimization of violence in the intimate relationships of young people.

Keywords: Violence between Intimate Partners; Peer Influence; Nursing Education.

INTRODUCTION

The training of nurses has evolved over time consistently and based on innovative teaching-learning practices of specific skills of general care nurses.

This study is part of a teaching-learning experience in the initial training of general care nurses that integrates theoretical, theoretical-practical and practical contents on Nursing research in group intervention, based on project work in the provision of care to vulnerable groups.

The project that supports this experience originates from the intersection between the study plan of the study cycle leading to the degree in Nursing and the Bridging the Atlantic Project, an international alliance in Community Health between American and Azorean Nursing students, the result of cooperation institutional framework developed between the University of the Azores and the University of Massachusetts Dartmouth.

In the academic years 2019 to 2022, the theme of violence in the intimate relationships of young people was addressed, using project methodology and action research, identification of intervention needs, planning and intervention in the target school community, with a team of teachers from higher education, secondary education, nurses in primary health care, experts in the field of the phenomenon, nursing students and young people from secondary education and higher education.

With the main focus on learning research and intervention skills according to the

project methodology for vulnerable groups and providing for the use of the paradigm of peer education, working meetings with the school health team of the partner institution, the issue of violence emerged in the intimate relationships of young people.

FRAMEWORK

According to Loura et al. (2020) clinical teachings are key moments for improving students' knowledge, attitudes and skills at the level of scientific evidence, considering that the learning of an evidence-based practice is greater when it is integrated into clinical teaching (p.294). Benefits also include creating effective learning experiences that build nursing knowledge and potentially contribute to community health (p.300).

Furthermore, action research contributes to the development of a research culture in higher education students and provides scientific consistency, through the guarantee offered regarding the incorporation of results in the daily clinical practice of Nursing students, favoring active methodologies. Menezes et al. (2021) state that action research is conceived and carried out in close association with an action or with the resolution of a collective problem, in which the participants are involved in a cooperative way. Action research can be described as a family of research methodologies that include action and inquiry, using a cyclical or spiraling process that alternates between action and critical reflection.

The context of clinical teaching, which includes action research, also includes peer education, which, according to Múrias (2019), starts from the evidence that people who belong to the same social group educate each other. The peer group exerts a strong social influence, especially on young people, playing a fundamental role in the process of building and consolidating identity and autonomy,

sharing ideas, attitudes, values and behaviors (p.7).

Thus, Menezes et al. (2021) refer that the dialogical training model presupposes a critical analysis of aspects of personal and collective reality, assuming the promotion of health as a central objective. Health education presupposes a set of pedagogical practices of a participatory and emancipatory character developed intentionally (p.3).

It is important to emphasize that "in thinking about educational practice, the concept of reflection is always implicit, which is very important for understanding this symbiosis." (Coutinho et al, 2011).

VIOLENT BEHAVIOR AND INTIMATE RELATIONSHIPS IN YOUNG PEOPLE

As a rule, it is during adolescence that the first passion takes place, the physical and emotional desire for the other, and the ambition to build a promising future, and this requires both physical and psychological maturity on the part of those involved so that the relationship is healthy (Dolto; Denari cited by Oliveira, 2021).

Paradoxically, according to Oliveira (2021), the most recent perspectives show that violence is also a form of relationship, in which physical, psychological, economic and/or sexual force is used in order to impose or react against something or someone, which transmits a position of phase superiority to the injured person, recognizing him/her as something inferior. Violence in intimate relationships constitutes an attack on human rights and life in general, thus also becoming a public health issue, which affects the whole world, regardless of their socioeconomic status, religion and culture.

In the 2020 report on Dating Violence, carried out by UMAR Magalhães (2021), it is possible to verify that violence in intimate

relationships has a daily presence, noting that, with regard to the legitimation of violent behaviors, in which the difference between boys and girls is greater, sexual violence behaviors stand out. On this question, legitimacy among boys is four times higher than that of girls (16% vs. 4%). Likewise, when the question refers to control behaviors, especially “using social networks without asking the other’s permission”, the difference between girls and boys is also noticeable (30% vs. 42%).

The analysis of official reports from the United States of America (USA), Portugal and reports from the World Health Organization reveal that the issue of violence in young people’s intimate relationships is a problem that occurs all over the world with indicators that justify its inclusion in the themes of teaching-learning in Nursing.

MATERIAL AND METHODS

Methodological aspects related to the objective are presented.

In this sense, the objectives of the action-research were: to know the attitudes associated with the legitimation of violence in intimate relationships in a group of young people and; to identify the existence of differences in the expression of the aforementioned attitudes according to the demographic characteristics of the sample (gender and age).

The established research method used a quantitative, descriptive, inferential and correlational approach.

Free and informed consent was obtained from the guardians and legal guardians of the underage students who constituted the sample. This entire process took place within the scope of the partnership already established between the Higher School of Health of the University of the Azores - Department of Nursing, Mental Health and Gerontology - and the primary and secondary

school where the study and intervention took place, having been operationalized through its School Health Office. In 2020, due to the contingencies of COVID-19, data collection was open to the young population of Terceira Island, the information being collected electronically, through an online form management platform. The sample was constituted for convenience, fundamentally for questions related to the ease of access to the participating subjects.

The data collection instrument developed was organized into three parts: 1) an open question regarding the understanding, in general terms, of what dating violence would be; 2) the Dating Violence Attitudes Scale (AVN); and 3) demographic information (age, gender, parish of residence and family structure).

The EANV touches on attitudes in terms of psychological, physical and sexual violence, on the part of adolescents, in the intimate relationships they establish, differentiating between the expression of these attitudes in both males and females. The instrument is composed of 76 factors, accommodated in six subscales, namely: 1) Male Psychological Violence (MPV); 2) Male Physical Violence (MFV); 3) Male Sexual Violence (MSV); 4) Female Psychological Violence (VPF); 5) Female Physical Violence (VFF); and 6) Female Sexual Violence (FSV). The factors that compete for each of the subscales are evaluated on a five-point Likert scale, which varies between “strongly disagree” [1] and “strongly agree” [5], with the exception of factors in which the score is reversed. This instrument results from the adaptation of the original “Attitudes Toward Dating Violence Scale” (Price et al., 1999), translated and adapted into European Portuguese by Saavedra in 2011 (Saavedra et al. 2017).

For the purposes of this article, the data presented does not include the content analysis related to the open question, and

the demographic data was limited to age and gender, insofar as the information regarding the remaining demographic variables was incomplete and inconsistent.

The data collection instrument was distributed and answered electronically, through an online form management platform. For the structuring and analysis of the data, the Statistical Package for the Social Sciences, version 22, was used, with recourse, in terms of descriptive statistics, to frequencies, means and standard deviations. The inferential analysis used the simple analysis of variance, or OneWay ANOVA, for which the assumptions of normality and homogeneity were verified using the Kolmogorov–Smirnov and Levene tests. The Pearson correlation coefficient was also used.

RESULTS

Prior to data analysis, the lower limit of internal consistency of the EAVN as a whole and, secondarily, of each of its six subscales was verified using Cronbach's Alpha.

Thus, and according to the information

shown in table n.º 1, for the whole EAVN, a Cronbach's Alpha value of 0.97 was obtained. Equally high indices of internal consistency were obtained at the level of the six subscales, with coefficients consistently higher than 0.8, which shows a very satisfactory overall level of reliability and internal consistency.

The sample consisted of 361 subjects, it is important to note that, in the concrete of the VSF subscale, following a technical problem that occurred in the process of applying the instrument, the results concern only 224 subjects, and it was not possible to obtain the score this subscale for the remaining 137 subjects.

The average age was 17.26 years (+-1.86). The youngest subject was 13 years old and the oldest 20 years old. Regarding the distribution by gender, it was found that the sample is predominantly made up of female individuals (60.7%).

Regarding the levels of legitimation of violent behavior in intimate relationships, given by the analysis of the scores of the EAVN subscales, they are presented in table 2.

Cronbach's Alpha	EAVN	MPV	VFM	VSM	VPF	VFF	VSF
	0.97	0.85	0.88	0.86	0.87	0.87	0.92

Table 1 – Cronbach's Alpha Coefficient applied to EAVN and its respective subscales.

EAVN Subscales	Average	Standard deviation	Maximum	Minimum
VPM *	25.18	7.84	75	15
VFM *	17.22	6.59	58	12
VSM *	17.32	6.27	60	12
VPF *	20.37	7.17	47	13
VFF *	19.08	6.97	39	12
VSF **	20.57	8.99	48	12

* n = 361; ** n = 224

Table 2 - Levels of legitimation of violent behavior in intimate relationships by EAVN subscale.

From the analysis of table 2, it appears that the EAVN subscales that reflect higher levels of legitimation of violent behavior in intimate relationships are the VPM (25.18), the VSF (20.57), and, finally, the VPF (20.37).

In order to verify the existence of gender differences, in the way they position themselves in relation to the legitimation of violent behaviors in intimate relationships, a One-Way ANOVA test was conducted, the results of which are shown in table n.º 3.

From the analysis of table no. 3, it can be seen that in all subscales there are statistically significant differences ($p < 0.05$) with regard to the index of legitimation of violent behaviors in intimate relationships, even at the level of VSF, which is marginally significant. Furthermore, the most significant difference was registered in the MPV subscale, a dimension in which there is greater condescension on the part of male subjects.

Despite the limitations already exposed, the analysis of the differences registered in terms of the legitimation of behaviors associated with the VSF deserves special attention. Contrary to what was verified in the GSV subscale, which showed a lower average difference between genders, the behaviors that define the ESV seem to be much better tolerated by male and female individuals, much more expressively by the former, suggesting, both males and females (albeit more discreetly). Violent behaviors of a sexual nature, practiced by the female gender in relation to the male gender may, in some way, be more naturalized, and, therefore, be better accepted.

In order to verify the statistical relationship established between the six EAVN subscales, the Pearson Correlation Coefficient was determined (Table 4).

The analysis shows that all variables (subscales) establish, among themselves,

EAVN Subscales	Genre	Average	Standard deviation	average difference	Z	Sig. ***
VPM *	Male	29.07	9.007	6,413	20.081	< 0.001
	Feminine	22.66	5,734			
VFM *	Male	19.80	7,910	4,239	35,937	< 0.001
	Feminine	15.56	4,914			
VSM *	Male	19.91	7,691	4,260	43,805	< 0.001
	Feminine	15.65	4,416			
VPF *	Male	23.77	7,900	5.615	22,433	< 0.001
	Feminine	18.16	5,671			
VFF *	Male	22.32	7,496	5,342	24,504	< 0.001
	Feminine	16.98	5,711			
VSF **	Male	23.29	9,422	5,481	3.956	0.049
	Feminine	17.81	7,651			

* $n = 361$; ** $n = 224$; *** Significant if $p < 0.05$

Table 3 – Results of the One-Way ANOVA test comparing the scores of the EAVN subscales according to gender.

		EAVN Subscales					
		MPV	VFM	VSM	VPF	VFF	VSF
EAVN Subscales	MPV	-- 361					
	VFM	0.736** <.001 361	-- 361				
	VSM	0.714** <.001 361	0.747** <.001 361	-- 361			
	VPF	0.649** <.001 361	0.616** <.001 361	0.664** <.001 361	-- 361		
	VFF	0.554** <.001 361	0.642** <.001 361	0.570** <.001 361	0.770** <.001 361	-- 361	
	VSF	0.639** <.001 137	0.677** <.001 137	0.778** <.001 137	0.719** <.001 137	0.722** <.001 137	-- 137

** Significant if $p < 0.01$

Table 4 - Pearson's Coefficient correlation matrix between the subscales that make up the EAVN.

statistically significant associations ($p < 0.01$), of a positive nature, with different intensities. That is to say that as any of the subscales increases in value, that is, as the legitimacy of a given type of violence increases, what is verified is the growth effect that is exerted on the equivalent with which it is used. the association is established, enhancing that behavior, which may suggest that violent behavior in intimate relationships is positively potentiated, in this specific case, in terms of the expression of its legitimization/naturalization. The three strongest associations identified were established between the VSF and the VSM (0.778; $p < 0.01$), between the VFF and the VPF (0.770; $p < 0.01$), and between the VSF and the VFF (0.722; $p < 0.01$).

Still using Pearson's Correlation Coefficient, statistically significant associations ($p < 0.01$) were found between the age variable and several VAS subscales, all of which were negative in nature, with

reduced intensity, namely: 1) age *versus* MPV (-0.170 ; $p < 0.01$); 2) age *versus* VFM (-0.256 ; $p < 0.01$); 3) age *versus* GSV (-0.234 ; $p < 0.01$); and 4) age *versus* VPF (-0.229 ; $p < 0.01$); and 5) age *versus* VFF (-0.312 ; $p < 0.01$). From this it can be extracted that as the age of the subjects increases, the levels of legitimization of violent behaviors in intimate relationships seem to decrease.

These findings, now analyzed globally, justify the intervention in Community Nursing and validate the construction of the intervention project in the target population.

DIAGNOSIS AND INTERVENTION: FROM RESEARCH TO ACTION

The analysis carried out on the collection of information in the last three years underpins the intervention. The fact that we presented and analyzed the data in aggregate form in this article, specifies that they were collected and analyzed on a regular and

systematic basis throughout the different editions of clinical teaching.

The students identified in each target group the intervention needs and prioritized taking into account the statistical results corroborated by panels of experts (nurses, psychologists, social workers, criminologists, journalists, teachers and young adolescents).

Health education interventions were planned which took on different scenarios such as pedagogical intervention sessions [19], posters and/or posters [5], web pages [1], video clip [1], symposium [2], seminar [2], newspaper reports [6], round tables [2], sessions to disseminate project findings [5].

The interventions took place in the Azores (Portugal) and Massachusetts (USA) and had a media projection that emphasize the role and competence of nurses in community nursing.

CONCLUSION

The high prevalence of some of the forms of violence studied reveals to be a worrying reality in Portugal and that there is still a long way to go in terms of raising awareness of this issue. We realize the importance of primary prevention of gender violence in the school context to be developed in a holistic, systematic and continuous way, in order to empower young people of both genders and to make them aware of the need and mutual benefits in the development of healthy intimate relationships and deconstruct the legitimacy of abusive behaviors, often culturally grounded and perpetuated without criticism.

Action research conceived and carried out in close association with an action or with the resolution of a collective problem, in which the participants are involved in a cooperative way, produces high levels of satisfaction in the participants. In the Report of the Student Satisfaction Surveys of the Higher School of Health of the University of

the Azores, the analysis was carried out in order to assess satisfaction with the curricular units of the study plan. In a response rate of 78%, it appears that there is a high overall satisfaction, the highest with 4.9 (on a Likert scale from 1 to 5 points), corresponding to teaching in Clinical Nursing Teaching to Vulnerable Groups (Gomes et al., 2021, p.9). This data aims at the degree of satisfaction that Nursing students demonstrate in attending clinical teaching where, using action research, the project intervention methodology and the use of peer education, they allow the experience of effective learning situations and the proximity between theory and practice of care in undergraduate training in community nursing.

Critical reflection on the implementation of this project makes tangible the premises of the relevance of peer education, assuming itself as a credible model that allows the development of thinking and reasoning skills; and by promoting attitudes that, by empowering boys and girls, lead to healthier and more responsible behavior among their peers, and learning theory about research, familiarizing themselves with interprofessional work, allows students to participate in research, interact effectively with the community and incorporate research findings into Nursing interventions.

It appears that there is a legitimation of violence in the intimate relationships of young people that justifies a structured and continuous intervention in the target population. It appears that the intervention strategies were diversified and adapted to the young population, making peer education tangible in the training of young people in the specific protection of violence in intimate relationships.

In summary, this project contributed to the training of nurses, it proved to be a moment of high satisfaction for Nursing students, having

verified a multiplicity of teaching-learning strategies of the same and of intervention in the target population and moments of return of the findings to the academic community and provide the opportunity to discuss the issue of violence in young people's intimate relationships.

FINANCING

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