

Screening for intimate partner violence in emergency departments

Numerous western studies show high rates of intimate partner violence (IPV) presenting to emergency departments (EDs). Both the victims and perpetrators of IPV seek medical services in EDs and present injury-related or non-injury-related complaints. Among women who present to an ED for medical care, the IPV prevalence rates have been reported to range from 25 to 35%.¹⁻⁴ These rates are much higher than the incidence rate of 7 per 10 000 attendances reported in the only study of domestic violence presenting to an ED in Hong Kong.⁵ This rate was also low compared with that obtained from a representative population survey of spouse battering that I conducted in 2005.⁶ About 2% of respondents reported having physically injured their spouses and 2% reported being physically injured by their spouses during the 12 months prior to enumeration.⁶ It was suggested this low incidence of domestic violence presenting to an ED in Hong Kong is a result of under-reporting.⁵ Indeed, it may also be related to low expectations among victims with regard to health professionals' handling of domestic violence as well as the lack of routine screening for IPV in health care settings.

Emergency departments are services frequently used by victims of IPV. It has been advocated that universal screening for IPV should be conducted in these health care settings.^{7,8} Violence prevention can start at an ED when it is linked to a social service agency.⁹ The development of a validated screening tool and a study of risk factors associated with IPV can facilitate routine screening in an ED. The paper "Risk factors for injury to married women from domestic violence in Hong Kong" in this issue of the *Hong Kong Medical Journal*,¹⁰ which describes a study of risk factors in a local hospital, is a much-needed one that can contribute to the knowledge and practice of universal screening in health care settings.

Risk factors

Many studies of the risk factors for IPV have been conducted both worldwide¹¹ and in Chinese societies.¹² Universal and Chinese cultural-specific risk factors have been identified. In the study of spouse battering and child abuse in Hong Kong in 2005,⁶ over 60 risk factors were examined and it was found that socio-economic, personal, relational, cultural, health, and mental health characteristics, such as indebtedness, jealousy, domination, face orientation, chronic illness, alcohol and drug abuse, and mental illness, among both the abuser and the victim were significant. Although we now have a risk profile for the general population, we still need specific information about the victims and abusers who visit health and social services. This profile can then be compared to that of the general population, to enable health and social service

professionals to tailor services for people experiencing domestic violence.

What can the study contribute?

This study¹⁰ of risk factors for injury to married women from domestic violence in Hong Kong, has yielded some valuable socio-economic and health characteristics of women victims and their husbands. The identification of risk factors helps identify high-risk groups and allows timely interventions to prevent future IPV. This study,¹⁰ the first of its kind conducted in Hong Kong, signals the start of the study of IPV in our EDs. I believe that with this study leading the way, more researchers will come to study the profile of the victims and perpetrators who present to EDs for medical care.

Limitations of the study

Like many other scientific studies, this study¹⁰ is limited by the fact that it is a preliminary and exploratory one. Enhancements in methodology to make it more scientific are needed. I agree with the authors' discussion of the limitations; in particular, that the constructs and definitions of some variables, such as alcohol and drug abuse, and mental and chronic illness, are not clearly stated. To replicate the study in different sites, some information needs to be stated explicitly.

Validity of victim's report on partner's characteristics

The validity of the victim's report on her abusive partner's characteristics is always problematic. In my past studies, the victim's and the abuser's report on the abuser's characteristics were compared and major differences were found in reporting of socially undesirable behaviours (eg gambling, domination, conflict, etc) and attitudes (eg approval of using violence, lack of empathy, jealousy, etc). Responses were similar only for factual information like unemployment and socio-economic characteristics. Thus, it is unwise to rely solely on a victim's report of an abuser's characteristics. The validity and reliability of a victim's report is affected by the quality of the spousal relationship and subjects in an abusive relationship are likely to give biased reports. As the authors point out, victims are more likely to over-report their abusers' pathological behaviours to shift the responsibility to their 'bad' husbands, even though victims may not know of diagnosing or be able to diagnose their partners' pathological problems.

Victim's health characteristics

The authors explained that the victims' health characteristics were not examined in the study.¹⁰ They cited alcohol abuse, saying it may "confound the effect of alcohol abuse

in the abuser and vice versa.” The study of the victim’s characteristics as risk factors for IPV should be carefully conducted and interpreted because it could lead to a victim-blaming interpretation. A victim’s alcohol abuse or mental illness may not be a risk factor but an outcome of long-term abuse.

Recommendations

This study¹⁰ was conducted in a regional public hospital serving a New Territories population of over one million. It may thus reflect a particular socio-economic condition of that community and raises the question of whether the findings can be generalised to the wider population. To answer this question scientifically, this valuable study could be extended to all of Hong Kong’s major public hospital EDs.

This approach has been adopted by our research team at the University of Hong Kong. In 2006, we completed the first territory-wide survey of IPV among pregnant women involving seven Obstetrics and Gynaecology Units in the Hospital Authority between July 2005 and April 2006. The study was based on an earlier investigation in a regional hospital, by our team member Dr WC Leung and colleagues in 1999.¹³ The new findings revealed more accurate information about the patient population in major public hospitals. It found that 9.3% of pregnant women reported being emotionally, physically, or sexually abused by their intimate partners. A number of risk factors were tested that can now be screened for in Obstetrics and Gynaecology Units. I believe that a similar study can be conducted in all EDs in Hong Kong to provide a representative dataset for theory testing.

As the authors state, this ED-based study¹⁰ provides essential information for the development of local preventive strategies. I believe the investigators have now gained good experience at administering screening in EDs and such experience could be turned into a protocol and applied to other EDs. Universal screening is regarded as a good public health preventive strategy.¹⁴ Routine screening could be applied to the victims, as well as the perpetrators, who present to an ED for medical care. Given the excellent research findings provided by the authors, I hope that more studies of IPV in health care settings will

be launched.

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