Research Article

Feasibility of routine screening for domestic violence among women attending an urban health center in Puducherry, India

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Abstract

Background: Women facing domestic violence are likely to seek medical care but are likely not to report the cause as domestic violence.

Objective: To find out the yield of screening for domestic violence among ever-married adult women visiting an urban primary health-care center and to understand the health consequences and perception of women affected by domestic violence regarding selected aspects of the same.

Materials and Methods: This hospital-based, cross-sectional study was conducted in an urban health center attached to a tertiary care institution in Puducherry during October and November 2014. All adult women who had married at least once in their lifetime, and visited the outpatient department of the urban health center during the study period, either as patients or as patients' attenders, were included in the study. Anonymized data were collected using a pretested semi-structured questionnaire. Questions assessed whether participants had ever faced or currently facing any physical, emotional, or sexual violence after marriage.

Results: Reportedly, 133 (57.3%) participants have experienced some form of domestic violence after marriage; of which, 68 (51.1%) had faced it in the last 1 year. Physical, emotional, and sexual violence was reported by 105 (45.3%), 110 (47.4%), and 26 (11.2%) participants, respectively. Both physical and emotional violence were faced by 89 (38%) women. Arguing with husband was perceived by most women as the most common cause of violence (about 43%). About 34.4% women cited the reason for not speaking about violence to someone else as not being helpful.

Conclusion: Screening for domestic violence was feasible in urban health center, the yield being high.

KEY WORDS: Screening, violence, domestic, India

Introduction

In the recent years, violence against women has been identified as a growing public health problem worldwide.[1] The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life."[2] Domestic violence is more common among married women.[3] It is not restricted to spousal violence and includes violence perpetrated by other family members too, and can manifest as physical, psychological, or sexual abuse.[1]

According to the World Health Organization, globally 35% women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.[1] Domestic violence has been a problem for India as well. The

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National Family Health Survey (NFHS-3) carried out in the year 2005–2006 reported a prevalence of 56% among women of reproductive age group in India.[4]

Women facing domestic violence are likely to seek medical care but are unlikely to report the cause as domestic violence. Primary care physicians may frequently but unknowingly become the points of first contact for these women with the health system.[5] They are thus in an excellent position for conducting opportunistic screening for domestic violence among high-risk women groups, while simultaneously giving usual care. Also, the health center can provide a safe and confidential environment facilitating disclosure of violence, along with appropriate medical care, support, and referral services. Routine screening for a history of domestic violence is recommended by various organizations,[6–10] but still there is a lack of sufficient evidence leading to consensus regarding effectiveness of screening in health-care settings.[5]

Currently in India, very little information is available regarding usefulness of screening for domestic violence in health-care settings. Thus, through this feasibility study, we attempted to find out the yield of screening for domestic violence among ever-married adult women visiting an urban primary health-care center and to understand the health consequences and perception of women affected by domestic violence regarding selected aspects of the same.

Materials and Methods

This cross-sectional, hospital-based study was conducted in an urban health center attached to a tertiary care institution in Puducherry, India, during October and November 2014. The center provides primary health-care services to a population of approximately 9500 and has four urban wards under its service area, namely Chinnayapuram, Vazhaikulam, Kurusukuppam, and Vaithikuppam.

All adult women who had married at least once in their lifetime and who visited the outpatient department of the urban health center during the study period, either as patients or as patients' attenders, were included in the study. Anonymized data were collected using a pretested semi-structured questionnaire (translated in Tamil), which included sociodemographic details pertaining to the study participants and their spouses. Subsequent questions assessed whether participants had faced any physical, emotional, or sexual violence after marriage. All interviews were conducted by trained medical interns at the same health center in a separate room, after ensuring adequate privacy. Participants who reported that they had experienced domestic violence anytime in their marital lives were asked if they had experienced it anytime in the past 1 year, and if so, the frequency of the same. Participants' health consequences, their perceptions regarding domestic violence, and their awareness about legal help available were also assessed.

Operational definitions of domestic violence: The definitions used to consider women as victims of physical, emotional, or sexual violence were adapted from NFHS-3.[4] This was done to address the issue of comparability in the Indian context. A woman who had undergone any one of these three forms of violence at any time after her marriage was considered to be a victim of domestic violence for the purpose of this study.

Informed consent was taken from all participants. Those experiencing current violence (violence in the past 1 year) in any form were provided counseling services by the Medical Social Service Officer posted at the same urban health center, as and when required. Referrals to proper support systems outside the health center were also made on a case-to-case basis, depending on severity, and after consulting with the study participants. On International Women's Day, a talk was given to women attending the health center to increase awareness regarding domestic violence.

Statistical Analysis

Data were entered in EpiData software, version 3.1 (The EpiData Association, Odense, Denmark) and were analyzed using IBM SPSS, version 20.0. Median and interquartile range (IQR) were reported for quantitative variables following non-normal distribution. Proportions were calculated and reported as percentages.

Table 1: Sociodemographic characteristics of the study participants

Characteristics	Total (%), (*n* = 232)
Age (in years)	
18–29	55 (23.7)
30–39	59 (25.5)
40–49	47 (20.3)
>49	71 (30.6)
Education	
No education	62 (26.7)
<5 years complete	15 (6.4)
5–9 years complete	87 (37.5)
10 or more years complete	68 (29.3)
Employment	
Unemployed	135 (58.1)
Employed	97 (41.8)
Marital status	
Currently married	169 (72.8)
Widowed	50 (21.5)
Divorced/separated	13 (5.6)
Household structure	
Nuclear	172 (74.1)
Non-nuclear	60 (25.8)
Religion	
Hindu	199 (85.7)
Christian	33 (14.2)
Number of living children	
Two or less	143 (61.6)
More than two	90 (38.4)

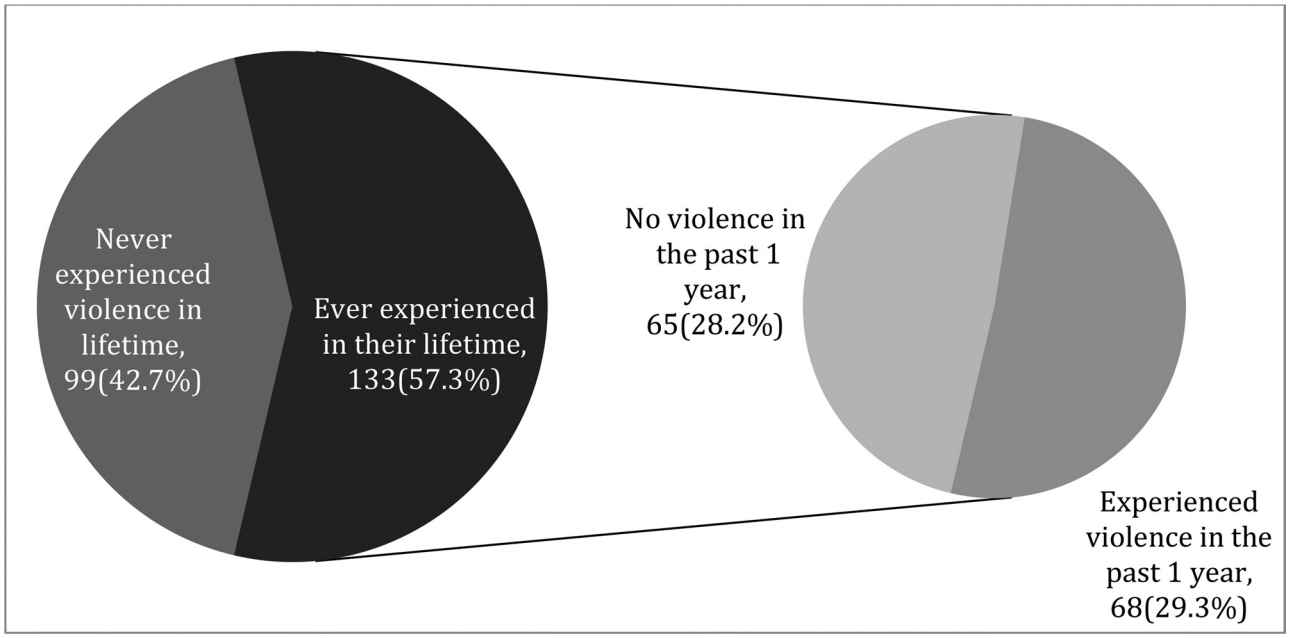

Figure 1: Proportion of women who had experienced violence (*N* = 232).

Results

A total of 232 participants were interviewed during the study period. Most (69.4%) of them belonged to the reproductive age group [Table 1]. The median age duration of marriage was 17 years (IQR 7–31 years). Almost 42% of the participants were employed, with a median monthly income of Rs. 2500 (IQR Rs. 2000–3000).

Totally 133 (57.3%) participants reported having experienced some form of domestic violence after marriage; of which, 68 (51.1%) had experienced it in the past 1 year [Figure 1]. Physical, emotional, and sexual violence was reported by 105 (45.3%), 110 (47.4%), and 26 (11.2%) participants, respectively. Eighty-nine (38%) women were victims of both physical and emotional violence. Table 2 gives a comparison of sociodemographic characteristics among participants who had undergone violence any time after their marriage with those experiencing it in the past 1 year (current violence).

The reasons for domestic violence as perceived by the participants are shown in Table 3. In-laws were held responsible by 17 women who had ever experienced domestic violence. The most commonly reported perpetrators of violence were husbands of study participants with 127 (95.5%) of 133 participants reporting spousal violence (data not shown). Of 127, 69 (54.3%) spouses consumed alcohol often whereas 38 (29.9%) consumed it sometimes. Of these 107 spouses who consumed alcohol, 93 (86.9%) were reported to have increased their severity and frequency of violence after alcohol intake. This pattern was also seen among women who had experienced violence in the past 1 year, with 57 of 68 women implicating their husbands as perpetrators. Alcohol was used often or sometimes in 54 of these 57 spouses. Alcohol intake led to an increase in violence in 47 of these men.

Most (67.7%) of the participants (90 of 133) who had ever experienced violence had not spoken regarding their experience to anyone, the reasons of which are shown in Table 4. Of 232 participants, 139 (59.9%) were aware of the existence of some legislation against domestic violence.

Injuries in form of cuts, bruises, or aches were sustained by 47 (35%) participants; eye injuries, sprains, and dislocations by 16 (12%); and severe burns by 2 participants as a result of the violence (data not shown). Hospitalization was required in 30 (22.6%) women due to injuries inflicted. Thirty-five (26.3%) women had to encounter violence even during their pregnancy, with two women reported to have undergone miscarriages as a result of it. Other health consequences included loss of consciousness and constant feeling of sadness.

Discussion

Routine screening of domestic violence in health-care settings has been a matter of controversy in the recent times. In a recently published systematic review and meta-analysis, it was concluded that screening increases the chances of early identification of intimate partner violence (IPV), rates of identification being lower compared to those reported by prevalence studies.[11] None of the studies included were from India though. Because of fewer studies in India reporting the

Table 2: Comparison of characteristics of study participants currently experiencing violence with those who had ever experienced violence[a]

Characteristics with subcategories	No. of participants who experienced violence at least once in lifetime (%), (*n* = 133)	No. of participants experiencing current (in the past 1 year) violence (%), (*n* = 68)	Total
Age (in years)			
18–29	23 (41.8)	19 (34.5)	55
30–39	34 (57.6)	23 (38.9)	59
40–49	34 (72.2)	14 (29.7)	47
>49	42 (59.1)	12 (16.9)	71
Education			
No education	38 (61.3)	16 (25.8)	62
<5 years complete	11 (73.3)	3 (20)	15
5–9 years complete	57 (65.5)	33 (37.9)	87
10 or more years complete	27 (39.7)	16 (23.5)	68
Employment			
Unemployed	55 (40.7)	32 (23.7)	135
Employed	78 (59.3)	36 (37.1)	97
Marital status			
Currently married	90 (53.2)	59 (34.9)	169
Widowed	31 (62)	6 (12)	50
Divorced/separated	10 (76.9)	3 (23)	13
Household structure			
Nuclear	99 (57.5)	51 (29.6)	172
Non-nuclear	34 (56.6)	17 (28.3)	60
Religion			
Hindu	110 (55.2)	57 (28.6)	199
Christian	23 (69.6)	11 (33.3)	33
Number of living children			
Two or less	74 (51.7)	41 (28.6)	143
More than two	59 (65.5)	27 (30)	90
Education of spouse			
Illiterate	43 (69.3)	20 (32.2)	62
Literate	84 (49.4)	37 (21.7)	170
Employment of spouse			
Unemployed	45 (63.3)	9 (12.6)	71
Employed	82 (51)	48 (29.8)	161

[a]Percentages in each subcategory denote proportion of study participants experiencing violence out of total participants in that particular subcategory.

usefulness of screening domestic violence in health-care settings, it is important to generate local evidence on this aspect. Previous research has shown physician's willingness to participate in such screening. For instance, a study from Iran showed that 96% of primary care physicians believed that domestic violence should be addressed properly and should not be kept as a private issue only.[12]

NFHS-3 found that around 40% Indian women who were ever married, and belonged to the age group of 15–49 years, had faced some form of domestic violence (physical or sexual).[4] This was much lower as compared to our study in which 56.5% ever-married women in the age group of 18–49 years experienced any one of three forms of domestic violence (i.e., physical, sexual, or emotional). According to NFHS-3, among ever-married women with spousal violence, 39.7% experienced at least one form of violence (physical, sexual, or emotional) ever whereas around 27% faced it in the past year.[4] Physical violence was reported by 35.1% women, sexual by 10%, and emotional by 15.8%.[4] Similarly, among Mexican women attending a family medicine clinic, 6.4%, 25.9%, and 10.4% women experienced physical, sexual, and psychological violence, respectively.[13] We found higher proportions of these domains in our study (around 96% perpetrators of violence were husbands). One study found

Table 3: Perceptions regarding causes of violence among study participants who had ever experienced domestic violence[a] (*n* = 133)

Reasons	Number (%)
Due to arguing with husband	57 (42.9)
Trivial conflicts in family	45 (33.8)
Dowry related	21 (15.8)
Neglect of child	15 (11.3)
Financial issues	13 (9.8)
Suspicion of wife's extramarital affair	12 (9.0)
Suspicion of husband's extramarital affair	12 (9.0)
For burning the food	11 (8.3)
Alcohol abuse by husband	9 (6.8)
If she goes out without the husband's permission	8 (6.0)
Issues related to household work	8 (6.0)

[a]Multiple responses were allowed.

Table 4: Reasons for not speaking about violence to anyone[a] (*n* = 90)[b]

Reasons	Number (%)
Felt it would not be helpful	31 (34.4)
Fear of judgmental response	22 (24.4)
Fear of false accusation	17 (18.9)
Private matter	9 (10)
Issue that should be ignored	9 (10)
Concern for child's safety	8 (8.9)
Fear of divorce	4 (4.4)
Disgrace to the family	2 (2.2)
Fear of aggravating	1 (1)

[a]Multiple responses were allowed.

[b]The question was asked to the 90 women who were victims of domestic violence but had not spoken about the violence to anyone.

that physical and emotional violence were more common compared to sexual violence, which was similar to our study and the NFHS data.[13,14]

Domestic violence is a phenomenon undermined by a complex web of sociocultural factors, which on the one hand lead to the act of violence while on the other hand cause the woman to rationalize these acts, in spite of its adverse effects on their lives. Apart from violating basic human rights, sustained exposure to violence can result in many negative consequences for women's health and well-being ranging from nonfatal outcomes such as physical injuries, mental illness, unintended pregnancies, pregnancy complications, and sexually transmitted infections to fatal outcomes such as homicide and suicide. Further at a societal level, there can be loss of productivity and impaired economic development. Strong association between domestic violence and poor mental health status of Indian women has been reported earlier.[15]

In a study from Nigeria, age of ≤40 years was associated with a higher risk of being victims of abuse as compared to those of >40 years age.[15] Similar findings were seen in our study. Most common reasons cited by victims of violence were arguments over money or care (around 44%).[15] We found around 43% participants perceived argument with husbands as the cause of domestic violence. Husbands' drinking was cited as the reason by 12% victims whereas neglect of housework by 8% victims in the Nigerian study.[16] In another study from Uttar Pradesh, India, partner's alcoholic behavior was found to be an important predictor of violence.[17] In our study, a lower proportion (6.8%) of women who had ever experienced violence believed that alcohol use by spouses was the reason for domestic violence.

In view of the far-reaching consequences of domestic violence, it has been recognized as a criminal offence in India. Women have the option of seeking legal action against domestic violence. However, it needs to be assessed whether they are aware of the availability of such an option and, more importantly, whether they are willing to use legal aid. It has been found that even if many women in India are aware of legal help to address domestic violence, most have felt a need of solving it within the family and feel that legal procedures are lengthy and cumbersome.[18] Also, there is still no consensus regarding whether screening increases referral to support services.[11] In our study, 78 (58.6%) of the 133 women who had experienced violence at some point of time after marriage and 38 (55.9%) of 68 women who had experienced in the past 1 year were aware of any such law (data not shown).

In this study, we found that a higher proportion of participants reported conflicts in the family as the cause of violence as compared to dowry-related incidents. A study analyzing newspaper reports from India though reported that dowry was the most common cause, followed by other causes such as family conflict.[19] This may be because newspaper reports were from various parts of India, which may have different family structures and values as compared to the study population in our study. Qualitative studies conducted in urban India have shown that though women facing domestic violence seek help and support from their neighbors, they seem to restrict their involvement.[20]

One of the limitations of this study was that we did not assess the physician attributes, their perception, and logistic challenges in this study. One reason for doing so was that the main aim of the study was to find out the number of women who could be screened during routine care, thus reporting the yield. Qualitative studies are required for in-depth understanding of the perception of the community and general practitioners based in India regarding usefulness of screening. Finding out cost-effectiveness of such screening is definitely the next logical step in this direction.

Conclusion

We found a high yield of screening domestic violence among women seeking routine health-care in an urban health center in Puducherry, with 57.3% participants reported to

have experienced some form of domestic violence ever after marriage and 51.1% facing it in the past 1 year. Screening for domestic violence should be carried out as a part of routine care in primary care centers in Puducherry, but should be backed up by proper referral and support.

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