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Intimate partner violence victims' acceptance and refusal of on-site counseling in emergency departments: Predictors of help-seeking behavior explored through a 5-year medical chart review

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ABSTRACT

Healthcare services constitute the first formal support that many intimate partner violence (IPV) victims receive and a link to formal welfare and psychological support. The help-seeking behavior for psychosocial support, e.g., Accident and Emergency Departments (AED) onsite counseling, is key to developing effective support for IPV victims. This study aimed to strengthen the health-welfare support link to aid IPV prevention in AEDs by investigating the acceptance and refusal of on-site counseling by IPV victims. A retrospective cohort study retrieved and reviewed all records of IPV victims presenting at the AEDs of two Hong Kong hospitals between 2010 and 2014. A total of 157 male and 823 female IPV victims were identified, 295 of whom refused on-site counseling. Bivariate and multivariate analyses were performed to examine the association between help-seeking and demographic and violent injury-related factors. The odds of help-seeking via on-site counseling were significantly lower for victims with mental illness (aOR = 0.49; 95% CI = 0.27, 0.88). After controlling for all demographic characteristics, mental illness, and drug abuse information, sex remained an independent predictor of help-seeking (aOR = 2.62; 95% CI = 1.45, 4.74); victims who had experienced > 2 abuse incidents were more likely to seek help than those who had experienced ≤ 2 abuse incidents (aOR = 1.90; 95% CI = 1.11, 3.26). The factors associated with help-seeking from on-site services by IPV victims reflect the need for multi-disciplinary collaborative work aimed at IPV prevention. Healthcare professionals require training on how to promote help-seeking behavior targeted specifically for male and female IPV victims according to their needs and preferences.

1. Introduction

The help-seeking behavior exhibited by victims of intimate partner violence (IPV) is a primary concern for professionals in developing effective measures for IPV prevention and intervention. Most IPV victims do not seek help from IPV-specialized services (Nurius et al., 2011). Female victims prefer to seek help from informal sources such as family and friends and not formal sources such as the police, healthcare services, and social services (Tengku et al., 2015), despite decades of social service provision for IPV victims (Kaukinen et al., 2013). Informal support is also a common source of help for male victims (Machado et al., 2016a).

Female victims' help-seeking behavior is affected by victimization types. Women with childhood victimization are less likely to seek both formal and informal support, but women with stalking experience are less likely to approach formal support, while those injured by a weapon are more likely to do so (Sabina et al., 2012). Women who are physically and sexually abused by intimate partners are less likely to seek help, whereas those with physical abuse and stalking tend to (Flicker et al., 2011). Immigrant female victims face various barriers to receiving help (Lee and Hadeed, 2009) and minority women are reluctant to seek help from mental health professionals (Cheng and Lo, 2015). Victims of physical violence used for coercive control are more likely to approach formal but not informal support (Duterte et al., 2008; Leone et al., 2014).

Increased severity of violence prompts IPV victims to seek help from

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formal sources (Ansara and Hindin, 2010). Women of such experience are more likely to seek help from both formal and informal sources, indicating that a life-and-death situation is a predictor for seeking help among female victims (Barrett and Pierre, 2011). However, women who are economically dependent upon their partners are reluctant to seek help (Chan et al., 2013). Women with children are more likely to seek help than women without (Ergocmen et al., 2013), and the impacts of IPV on children are the key impetus for women to seek help (Randell et al., 2012). Abused women's motivation to seek formal support is motivated by their children's witness of (Meyer, 2010) or suffering from the abuse (Djikanovic et al., 2012). On the other hand, men are motivated by both the frequency and perceived impacts of physical violence (Machado et al., 2016b).

Encouragement of formal help-seeking behavior among IPV victims is important because of the association between formal help-seeking behavior and decreased levels of negative emotions (Coker et al., 2003; Glass et al., 2007; Mburia-Mwalili et al., 2010; Sylaska and Edwards, 2014). Quality of life and mental health outcomes will improve when victims perceive a high level of procedural justice and after issuance of civil protection orders respectively (Cerulli et al., 2015; Wright and Johnson, 2012).

The most common formal support sought by both male and female IPV victims are health professionals and the police (Ansara and Hindin, 2010). Healthcare service becomes the platform to approach abused women because most female victims seek medical help for physical injuries (Tengku et al., 2015). Healthcare service provides the appropriate care and referrals for these women (Djikanovic et al., 2012) and the Accident and Emergency Departments (AEDs) in Hong Kong is the main source of help sought by male IPV victims (Chan et al., 2013). If psychosocial support or relevant information of IPV victim service is available on-site, male IPV victims can also be connected the service they need; indeed, these services are key for them to mitigate the negative effect of IPV and reconstruct a life without violence (Moracco and Cole, 2009). However, very few men accept community-based IPV services after medical treatment (Krasnoff and Moscati, 2002) or they were discharged against medical advice (Chan et al., 2013). Many of them do not seek help because they were not aware of being the victims, felt shameful to be one, or they distrusted formal support (Chan et al., 2013; Machado et al., 2016b). Traditional Chinese value emphasized on masculinity and men are expected to act strong and not to cry even when hurt physically. It is thus possible that such masculinity-promoting value is hindering male victims to seek help.

Currently, no study had ever been conducted on IPV victims' help-seeking behaviors for on-site psychosocial support in AED through the study of clinical notes. In AED routine practice in Hong Kong, IPV cases are identified through self-disclosure during hospital registration, AED assessment, or police's report. There is an established IPV management guideline for AED staff and training is held on an annual or ad-hoc basis. All staff is recommended to refer the cases to medical social workers upon consent and distribute leaflets about community resources for IPV regardless of whether they accept or refuse on-site psychosocial support. Social workers are trained in handling family cases with/without domestic violence in their routine training before professional registration and regular training are provided to all social workers working in family services. Engaging IPV victims to on-site counseling service (OCS) is a key to support them in abusive relationships and lower the risk of future IPV occurrence. It is essential to explore the acceptance of OCS, to generate further insight on proposing a multidisciplinary and collaborative work on IPV prevention and provision of tangible and psychological support for IPV victims in the healthcare setting. The aim of this study was to explore the characteristics of IPV victims who refuse and accept to seek psychosocial assistance in AED. Throughout this study, OCS refers to the psychosocial support provided to IPV victims in AED by medical social workers, on-site crisis workers, or hotline workers, which includes on-site emotional counseling, safety planning, welfare needs assessments and planning, referrals or immediate arrangements to social service or information on community resources such as legal aid. The findings will be useful for developing an intervention strategy to encourage IPV victims to seek help from formal sources, welfare and psychological counseling services, in particular, to support their tangible and emotional needs.

2. Methods

The is a retrospective cohort study that explores the help-seeking behavior of IPV victims presenting to the AEDs of two public hospitals in Hong Kong: Tuen Mun Hospital (TMH) and Pok Oi Hospital (POH). The population of the corresponding district was 1.1 million in 2010–2011, with 358,414 patients attending the AEDs in TMH and POH over this period (Census and Statistics Department, Hong Kong Special Administrative Region [HKSAR], 2011a, 2011b; Hospital Authority, HKSAR, 2012). The number of newly reported spouse/co-habitant battering cases in 2011, as recorded in the Central Information System of HKSAR, was 3174; among them, 2616 (82.4%) were female and 558 (17.6%) were male. 2786 (87.8%) were physical abuse cases, 224 (7.1%) were psychological, and the remaining 15 (0.5%) were sexual abuse cases. 22% of all these newly reported IPV cases were in the district where THM and POH serve (Social Welfare Department, HKSAR, 2012).

A trained research assistant, who is a registered nurse in Hong Kong, retrieved the data and AED medical notes completed by physicians on all IPV patients between January 1, 2010, and December 31, 2014, from the Hospital Authority clinical record databases of the two hospitals. All IPV cases were determined by self-reported information, information provided by the police who escorted them to AED or they were patients requiring treatment and/or an assessment at the AEDs following a confirmed incident of IPV. All retrieved medical notes were reviewed by both the first author (a registered social worker) and second author (a registered nurse). The study was approved by the institutional review boards of the Hospital Authority and The University of Hong Kong.

Providing and referrals to OCS constitutes the standard multidisciplinary intervention offered to all IPV victims presenting to the participating AEDs and the receipt of services is recorded in patients' medical notes. The data were processed and analyzed without any personal identifiers to maintain patient confidentiality. Information on the notes can be classified into two broad categories. The first category contains the basic demographics and injury information, which includes details of patient's basic demographics, mental status, chief complaint, injury locations, types, service and specialty received in AED, and discharge information or ward specialty. Once a case is identified as an IPV case, the second category of information will be collected, which includes patients' acceptance or refusal of psychosocial assistance. This refers to whether the case was reported to the police and/or medical social worker, had consulted OCS and previous use of social service. Furthermore, information on other family issues or violence and injury of other family members in domestic violence/IPV, the cause of current injury, perpetrator's gender and relationship with the patient, number of the episode of abuse, and victim's and abuser's demographics and health information were also collected.

SPSS 22.0 was used for statistical analysis. The demographic characteristics and injury-related characteristics of the IPV victims were analyzed with descriptive statistics, including means, standard deviations, and percentages. Differences in demographic characteristics, services/treatment provided/received by/in the AEDs, injury patterns, and help-seeking experiences among male and female IPV victims were compared by chi-square tests. The 95% confidence intervals (CIs) of their relative risk were also calculated. Bivariate and multivariate analyses were used to examine the associations between help-seeking behavior, demographics, and injury-related factors.