Original Article

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Investigating the Adequacy of Counterpart Information in Routine Registration of Victims of Interpersonal Violence; A Study in an Emergency Department of Tertiary care Hospital Hyderabad

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[1,3]Substantial contributions to the conception or design of the work; or the acquisition, [4,6]Drafting the work revising it critically for important intellectual contests, final approval of the version to be published, [2,5]Agreement to be accountable for all aspects of the work in ensuring that question related to the accuracy or integrity of any part of the work

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ABSTRACT

Objective: To assess the thoroughness of information regarding the counterpart during the routine registration of victims of interpersonal violence in the emergency department.

Methodology: A study conducted at the emergency department of Liaquat University Hospital, Hyderabad and Department of Forensic Medicine & Toxicology, LUMHS Jamshoro from January 2022 to December 2022, spanning a year, documented a total of 700 victims who reported injuries. In accordance with the World Health Organization's definition, Intimate Partner Violence (IPV) was identified. Victims were classified as IPV victims if they reported their injuries as resulting from IPV. Data collection was from the emergency department, and only the initial contact for each incident was recorded.

Results: A total of 700 victims of violence were recruited, with 474 (67.7%) cases attributed to family violence, 185 (26.4%) cases to community violence, and 41 (5.9%) cases lacking information regarding the source of violence. The majority of violent incidents occurred over weekends (Friday to Sunday) across all categories ($p<0.001$). Family violence predominantly occurred in domestic settings, while community violence was more common in outdoor areas. Domestic violence was notably prevalent among cases with no available information ($p<0.001$).

Conclusion: The study emphasizes the significance of reliable information about the counterpart in distinguishing between various forms of interpersonal violence, such as family violence and community violence, enabling analysis, monitoring, evaluation, and the formulation of appropriate preventive strategies or interventions against violence.

Keywords: Deliberate interpersonal violence, Counterpart, Emergency department, Family violence, Community violence.

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Introduction

Interpersonal violence, as defined by the WHO, encompasses the deliberate application of physical force or authority[1], whether through actual aggression or the threat thereof, directed towards an individual, group, or community, with the potential to cause injury, death, psychological trauma[2], developmental setbacks, or deprivation. Interpersonal violence, identified as a leading global cause of injury[3], claims around 30,000 lives

annually in the European region alone, as reported by the World Health Organization; however, public discourse frequently contends that such violence is escalating both in frequency and severity.[4]

Men represented more than 80% of the estimated 415,000 deaths[5] due to intimate partner and family violence in 2019, while women and girls bear a significant burden of non-fatal injuries from such violence, often underrepresented in data due to lower reporting and care-seeking rates.[6]

In Pakistan, gender inequality is deeply entrenched within its patriarchal societal structure, perpetuated by cultural norms that reinforce conservative male roles as decision-makers, dominant figures within the family[7], and controllers of finances, leading to alarming statistics revealing that 58% of Pakistani women endure physical violence at least once in their lifetime, 55% experience sexual violence, and a staggering 84% suffer from psychological abuse, as documented in literature.[8,9]

In most countries, information about the counterpart is not routinely registered in the healthcare system, but a single study from the UK evaluated the use of an assault patient questionnaire in a large Emergency Department (ED) and found that it provided crucial insights into the relationship between the assault patient and the attacker.[10,11]

Findings from the study can be used to raise awareness about the prevalence and impact of deliberate interpersonal violence within the community. Education campaigns can promote healthy conflict resolution strategies, increase awareness of available support services, and challenge social norms that perpetuate violence.

Methodology

A study conducted at the Emergency Department of emergency department of Liaquat University Hospital Hyderabad and Department of Forensic Medicine & Toxicology, LUMHS Jamshoro from January 2022 to December 2022, spanning a year, documented a total of 700 victims who reported injuries. In accordance with the World Health Organization's definition, Intimate Partner Violence (IPV) was identified. Victims were classified as IPV victims if they reported their injuries as resulting from IPV. Data collection was from the emergency department, and only the initial contact for each incident was recorded.

In the emergency department (ED), the trained staff completed all registrations, while physicians determined up to six ICD-10 diagnoses per patient. Patient demographic information including age and gender, alongside details on the place of assault, weapon use, and ICD-10 diagnoses were collected for all cases. Injury severity was assessed using a diagnosis-based scoring system, categorizing injuries into severe or mild categories. Severe injuries encompassed conditions such as amputations, bone fractures, soft tissue damage, eye corrosion, burns, and electrical shock, while mild injuries included superficial lacerations, wounds, and injuries caused by being struck by foreign bodies, mainly in the eyes.

The information collected about counterparts in the study included individuals responsible for the violence, categorized according to specific codes within the National Medical Coding Classification System. These counterparts were defined as follows: family violence, perpetrated by either a partner or another family member, and community violence, carried out by either an unknown individual or someone known to the victim outside of the family circle. The collected data was analyzed utilizing SPSS version 27, with statistical significance determined by a p-value less than or equal to 0.05.

Results

In our study, a total of 700 victims of violence were recruited, with 474 (67.7%) cases attributed to family violence, 185 (26.4%) cases to community violence, and 41 (5.9%) cases lacking information regarding the source of violence. Among family violence cases, 324 (68.4%) victims experienced violence perpetrated by their partners, while 150 (31.6%) were victimized by other family members. Additionally, 110 (59.5%) cases involved violence from a known source, while 75 (40.5%) cases had an unknown perpetrator.

The mean age of individuals experiencing family violence by a partner was 18.61 years with a standard deviation of 5.32, significantly lower than the mean age of those experiencing family violence by other family members, which was 32.17 years ($p<0.001$). However, there was no significant difference in the mean age between community violence cases perpetrated by known sources (23.03±7.78 years) and those by unknown sources (22.73±8.55 years) ($p=0.845$). Cases with no available information had a mean age of 25.41 years ($p<0.001$). Females outnumbered males significantly across all categories of violence and non-disclosure ($p<0.001$). The majority of violent incidents occurred over weekends (Friday to Sunday) across all categories ($p<0.001$). Family violence predominantly occurred in domestic settings, while

community violence was more common in outdoor areas. Domestic violence was notably prevalent among cases with no available information (p<0.001).

The study revealed that a significant majority of violence cases did not involve the use of a weapon, although instances of weapon and knife injuries were observed in family, community violence, and cases where information was unavailable (p<0.001). Additionally, the majority of cases in family, community violence, and those lacking information were characterized by mild injuries (p<0.001), as indicated in Table II.

Table I: **Demographics, weekdays and place of violence for victim of violence cases.**

Variable	Family violence 474 (67.7%)		Community violence 185 (26.4%)		No information 41 (5.9%)
	Partner 324 (68.4%)	Family members 150 (31.6%)	Known 110 (59.5%)	Unknown 75 (40.5%)	
Age (years)	18.61±5.32	32.17±4.08	23.03±7.78	22.73±8.55	25.41±4.68
Gender					
Male	120 (37.0)	53 (35.3)	40 (36.4)	32 (42.7)	17 (41.5)
Female	204 (63.0)	97 (64.7)	70 (63.6)	43 (57.3)	24 (58.5)
Weekdays					
Monday–Thursday	94 (29.0)	62 (41.3)	35 (31.8)	28 (37.3)	20 (48.8)
Friday–Sunday	230 (71.0)	88 (58.7)	75 (68.2)	47 (62.7)	21 (51.2)
Place of violence					
Domestic area	241 (74.4)	117 (78.0)	20 (18.2)	24 (32.0)	38 (92.7)
Outdoor areas	72 (22.2)	33 (22.0)	82 (74.5)	46 (61.3)	1 (2.4)
Institution/school	11 (3.4)	0 (0.0)	8 (7.3)	5 (6.7)	2 (4.9)

Table II: **Use of weapon and severity of violence for victim of violence cases.**

Variable	Family violence 474 (67.7%)		Community violence 185 (26.4%)		No information 41 (5.9%)
	Partner 324 (68.4%)	Family members 150 (31.6%)	Known 110 (59.5%)	Unknown 75 (40.5%)	
Use of weapon					
No	286 (88.3)	139 (92.7)	105 (95.5)	69 (92.0)	39 (95.1)
Weapon	16 (4.9)	6 (4.0)	3 (2.7)	4 (5.3)	2 (4.9)
Knife	22 (6.8)	5 (3.3)	2 (1.8)	2 (2.7)	0 (0.0)
Severity					
Mild	194 (59.9)	95 (63.3)	62 (56.4)	46 (61.3)	25 (61.0)
Severe	130 (40.1)	55 (36.7)	48 (43.6)	29 (38.7)	16 (39.0)

Discussion

Based on information provided by the patients family violence typically occurs within intimate relationships or among family members, while community violence refers to acts of aggression or harm perpetrated by individuals or groups within a broader community setting. Dahlberg et al[12] emphasize that public health focuses on the overall well-being of populations, with violence posing a significant threat. The goal is to foster safe and healthy communities globally, requiring collaboration across sectors and resource allocation to prevention efforts.

The study discovered variations in information disclosure based on factors such as age, gender, location of violence, weapon involvement, and injury severity. Some victims chose not to disclose any information about their assailant. In their study of the Danish population, Faergemann et al[13] found that 8% of male victims and 11% of female victims did not disclose any information about their counterpart when seeking medical treatment in an urban emergency department. Additionally, the study revealed that 1.9% of male victims were injured by a partner, 2.6% by another family member, and 65.0% by a person unknown to the victim.

In the UK study conducted by Young et al[14], which evaluated an assault patient questionnaire in a large Emergency Department (ED), it was reported that only 2.8% of female victims and 1.7% of male victims refused to disclose information about the counterpart or were unable to recall, indicating a lower rate compared to findings in our study. In a study conducted in New South Wales by Hayen et al[15] which analyzed 29,701 hospitalizations attributed to intimate partner violence (IPV), it was found that 39.2% of female victims sustained injuries inflicted by their partner, 11.2% by another family member, 7.3% by an acquaintance, 6.0% by an unknown person, and 29.3% by an unspecified individual.

In Pakistani society, women are culturally conditioned to be subservient, often tolerating callous behavior and even

physical violence from their partner as the norm, as evidenced by a study conducted by Fikree et al[16] in postpartum women at a large public tertiary hospital in Karachi, which reported that 44% of women had experienced lifetime marital physical abuse and 23% during the index pregnancy, and further supported by research by Garcia-Moreno et al[17], which indicated that intimate partner violence (IPV) is seldom openly discussed and victims rarely seek help from mental health experts to cope with their ordeal.

In this study majority of the violence cases in both family and community had took place at Friday to Sunday, and took place at domestic areas, ($p<0.001$). Similar findings were reported by Sheikh et al[18], interpersonal violence was most frequently reported to occur on the road, accounting for 37.2% of incidents, followed closely by incidents at home, comprising 33.8% of cases, and at the workplace, which accounted for 14.4% of incidents. Furthermore, a significant majority of incidents (46.5%) were reported to have transpired during the weekend.

In a study conducted in South Africa, it was found that the most frequent assailant was an unknown person, accounting for 32% of cases, while acquaintances were responsible for only 13%. Additionally, the prevalence of intimate partner violence in their study was observed to be 28%, which contrasts with our own observations.[19]

At the community level, efforts are directed towards scrutinizing and pinpointing settings or locales characterized by a heightened prevalence of interpersonal violence, while also delving into the specific characteristics of these environments that contribute to elevated risk levels.[20,21] This involves thorough analysis of factors such as neighborhood demographics, socio-economic conditions, availability of resources and support systems, as well as the presence or absence of effective law enforcement and community policing initiatives. By understanding the intricate interplay of these variables, interventions and preventive measures can be tailored to address the root causes of violence within these communities.

Conclusion

The study emphasizes the significance of reliable information about the counterpart in distinguishing between various forms of interpersonal violence, such as family violence and community violence, enabling analysis, monitoring, evaluation, and the formulation of appropriate preventive strategies or interventions against violence. Furthermore, the vast majority of violence victims disclosed information about the counterpart, facilitating separate analysis of different types of violence.

References

1. Corbin T, Irvin N. Community violence and its implications for emergency providers. Social Emergency Medicine: Principles and Practice. 2021:303-18. https://doi.org/10.1007/978-3-030-65672-0_18
2. Blair KJ, de Virgilio M, Dissak-Delon FN, Dang LE, Christie SA, Carvalho M, Oke R, Mbianyor MA, Hubbard AE, Etoundi AM, Kinge T. Associations between social determinants of health and interpersonal violence-related injury in Cameroon: a cross-sectional study. BMJ global health. 2022 ;7(1):e007220. https://doi.org/10.1136/bmjgh-2021-007220
3. Ucar AK, Ozdemir H, Guvenc G, Akyuz A. Case stories and Post-violence behavior of women seeking medical attention at the emergency department due to physical violence. Journal of forensic and legal medicine. 2021;80:102174. https://doi.org/10.1016/j.jflm.2021.102174
4. Fapohunda T, Masiagwala P, Stiegler N, Bouchard JP. Intimate partner and domestic violence in South Africa. InAnnalesMédico-psychologiques, revue psychiatrique 2021;179(7):653-661. https://doi.org/10.1016/j.amp.2021.07.007
5. Molyneaux R, Gibbs L, Bryant RA, Humphreys C, Hegarty K, Kellett C et al. Interpersonal violence and mental health outcomes following disaster. BJPsych open. 2020 Jan;6(1):e1. https://doi.org/10.1192/bjo.2019.82
6. Nelaeva G, Andreeva A, Drozhashchikh N. Media responses to domestic violence: discussing Volodina v. Russia and the domestic violence law. Problems of Post-Communism. 2022;69(3):256-69. https://doi.org/10.1080/10758216.2020.1851141
7. Amir-ud-Din R, Fatima S, Aziz S. Is attitudinal acceptance of violence a risk factor? An analysis of domestic violence against women in Pakistan. Journal of interpersonal violence. 2021 Apr;36(7-8):NP4514-41. https://doi.org/10.1177/0886260518787809
8. Alhusen J, McDonald M, Emery B. Intimate partner violence: A clinical update. The Nurse Practitioner. 2023 ;48(9):40-6. https://doi.org/10.1097/01.NPR.0000000000000088
9. Oyediran K, Spencer CM, Stith SM. Men as victims of intimate partner violence in Cameroon and Sierra Leone. Journal of interpersonal violence. 2023;38(5-6):5211-35. https://doi.org/10.1177/08862605221120883
10. Thorvaldsdottir KB, Halldorsdottir S, Saint Arnault DM. Understanding and measuring help-seeking barriers among intimate partner violence survivors: Mixed-methods validation study of the Icelandic Barriers to Help-Seeking for Trauma (BHS-TR) scale. International journal of environmental research and public health. 2021 Dec 23;19(1):104. https://doi.org/10.3390/ijerph19010104

11. Chan B, Sachs CJ. Intimate partner violence and sexual violence. Emergency Medicine Clinics. 2023 May 1;41(2):369-80. https://doi.org/10.1016/j.emc.2023.01.007
12. Dahlberg LL, Krug EG. Violence a global public health problem. Ciência&SaúdeColetiva. 2006;11:277-92. https://doi.org/10.1590/S1413-81232006000200007
13. Faergemann C, Lauritsen JM, Brink O, Skov O. Trends in deliberate interpersonal violence in the Odense Municipality, Denmark 1991-2002. The Odense study on deliberate interpersonal violence. J Forensic Leg Med. 2007 Jan;14(1):20-6. https://doi.org/10.1016/j.jcfm.2006.01.001
14. Young CA, Douglass JP. Use of, and outputs from, an assault patient questionnaire within accident and emergency departments on Merseyside. Emerg Med. 2003;20: 232-237. https://doi.org/10.1136/emj.20.3.232
15. Hayen A, Mitchell R. A description of interpersonal violence-related hospitalizations in New South Wales. NSW Public Health Bull. 2006;17:8-12. https://doi.org/10.1071/NB06003
16. Fikree FF, Jafary SN, Korejo R, Afshan A, Durocher JM. Intimate partner violence before and during pregnancy: experiences of post partum women in Karachi, Pakistan. J Pak Med Assoc 2006;56:252-7.
17. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. Lancet 2006; 368: 1260-9. https://doi.org/10.1016/S0140-6736(06)69523-8
18. Sheikh S, Chokotho L, Mulwafu W, Nyirenda M, Le G, Mbomuwa F et al. Characteristics of interpersonal violence in adult victims at the Adult Emergency Trauma Centre (AETC) of Queen Elizabeth Central Hospital. Malawi Med J. 2020;32(1):24-30. https://doi.org/10.4314/mmj.v32i1.6
19. Mitra A, Okafor UB, Kaswa R, Adeniyi OV. Epidemiology of interpersonal violence at a regional hospital emergency unit in the Eastern Cape, South Africa. South African Family Practice. 2022;64(1):5511-6. https://doi.org/10.4102/safp.v64i1.5511
20. Hecker T, Fetz S, Ainamani H, Elbert T. The cycle of violence: Associations between exposure to violence, trauma-related symptoms and aggression-Findings from Congolese refugees in Uganda. J Trauma Stress. 2015 Oct;28(5):448-455. https://doi.org/10.1002/jts.22046
21. Maine RG, Williams B, Kincaid JA, Mulima G, Varela C, Gallaher JR et al. Interpersonal violence in peacetime Malawi. Trauma Surg Acute Care Open. 2018 Dec 27;3(1):e000252. https://doi.org/10.1136/tsaco-2018-000252