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REVIEW ARTICLE

Exposure to violence in breast cancer patients: systematic review

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Abstract

Results The nine studies included were reviewed under two titles as descriptive and qualitative. Based on the results of six descriptive studies, it was determined that the majority of these studies focused on violence and abuse in childhood; depression is high among breast cancer patients exposed to violence; healing is unfavorably influenced among breast cancer patients exposed to spouse violence or abuse/violence in childhood; physical, emotional and functional welfare/comforts are restricted and quality of life is low during disease process; there is positive correlation between advanced-stage cancer and history of violence; they hesitate to ask the clinical staff for support. Although breast cancer women underreport the violence they have been exposed to, a study stated that 55% of women are exposed to violence after being diagnosed with breast cancer. Results of the three qualitative study revealed that violence is the field of "taboo" among breast cancer patients and they reconsider the "life", "relationship-origin stress", "social support" and "importance of breast for herself" over the disease process.

Conclusion In conclusion, it is underlined that giving care becomes difficult, maintenance of treatment fails, and quality of life is decreased in breast cancer patients exposed to violence.

Keywords Breast cancer · Violence · Quality of life

Introduction

Violence has been an important public problem with increasing prevalence both nationally and internationally [1, 2]. The World Health Organization (WHO) defines violence as "Intentional physical, psychosocial and sexual behaviors resulting in injury or death or that prevents development of an individual" [5]. In Turkish dictionary, the term violence is defined as "Using brute force against those who are disagree", "extreme emotion or behavior" [3]. Violence is encountered in different ways such as physical, emotional, sexual and economic [4, 6, 7].

Although it shows variations among countries, 70% of women are exposed to a variety of male violence, particularly husband or lover violence [1]. According to the data collected by World Health Organization from 79 countries, the worldwide prevalence of women exposed to physical and sexual violence is over 30% [8]. Given the frequency of IPV among women in the general population, it can be surmised that women diagnosed with cancer may also be living with partner abuse [15]. There have been studies of cases of violence in patients treated with breast, cervical, endometrial or ovarian cancer [17]. The frequency of encountering IPV in 3278 patients who were treated for breast, colon, head and neck tumor, endometrium and cervical cancer was examined and 7.9% and 29.4% of the patients were compared in the past [28].

Breast cancer is not only the most prevalent malignant tumor in the world and the leading cause of death among women worldwide, but also a multidimensional disease affecting women physically, psychologically and socially [9]. While the first three types of female-specific cancer in the world are listed as breast, colon and lung cancer, it is listed as breast, thyroid and colorectal cancer in Turkey. All over the world, the mean incidence of breast cancer is 38–40/100,000, whereas it is 66–67/100,000 in Europe and about 40/100,000 in Turkey [10]. According to the data released in 2014 by T.R. Ministry of Health Turkey Public

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Health Institution Cancer Control Department, breast cancer accounts for 25% (16.646) of overall cancers in women [10].

Being diagnosed with cancer may alter the communication of the women with her family or with other people. While some patients develop a more intimate relationship with the family and other people over the disease course as compared to her premorbid life, some patients avoid relationships. It may frequently be difficult for the patients with prolonged treatment period to have the energy required for maintaining their relationship with other people and may not receive necessary support when required. Nevertheless, another concern for women is the potential danger for their marriage [11, 12]. In the literature, it was stated that women diagnosed with breast cancer looks for the spouse's emotional support and that women receiving spousal support may adhere with treatment and disease process more easily [9, 13].

Violence has numerous acute or non-acute impacts on health [7, 8, 14]. Some women diagnosed with cancer may present with some complaints, which are difficult to be identified. For this reason, the patient's complaint needs to be evaluated comprehensively. It is estimated that one in every eight women with the history of violence would be diagnosed with breast cancer [15]. Conceptual frame of violence in women with breast cancer is summarized in Fig. 1. Earlier studies reported that some women have been exposed to spouse/partner violence concurrently with breast cancer treatment, but its prevalence is yet unclear. In a study, 12.5% of the study population have been exposed to spouse/partner violence concurrently with breast cancer treatment [15].

Health professionals should pay attention to the communication and observation between patient and spouse/partner. They should communicate with the patient and begin to collect data by asking the questions such as "How are you doing at home", "I perceive that you feel yourself unconfident. How is your communication with the people around you?" In addition, they should use violence identification scales. Signs that indicate violence should be observed (Table 1) [15]. Once violence is identified, the treatment of patient should be maintained by multidisciplinary approach. The patient needs to be referred to a psychiatrist, liaison psychiatry nurse, social service specialists and psychologists [15].

We think that further studies are required on this subject that has been considered as taboo as was described above, on which there are a limited number of studies in the literature, and the relationship between violence and cancer, as well as other violence-related symptoms, needs to be investigated in detail. Starting from this point, the present study

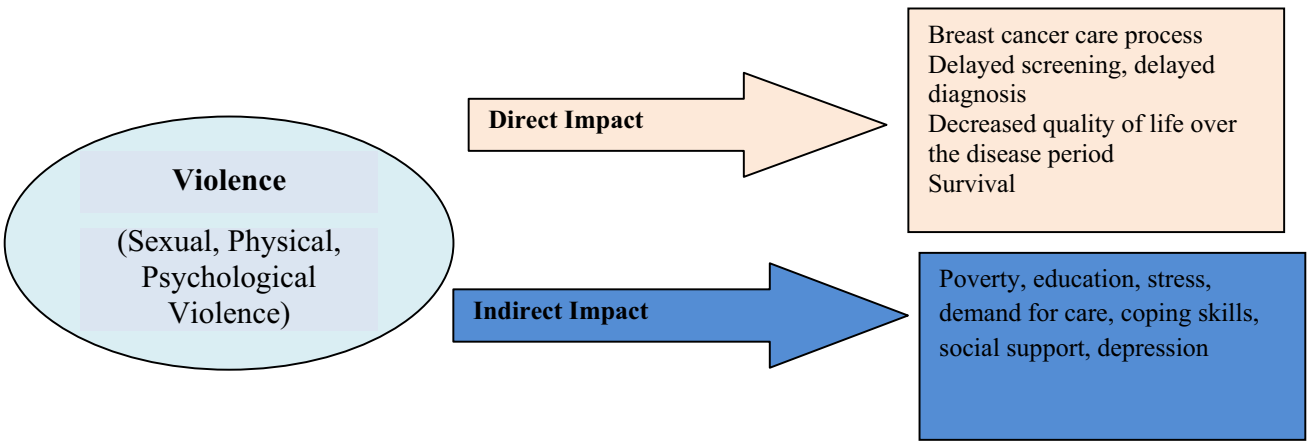

Fig. 1 Conceptual frame of impact of violence in breast cancer patients. (Adapted from Coker et al. 2012 [14])

Table 1 Signs indicating violence. (Adapted from Johnson and Pieters 2016 [15])

Unexplainable bruises, cuts, fractures or multiple wounds in various phases of healing in the patient
Having been inquired about similar injuries in the past
Inconsistency between the patient's explanation and the size and type of wound
Delayed treatment process from the time of injury
The patient's hesitant, shy or vague reply
Frequent utilization of emergency room or other medical services by the patient
Non-adherence to the treatment process
Family members or friends accompanying the patient and being extremely insistent, willing to be close to the patient
Previous suicidal attempts

was conducted to systematically review the data obtained from the studies on breast cancer patients and their state of being exposed to violence.

Materials and methods

The present study was performed by retrospectively searching for the publications on breast cancer and violence between 2006 and 2016. For this purpose, PubMed, OVID-LWW, Scopus, Taylor & Francis, Science Direct, EBSCHO, Medline Complete, Cochrane Library and ULAKBIM databases were searched using the keywords "breast cancer (postoperative)" and "violence" over the internet access network of Kocaeli University; within the scope of grey literature search, the Turkish National Thesis Center, System for Information Grey Literature in Europe (SIGLE), ProQuest Dissertations&Theses Global (PQDT Global), Ethos, Sydney Digital Thesis, Open thesis and Theses Canada Portal databases were searched. The researchers predetermined the eligibility criteria as follows.

1. Published between 2006 and December 2016.
2. Written in Turkish or English.
3. Available in full text.
4. Comprising patients in the age group of > 18 years.
5. Comprising patients that had undergone breast cancer surgery.

In the first place, after searching using the keywords, the results were restricted to the studies written in English in the last 10 years and available in full text. Eligible studies were evaluated using the tool for assessing the quality of research from Joanna Briggs Institute [Meta-Analysis of Statistics Assessment and Review Instrument (MAStARI)] (Joanna Briggs Institute 2014). The Turkish research was not reached.

Each study was individually evaluated by the researchers taking all parameters into account, and then the researchers came to a conclusion. Among the studies evaluated, those not meeting the eligibility criteria were excluded. Eligible studies were reviewed and the study name, objective and design, inclusion criteria for the sample group, data collection tools, and the outcome data were systematically recorded using a template prepared previously.

Results

A total of 371,908 publications and 7327 theses on breast cancer and violence were reviewed. The review was limited to the full-text articles written in Turkish or English and published in the last 10 years, and accordingly, a total of 7219 studies were selected. Titles and the abstracts of these studies were eliminated according to the following criteria: published between January 2006 and December 2016 (last 10 years), written in English or Turkish, available in full text, comprising the patients over the age of 18 years and the patients having undergone breast cancer surgery. Finally, a total of 18 full-text studies (no thesis) were evaluated. Nine full-text studies, which met the Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (MAStARI) criteria, were included in this systematic review. Figure 2 illustrates the literature search flowchart.

Relevant studies have been conducted between 2006 and 2012 (Tables 2, 3). Of these studies, six were descriptive and three were qualitative studies. Two studies were conducted in 2006, one study was conducted in 2007, one study was conducted in 2009, two studies were conducted in 2011 and one study was conducted in 2012. Six studies with descriptive design have reached a total of 1734 breast cancer patients. In these studies, depression, anxiety and exposure to childhood abuse and violence were inquired in breast cancer patients. The scales performed in the patients for data collection were Hospital Anxiety and Depression Scale (HADS), a modified version of the Measure of Psychologically Abusive Behaviors (MPAB), the Women's Experience with Battering Scale (WEB), Impact of Events Scale (IES), the Functional Assessment of Cancer Therapy-Breast (FACT-B), the Childhood Trauma Questionnaire, General Health Questionnaire-12, the Post-Traumatic Stress Disorder Checklist (PCL), Medical Outcomes Study Social Support Survey, the 12-item version of the General Health Questionnaire (GHQ), the PTSD Checklist—Civilian Version (PCL-C), and the questionnaire structured by the researchers to assess the patient's history of cancer screening, history of violence, health service utilization, demographic information and sexual abuse.

Three studies with qualitative design reached a total of 32 patients, and spouse/partner violence over the treatment period was inquired in breast cancer patients.

Clark et al. conducted a study with breast cancer patients in two breast centers in the UK. Patients that were unable to communicate in English and the patients that had metastatic breast cancer or history of psychosis or other psychiatric diseases were excluded. It was conducted with the patients that underwent mastectomy alone (n:104) or mastectomy together with reconstruction (n:29); questionnaire was performed 2–4 days after surgery and repeated in the postoperative 12th month. Hospital Anxiety Depression Scale (HADS) was performed and three questions inquiring abuse were asked. These questions were as follows: has someone older than you "touched your intimate parts or pulled you toward himself?", "touched you sexually?" and "attempted or completed sexual intercourse?". They concluded that patients preferring reconstruction after mastectomy are

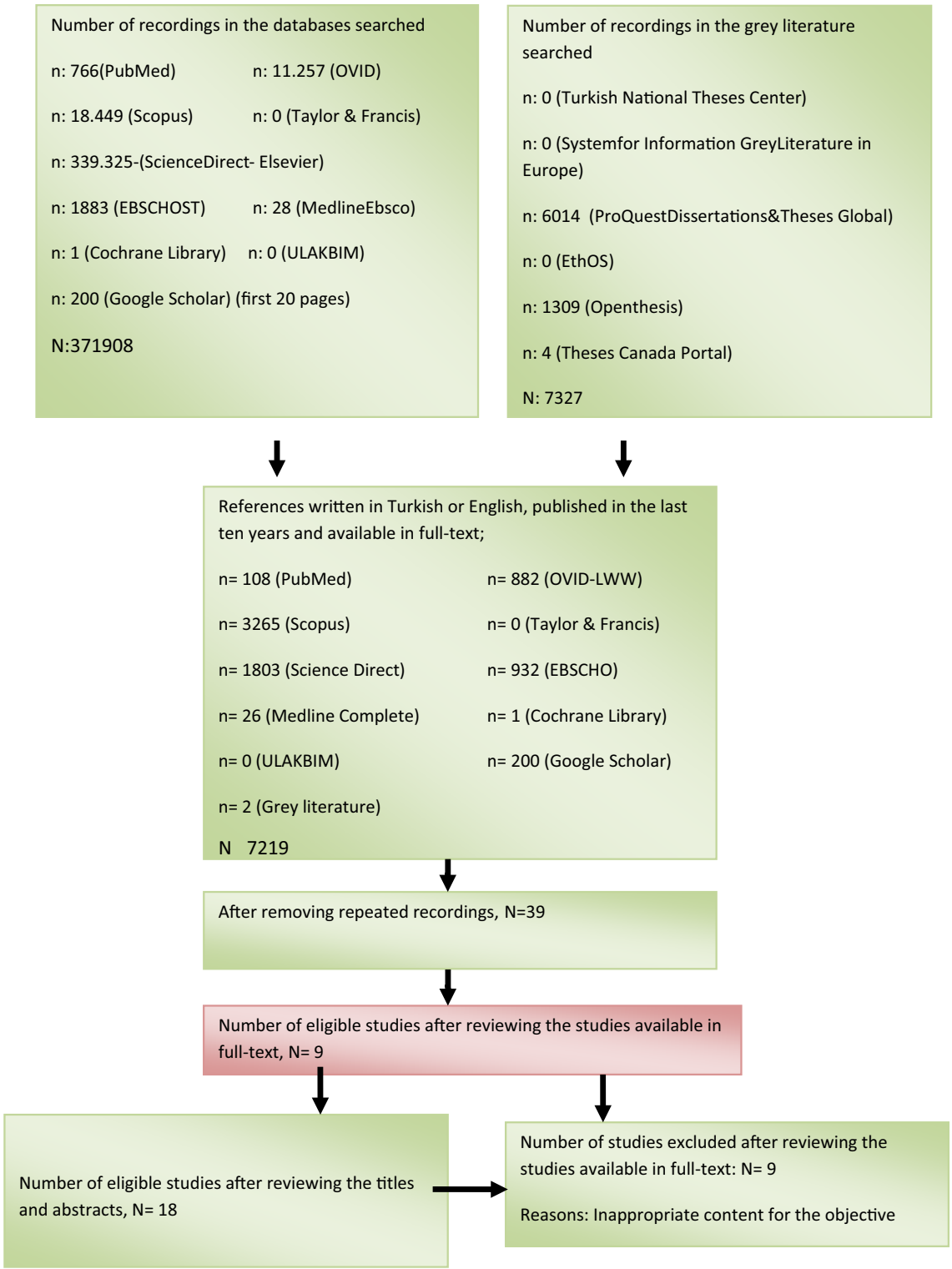

Fig. 2 Literature search flowchart

younger, have higher prevalence of abuse as compared to the patients that underwent mastectomy alone, and have severer postoperative anxiety and depression [16].

Coker et al. conducted a study to investigate the impact of childhood sexual abuse (CSA) and the timing and type of intimate partner violence (IPV) on depression, perceived

Table 2 Descriptive information concerning the studies included in the systematic review

Author's name, year of publication	Study name	Objective	Method	Population (*n*) (*n*/abuse or İPV)	Scales	Outcome
Clark et al. 2011 [16]	Sexual abuse in childhood and postoperative depression in breast cancer patients undergoing mastectomy and subsequent reconstruction	To determine mood and level of depression and anxiety in early period and after 12 months of surgery in women underwent mastectomy + reconstruction or mastectomy alone To determine the relationship between the prevalence of sexual abuse and postoperative depression and mood disorder	Descriptive repeated measures Postoperative day 2 and 4 and 1 year after hospital discharge	104 mastectomies and 29 mastectomy + reconstruction (104/6)	Hospital Anxiety and Depression Scale (HADS) Questionnaire structured by the researchers to assess sexual abuse	No difference between the patients underwent (*n*:28) and not underwent (*n*:28) reconstruction after mastectomy in terms of degree of depression Abuse in 32% of the patients underwent mastectomy + reconstruction and in 7% of the patients underwent mastectomy alone Policlinic controls performed to explore the effects of abuse revealed higher level of depression in the patient group underwent mastectomy + reconstruction, which could not be explained by the prevalence of abuse
Coker et al. 2012 [14]	Relation between wellbeing and spouse violence and childhood abuse in women with cancer	To investigate the effect of childhood sexual abuse (CSA) as well as the timing and type of intimate partner violence (IPV) on depression, perceived stress and cancer-related well-being among females with cancer	Cross-sectional	553 cancer patients (461 breast cancer, 60 colorectal cancer, and 32 cervix cancer) (553/204)	A modified version of the Measure of Psychologically Abusive Behaviors (MPAB) The Women's Experience with Battering Scale (WEB)	Healing is negatively influenced in breast cancer women exposing to partner violence and childhood abuse
Fagundes et al. 2012 [17]	Childhood abuse and breast cancer: Social support makes difference in the quality of life, fatigue and cancer-related stress	To determine cancer-related stress, fatigue and quality of life after breast cancer treatment in women exposed to childhood negligence or abuse	Descriptive	132 breast cancer patients (stages 0–III) with completed treatment (132/69)	Impact of Events Scale (IES) The Functional Assessment of Cancer Therapy-Breast (FACT-B) The Childhood Trauma Questionnaire	Cancer-related psychological problems, fatigue and physical, emotional and functional welfare are poor in women exposed to childhood abuse Childhood abuse has an important place among the determinants of quality of life over the disease course in breast cancer women

Table 2 (continued)

Author's name, year of publication	Study name	Objective	Method	Population (*n*) (*n*/abuse or IPV)	Scales	Outcome
Modesitt et al. 2006 [18]	Impacts of history of violence in women with breast, cervical, endometrial or ovarian cancer	To determine the prevalence of violence exposed to in the past and currently. To investigate the relationship between history of violence and the use of cancer screening programs as well as the relationship between history of violence and cancer stage in oncology patients	Descriptive	101 patients (26 breast cancer, 25 cervix cancer, 25 endometrial cancer and 25 ovarian cancer) (101/49)	Structured by the researchers (history of screening for cancer, history of violence, health care utilization, demographic data)	History of violence is quite common among patients with breast, ovarian, endometrial and cervix cancer There is positive correlation between advanced-stage disease and history of violence
Salmon et al. 2006 [19]	The role of childhood abuse and age on the emotional problems after breast cancer surgery	To investigate the role of childhood abuse and age on sensitivity to emotional problems after breast cancer surgery	Descriptive	355 breast cancer patients after mastectomy (355/136)	General Health Questionnaire-12 The Post-Traumatic Stress Disorder Symptom Checklist—Civilian Version (PCL-C)	Childhood abuse is a risk factor for emotional problems after surgical treatment of breast cancer and attention needs to be paid to the identification of patients that reflect weak points before the disease and to help such patients. Since both emotional problems and abuse are associated with violence and age, further studies must avoid generalizing the age spectrum
Salmon et al. 2007 [20]	Patients relationship with the clinical staff after being diagnosed with breast cancer and its association with the patients' experience concerning care and abuse in childhood	To test the assumption that women reporting childhood abuse and parent negligence would scarcely seek for the support of clinical staff that give care during breast cancer diagnosis and surgery	Descriptive	344 breast cancer patients after mastectomy (344/203)	Medical Outcomes Study Social Support Survey The 12-Item Version of the General Health Questionnaire (GHQ) The PTSD Symptom Checklist—Civilian Version (PCL-C)	Patients' ability to feel completely supported by the clinical staff reflects not only how much the clinical staff supports but also the patients' experiences concerning close relationship While lack of parental care generally puts the adults' supportive relationship in danger, abuse reduces particularly asking for the support of clinical staff

stress and the state of cancer-related well-being in women with cancer. They determined that state of wellbeing in the patients exposed to partner violence and childhood sexual abuse is associated with six indicators. It was stated that particularly the scores of Functional Assessment of Cancer Therapy for Breast Cancer (FACT-B) Scale and Functional Assessment of Chronic Illness Therapy-Spiritual Wellbeing (FACIT-SP) Scale are low, but stress and depression scores are high in the patients exposed to partner violence and childhood sexual abuse [14].

In the study titled "Child abuse and treated breast cancer patients: Social support makes difference in quality of life, fatigue and cancer stress", Fagundes et al. explored how childhood abuse affects the quality of life in breast cancer patients. The study was carried out with 132 breast cancer survivors after at least 2 months of surgery. It was determined that 12.1% of the patients had been exposed to emotional negligence, 27.3% had been exposed to physical negligence, 23.5% had been exposed to emotional abuse, 14.4% had been exposed to physical abuse and 14.4% had been exposed to sexual abuse. They also determined that 48% of the patients had been exposed to at least one of the negligence and abuse in childhood and that there was no difference between those with and without exposure in terms of type of treatment, stage of cancer and time after diagnosis. Further analyses revealed that childhood negligence and abuse are associated with greater cancer-related psychological problems, severer fatigue, lower breast cancer-specific physical, emotional and functional welfare, and lower demand for social support [17].

Modesist et al. conducted a study and investigated the time and impact of violence experienced by the patients with breast, cervix, endometrium and ovarian cancer. They stated that 48.5% of the 101 cancer patients and 42.30% of the 26 breast cancer patients had been exposed to violence at least once in lifetime and that 55.1% of women were exposed to sexual abuse, of whom 23% had been exposed to violence in childhood and 75.5% had been exposed to violence in adulthood. They concluded that women exposed to violence are younger and divorced, and the prevalence of smoking and disease stage is higher in such patients [18].

Salmon et al. investigated the role of childhood abuse and the age on the vulnerability to emotional problems after breast cancer surgery and interviewed 255 women on the postoperative Day 2 and Day 4. They stated that childhood abuse is a risk factor for the development of emotional problems after breast cancer surgery and that patients displaying premorbid emotional vulnerability need to be carefully identified and helped [19]. In the study conducted in 2007 with the same patient population, Salmon used different scales and investigated the patients' state of feeling completely supported by the clinical staff. They investigated not only how much the clinical staff has supported, but also the patients' experience about close relationship. It was determined that lack of parental care and exposure to abuse in childhood is a barrier for them to welcome the clinical staff's support [20].

Qualitative study outcomes

Clark et al. conducted a qualitative study to determine the clinical staff's questions to the breast cancer survivors about childhood abuse they had been exposed to and their point of view concerning this subject. In one of the study centers, three focus groups were established with the women having history of breast cancer, who had undergone breast cancer therapy and were the members of a local patient support group. The interviews were qualitatively analyzed. It was stated that this area, which is "taboo" for the patients that received treatment for abuse and cancer, should not exist and an opportunity for defining themselves has to be given to these patients. It was highlighted that uncovering abuse is a part of holistic care [16].

Sawin investigated the breast cancer within the context of domestic violence in seven participants aged between 37 years and 63 years via semi-structured interview. According to the results of this study analyzed by hermeneutic phenomenological approach, they specified the themes under the main topics of "reassessing the life, believing in the relationship-induced stress, assessing the others' support and importance of breast". All participants stated that their relationship with the spouse/partner has changed after being diagnosed with breast cancer, women having cancer are vulnerable and that screening for spouse/partner violence needs to be performed and awareness should be created in the oncology clinics [21]. Hermeneutic phenomenology is a kind of analysis method used in qualitative research methods. With in-depth interviews with patients, handwritten texts are repetitively and individually encoded by several people. Again, common titles aiming to understand, interpret and explain are formed by the same people [27].

Sawin and Parker carried out a study in 11 breast cancer patients aged between 51 years and 84 years using the semi-structured interview technique to determine the experiences of elder women, who were diagnosed with breast cancer while being exposed to spouse/partner violence. Moreover, they stated they feel weak because of cancer therapy and thereby they are unable to stand up to their husbands [22].

Discussion

As violence has acute or non-acute impacts on health, breast cancer patients may experience a set of psychological and behavioral alterations over the diagnostic and therapeutic process [15, 23]. It was stated that patients exposed to partner violence and childhood sexual abuse have higher

Table 3 Descriptive information concerning qualitative studies included in the systematic review

Author's name, year of publication year	Study name	Study objective	Study method	Study population (*n*) (n/Abuse or IPV)	Scales	Outcome
Clark et al. 2011 [16]	Sexual abuse in childhood and postoperative depression in women with breast cancer who opt for immediate reconstruction after mastectomy	To obtain points of view how violence/abuse affects the clinical practices in the patients receiving treatment for breast cancer	Qualitative	Women receiving treatment for breast cancer in one of the study centers and the breast cancer women who were the members of a local patient support group. Three focus groups were established ($n=6$, 5 and 3, respectively). transcriptions of the interview are evaluated qualitatively (14/1)	Open-ended questions	Need for routine and comprehensive evaluation of the requests concerning abuse Need for the education of healthcare staff that serve to unveil and manage the explanations about abuse
Sawin et al. 2009 [21]	Breast cancer in the context of intimate partner violence: a qualitative study	To identify the women's experiences Intimate partner violence (IPV) in those diagnosed with breast cancer	Qualitative	Seven women experiencing breast cancer and spouse violence concurrently (7/7)	IPV, the Women's Experience with Battering Scale (WEB), abuse assessment screening scores	Women believe that abuse-related stress leads to cancer or worsens the disease
Sawin and Parker 2011 [22]	If looks would kill then I would be dead: intimate partner abuse and breast cancer in older women	To identify the experiences of elder women diagnosed with breast cancer while being exposed to spouse/IPV	Qualitative	11 breast cancer women aged between 51 years and 84 years (11/11)	Open-ended questions	Psychological abuse causes woman to feel trapped and to lose control No stand up to husband as they feel weak and because of cancer treatment and dizziness

stress and depression scores [14]; patients that had experienced one of the childhood negligence or abuse have more cancer-related psychological problems, feel more tired and have lower breast cancer-specific physical, emotional and functional welfare [17]; and childhood abuse (violence) is a risk factor for the development of emotional problems after breast cancer surgery [19].

Some women diagnosed with breast cancer may suffer from some symptoms that are difficult to be defined and the origin of which could not be clarified. For this reason, patient's complaint needs to be evaluated comprehensively [15]. It was reported that psychological abuse causes women to feel trapped and to lose control. Moreover, associated with cancer treatment, women feel weak and are unable to stand up to their husbands because of dizziness [22]. In addition, women that had been exposed to violence are younger and divorced, are heavy smokers, and have advanced-stage disease [18].

Being diagnosed with cancer may alter the women's communication with the family and with other people. While some patients establish a closer relationship with the family or other people during illness as compared to premorbid period, some patients avoid interpersonal relationships. Patients with long treatment period have usually difficulty in maintaining their relationship with other people because of lack of energy and/or because they cannot receive necessary support when they need [11]. A qualitative study conducted with the patients receiving treatment for breast cancer stated that adaptation to living with cancer and having good relationships with others make life more meaningful and satisfactory [24]. In addition, another concern for women is the probability that their marriage would be imperiled [11].In another study on this subject, all participants stated that their relationship with the spouse/partner has changed after being diagnosed with breast cancer and that women with cancer are vulnerable [21]. Result of another study revealed that breast cancer patients exposing to one of the childhood negligence or childhood abuse rarely seek for social support [17].

Oncology clinicians may help the patients who had been exposed to violence to understand the complexity they have experienced and its impacts by allowing the women to express their experiences about violence [15]. Breast care nurses establish a particular bond with their patients because they are together at every step of the disease and give care to the patients beginning from the diagnostic period until the end of treatment. By virtue of this particular bond, breast care nurses have strong relationship with patients and thereby, they help breast cancer patients exposed to violence with maintaining a safe life and improving health also using multidisciplinary team approach [9]. Hence, researches should be increased in number and clinical guidelines about the violence in breast cancer patients, prevalence of spouse/partner violence, impacts on patients, reflections on the treatment process, and effects on adaptation to the disease should be prepared and developed.

Working as a member of multidisciplinary health care team is the basic duty of breast care nurses [9]. Clinical guidelines state that multidisciplinary team is the best way to understand the patient's situation, reduce anxiety and depression, enhance self-confidence, improve general health status and reduce somatic symptoms, and to manage breast cancer. To work effectively, multidisciplinary healthcare team must understand the impact of breast cancer on each woman, as well as their conditions, feelings and concerns and the treatment they chose, and must consider this as the common goal [9, 15]. Patients expressing that their relationship with spouse/partner has changed after being diagnosed with breast cancer have suggested that screening should be performed for spouse/partner violence and awareness should be created in the oncology clinics [21].

During screening for violence, attention must be paid to the effects of uncovering the violence on patients. Necessity of maintaining the relationship because of economic dependence and elder women being indefensible against violence brings along the probability of continuation of exposing to violence [6, 22].

Breast care nurses have to understand the cultural context caused by violence and be sensitive to the patient's beliefs and actions. It might be difficult to determine the presence of violence in the absence of physical signs [25]. It might also be difficult for the patient and the nurse to talk about violence/spouse violence [15]. It is stated that this area, where talking about violence and abuse is "taboo" for the patients treated for abuse and cancer, should not exist [16]. While managing such patients, nurses should allow the patients to express themselves by communicating in a nonjudgmental, supportive and leading manner about the relevant issue [15]. In a study, it was reported that lack of parental care and exposure to abuse in childhood reduce seeking for support particularly from clinical staff [20]. Another study highlighted the necessity of providing the patients with opportunity to express themselves and that uncovering the abuse is a part of holistic approach [16]. The necessity of placing the questions about exposure to violence in a specific section among patient identification questions has been suggested as the best way to identify the violence [25]. The importance of inquiring violence particularly in the patients with psychological problems was also accentuated [26].

Conclusion and recommendations

In conclusion, it is emphasized that caregiving becomes difficult, treatment continuity cannot be provided, and quality of life is impaired in breast cancer patients that have been exposed to spouse/partner violence either in childhood or

during therapeutic process. For this reason, healthcare staff's addressal of the violence in addition to the guidelines for clinical treatment and care is a part of holistic care. We think that establishing clinical guidelines focusing on violence would be loadstar. Development of screening tools to identify violence/abuse, adaptation of these tools to our own language and culture, and utilization of support, education and recommendations may help healthcare providers and patients with the expression of spouse/partner/other violence and cope with this.

Limitations

We reached to the full-text publications only from the databases that have been subscribed to by the university. Meta-analysis has not been done with the reason that the number of studies done on this subject is small and the results of qualitative studies are not available.

Compliance with ethical standards

Conflict of interest The authors have no conflict of interest to declare.

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