

The Effect of Nursing Students' Interpersonal Dependency Level and Ways of Coping on Dating Violence Attitudes: A Descriptive Study

Hemşirelik Öğrencilerinin Kişilerarası Bağımlılık Düzeyi ile Başa Çıkma Yollarının Flört Şiddeti Tutumlarına Etkisi: Tanımlayıcı Çalışma

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ABSTRACT Objective: This study aims to determine the effects of nursing students' interpersonal dependency levels and coping mechanisms on their attitudes towards dating violence. **Material and Methods:** This descriptive study included 303 nursing students attending a university between July 2022 and October 2022. Data were collected through digital media, and the "Personal Information Form," "Dating Violence Scale," "Interpersonal Dependency Inventory," and "Ways of Coping Inventory" were used. The article was structured and written in accordance with the STROBE checklist. **Results:** The study revealed that 9.9% of nursing students reported experiencing dating violence, while 60.4% observed instances of dating violence within their social environments. Female nursing students were found to have a lower acceptance of dating violence. As the duration of the participants' dating relationships increased, their levels of interpersonal dependency decreased. It was observed that nursing students who were female, had a higher income, did not have a partner, and whose relationships lasted less than one year exhibited an increase in coping strategies. **Conclusion:** It was concluded that as the acceptance of dating violence increased, interpersonal dependency levels also increased, while positive coping strategies decreased. It was found that the female gender had a lower acceptance of dating violence. It is believed that an increase in interpersonal dependency levels may raise the acceptance of dating violence, whereas positive coping mechanisms may be effective in preventing the acceptance of dating violence. Awareness-raising approaches specific to romantic relationships are recommended to strengthen the coping and problem-solving mechanisms of nursing students.

Keywords: Dating violence; nursing students; interpersonal dependency; ways of coping; violence attitude

ÖZET Amaç: Bu çalışma, hemşirelik öğrencilerinin kişilerarası bağımlılık düzeyi ve başa çıkma yollarının, flört şiddeti ile ilgili tutumları üzerindeki etkilerini belirlemeyi amaçlamaktadır. **Gereç ve Yöntemler:** Tanımlayıcı tipteki bu çalışmaya Temmuz 2022 ve Ekim 2022 tarihleri arasında bir üniversitede öğrenim gören 303 hemşirelik öğrencisi katılmıştır. Veriler, dijital medya aracılığıyla toplandı ve Kişisel Bilgi Formu, "Flört Şiddeti Tutum Ölçeği", "Kişilerarası Bağımlılık Ölçeği" ve "Başa Çıkma Yolları Ölçeği"ni içermektedir. Makale STROBE kontrol listesine göre düzenlenmiş ve bu doğrultuda yazılmıştır. **Bulgular:** Araştırmaya katılan hemşirelik öğrencilerinin %9,9'unun flört şiddeti yaşadığı, %60,4'ünün ise çevrelerinde flört şiddetine şahit olduğu belirlenmiştir. Kadın hemşirelik öğrencilerinin, flört şiddetini kabul düzeyinin daha az olduğu tespit edilmiştir. Katılımcıların flört ilişkilerinin süresi arttıkça, kişilerarası bağımlılık düzeylerinin azaldığı saptanmıştır. Cinsiyeti kadın, gelir durumu fazla, partneri olmayan ve ilişki süresi bir yıldan az olan hemşirelik öğrencilerinin başa çıkma stratejilerinde artış saptanmıştır. **Sonuç:** Flört şiddetinin kabulü ile kişilerarası bağımlılık düzeyleri artış gösterirken, olumlu başa çıkma stratejilerinin azaldığı sonucuna varılmıştır. Kadın cinsiyetinin flört şiddetinin kabulünün daha az olduğu tespit edilmiştir. Kişilerarası bağımlılık düzeyindeki artışın flört şiddetinin kabulünü artırabileceği, olumlu başa çıkma mekanizmalarının ise flört şiddetinin kabulünü önlemede etkili olabileceği düşünülmektedir. Hemşirelik öğrencilerinin başa çıkma ve sorun çözme mekanizmalarını güçlendirmek için romantik ilişkilere özgü farkındalık artırıcı yaklaşımlar önerilmektedir.

Anahtar Kelimeler: Flört şiddeti; hemşirelik öğrencileri; kişilerarası bağımlılık; başa çıkma yolları; şiddet tutumu

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Being a psychosocial being, humans possess a biological predisposition towards attaching to phenomena or dynamics that constitute their social components.¹ Attachment, being an emotional bond, can become dependent on inappropriate and insecure emotion regulation strategies among individuals. When addressing interpersonal dependency, it is observed to encompass four fundamental structures: motivational, cognitive, affective, and behavioral.^{2,3} Individuals with high levels of interpersonal dependency may seek to gain benefits from others, driven more by the need to be loved than to love, and at times, they may exhibit assertive behaviors in line with this purpose, aiming to prevent abandonment.³

Flirting, defined as a form of social interaction that involves romantic sharing and emotional bonding along with sexual attraction within close partners, can lead to violence between partners due to certain factors.⁴ According to the World Health Organization, dating violence is referred to as violence occurring in the informal realm of intimate partners, while the Office on Women's Health defines it as experiencing physical, emotional, sexual, and psychological violence from a sexual or romantic partner. This type of violence can occur face-to-face, online, or through technology-mediated means.^{5,6} A study involving 15,927 university students worldwide reported that the rate of being a victim of dating violence ranges from 14% to 39%, with rates of physical violence between 17% and 44%, and sexual violence between 8% and 34%.⁷ In Türkiye, the prevalence of dating violence among university students is reported to be 45.8%, according to the study by Selçuk et al.⁸ Individuals exposed to dating violence may suffer from physical trauma, psychological stress, fear, and negative effects on control mechanisms, as well as serious health consequences such as depression, post-traumatic stress disorder, suicide attempts, eating disorders, and substance use disorders.^{6,9} Furthermore, in a study conducted among students in health sciences, including nursing students, it was reported that an increasing acceptance of dating violence is associated with a normalization of violent attitudes within the profession and the perpetuation of a patriarchal perspective.⁴

Coping strategies as psychological resources in conflict-involved situations like dating violence are essential considerations. The consequences of violence on an individual's physical, emotional, and health well-being are shaped by the individual's response to the situation. Solution-focused approach strategies and coping resources are necessary for preventing conflicts without resorting to violence in romantic relationships, promoting healthy relationships.¹⁰ Coping strategies play a crucial role in preventing dating violence and fostering healthy relationships. Interventions that enhance coping skills, particularly those that are problem-focused, can be beneficial in reducing the adverse effects of intimate partner violence (IPV) and promoting well-being. However, it is essential to recognize the complexity of coping mechanisms and the need for culturally sensitive and individualized approaches to support those affected by IPV.¹¹ It is posited that establishing healthy relationships serves as a counter to various forms of violence, including dating violence. The foundation of healthy dependency involves interdependence and mutual support, which are crucial for the establishment of non-violent, dating relationships. Programs like WiseGuyz, which focus on deconstructing gender norms and promoting healthy relationships among youth, address the root causes of adolescent dating violence and have shown effectiveness in reducing male-perpetrated dating violence.¹² Interestingly, the importance of healthy dependency is underscored by the finding that beliefs in romantic myths and tolerant attitudes toward abuse are linked to dating violence victimization, with gender playing a moderating role in these relationships.¹³ Despite the recent increase in studies on interpersonal dependency, existing empirical research on this phenomenon remains insufficient. Additionally, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), does not provide an officially recognized criterion for clinical diagnoses related to unhealthy interpersonal dependency, such as emotional dependency, which could serve as a basis for identifying patterns. However, it is noted that this condition may be considered a part of the categories of "New Addictions" or "Behavioral Addictions".¹⁴ In this context, healthy dependency is vital to the pre-

vention of dating violence and the establishment of healthy relationships.

Nursing students and nurses play a crucial role in preventing violence and raising awareness in society due to their constant interaction with people. In this context, recognizing the characteristics and barriers of interpersonal dependency is of utmost importance, as dependency-driven aggression can lead to significant negative consequences for both the dependent individual and those around them.¹⁵ It is believed that the levels of interpersonal dependency among nursing students in their social lives and romantic relationships can influence dating violence. The findings obtained from this study will contribute to more effective design of nursing education programs and empower nursing students in their societal interactions, providing valuable guidance for healthcare and educational institutions. The aim of this study is to examine the impact of nursing students' levels of interpersonal dependency and coping strategies on their attitudes towards dating violence.

Research Questions

1. Is there a significant difference between socio-demographic variables and the scores of the Interpersonal Dependency Inventory (IDI), Dating Violence Scale (DVS) and The Ways of Coping Inventory (WCI) among nursing students?
2. Is there a significant relationship between the scores of the DVS and the IDI and WCI among nursing students?
3. What is the impact of the DVS scores on the IDI and WCI among nursing students?
4. How do socio-demographic characteristics affect the total score of the DVS among nursing students?

MATERIAL AND METHODS

This study is of a descriptive type.

POPULATION AND SAMPLE

The research was conducted between July 15, 2022, and October 1, 2022, with nursing students enrolled at a state university. The population of the study con-

sisted of 384 nursing students. A total of 303 students (78.4% of the population) who met the inclusion criteria were reached and included in the study. The inclusion criteria for this study were that participants were over 18 years of age, were currently registered as nursing students, and had the ability to speak and understand Turkish.

DATA COLLECTION

The study was conducted with 303 students who agreed to participate between 15th July 2022 and 1st October 2022. The article was organized according to the STROBE checklist and written accordingly.

DATA COLLECTION TOOLS

The study utilized the Interpersonal Dependency Scale, The WCI, DVS, and a Personal Information Form prepared by the researchers. The research was conducted online, and the digital survey form was delivered to the students via WhatsApp (Meta Platforms, Inc., USA) and email.

Personal Information Form: The sociodemographic data form was developed by the researchers based on a literature review.^{16,17} This form consists of 8 questions aimed at obtaining information about sociodemographic characteristics and thoughts regarding dating violence.

DVS: Developed by Terzioğlu et al., this is a 5-point Likert-type scale consisting of 28 items and five subscales (General Violence Subscale, Physical Violence Subscale, Emotional Violence Subscale, Economic Violence Subscale, and Sexual Violence Subscale) aimed at determining individuals' attitudes towards violence in dating relationships. Attitude statements related to dating violence were scored as "5" if fully agreed, "4" if agreed, "3" if undecided, "2" if disagreed, and "1" if strongly disagreed. Each item in the scale can receive a minimum score of 1 and a maximum score of 5 based on this scoring system. A higher score approaching 5 in the scale's average indicates that individuals do not support dating violence. The scale includes 23 items that are scored in reverse.¹⁸ In the Turkish validity and reliability study of DVS, the Cronbach's alpha coefficient was found to be 0.91, and in this study, it was also determined as 0.91.

IDI: The IDI was developed by Hirschfeld et al. Participants rate each item on a scale of 1 (not suitable at all) to 4 (completely suitable) according to how well it describes their own beliefs and behaviors. The IDI has three subscales: Emotional Reliance, Lack of Social Self-Confidence, and Otonomia. The Emotional Reliance subscale measures the intensity and level of a person's relationship with a specific individual; the Lack of Social Self-Confidence subscale assesses overall relationships with people in general, and the Otonomia subscale measures a person's ability to act independently of others' evaluations or to disregard others' evaluations. The Turkish standardization study of the scale was conducted by Ulusoy on university students. In the Turkish version of the scale, it was observed that 44 out of 48 items, except for four items, aligned with the three subscales present in the original version of the scale.¹⁶ In the Turkish validity and reliability study of IDI, the Cronbach's alpha coefficient was found to be 0.75, while in this study, it was determined to be 0.92.

The WCI: The WCI was initially developed by Folkman and Lazarus to assess how individuals cope with stressful situations. Each item in the questionnaire encompasses cognitive and behavioral strategies employed by individuals to cope with stress. Karanci et al. used this scale in their research with survivors of the Dinar earthquake and shortened it to 42 items. The WCI consists of four subscales: fatalistic coping, optimistic/social support seeking, problem-solving, and coping with helplessness. In the Turkish validity and reliability study, the Cronbach's alpha coefficient values obtained were 0.80, 0.73, 0.73, and 0.77, respectively.¹⁹ In this study, the Cronbach's alpha coefficients for the subscales were found to be 0.81, 0.83, 0.88, and 0.72, while the Cronbach's alpha coefficient for the total scale score was determined to be 0.92.

STATISTICAL METHOD

The obtained data were analyzed using IBM SPSS Statistics for Windows, Version 22.0 (Statistical Package for the Social Sciences). The normal distribution of the data was evaluated through skewness and kurtosis (± 1) tests. It was determined that the data did not follow a normal distribution. Descriptive

statistics (percentages, frequencies, means, standard deviations, minimum, maximum) were used to analyze the data obtained in the study. In addition, for non-normally distributed independent variables, Kruskal-Wallis and Mann-Whitney U tests were employed to compare the groups. Post-hoc analysis was performed to determine which groups the differences came from in the variables found to be statistically significant. Pearson correlation and multiple regression analysis were used to measure the relationship and impact among the scores of the DVS, IDI, and WCI.

ETHICAL CONSIDERATIONS

For the conduct of the research, approval was obtained from the Kilis 7 Aralık University Ethics Committee (date: June 30, 2022, no: 2022/14). In the online form prepared, the purpose of the study was explained, and individuals' consent was obtained, with participation in the research being based on voluntary basis. This study was conducted in accordance with the principles of the Helsinki Declaration.

RESULTS

Among the participants of the study, it was found that 58.4% were in the age range of 21-23, 71.3% were female, 54.8% had an equal income-expenditure level, and 30.7% were in a dating relationship, with 14.2% of those in dating relationships having a duration of less than one year. Moreover, concerning their dating relationships, 9.9% of the participants reported experiencing violence, 5.0% admitted perpetrating violence, and 60.4% witnessed violence in their surroundings. Significant differences were found between the total DVS scores and gender, with females having higher DVS total scores compared to males. Additionally, a significant difference was observed between the total score of IDI and the duration of the relationship. Further advanced post-hoc analysis revealed significant differences between those with no relationship and those with a relationship duration of 1-3 years ($p: 0.017$), and between those with a relationship duration of 1-3 years and those with a duration of less than one year ($p: 0.019$). It was noted that as the duration of the relationship increased, the total score of IDI decreased ($p < 0.005$) (Table 1).

TABLE 1: Comparison of participants' socio-demographic characteristics and mean scores of IDI, DVS, and WCI (n=303).

	n (%)	n	IDI		DVS		WCI	
			$\bar{X}\pm SD$	Significance	$\bar{X}\pm SD$	Significance	$\bar{X}\pm SD$	Significance
Age								
18-20 years	32.0	97	115.20±20.97	KW=5.174	4.08±0.609	KW: 4.636	90.88±14.82	KW=2.833
21-23 years	58.4	177	109.47±18.59	p=0.075	4.05±0.715	p=0.098	93.40±10.92	p=0.243
≥24 years	9.6	29	114.41±23.08		3.90±0.625		95.93±9.48	
Gender								
Female	71.3	216	110.04±18.50	Z=1.601	4.14±0.67	Z=5.596	94.41±11.75	Z=3.902
Male	28.7	87	116.10±22.71	p=0.109	3.83±0.62	p=0.001	88.91±12.64	p=0.001
Income level								
Income less than expenses (A1)	39.6	120	112.78±20.92	KW=0.210	4.08±0.53	KW=1.437	91.23±11.81	KW=11.784
Income equal to expenses (A2)	54.8	166	111.16±19.92	p=0.900	4.02±0.77	p=0.487	93.53±12.65	p=0.003
Income higher than expenses (A3)	5.6	17	110.76±12.23		4.10±0.54		97.35±9.91	Post-hoc: A1-A2/0.015 A1-A3/0.024
Time of dating								
None (A1)	68.6	208	113.37±20.70	KW=15.007	4.06±0.69	KW=2.251	94.16±12.40	KW=14.644
<1 year (A2)	14.2	43	113.98±15.36	p=0.002	3.98±0.64	p=0.522	91.67±10.56	p=0.002
1-3 years (A3)	10.9	33	104.24±21.40	Post-hoc:	4.05±0.65		87.55±12.27	Post-hoc:
≥4 years (A4)	6.3	19	102.53±12.22	A1-A3/0.01 A2-A3/0.019	4.10±0.64		90.05±11.79	A1-A3/0.005
The state of being exposed to violence								
Yes	9.9	30	118.17±22.68	KW=1.365	4.12±0.44	KW=0.198	91.43±14.03	KW=2.693
No	85.8	260	111.78±19.95	p=0.505	4.05±0.68	p=0.906	93.08±12.26	p=0.260
Neutral	4.3	13	109.15±17.23		3.94±0.93		91.15±6.78	
Violence in the relationship								
Yes	5.0	15	113.00±20.90	KW=1.724	3.93±0.40	KW=5.913	87.13±13.00	KW=5.154
No	91.0	276	111.92±19.95	p=0.422	4.06±0.69	p=0.052	93.15±12.34	p=0.076
Neutral	4.0	12	107.00±19.95		4.00±0.55		92.58±6.88	
The state of witnessing violence								
Yes	60.4	183	112.86±16.76	Z=1.813	4.0798±0.66	Z=0.831	92.58±11.96	Z=0.475
No	39.6	120	110.13±24.00	p=0.070	4.0140±0.69	p=0.406	93.21±12.72	p=0.635
Status of having a boyfriend/girlfriend								
Yes	30.7	93	108.31±18.00	Z=2.010	4.0772±0.57	Z=0.553	89.87±11.57	Z=3.538
No	69.3	210	113.31±20.61	p=0.044	4.0434±0.71	p=0.580	94.14±12.34	p=0.001

IDI: Interpersonal Dependency Inventory; DVS: Dating Violence Scale; WCI: Ways of Coping Inventory; SD: Standart deviation; Z: Mann-Whitney U test; KW: Kruskal-Wallis H test; p<0.05.

The total scores of WCI showed statistically significant differences in relation to gender, income level, duration of the relationship, and having a romantic partner. Further advanced post-hoc analysis revealed significant differences between those with lower and equal income-expenditure levels (p: 0.015), and between those with lower and higher income-expenditure levels (p: 0.024). Significant differences were also observed between participants with no relationship and those with a relationship

duration of 1-3 years (p: 0.005). Participants without a romantic partner had higher total scores in WCI compared to those with a partner (p<0.005) (Table 1).

The participants' mean total score for DVS was found to be 4.05±0.67, for IDI was 111.78±19.95, and for WCI was 92.83±12.25 (Table 2).

In Table 3, the relationship between the measurement tools was evaluated using Pearson correlation analysis. It was found that there is a negative

TABLE 2: Mean and min-max values of IDI, DVS, and WCI scales and their sub-dimensions (n=303).

	Maximum-Minimum values		
	Mean	SD	
IDI total	111.78	19.954	176-62
Autonomy	36.34	708	56-19
Lack of social confidence	27.25	6.47	48-12
Emotional trust	48.17	9.08	72-27
DVS total	4.05	0.67	4.71-1.50
Physical violence	4.36	0.95	5-1
General violence	4.30	0.78	5-1
Emotional violence	4.25	0.92	5-1
Sexual violence	3.91	0.71	5-1.43
Economic violence	3.44	0.55	4.80-1.80
WCI total	92.83	12.25	126-42
Fatalistic coping	29.82	4.49	42-14
Optimistic social support	20.92	3.46	27-9
Problem solving	21.42	4.04	27-9
Coping with helplessness	12.28	2.38	18-6

IDI: Interpersonal Dependency Inventory; DVS: Dating Violence Scale; WCI: Ways of Coping Inventory; SD: Standart deviation.

very weak correlation between the total score of DVS and IDI ($r=-0.077$), and a positive very weak correlation between the total score of DVS and WCI ($r=0.212$) (Table 3).

TABLE 3: Correlation between DVS and IDI, and WCI.

Variables		DVS	IDI	WCI
DVS	r	1	-0.177*	0.212*
	p	-	0.035	0.000
IDI	r	-	1	-0.140*
	p	-	-	0.015
WCI	r	-	-	1
	p	-	-	-

*The correlation is significant at the 0.05 level; DVS: Dating Violence Scale; IDI: Interpersonal Dependency Inventory; WCI: Ways of Coping Inventory.

The regression analysis conducted to determine the impact of the participants' IDI and WCI variables on DVS is statistically significant. It accounts for 3.7% of the variation in participants' Dating Violence attitudes. When examining the beta coefficients, it is evident that WCI is the most significant independent variable influencing DVS across all its sub-dimensions. The sub-dimensions of the DVS explain 2.4% of the Ways of Coping and Interpersonal Dependency level of "Physical Violence" attitude; 3.7% of "General Violence" attitude; 1.6% of "Emotional Violence" attitude; 6.4% of "Sexual Violence" attitude; and 6.4% of "Economic Violence" attitude (Table 4).

TABLE 4: Regression analysis on the impact of DVS on IDI and WCI.

Dependent variable	Independent variable	B	t	p value	Significance
DVS total	Constant		8.905	0.001	R=0.193, R ² =0.037
	IDI total	-0.121	-2.123	0.035	Adjusted R ² =0.031
	WCI total	0.134	2.339	0.020	F=5.794, p=0.003
Physical violence	Constant		5.651	0.001	R=0.174, R ² =0.030
	IDI total	-0.005	-0.088	0.930	Adjusted R ² =0.024
	WCI total	0.173	3.008	0.003	F=4.657, p=0.010
General violence	Constant		8.905	0.001	R=0.193, R ² =0.037
	IDI total	-0.121	-2.123	0.035	Adjusted R ² =0.031
	WCI total	0.134	2.339	0.020	F=5.794, p=0.003
Emotional violence	Constant		5.526	0.001	R=0.149, R ² =0.022
	IDI total	0.050	0.870	0.385	Adjusted R ² =0.016
	WCI total	0.148	2.564	0.011	F=3.421, p=0.034
Sexual violence	Constant		8.165	0.001	R=0.253, R ² =0.064
	IDI total	-0.123	-2.172	0.031	Adjusted R ² =0.058
	WCI total	0.205	3.632	0.001	F=10.255, p=0.001
Economic violence	Constant		7.845	0.001	R=0.253, R ² =0.064
	IDI total	-0.030	-0.540	0.589	Adjusted R ² =0.058
	WCI total	0.247	4.383	0.001	F=10.283, p=0.001

DVS: Dating Violence Scale; IDI: Interpersonal Dependency Inventory; WCI: Ways of Coping Inventory; B: Standardized coefficients beta; t: Independent-samples test; F: ANOVA test; R: Regression test; p<0.001.

TABLE 5: Regression analysis on the effect of socio-demographic characteristics on DVS total score.

Dependent variable	Independent variable	B	t	p value	Significance
DVS total	Constant		7.796	0.001	R=0.235
	Age	-0.045	-0.768	0.443	R ² =0.055
	Gender	0.214	3.600	0.001	Adjusted R ² =0.033
	Income level	-0.052	-0.890	0.374	F=2.471
	Time of dating	-0.002	-0.036	0.971	p=0.018
	The state of being exposed to violence	-0.089	-1.383	0.168	
	Violence in the relationship	0.042	0.657	0.512	
	The state of witnessing violence	-0.032	-0.556	0.579	

DVS: Dating Violence Scale; B: Standardized coefficients beta; t: Independent-samples test; F: ANOVA test; R: Regression test; p<0.001.

Multiple regression analysis was conducted to examine the impact of socio-demographic characteristics on the attitudes of the participants towards DVS, and a significant difference was found. When examining the beta coefficients, gender was observed to be the most significant independent variable influencing the total score of dating violence attitudes (B=0.214, p<0.001). However, no significant differences were found in the beta coefficients of variables other than gender (Table 5).

DISCUSSION

Coping mechanisms and healthy dependency play a crucial role in preventing dating violence and establishing healthy relationships. Despite increasing research, the link between dependency and violence, the nature of healthy attachment, and the underlying causes of dating violence attitude have not been fully understood.³ This study was conducted with the aim of identifying factors influencing the dating violence attitudes of nursing students, examining their interpersonal dependency level and coping mechanisms, and providing insights into preventive measures against acceptance of dating violence.

Dating violence is a prevalent issue among nursing students, with many not recognizing or accepting certain behaviors as violent. This lack of recognition, combined with factors such as mental health issues, irrational beliefs, and past experiences of violence, contributes to the high rates of dating violence in this population. Addressing this issue through education on gender equality, healthy relationships, and mental

health support is crucial for improving the well-being of nursing students and preparing them to handle similar issues in their professional roles.²⁰⁻²² In this study, it was found that one-third of nursing students experienced violence in their dating relationships, while a small portion admitted perpetrating violence, and the majority of participants witnessed violence in their surroundings. Additionally, it has been determined that higher DVS scores indicate lower acceptance of attitudes towards dating violence. One noteworthy finding of this study is that the IDI score was at a moderate level, suggesting that nursing students establish intense emotional connections in their romantic relationships. Moreover, the WCI score was also at a moderate level, indicating that participants tended to use fatalistic coping strategies more frequently. In a study conducted on nursing students in Türkiye, high scores on the DVS were found.²³ On the other hand, studies on university students in Türkiye have shown that IDI scores were at a moderate level, with the highest score observed in the emotional confidence sub-dimension.^{17,24} In another study, it was found that women who are highly dependent on their partners and have difficulty regulating their emotions are more likely to engage in dating violence. The authors attributed this to the higher likelihood of women reacting with aggression when they feel threatened or unsafe in their relationships.²⁵ In studies conducted on university students in Türkiye, it has been observed that students tend to use fatalistic and optimistic coping strategies.^{26,27} The findings of this study are similar to the results of previous studies in the literature, suggest-

ing that nursing students' adoption of fatalistic coping mechanisms and intense emotional experiences in interpersonal dependency may be influenced by the collectivist culture's teachings of emotion-focused behavior and traditional belief patterns.

In the study, it was determined that as the duration of the relationship increased, the level of interpersonal dependency decreased, and in terms of WCI total scores, individuals with no relationship and higher income were found to have higher scores compared to other groups. A study reported that individuals in romantic relationships had lower levels of interpersonal dependency compared to those who were not in relationships.³ However, in a study conducted with adolescents, it was found that as the duration of the relationship increased, the level of interpersonal dependency also increased.²⁸ Another study found that individuals who were not in romantic relationships had higher coping abilities and strategies compared to those in relationships.²³ Our study shows some differences from certain findings in the literature, and it is suggested that the different levels of interpersonal dependency may be due to changes in attitudes and approaches towards interpersonal relationships, which begin with the onset of romantic relationships during adolescence and continue to evolve with the attainment of social, cognitive, and emotional maturity during university years. Additionally, it is believed that a certain economic status during the university period may positively influence coping strategies as it enhances individuals' psychological resilience and mental health. Moreover, no specific study on coping strategies related to the variables examined in our study was found in the literature, and it is anticipated that this study will contribute to the literature.

The research indicates that while both men and women experience and perpetrate dating violence, societal norms and contextual factors significantly influence the acceptance of such behavior. Women are more likely to be victims of sexual violence and have higher expectations of aggression in specific situations, but violent behavior by men is generally deemed less acceptable.^{29,30} Cultural and social norms play a significant role in shaping attitudes to-

wards dating violence, with some cultures reinforcing the belief that men are naturally violent and women are sometimes to blame.³¹ The study found that female nursing students do not support dating violence. According to many studies, it has been reported that female have higher acceptance rates of violence, but dating violence occurs regardless of gender.^{4,8,9} A meta-analysis study conducted with dependent male individuals indicated that interpersonally dependent men showed higher rates of IPV compared to non-dependent men.¹⁵ In addition, in this study, it was observed that female nursing students were more likely to use coping strategies, especially fatalistic coping. In addition, significant differences were found between DVS and WCI total scores depending on gender. In a study focusing on coping strategies, it was determined that women use coping strategies more than men.³² In a study by Mengo et al., it was found that women experiencing IPV were more likely to use problem-focused coping strategies.³³ In a study by Sere et al., women experiencing IPV were reported to frequently use coping strategies such as seeking help and support, seeking advice from social circles, emotional regulation, and avoiding problems. While the findings of this study are consistent with existing literature, the differences in coping strategies between genders are believed to be influenced by societal norms and role expectations, sociocultural teachings, and possibly biological differences.³⁴

The study found that coping strategies and interpersonal dependency level have an impact on dating violence attitudes. Additionally, while interpersonal dependency levels increased with the acceptance of dating violence, positive coping strategies decreased. When examining the literature, it has been observed that individuals exhibiting unhealthy interpersonal dependency tend to engage in harmful behaviors towards themselves and others.³⁵ Furthermore, studies indicate a relationship between coping strategies and dating violence, reporting that individuals with positive coping mechanisms exhibit less violent behavior.⁹ In this context, the effects of individuals' coping methods on violence acceptance may play an important role in shaping attitudes to-

wards violence. It is believed that various factors, such as individuals' history of violence within the family, perception of violence, attachment styles, acceptance of gender roles, psychosocial and cultural norms, personal beliefs, and desire for power and control, may influence dating violence attitudes, interpersonal dependency, and coping strategies.

LIMITATIONS

The data evaluated in this study were solely obtained from nursing students attending the university where the research was conducted. This circumstance may reduce the likelihood of applying or generalizing the obtained results to students in other health education programs or nursing students from different countries. A second limitation is the presence of a higher number of female participants in the research. This implies that the research sample is not equal in terms of gender representation. The third limitation is that the results may be subject to subjective biases due to relying on individuals' memories or subjective judgments in retrospective recall. Finally, collecting data online with digital tools in this study is among the limitations of this study.

CONCLUSION

It has been concluded that acceptance of dating violence increases with higher levels of interpersonal dependency, while positive coping strategies decrease. Male gender has been found to have a higher acceptance of dating violence. It is believed that an increase in interpersonal dependency levels may raise the acceptance of dating violence, whereas positive coping mechanisms may be effective in preventing the acceptance of dating violence. Nurses play crucial roles in the detection, identification, and prevention of violence attitude, either directly or indirectly. Therefore, enhancing the awareness of nursing students,

who are the future nurses, regarding healthy relationships and dating violence becomes essential. Awareness-raising approaches specific to romantic relationships are recommended to strengthen the coping and problem-solving mechanisms of nursing students. Additionally, implementing technology/school-based violence prevention programs aimed at recognizing and developing individual and environmental resources is suggested.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Özcan Özdemir, Zehra Can, Ebru Öztürk Çopur; **Design:** Özcan Özdemir, Zehra Can, Ebru Öztürk Çopur; **Control/Supervision:** Özcan Özdemir, Zehra Can, Ebru Öztürk Çopur; **Data Collection and/or Processing:** Özcan Özdemir, Zehra Can, Ebru Öztürk Çopur; **Analysis and/or Interpretation:** Özcan Özdemir, Zehra Can; **Literature Review:** Özcan Özdemir; **Writing the Article:** Özcan Özdemir; **Critical Review:** Özcan Özdemir.

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