A cross-sectional study on domestic violence in emergency department of Eastern Nepal

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Introduction:
Domestic violence act 2008 Nepal defines ‘domestic violence’ as any form of physical, mental, sexual, and economic abuse perpetrated by any person to the other person with whom he/she has a family relationship, and this definition also implies to the acts of reprimand or emotional harm. The act further defines “domestic relationship” as a relationship between two or more persons who are living together in a shared household and are related by descent (consanguinity), marriage, and adoption or are family.

Materials and Methods:
This was a cross-sectional observational study done in the Department of General Practice and Emergency Medicine of BP Koirala Institute of Health Sciences from January 2014 to December 2014. Anyone presented with a physical injury intentionally caused by a relative, partner, or other household member (spouse, partner, sibling, ex-partner, child, and other wives/partner of spouse).

Results:
The total number of patient enrolled in this study was 423. Among which 71.9% were female and 28.1% were male. About 27% of female and 31.9% of male were in the age group of 20–30 years. Majority (42.4% females and 48% males) of the victim’s family had agriculture for primary occupation. Among the study groups, 40.9% of cases were beaten by direct hit and 24.3 with weapon, 5% of cases were only reported as rape, and 23.6% as homicidal case.

Conclusion:
Domestic violence is particularly insidious form of gender-based violence. In the place where they should feel the greatest safety and security- the family-women often face terror form of physical, psychological, sexual, and economic abuse.

Keywords: Domestic violence, Eastern Nepal, emergency
a direct result of domestic violence. The lifetime prevalence rate for domestic violence in this population was 22%.\cite{6} An Australian study indicated that 30.7% of women and 15.5% of men had experienced adult domestic violence.\cite{7} While the evidence does not support screening for domestic violence, it is still important that emergency physicians know how to create the opportunity of a patient disclosing domestic violence, so that self-reported victims of domestic violence can be offered help. This process is distinct from a screening program. Ideally, all consultations should take place in a private room with, initially, only the patient and the doctor.

The objective of this study is to find out the frequency of domestic violence victims attending emergency department, to find out the factors related to domestic violence, type, and severity of injury, and to identify the impact of domestic violence in the victims.

### Materials and Methods

This was a cross-sectional observational study done in the Department of General Practice and Emergency Medicine of BP Koirala Institute of Health Sciences from January 2014 to December 2014. Anyone presented with a physical injury intentionally caused by a relative, partner or other household member (spouse, partner, sibling, ex-partner, child, and other wives/partner of spouse). The study population is not confined to women. Individuals are identified by the doctors working in emergency department based on the history given by the patients.

The exclusion criteria were if the patient himself/herself denies being part of the study. Each patient was assessed by the duty doctor by a filling a questionnaire based on the history given by the patients. The questions were well validated and inquire about physical and non-physical domestic violence. The CAGE questionnaire was used to identify problem alcohol drinking. Deliberate self-harm and use of medical care will be assessed by direct report. All patients were interviewed alone. “Walking wounded” patients were interviewed in a separate room, where there was no possibility that they could be overheard. Trolley bound patients were interviewed in a cubicle. Any accompanying friends or relatives were escorted out of earshot. Refusal of friends or relatives to leave led to the interview being abandoned. The parameter which was recorded were age, sex, religion, address, education of both victim and who assault that victims, occupation, nature of injury, and details regarding management including the length of hospital stay, pregnancy state, regarding alcohol, and type of injury.

Data were entered into Microsoft Excel 2011 and analyzed using statistical package for the social sciences (IBM SPSS Statistics Version 10, Bangalore, India). Each clinical finding was analyzed for association using Chi-square test or Fisher’s exact test (if the expected frequencies are $<5$) at confidence interval of 95%. Logistic regression analyses were used to identify demographic variables that are significantly related to domestic violence.

Ethical clearance was taken from IRC of BPKIHS prior starting of this study and verbal consent was taken from the patient.

### Results

The total number of patients enrolled in this study was 423. The demographic profile of victim and assaulter are given in Tables 1 and 2.

Most of the victims that were physically assaulted were beaten by fist, bamboo stick, iron rod, and shoes. Some of the victims were

### Table 1: Demographic profile of victims

| Variables          | Male, n (%) | Female, n (%) |
|--------------------|-------------|---------------|
| Sex                |             |               |
| Male               | 119 (28.1)  | 304 (71.9)    |
| Female             | 383 (91.9)  | 30 (28.1)     |
| Age (years) (n=423) |             |               |
| <10                | 2 (1.6)     | 11 (3.6)      |
| 10-20              | 4 (3.6)     | 53 (17.4)     |
| 20-30              | 38 (19.9)   | 82 (27.2)     |
| 30-40              | 35 (29.4)   | 72 (23.7)     |
| 40-50              | 30 (25.2)   | 55 (18.1)     |
| >50                | 10 (8.3)    | 31 (10.2)     |
| Education (n=423)   |             |               |
| Illiterate         | 48 (40.3)   | 186 (61.1)    |
| Primary school     | 37 (31.2)   | 62 (20.4)     |
| High school (7-10) | 23 (19.3)   | 46 (15.2)     |
| College            | 11 (9.2)    | 10 (3.3)      |
| Occupation (n=423)  |             |               |
| Farmer             | 69 (58)     | 129 (42.4)    |
| Businessman        | 28 (23.5)   | 30 (9.9)      |
| Service            | 5 (4.2)     | 10 (3.3)      |
| Homemakers         | 0 (0.0)     | 107 (35.2)    |
| Dependent          | 17 (14.3)   | 28 (9.2)      |
| Alcoholic          | 88 (74)     | 168 (55.3)    |

### Table 2: Demographic profile of assaulter

| Variables          | Male, n (%) | Female, n (%) |
|--------------------|-------------|---------------|
| Sex                |             |               |
| Male               | 314 (74.2)  | 109 (25.8)    |
| Female             | 136 (31.9)  | 88 (22.5)     |
| Age (years) (n=423) |             |               |
| <10                | 0           | 0             |
| 10-20              | 19 (6)      | 7 (6.4)       |
| 20-30              | 118 (37.6)  | 27 (24.8)     |
| 30-40              | 109 (34.7)  | 35 (32.1)     |
| 40-50              | 45 (14.3)   | 27 (24.8)     |
| >50                | 23 (7.4)    | 13 (11.9)     |
| Education (n=423)   |             |               |
| Illiterate         | 219 (60.7)  | 57 (52.3)     |
| Primary school     | 58 (18.5)   | 33 (30.3)     |
| High school (7-10) | 32 (10.2)   | 17 (15.6)     |
| College            | 5 (1.6)     | 2 (1.8)       |
| Occupation (n=423)  |             |               |
| Farmer             | 224 (71.3)  | 28 (25.7)     |
| Businessman        | 48 (15.3)   | 16 (14.7)     |
| Service            | 25 (8)      | 8 (7.3)       |
| Homemakers         | 0           | 51 (46.8)     |
| Dependent          | 17 (5.4)    | 6 (5.5)       |
| Alcoholic          | 319 (83.1)  | 35 (89.7)     |
also assaulted emotionally and economically. The mode of injury, nature of injury, and outcomes are shown in Tables 3 and 4.

**Discussion**

Domestic violence prevails globally. Females are the most common victims. World Report in 2002 shows that in Peru 70% victims are women who were beaten by their husband. In Bangkok also, it was found that 50% of married women were beaten regularly. In this study, the women are most frequent victims of domestic violence. This study shows that 71.9% of women come in the emergency department due to domestic violence. Each year more than 1.5 million women seek medical care for injuries resulting from domestic violence. A situation of violence against women and girls in South East Asia done by Hayward Finney in 2000 has presented gender-based violence is a violation of women’s rights.

Most common age groups were between 20 and 30 years in both males and females who were victims of such domestic violence.

### Table 3: Characteristics and presentation of injury in victims

| Variables                  | Number of patients (%) |
|----------------------------|------------------------|
| **Violence types**         |                        |
| Physical violence          | 158 (37.3)             |
| Emotional violence         | 127 (30)               |
| Sexual violence            | 90 (21.3)              |
| Economic violence          | 48 (11.4)              |
| **Mechanism of injury**    |                        |
| Direct hit                 | 173 (40.9)             |
| Attempted strangulation     | 57 (13.5)              |
| Assault with a weapon      | 103 (24.3)             |
| Attempted poisoning        | 43 (10.2)              |
| Rape                       | 21 (5.0)               |
| Others                     | 26 (6.1)               |
| **Pattern of injury**      |                        |
| Abrasion/contusion         | 111 (26.2)             |
| Incised wound              | 71 (16.8)              |
| Head injury                | 23 (5.4)               |
| Fracture                   | 43 (10.2)              |
| Sprain/strain/soft tissue injury | 82 (19.4)         |
| Burn                       | 11 (2.6)               |
| Black eye/swollen eye      | 14 (3.3)               |
| Swelling of other parts of body | 21 (5.0)          |
| Unconscious                | 7 (1.6)                |
| Others                     | 40 (9.5)               |

*The cases like poisoning in which there were some sign and symptoms of poison and other cases which comes in anxiety and fear state*

### Table 4: Outcome of domestic violence victims

| Types of outcomes of patients | Number of patients (%) |
|-------------------------------|------------------------|
| Intervention needed           | 54 (12.8)              |
| Admitted                      | 88 (20.8)              |
| Discharged from emergency     | 252 (59.6)             |
| ICU                           | 11 (2.6)               |
| Others                        | 18 (4.2)               |

Other study also shows that majority of victim of domestic violence was adult and young adult, respectively (30–39 and 20–29 years). The reason behind this increased prevalence in young women is due to practicing of marriage in early age, which is quite high in the country. Another factor for higher incidence in females of fertile age groups is infertility. Weakness in men have equal chances of responsibility for being infertile as women. It is not only because of women.

Occupation status of victims and assaulter were assessed, and it was found that majority of victims and assaulter both were farmers. The reason for domestic violence in male victims is due to property or business. Findings revealed that domestic violence against women was committed in all types of occupational families. Nepal being the agricultural country, majority (42.4% females and 48% males) of the victim’s family in this study had agriculture for primary occupation. Physical assault was common among the other occupational group and mostly committed by husband. Husband’s alcoholic habit was the root cause of dispute and violence. Most of the men of those groups spend their income in local bar. When wife asked for the money then they started to do assault in varying degree. This was the reason for men to be beaten by wives in response of those activities as most of women get frustrated by those activities and some women due to alcohol drank by themselves. The findings were supported by a study done by Sarojini 2007 which had similar findings.

A study done by Sarojini 2007 revealed that root cause of domestic violence against women was use of alcohol by their husbands. About 41.6% of the victims expressed that after the excess intake of alcohol; their husband became the mad and started to talk irrelevantly. Some of the drunkard men demanded for sexual intercourse more than two times. When their wives could not resist it and refused to do it, then they started to scold with vulgar words as well as pulling hair and beating. It was very much comparable with this study as this study also shows that most of the assaulter was drunken (83% men and 90% women) and the root causes were either financial or sexual. Alcohol was the main reason for rape in this study.

The study done by Tjaden and Theonnes in 2000 shows that lack of education can increases vulnerability to domestic violence and exploitation. In that study, only 6.6% of the respondents had attended higher education. It was similar to our study as this study also shows 55.3% of victims and 74.7% of assaulter were illiterate and around 25% were up to primary school. Educated women become less vulnerable to domestic violence or more educated victims refused to be identified due to fear of loss of social prestige as education empowers women. This lack of education is also reflective of the poor economic status of the victim’s family.

The situation analysis conducted by SAATHI, 1997 on violence against women in Nepal, revealed that 93% had exposed to mental and emotional torture, 82% were beaten, 30% raped, 28% forced into prostitution, and 64% reported polygamy.
The maternal mortality study conducted by Family Health in 1998, revealed that higher suicide rate among women of reproductive age group, whereas in this study 30% had exposed to emotion torture and more than 50% mixed physical, sexual, and emotional torture. Among the study groups, 40.9% of cases were beaten by direct hit, 24.3% with weapon, 5% of cases were only reported as rape, and 23.6% as homicidal case. Another article entitled “women of far eastern region are compel bear domestic violence” Published in Gorkhapatra daily on October 9, 2006, further reported that, from 2062 Shrawan to 2063 Ashad, there were 18 women died by hanging, 13 had used drugs for suicide and women died by drowning in the river. Five women were murdered by others in Kanchanpur district only.

There are no such injuries or patterns that reliably predict domestic assault. Head, face, and neck injuries seem to be more common as shown in study done by Muelleman et al. in 1996. In this study also, it was found that there was no definite pattern of domestic injury. Abrasions, contusions, soft-tissue injury, and incised wounds were most common. This study showed that victims of domestic violence might have comparatively minor injuries, which do not require much treatment. Multiple injuries were also more common.

**Conclusion**

Domestic violence is particularly insidious form of gender-based violence. There are very high chances for emergency physicians to come across with domestic violence case and screening will not be justified as inquiry by physician will be necessary in suspicious cases. There are various factors which are contributing for the domestic violence against women such as excessive intake of alcohol, patriarchal system of the society, polygamy, sexual dissatisfaction, and dowry. There are various types of adverse effects of the violence on women health and well-being, which further hinder the family development as well as whole nation lags behind.

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**Conflicts of interest**

There are no conflicts of interest.

**References**

1. Boyle A, Robinson S, Atkinson P. Domestic violence in emergency medicine patients. Emerg Med J 2004;21:9-13.
2. Abbott J, Johnson R, Koziol-McLain J, Lowenstein SR. Domestic violence against women: incidence and prevalence in an emergency department population. JAMA 1995;273:1763-7.
3. Boyle A, Todd C. Incidence and prevalence of domestic violence in a UK emergency department. Emerg Med J 2003;20:438-42.
4. de Vries Robbé M, March L, Vinen J, Horner D, Roberts G. Prevalence of domestic violence among patients attending a hospital emergency department. Aust N Z J Public Health 1996;20:364-8.
5. World Health Organization. Women of South East Asia: A Health Profile. Regional Office for the South-East Asia, New Delhi: World Health Organization; 2000.
6. Ruth FH. Breaking the Earthenware Jar: Lessons from South Asia to End Violence against Women and Girls. Kathmandu, Nepal: UNICEF Regional Office for South Asia; 2000.
7. Sarojini S. Domestic Violence in Nepali Society: Root Cause and Consequences. Nepal: Submitted at SRIF/SNV; 2007.
8. Tjaden P, Theonnes N. Full Report of the Prevalence, Incidence, and Consequences of Violence against Women: Findings from the National Violence against Women Survey. Washington, DC: National Institute of Justice, Office of Justice Programmes, United States Department of Justice Centers for Disease Control and Prevention; 2000.
9. Deuba AR. The Situational Analysis of Violence Against Women and Girls in Nepal. SAATHI/TAF; 1997. Available from: http://www.saathi.org.np. [Last accessed on 2017 Aug 14].
10. Pathak LR, Malla DS, Pradha A, Rajlawat R, Campbell BB, Kwast B. Maternal Mortality and Morbidity Study. (MMMS) 1998. Kathmandu: Family Health Division, Department of Health services, Ministry of Health, His Majesty’s Government of Nepal; 1998.
11. Muelleman RL, Lenaghan PA, Pakieser RA. Battered women: Injury locations and types. Ann Emerg Med 1996;28:486-92.