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Research Article

Conditions and Patterns of Intimate Partner Violence among Taiwanese Women

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SUMMARY

Purpose: Intimate partner violence (IPV) is a serious public health issue among women. IPV victims usually seek help from hospitals, and emergency nurses are the frontline staff with whom the victims come into contact first. This study examined the conditions and patterns of IPV in southern Taiwan.
Methods: From designated hospitals in Kaohsiung under the Department of Health Injury Assessment Clinic, data were collected on 497 women regarding their injury assessment for IPV reported to the Kaohsiung City Government.
Results: Taiwanese survivors were older compared to immigrant survivors. Taiwanese survivors also had higher education levels compared to immigrant survivors. Taiwanese survivors had higher employment rate than immigrant survivors did. The time between IPV and medical help seeking was longer for divorced than married women.
Conclusions: These results can facilitate understanding of the conditions and patterns of IPV in Taiwan, increase the awareness of nurses, especially the emergency nurses for the prevention of IPV, and increase professional competency for the provision of appropriate healthcare services to survivors of IPV.

Introduction

Violence against women is a serious public health issue [1], and intimate partner violence (IPV) and sexual abuse are problems that continue to be scrutinized by the World Health Organization [2]. A review of journal articles with “intimate partner violence” and “emergency department” as keywords showed that IPV is a common cause of external injuries treated in emergency departments [3]. IPV is defined as the use of threatened physical, sexual, or psychological abuse by partners or ex-partners, with whom women have lived or live with, regardless of formal marriage or cohabitation [4]. According to Domestic Violence Prevention Act in Taiwan, the definition of IPV refers to physical, psychological, or sexual violence. IPV has a negative impact on the mental and physical health of IPV survivors, as well as adverse societal influences and detrimental effects on the survivors' families and communities [5].

A British survey investigating the prevalence of domestic violence found that 23.5% of women aged more than 16 years have experienced domestic violence [6]. Another survey of 24,097 women aged 15–49 years showed that 19.0–55.0% had experienced physical violence committed by intimate partners [7]. Similarly, a survey conducted in Uganda among women aged 15–49 years and men aged 15–54 years found that more than half of the married women had experienced IPV, while 40.0% of the married men had been perpetrators [8]. The prevalence rate of IPV ranges from 25.0 to 35.0% among cases in emergency department settings [9,10].

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IPV occurs in all countries, all cultures, and at every level of society. In general, the proportion of male-to-female partner violence is higher than that of female-to-male partner violence. Previous studies have found that culture is an important predictor of violence against women [11,12]. Compared to western societies, in Asian countries, women often follow cultural norms and values in male-dominated society and tend not to disclose abuse to the public [13]. A Hong Kong study showed that survivors of IPV who were influenced by local culture and patriarchal views were less likely to seek medical attention [14]. In 1999, the Domestic Violence Prevention Act was implemented in Taiwan, and a complete report on the current state of IPV in Taiwan was produced using data from IPV notification systems. IPV is one of the patterns of domestic violence regulated by the Domestic Violence Prevention Act. The Domestic Violence Prevention Act defines domestic violence as physical or psychological acts of illegal infringement on family members. Family members include a spouse, former spouse, former cohabiting relationship, cohabiting relationship, lineal descendants, or descendants by marriage. Medical personnel, in cases of actual or suspected IPV, are required to inform the Domestic Violence Prevention Center within (DVPC) 24 hours and to assist in the diagnosis and treatment of injury, emergency placement, victim counseling, legal services, financial aid, referrals of offenders to educational programs, and follow-up guidance.

According to the results of a survey study by Wang [15]; the rate of marital violence in Taiwan is 17.4%. Furthermore, according to records from the Domestic Violence and Sexual Assault Prevention Committee of the Ministry of the Interior, more than 40,000–50,000 individual cases of IPV have been reported yearly, and the majority of such violent acts have been perpetrated against women [16]. In other words, in Taiwan, nearly 40,000–50,000 women are harmed by IPV yearly and seek help from IPV prevention networks. A survey conducted on 109 IPV survivors in southern Taiwan showed that 82.6% were in moderately and highly life-threatening situations, indicating the severity of IPV in Taiwan [18]. Another previous study in Taiwan indicated that many IPV survivors (46.0%) suffer from marital violence at least once a month and that this violence is life-threatening in an estimated 18.0% of women [19].

A survey conducted on 109 women in southern Taiwan who were involved in domestic violence showed that 93.6% displayed symptoms of post-traumatic stress disorder after being abused [18]. Moreover, repeated exposure to violence and inability to seek help gradually influenced IPV survivors to show signs of learned helplessness [20], which results in loss of self-confidence, a distorted self-view, hopelessness, and helplessness. Overall, IPV results in considerable damage to both the physical and mental health of survivors.

Medical aid is often the first healthcare service provided to a victim of abuse. Hence, medical professionals are frequently the frontline workers who first encounter IPV survivors. Furthermore, the literature reveals that most IPV survivors who are involved in domestic violence do not take the initiative to inform medical professionals about having been abused; rather, they tend to seek medical help for other physical discomforts [21]. Therefore, improving medical professionals' understanding about the current state of IPV could help ensure that IPV survivors receive more appropriate and higher-quality healthcare services and make prevention of IPV an important part of clinical care.

Previous research seldom employed data analysis to study the conditions and patterns of IPV. Studies have tended to employ questionnaire surveys [6] and telephone interviews [22] for data collection. In Taiwan, research on IPV has employed qualitative methods, questionnaires, and analysis of the National Health Insurance database [18,19,23–28]. The medical system is the social resource that is most commonly used by IPV survivors. Studies utilizing medical records as their data source would ensure the accuracy of both data sources and research results and have fewer problems associated with memory bias than studies using self reports. Medical records in contrast to anonymous surveys facilitate the identification of victims for delivery of effective individual interventions in hospitals. In this study, we performed data analysis on the medical records database used in designated hospitals in Kaohsiung under the Department of Health Injury Assessment Clinic. The purpose of this study was to understand the conditions and patterns of IPV in southern Taiwan. In Taiwan, it has become a common social phenomenon for foreign women to immigrate to Taiwan for marriage in recent years. These women has been considered as a vulnerable population because of cultural isolation, language barrier, cultural conflict, interpersonal isolation, and lack of support systems, and need to be paid more attention to [26]. Therefore, our research questions include the following: (a) What are the demographic characteristics of the IPV survivors? (b) What are the relationships between ethnicity and demographic characteristics? (c) What are the relationships between the length of time from occurrence of violence to medical help seeking and characteristics information? The results of this study can be used to help develop healthcare models to prevent IPV and as reference material for the implementation and evaluation of IPV prevention policies.

Methods

Study design

This retrospective cohort study was based on the medical records from 2007 to 2009 in southern Taiwan. The data for this study were gotten from injury assessments records for cases of multiple levels of IPV reported to the Department of Health, Kaohsiung City Government from designated hospitals in Kaohsiung (including medical centers, regional hospitals, and district hospitals). In cases of actual or suspected IPV, medical personnel in Kaohsiung are required to inform the Department of Health of Kaohsiung City Government and DVPC within 24 hours. The cases included both inpatient and outpatient services in this database. Injury Assessment Clinics' registries and records of IPV survivors are highly confidential and protected by medical organizations. They cannot be freely disclosed or published in order to safeguard the human rights of IPV survivors and ensure ethical research conduct.

Setting and sample

According to Domestic Violence Prevention Act in Taiwan, in this study, an intimate partner is defined as a spouse or former spouse in a current or former cohabiting relationship. The definition of IPV refers to physical, psychological, or sexual violence. The two trained research assistants collected data in the Department of Health of Kaohsiung City Government and DVPC.

In this study, the main variables consisted of the conditions about IPV and pattern of violence (physical violence, psychological violence and sexual violence), time before seeking medical help, and characteristics information, including age, ethnicity, educational level, employment status, marital status, conditions of abuse, and relationship with the perpetrator. The inclusion criterion was the female victims. The exclusion criterion was incomplete information (the cases with one or more variables missing were excluded). All data were from medical records. Six hundred datasets on IPV survivors from 2007 to 2009 were obtained from the medical records databases of Injury Assessment Clinics. After incomplete entries were excluded, 497 entries were processed and analyzed. To ensure integrity, accuracy, and high levels of