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An analysis of 263 female patients exposed to physical violence that admitted to a hospital emergency department in Turkey

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Abstract

Violence against women is a continuing social issue and there is a need to implement ways of reducing this problem. In our study, the demographic characteristics and trauma zones of women who attended the emergency department of a hospital in Turkey were investigated together with whether the women had received any psychiatric support. 263 of 646 women who were the victims of physical violence attended the Emergency Department of Dişkapi Yildirim Beyazit Training and Research Hospital from 2009 to 2010. The women were contacted by telephone invited to participate in the research. Violence against women is seen most frequently in the 20-40 age group. It is seen from this study that the most common physical violence against women mostly occurs among those who have low levels of education and income, are married and have children. It was also found that 7.6 % of patients had received psychiatric support after being subjected to violence. When the educational level increases, the rate of receiving psychiatric support increases. In terms of violence against women, emergency physicians and also wider society should be informed about the extent of the problem, second there is a need for more training in the recognition of violence to women. In addition the reasons for this violence and ways of resolving the problem should be further investigated.

Key words: Violence against women, emergency department, domestic violence, women, physical violence

Introduction

In 1993, the defines violence against women as "Taking a sexist action that gives or may give physical, sexual or psychological pain or suffering or threatening or enforcing with these kind of actions or withholding from freedom arbitrarily whether publicly or privately" [1]. In Turkey, it is known that 35% of married women and 40% of women living in the Eastern Anatolian Region are exposed to physical violence by their male partners at least once in their lifetime [2].

Although interestingly research in foreign countries, intimate partner violence ratios between men and women seems to be closer, although it appears that psychologically and physically women suffer more from violence [3]. Domestic violence is one of main causes of women suffering injury and can result in their death [4]. The resulting absence from work and increase in medical care constitutes an economic loss. Thus, violence against women is accepted as a public health issue [4].

When women who are abused present to health care providers, the women often will not admit to being subject to physical violence and will have symptoms of somatization such as fatigue, headache, chest pain, gastrointestinal complaints, shortness of breath or pelvic pain. Frequently, medical practitioners will not associate these complaints with the fact that the women have been subjected violence this results in this violence to women being misdiagnosed unregistered and consequently it is hidden [5].

The 24 hour accessibility of an Emergency Department (ED) means that they are the primary point of initial contact for women who have been subjected to physical violence will attend [6]. In this study, demographic characteristics, trauma zones and psychiatric aid status of women who had been subjected to physical violence and attended ED are analyzed and discussed.

Material and method

This is a retrospective, cross sectional descriptive study concerned with the records of 263 from

a total of 646 women who were the victims of physical violence and attended the ED of Dişkapi Yildirim Beyazit Training and Research Hospital from 2009 to 2010. After an attempt to contact all 646 women by telephone 263 women over the age of 18 volunteered to participate in this research. Approval from the ethics committee was obtained.

The following characteristics were investigated. The trauma regions and whether the women had received psychiatric help. The income levels of women were also analyzed by used the classification of income levels distribution in Turkey. According to this classification, women were divided into the following 5 income groups; very low – low –moderate – good and very good [7].

The Statistical Package for Social Science (SPSS) 17.0 for Windows package program was used for data analysis. The continuous variables were; mean, median and standard deviation, the median and mode ordinal variables and the number and nominal variables were expressed as percentages. The continuous variables were evaluated using a histogram and a One-Sample Kolmogorov-Smirnov Test. $P > 0.05$ was considered as a normal distribution. The relationship between nominal variables was evaluated using a Pearson Chi–Square Test and Fisher's Exact Test and $p > 0.05$ was considered as meaningful.

Results

Patients were grouped according to their ages; 79 patients (30.1%) were under the age of 30, 85 (32.3%) were between the ages of 30-40 and 43 (16.3%) between the ages of 40-50 , and 39 (14.8%) 50 -60 years of age , and 17 (6.5%) were over the age of 60. The age distribution of the patients is shown in Figure 1.

The mean age of the patients was 35 ± 13.3 and the median age 35 years (age range: 18-84). Of these patients, 148 (56.30%) were married, 63 (24.00%) unmarried, 52 (19.80%) were divorced.

Of the women subjected to violence 79 (30.00%) did not have children, 184 (70%) patients had one child or more. 89 (33.80%) women worked. 174 (66.20%) patients did not work. 79 (30.00%) patients had no social security. The distribution ratios of the women who had social security was: 115 (43.70%) patients were in the Social Insurance Institution scheme (SSK), 11 (4.20%) were part of the Bag-Kur scheme, 25 (9:50%) had a green card (A type of social security for lower income levels of population in Turkey), 33 (12.50%) had standard state health care.

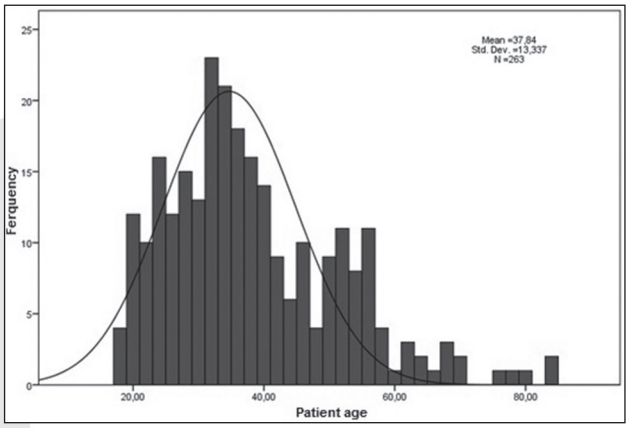

Figure 1. The age distribution of the women exposed to physical violence

91 (34.60%) of the women had a very low income, 108 (41.10%) were in the low income group, 48 (18:30%) had a moderate income, 16 (6.00%) patients had a good income. None of the families there was not in the group of very good income level. In terms of education levels, 21 (8.00%) women were illiterate, 52 (19.80%) women had completed primary schools, 86 (32.70%) had completed secondary education, 82 (31.20%) had completed high school, 22 (8.40%) were university graduates. 217 of the women (82.50%) had been subjected to violence once, 46 (17:50%) had been exposed to violence more than once.

The perpetrator of the violence was as follows: 96 (36.50%) women had been attacked by the wife, 66 (25.10%) by their relatives, 60 (22.80%) by colleagues and 41 (15.60%) women had been subject to violence by an unknown person. According to the perpetrator of the violence, the distribution of educational status of patients shown in Figure 2.

The distribution of parts of the body of the women received a physical assault most commonly isolated head and neck trauma (99 patients, 37.60 %) were present (Figure 3).

Only medical treatment was given the women for physical trauma, although 20 (7.6%) women had received psychiatric help after the assault. The educational background of these women was as follows; 5 (25%) had completed primary scho-

ol, 15 (75%) graduated from high school or university. The relationship between the educational status of the patients not wanting psychiatric assistance is shown in Figure 4.

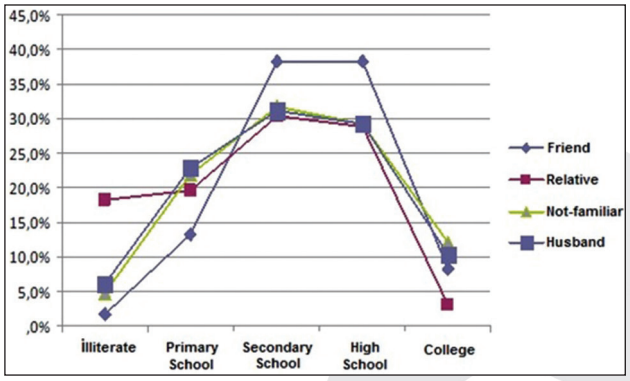

Figure 2. Education levels of the women exposed to physical violence

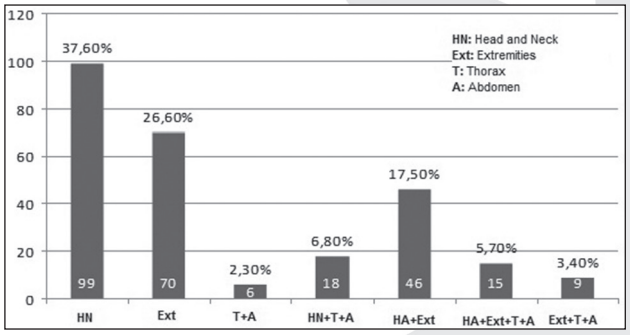

Figure 3. The effected body region of the women exposed to physical violence

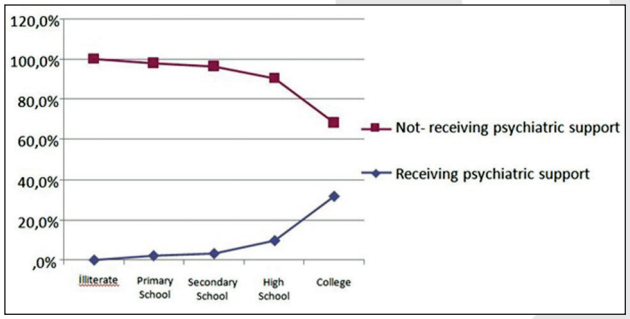

Figure 4. Psychiatric support condition according to education level

Discussion

Approximately one fifth of women attend EDs because of domestic violence. According to studies in Turkey , one in three women experience physical violence at the hands of their husband at least once in their lives [2]. The cause of the trauma to women presenting to the ED are often not attributed to domestic violence by the medical staff. To achieve the correct diagnosis and offer appropriate treatment to women victims of physical violence, it is necessary to take a holistic approach considering not only the signs of physical trauma but also use the details from the forensic report and elicit information from the patient [8]. In addition to the physical damage of physical violence, it can increase the risk of other diseases in the long term. Even if women who have experienced physical violence often do not want to or cannot talk about it, every woman that presents with an injury to a medical institution should be considered as a victim of domestic violence until proven otherwise [6].

According to the results of 48 studies across the world; 10-69 % of women experienced violence by their spouses or partners [2]. In our study, 646 of 2459 patients were women who attended the ED because of physical violence . 56.3% of patients who were subjected to violence were married and 64.9% of the women who were married had been beaten by her husband (Figure 2).

In studies shows that women's educational level is not a factor that determines whether women are the victims of violence, but shows that the educated women are more successful for the break away from violence. In Turkey and almost all countries, women who have lower levels of education are exposed to more domestic violence [9]. 61.4% of the women in the current study only have primary or lower education levels while 39.6% of the women had graduated from high school or university (Figure 2).

Women who are subject to violence can develop many mental disorders such as; post-traumatic stress, depression, suicide attempts, depression, anxiety, mood and eating disorders, alcohol and drug dependence, antisocial personality disorders, psychosis and aggressive behavior towards the children [3, 10]. 50% of female psychiatric patients have a history of violence and 25% of suicide attempts in women there is a history of assault [11]. The fetus of pregnant women who victims of violence are also likely to be injured [3]. This damage may be happen if the woman has received a blow directly to the abdominal region, also may be happen indirectly with other body regions trauma [3]. In a meta-analysis study, women who are exposed to violence during pregnancy have a significantly higher probability of giving birth to low birth weight infants [12]. In

our study, 7.6% of the patients received psychiatric support. Those women with a higher level of education tend to receive psychiatric support more than the women with a lower level of education (Figure 4). In the literature, women exposed to violence had a low level of education and were in a low socioeconomic group and it is interesting to note that they did have not any income and didn't work [13-14]. In our study 199 of the women (75.70%) had a low and very low income, 64 (24.30%) had moderate or high income levels. Our findings were compatible with the literature.

The approach of health workers in relation to violence against women, the diagnosis of violence, treatment and after care are very important. Ramsey et al stated that there was not enough evidence regarding the efficacy of medical interventions in women victims of violence [15]. In our study, after the first examination none of the doctors referred patients for psychiatric assessment. This negligence can cause that the recurrence of violence and the same woman can attend the ED many times and each event can be worse than the previous one and a possibly reaching such an extreme situation that the woman may attempt suicide. In this context, in medical training programs, diagnosis, treatment and psychological support should not be neglected. Also the patient data must be collected in more detail. Furthermore, there is a need for an increased number of studies on this topic.

Conclusion

The staff of an ED are not only charged with provide medical intervention but they should also ensure that the women victims of physical violence are offered the appropriate psychiatric support. Reporting of cases of violence against women, as well as judicial directions in this regard together with the creation of a database, women victims, institutions that provide support for women and that the women can be directed to receive psychological support, are as important as emergency medical assistance.

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