

Domestic Violence: Evidence from Ophthalmology

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Purpose: To find the frequency and causes of domestic violence at THQ Hospital Ahmedpur.

Study Design: Cross Sectional study.

Place and Duration of Study: At Tehsil Headquarter Hospital, Ahmedpur from May 2018 till July 2018.

Material and Methods: During this study observation of physical trauma on the face especially related to eye, orbit and adnexa were used as inclusion criteria. Wound due to road traffic accidents and wounds older than two weeks were not included.

Results: There were 156 female patients identified as battered females out of 4368 total female patients checked during three months period. Out of these 156 female patients 39 reported to have faced violence while rest of 117 cases were of suspected domestic violence where abuse was not admitted nor was abuser identified. The patients ranged from 14 to 88 years old females. The abusers were mostly husbands, mother-in-law, father-in-law, brothers-in-laws, sister-in-laws and own sons. Wounds included lacerations, hyphemas, swollen eyes and serious injuries like ruptured globes, retinal hemorrhages, subarachnoid or intra-cerebral bleeding, subdural hematoma and orbital bone fractures. Out of these 156 cases 23 of serious injuries were referred to Bahawalpur Victoria Hospital, rest were treated and recommended for follow-ups. Financial stress, lack of male heir, infertility, and local social customs of bride purchase and exchange marriages were some of the common causes of reported domestic violence cases.

Conclusion: Females in almost all ages face domestic violence in Ahmedpur East but with advancing age the percentage of violence dropped.

Keywords: Domestic Violence, Laceration, Hyphemas, Ruptured Globes.

Domestic violence which is also called battering, abuse, intimate partner violence and spousal abuse is a pattern of abusive behavior by a partner against the other in a close relationship¹. There are many types of domestic violence, including verbal, psychological, physical and sexual. Physical abuse may be defined as 'hitting, kicking, biting, shoving, restraining, slapping, and throwing objects². Physical form of domestic violence

is very common in Pakistan. According to Ali et al every second a female faces physical abuse at domestic level in Pakistan. Domestic violence is primarily a crime affecting women³. Where there are chances of men being the victim of domestic abuse, they are usually the perpetrators against women (as high as four times more)⁴, especially in Pakistan. Literature suggests that most commonly the injuries occur in head and neck regions of the victim, out of which

ocular injuries are frequent consequence of such violent acts⁵. In countries like Pakistan, we need to have three fold agenda as far as domestic violence is concerned. We need to create awareness in women so that they themselves recognize domestic violence in their homes and neighborhood. We need to train our doctors to recognize and identify victims of domestic violence. We need to do quantitative studies in order to know the full extent of this social evil. The purpose of the current paper is to find the frequency and causes of domestic violence at THQ Hospital Ahmedpur.

MATERIAL AND METHODS

This is a cross sectional study which was carried out at Tehsil Head Quarter Hospital Ahmedpur East. Data collection and analyses was done during 3 months starting from May 2018 till end of July 2018. During this study observation of physical trauma on the face especially related to eye, orbit and adnexa were used as inclusion criteria. Wound due to road traffic accidents and wounds older than two weeks were not included. Whenever, a female patient reported to eye OPD with wounds including lacerations, hyphemas, swollen eyes and serious injuries like ruptured globes, retinal hemorrhages, subarachnoid or intra-cerebral bleeding, subdural hematoma and orbital bone fractures, they were examined with the help of slit-lamp, ophthalmoscope and radiological studies. Serious injuries were immediately referred to Bahawalpur Victoria Hospital, being the tertiary care hospital of the division. Simple wounds were treated and patients were advised for follow up visit. Another issue faced by the Ophthalmologist during history taking was that many a times victim was accompanied by the very abuser which made history taking difficult.

RESULTS

There were 156 female patients identified as victims of domestic violence out of 4368 total female patients checked during three months period. Out of these 156 female patients 39 reported to have faced violence while rest of 117 cases were of suspected domestic violence where abuse was not admitted nor was abuser identified. The patients ranged from 14 to 88 years old females. The abusers were mostly husbands and in-laws including mother-in-law, father-in-law, brothers-in-laws and sister-in-laws. Surprisingly in several cases even own sons were batterers of their own mothers. Wounds included lacerations,

hyphemas, swollen eyes and serious injuries like ruptured globes, retinal hemorrhages, subarachnoid or intra-cerebral bleeding, subdural hematoma and orbital bone fractures. Out of these 156 cases 23 of serious injuries were referred to Bahawalpur Victoria Hospital, rest were treated and recommended for follow-ups. In 39 reported cases, infertility, giving birth to daughters, financial issues, domestic politics and substance abuse were reported as causes of domestic violence. Following tables and figures show the break-up of the data with respect to age-group and causes of domestic violence.

Table 1 and figure 1 clearly shows that younger females were subject to more physical domestic violence. 41% of the total violence cases were seen in the age bracket of 14 to 29 years old females. It dropped to 23.72% as the age group advanced to 30-45 years. It further fell to 17% for females older than 45 years of age. However, it was saddening to see that females even beyond 60 years of age were not safe from domestic violence. One case was seen where an 88 year old female was beaten by her son.

Age and frequency of domestic violence cases was tested for association by running two slightly different versions of the chi-square in Minitab version 14, which gave results for the age and domestic violence prevalence. Results reported by Minitab are:

Pearson Chi-square = 54,367, DF = 1, P-Value = 0.000
Likelihood Ratio Chi-Square = 51.277, DF = 1, P-Value = 0.000

The *p*-value, 0.000, is **below** 0.05 so the result is statistically significant. This means that age and domestic violence are related in a larger population.

Table 1: Age-Wise Percentage Distribution of Violence Cases.

Age	Total Injuries	Percentage of Cases
14-29	64	41.02%
30-45	37	23.72%
46-60	28	17.95%
>60	27	17.30%

A more zoomed in picture of types of injuries is presented in Table 2 and figure 2. It is evident that as compared to serious injuries like ruptured globe, retinal hemorrhage, intra-cerebral bleeding or orbital fractures, simple injuries like lacerations, hyphemas, swollen eyes and eyelid tears were more commonly

reported. However, almost all type of injuries was again more common in younger age groups. Taller blue columns of age group 14-29 depict the higher frequency of violence cases in the youngest group.

On categorizing the causes of domestic violence we found that financial stress, lack of male heir, infertility all seemed to be equally strong causes or in other words any of the excuses could be used to control a female by her family. Although after marriage cases of battering and violence increased, still even before marriage females faced domestic violence by her family. One of the major causes of such domestic violence after marriage included local social customs of ‘wattasatta’ (exchange) marriages or bride purchase. Marriages in very young age were also identified as the cause of domestic abuse during history taking.

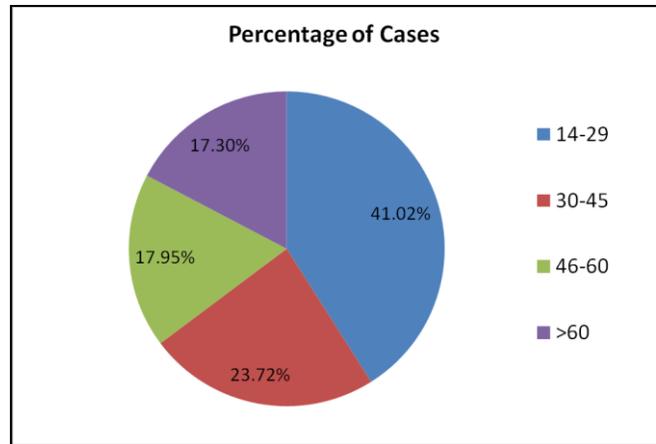


Fig. 1: Age-Wise Percentage Distribution of Violence Cases.

Table 2: Age-Wise Distribution of Different Types of Injuries.

Age \ Type of Injuries	Lacerations	Hypemas	Swollen EYES	Eyelid Tear	Ruptured Globes	Retinal Hemorrhages	Subarachnoid or Intra-Cerebral Bleeding	Subdural Hematoma	Orbital Bone Fractures
14-29	16	12	21	4	2	4	2	3	1
30-45	12	8	12	1	1	0	2	1	0
46-60	10	6	10	0	0	1	0	0	1
>60	5	5	13	1	0	1	1	0	0

Table 3: Cause-Based Distribution of Domestic Violence Cases.

Causes \ Type of Injuries	Lacerations	Hypemas	Swollen Eyes	Eyelid Tear	Ruptured Globes	Retinal Hemorrhages	Subarachnoid or Intra-Cerebral Bleeding	Subdural Hematoma	Orbital Bone Fractures
Financial Issues	15	7	10	2	2	3	2	3	1
Infertility	8	12	9	1	1	0	2	1	0
lack of son	11	9	8	1	0	2	0	0	1
social customs	12	14	15	2	0	1	1	0	0

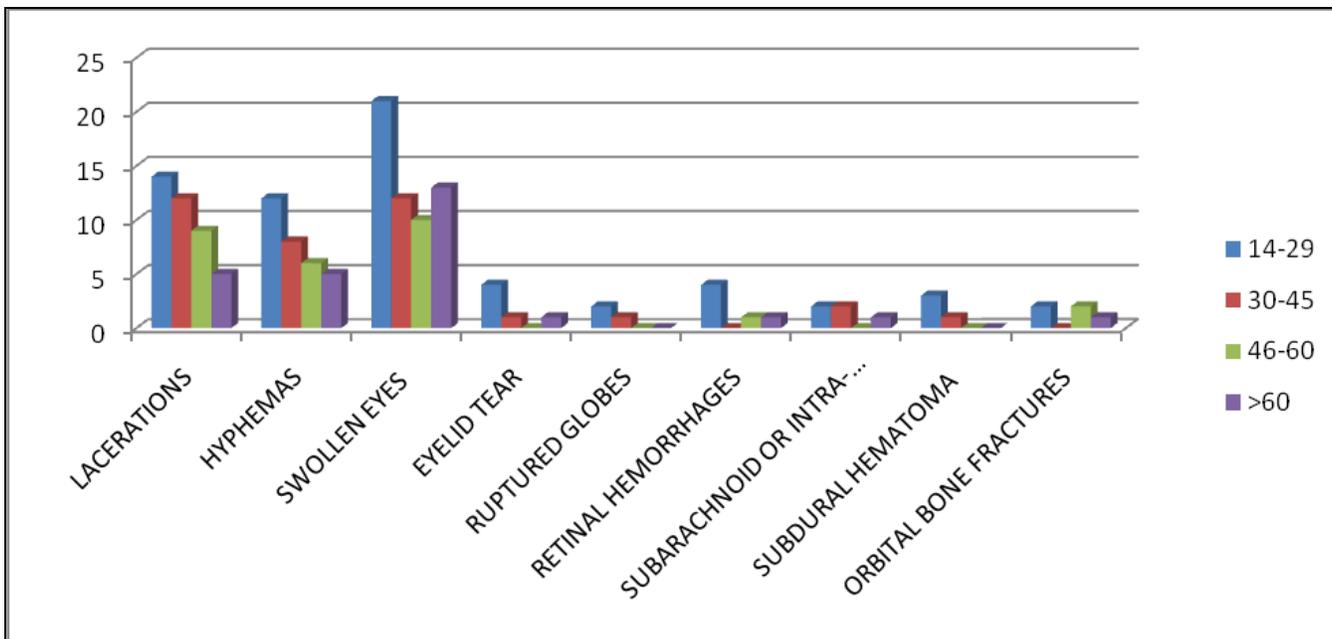


Fig. 2: Age-Wise Distribution of Different Types of Injuries.

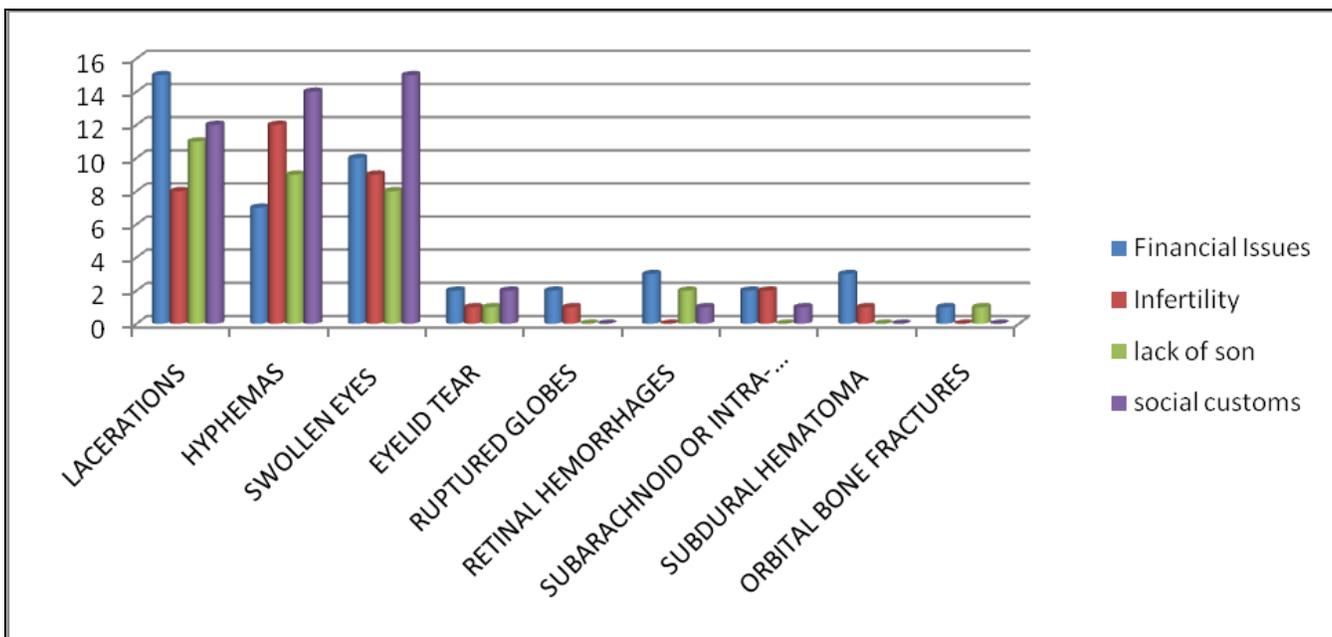


Fig. 3: Cause-Based Distribution of Domestic Violence Cases.

Descriptive analysis showed that social causes were the strongest cause of all domestic violence however, rest of the causes were not very low as well. There was no significant difference in the contribution of these causes in domestic violence, which is also evident from figure 3.

DISCUSSION

Ocular injuries in domestic violence can range from minor lacerations on the eyelid to major tears, fractures and ruptures in ocular and orbital regions, sometimes even losing an eye. Again it is supported by literature that in females mostly these ocular

injuries are a result of domestic violence⁶. These injuries are mostly a result of physical attack, blow or fight. Many a time problems aggravate due to continuous battering. This issue of domestic violence is not limited to underdeveloped countries rather it is very common even in developed countries. However, in developed countries the statistics on violence especially against women are well-known and social systems are well in place, whereas in developing countries the situation is very different⁷. Very small number of women dare to report against their spouses^{8&9}. Due to lack of education or even awareness of their basic rights, many females do not even recognize this as an abuse or violence against them. Due to shame, emotional blackmailing, coercion or threat, many prefer not to tell anyone about what happens to them^{10,11,12}. According to several reports more than 20-30% of Pakistani females suffer from domestic violence¹³. Some of these self-admit that these statistics are low reported, as many of these crimes go unreported¹⁴. This is because due to psychological violence victims mind and emotions are also under the control of the abuser. Victims are so scared and confused that it is hard for them to rationalize the situation and report it to anyone coherently¹⁵. It may be easy to assess if a female is victim of domestic violence but less than one in 20 doctors do so routinely. This wrong tendency is compounded by the non-cooperation of the victims with the doctors¹⁶. However, if there is mismatch of explanation of injury by the victim with the nature of the injury a doctor must be alert to pick it up and report. For doctors online information is available on how to assess if a victim has faced domestic violence¹⁶. Furthermore, in developed countries there are organized trainings for doctors to recognize the signs of domestic violence¹⁷. Social and health aspects of domestic violence victims are highly related¹⁸. For effective management of domestic violence combined efforts of law enforcement agencies, social welfare department and health care services are required¹⁹. Need of the time is to emphasize to the doctors the importance of mandatory reporting of suspected domestic violence cases to police²⁰. Causes of domestic violence included financial stress, lack of male heir, infertility, local social customs of 'wattasatta' (exchange) marriages or bride purchase. Marriages in very young age were also identified as the cause of domestic abuse during history taking.

Lack of training, social services and legal mode of action, multiple and frequent suspected domestic

violence cases which can be easily identified by medical practitioners especially ophthalmologists go unrecognized and unidentified. Many of the abusers become bold and the victims suffer more and more as time passes, sometimes even resulting in deaths. In rural areas of Pakistan, due to lack of education and awareness and patriarchal social system, domestic violence prevails. Due to consideration of these issues as private family matters it is mostly left uninterrupted where no one comes to the rescue of the poor victims. Ophthalmology OPD can be one place to identify and report such cases whether reported or suspected in order to stop this crime and to save lives.

CONCLUSION

It is evident from the results that domestic violence is commonly faced by the females in Ahmedpur East. This domestic violence is negatively related to age. As the age progressed there was a reduction in percentage of cases of domestic violence. However, it is disturbing to know that females in all ages are subject to domestic violence.

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Data analysis, interpretations.

REFERENCES

1. **Saltzman L, Fanslow J, McMahon P.** Intimate partner violence surveillance: Uniform definitions and recommended data elements, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002: 1.
2. **Novello AL, Rosenberg M, Saltzman L.** From the Surgeon General, U.S. Public Health Service. JAMA. 1992; 267: 3132.

3. **Ali PA, Gavino MI.** Violence against women in Pakistan: a framework for analysis. *J Pak Med Assoc.* 2008 Apr; 58 (4): 198-203.
4. **Goldberg SH, McRill CM, Bruno CR.** Orbital fractures due to domestic violence: An epidemiologic study. *Orbit.* 2000 Sep; 19 (3): 143-54.
5. **Greene D, Raven R, Carvalho G.** Epidemiology of facial injury in blunt assault. Determinants of incidence and outcome in 802 patients. *Arch Otolaryngol Head Neck Surg.* 1997 Sep; 123 (9): 923-8.
6. **Shepherd JP, Shapland M, Pearce NX.** Pattern, severity and etiology of injuries in victims of assault. *J R Soc Med.* 1990 Feb; 83 (2): 75-8.
7. http://www.liberation.fr/societe/2015/06/11/violences-conjugales-118-femmes-tuees-en-2014_1327822
8. **Arosarena OA, Fritsch TA, Hsueh Y.** Maxillofacial injuries and violence against women. *Arch Facial Plast Surg.* 2009 Jan-Feb; 11 (1): 48-52.
9. **Doku DT, Asante KO.** Women's approval of domestic physical violence against wives: analysis of the Ghana demographic and health survey. *BMC Womens Health.* 2015; 21; 15: 120.
10. **Issahaku PA.** Health implications of partner violence against women in Ghana. *Violence Vict.* 2015; 30 (2): 250- 64.
11. **Kalokhe A, Del Rio C, Dunkle K, Stephenson R, Metheny N, Paranjape A.** Domestic violence against women in India: A systematic review of a decade of quantitative studies. *Glob Public Health.* 2016; 17: 1-16.
12. **Aghakhani N, Sharif Nia H, Moosavi E, Eftekhari A, Zarei A, Bahrami N.** Study of the Types of Domestic Violence Committed Against Women Referred to the Legal Medical Organization in Urmia - Iran. *Iran J Psychiatry Behav Sci.* 2015; 9 (4): e2446.
13. **Gosselin, Denise Kindschi.** Heavy Hands: An Introduction to the Crime of Intimate and Family Violence (4th Ed.). Prentice Hall, 2009: p. 13. ISBN 978-0136139034.
14. **White Ribbon Pakistan.** Fact sheet of violence against women. Available from: www.whiteribbon.org.pk/understand-domestic-violence/statistics-of-vaw/. [Assessed 20 November 2018].
15. **WebMd.** What are the signs of Domestic abuse. Available from <https://www.webmd.com/mental-health/mental-domestic-abuse-signs#1>. [Assessed 20 November 2018].
16. **MedicineNet.** How domestic violence is assessed? Available from https://www.medicinenet.com/domestic_violence/article.htm#how_is_domestic_violence_assessed. [Assessed 20 November 2018].
17. **World Health Organization (WHO).** Violence against women. A health priority issue. Geneva, 1997.
18. **Kaur, R., Garg, S.** Addressing domestic violence against women: an unfinished agenda. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine.* 2008; 33 (2): 73-6.
19. **Pankaj Chhikara, JitenderJakhar, Anil Malik, Kamal Singla, S. K. Dhatarwa J Indian.** Review Research Paper Domestic Violence: The Dark Truth of Our Society *Acad Forensic Med.* 2013 Jan-March; 35, 1ISSN 0971-0973.
20. **Rodríguez MA, McLoughlin E, Nah G, Campbell JC.** Mandatory Reporting of Domestic Violence Injuries to the Police What Do Emergency Department Patients Think? *JAMA.* 2001; 286 (5): 580-583. Doi:10.1001/jama.286.5.580