ORIGINAL ARTICLE

Assessment of the Characteristics of Domestic Violence Presenting to Emergency Department in a Tertiary Care Hospital in Pakistan

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ABSTRACT

Background: Domestic violence is a pervasive global issue and a recognized public health concern in Pakistan. Here we present the characteristics of domestic violence victims presenting to the emergency department.
Methodology: A cross-sectional study was conducted in one of the tertiary care hospitals in Pakistan. The study analyzes the characteristics of domestic violence presented in the hospital's emergency department and also determines the prevalence and the demographics of the victims.
Results: The study with a total of 124 participants, revealed a distressingly high incidence of domestic violence, with 78.2% of participants reporting experiencing Domestic Violence (DV) at some point in their lives. Among various forms of DV, the most prevalent included being slapped (25.8%), pushed (15.3%), and kicked (14.5%). Furthermore, threats (14.5%), weapon use (4.8%), child abuse (10.5%), neglect (2.4%), and shouting (8.9%) were also documented. These findings highlight the diverse and troubling nature of domestic violence, affecting individuals both physically and psychologically.
Conclusion: Despite the study's limitations, including a small sample size and convenient sampling technique, the findings provide valuable insights into the widespread and complex nature of domestic violence in Pakistan, influenced by cultural norms. Collaboration among healthcare providers, policymakers, and the community is vital to address this pressing public health issue and protect vulnerable individuals, especially women who are disproportionately affected.
Keywords: domestic violence, intimate partner violence, abuse, neglect

INTRODUCTION

Domestic violence is a rising cause of concern globally and is considered a public health issue. It refers to violence, which may occur in relationships, particularly intimate relationships[1]. Such violence can have significant detrimental impacts on a victim, which can either be short-term or long-term physical or mental effects. These include physical injuries, anxiety, and depression and may also result in death[2].

Physical violence against women by men, either sexual or physical, is prevalent globally. A study found that more than one in four women 927%) between the ages of 15-49 suffered from some physical or sexual abuse by their partners at least once in their life[3]. Another study found that 30% of women worldwide suffered violent behavior at the hands of their partner, resulting in poor health outcomes[4].

Victims of domestic violence come in contact with healthcare providers first in the emergency department[5]. It is more likely for female victims of domestic violence to seek health care instead of approaching social or legal service agencies for help[6]. As first responders, healthcare providers in the emergency department are required to identify victims of domestic violence and initiate a well-coordinated response to help in their care[7].

Often, cases of domestic violence go unnoticed in the emergency department due to a multitude of reasons. Female victims of abuse are generally hesitant to disclose information regarding their experience, which makes it difficult for healthcare providers to identify them as a case of domestic abuse[8]. Secondly, healthcare professionals lack the training to identify specific signs and symptoms that may be indicative of domestic abuse[8].

There is strong evidence that supports that the occupation status of a female, the education level of her partner, and the type of family she belongs to are significant predictors of domestic violence[9]. Victims of domestic violence suffer from long-term mental health consequences[10], including depression, conversion disorders, and other somatoform disorders[9].

Due to the harmful impact of domestic violence, it is essential to mitigate its rise through screening and early identification of victims. Though different screening parameters have been introduced, numerous barriers exist to its implementation, which include a lack of knowledge and training, a lack of resources, and insufficient training[11].

In Pakistan, the predisposing factors for domestic violence include a low socioeconomic status, illiteracy, a lack of empowerment, and certain norms and customs, such as those that justify honor killing[12]. The prevalence, risk factors, and consequences of domestic violence have been studied globally. This study aims to focus more on domestic violence in Pakistan. This scientific study was conducted with the objective of assessing the characteristics of domestic violence presented to the emergency department in a tertiary care hospital in Pakistan.

METHODS

A retrospective analysis was conducted at the Department of Department of forensic medicine and toxicology Gambat medical college at PSAQSJIMS Gambat, Hospital name between dates here. The study spanned from January 2023 to July 2023. Data were retrospectively collected from the records at the medicolegal center using a predefined pro forma. This included cases of domestic violence that were reported and documented during the study period. The data encompassed demographic information, nature and extent of injuries, and the type of violence.

Patients presenting with injuries related to intimate partner violence, child abuse, and elder abuse, in this study, cases were identified by medicolegal experts based on the criteria of domestic violence. As ethical approval was not required for this retrospective study, care was taken to anonymize and de-identify all data to maintain confidentiality. This approach mirrors the parent study's emphasis on confidentiality and data protection.

The data were analyzed to understand the prevalence and characteristics of domestic violence cases presented. Descriptive statistics were used to summarize demographic characteristics, types of injuries, and other relevant variables. Advanced statistical methods were employed to explore factors associated with domestic violence and their consequences, akin to the methods used in the parent study.

RESULTS

The demographic analysis reveals a predominantly female (98.4%) population, with significant representation in the 18-50 age range, the majority falling between 18-30 (45.2%) and 30-50 (46%). A large proportion are not working (55.6%) and hold either an illiterate (44.4%) or primary education (24.2%). The majority are married (71.8%) and live in urban areas (66.9%). Islam is the predominant religion (64.5%), and the most prevalent ethnic group is Punjabi (50.8%). Moreover, a considerable number have 2 children (39.5%). The mean age is 32.85 years, with a 95% confidence interval between 30.98 and 34.71, offering a comprehensive population's composition as documented in (TABLE 1).

Table 1: Demographic Variable of Patients

Demographic Variable	Frequency (n)	Percentage (%)
AGE		
18 - 30	56	45.2%
30 – 50	57	46.0%
>50	11	8.9%
Mean Age (Years)	32.85±10.50	95% CI (30.98---34.71)
Gender		
Female	122	98.4%
Transgender	2	1.6%
Educational Status		
Illiterate	55	44.4%
Primary	30	24.2%
Secondary	27	21.8%
Higher	12	9.7%
Occupational Status		
Not Working	69	55.6%
Professional	8	6.5%
Skilled	27	21.8%
Unskilled	20	16.1%
Socioeconomic Status		
Lower	38	30.6%
Middle	54	43.5%
Upper	32	25.8%
Residential Status		
Urban	83	66.9%
Rural	41	33.1%
Religion		
Islam	80	64.5%
Christian	16	12.9%
Hindu	9	7.3%
Others	19	15.3%
Marital Status		
Married	89	71.8%
Unmarried	7	5.6%
Widowed	9	7.3%
Divorced	19	15.3%
Ethnicity		
Balochi	2	1.6%
Others	10	8.1%
Punjabi	63	50.8%
Sindhi	26	21.0%
Siraiki	6	4.8%
Urdu	10	8.1%
Pushtoon	7	5.6%
Number of Children		
0	7	5.6%
1	24	19.4%
2	49	39.5%
3	12	9.7%
4	21	16.9%
5	11	8.9%

Confidence Interval (C.I.)

There is a high incidence of domestic violence, with 78.2% reporting experiencing it. Among the reported incidents, common forms included being slapped (25.8%), pushed (15.3%), and kicked (14.5%). Other notable incidents encompassed threats (14.5%), use of a weapon (4.8%), child abuse (10.5%), neglect (2.4%), and shouting (8.9%). Additionally, a smaller portion reported experiencing elder abuse (3.2%) as documented in (TABLE 2).

Table 2: Outcome and Characteristic of Patients

Outcomes	Frequency (n)	Percentage (%)
Domestic Violence		
Yes	97	78.2%
No	27	21.8%
Characteristics		
Slapped	32	25.8%
Pushed	19	15.3%
Kicked	18	14.5%
Elder Abuse	4	3.2%
Threatened	18	14.5%
Used a weapon	6	4.8%
Other		
Child Abuse	13	10.5%
Neglect	3	2.4%
Shouted	11	8.9%

Stratification of age group, gender, educational status, occupational status, socioeconomic status, residential status, religion, ethnicity and number of children was done with respect to domestic violence as documented in (TABLE 3).

Table 3: Relationship of Demographic Variable with Domestic Violence

Study Variable	Domestic Violence		P-Value
	Yes (n=97)	No (n=27)	
Age			
18 - 30	46(37.1%)	10(8.1%)	
30 – 50	43(34.7%)	14(11.3%)	0.619
>50	8(6.5%)	3(2.4%)	
Gender			
Female	95(76.6%)	27(21.8%)	0.611
Transgender	2(1.6%)	0(0.0%)	
Educational Status			
Illiterate	42(33.9%)	13(10.5%)	
Primary	21(16.9%)	9(7.3%)	0.199
Secondary	25(20.2%)	2(1.6%)	
Higher	9(7.3%)	3(2.4%)	
Occupational Status			
Not Working	52(41.9%)	17(13.7%)	
Professional	6(4.8%)	2(1.6%)	0.780
Skilled	22(17.7%)	5(4.0%)	
Unskilled	17(13.7%)	3(2.4%)	
Socioeconomic Status			
Lower	26(21.0%)	12(9.7%)	
Middle	44(35.5%)	10(8.1%)	0.203
Upper	27(21.8%)	5(4.0%)	
Residential Status			
Urban	62(50.0%)	21(16.9%)	0.176
Rural	35(28.2%)	6(4.8%)	
Religion			
Islam	66(53.2%)	14(11.3%)	
Christian	13(10.5%)	3(2.4%)	0.242
Hindu	6(4.8%)	3(2.4%)	
Others	12(9.7%)	7(5.6%)	
Marital Status			
Married	65(52.4%)	24(19.4%)	
Unmarried	7(5.6%)	0(0.0%)	0.094
Widowed	7(5.6%)	2(1.6%)	
Divorced	18(14.5%)	1(0.8%)	
Ethnicity			
Balochi	1(0.8%)	1(0.8%)	
Others	9(7.3%)	1(0.8%)	
Punjabi	49(39.5%)	14(11.3%)	
Sindhi	21(16.9%)	5(4.0%)	0.398
Siraiki	4(3.2%)	2(1.6%)	
Urdu	6(4.8%)	4(3.2%)	
Pushtoon	7(5.6%)	0(0.0%)	
Number of Children			
0	7(5.6%)	0(0.0%)	0.073
1	17(13.7%)	7(5.6%)	

2	42(33.9%)	7(5.6%)	
3	10(8.1%)	2(1.6%)	
4	12(9.7%)	9(7.3%)	
5	9(7.3%)	2(1.6%)	

Applied Chi-Square & Fisher's Exact test

DISCUSSION

Domestic violence (DV) is a public health concern with significant physical and mental health repercussions on a national and global scale[13]. In this context, our observational cross-sectional study data was collected from individuals admitted in a tertiary care hospital in Pakistan. The study assessed the characteristics of domestic violence, the prevalence, and the demographics of the victims. The study included sample size of 124 patients in total. The foremost finding of the study indicated a disturbingly high incidence of domestic violence with 78.2%, where participants reported of experiencing domestic violence at some point in their lives. Among different types of DV slapped (25.8%) was found to be prevalent among study sample, followed by pushed (15.3%) and kicked (14.5%). This study aligns with 2020 study which showed higher prevalence of domestic violence in Gilgit Baltistan[14]. This alarming statistic in our study underscores the pervasive nature of domestic violence, with significant gender disparities, having no boundaries in terms of age as p-value relatively high of 0.619 and various forms of abuse. However, women with higher level of education and professionals were less likely to experience abuse as data reported of 7.3% and 4.8% respectively. This highlighted that the risk factors behind the DV might be related to education, socio economic status, occupation and residential status. Furthermore, the study highlights additional disconcerting facets of domestic violence which included threats reported by 14.5% of the participants, that can have a severe psychological impact. The use of weapons, child abuse, neglect, and shouting were also documented, at rates of 4.8%, 10.5%, 2.4%, and 8.9%, respectively. These findings demonstrate the diverse and distressing nature of domestic violence, encompassing physical harm, emotional distress, and psychological trauma.

In line with the findings, the 2017-2018 Pakistan Demographic and Health Survey (PDHS) revealed that around 28% of women aged 15 to 49 have encountered physical violence since the age of 15, and approximately 6% have faced sexual violence. Moreover, 7% of women who have experienced pregnancy reported instances of violence during this period[15]. According to a 2020 study conducted by the Human Rights Commission of Pakistan (HRCP), titled 'Factsheet on Domestic Violence During COVID-19 Lockdown, it was revealed that a 90% of women in Pakistan have encountered various forms of domestic violence at some point in their lives especially during the COVID-19 pandemic. Similarly, in their 'Annual Statistics 2020' report, the Aurat Foundation, a women's rights organization in Pakistan, documented over 11,000 cases of violence against women in the same year[16].

Consequently, our study the study's results should be interpreted cautiously due some limitations. Due to use convenience sampling method, small sample size and the study setting limited to 1 tertiary care hospital, there is the possibility of sampling bias, which can introduce biases and limit the generalizability of the findings, where the selected population may not be fully representative of the broader population under study.

Therefore, in order to address the alarming level of domestic violence in Pakistan, population-based surveys with random sampling are essential. These surveys can help uncover the prevalence of violence, profile the perpetrators, and identify the factors that perpetuate domestic violence. Once this epidemiological data is collected and documented, it can inform the development of informed and effective public health policies and practice guidelines for healthcare professionals, including obstetricians and general medical practitioners.

CONCLUSION

In conclusion, the study results underscore the alarming extent of diverse types of domestic violence in Pakistan. DV is a complex and deeply ingrained issue, making it challenging to quantify due to its close association with socio-cultural norms and beliefs. This study raises critical questions about whether we need to examine violence within the context of a specific culture and whether there are universal norms of behavior that all societies should adhere to, as discussed in one of the national studies[17], it upholds the urgent need for collaborative efforts among healthcare providers, social services, policymakers, and the community. Only through collective action can we hope to reduce the prevalence of domestic violence and provide support and healing for those who have endured its devastating effects. Addressing this issue is not only a matter of public health concern but also a moral imperative to ensure the safety and well-being of the most vulnerable individuals, particularly women, who bear the brunt of domestic violence.

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