

Violence: Recognition, Management and Prevention



INJURY PATTERNS AND HELP-SEEKING BEHAVIOR IN HONG KONG MALE INTIMATE PARTNER VIOLENCE VICTIMS

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□ **Abstract—Background:** Few studies have focused on the characteristics of male victims of intimate partner violence (IPV). Providers of care lack knowledge on the pathognomonic features to identify male IPV victims, who tend to be hidden. **Objectives:** This study investigated the injury patterns of male IPV victims and their help-seeking characteristics. **Methods:** A retrospective cohort study was carried out in two regional hospitals in Hong Kong. Data were collected from the hospital computer databases (i.e., the Accident & Emergency Information System and the Clinical Data Analysis and Reporting System) and the medical charts completed by physicians. **Results:** Medical records were retrieved from August 1, 2009 to December 31, 2011 for all IPV victims presenting at the accident and emergency departments. There were 372 cases in total, including 54 male and 318 female cases. Male victims were more likely to have abrasions/scrapes (66.7%), human bites (20.4%), and laceration/cutting (18.5%) than female victims (31.4%, 1.3%, 6.9%; $p < 0.001$, $p < 0.01$, $p < 0.001$, respectively). More male victims received dressing (38.9%) and

injection (13.0%) than female victims (14.5%, 3.5%; $p < 0.001$, $p < 0.01$, respectively). Fewer male victims attended consultation by the medical social worker (MSW; 5.6%) than female victims (21.7%). **Conclusion:** Abrasion wounds are the most common in male victims of IPV. Male victims have lower rates of seeking help from MSWs, and most are aged 40 years or above. This study has identified important characteristics of male victims to aid the development of a comprehensive program for early IPV detection and management. © 2015 Elsevier Inc.

□ **Keywords—**intimate partner violence; injury; help-seeking; male victims

INTRODUCTION

Intimate partner violence (IPV), particularly violence against women, is a global public health issue (1). Because IPV research is overwhelmingly concerned with female victims, we currently have a limited understanding of the characteristics of male victims. In fact, men can play many roles in IPV: perpetrator of intimate terrorism, victim of resistant violence during women's self-defense, party to common violence, and victim of violence perpetrated by women (2–4).

This study was conducted with the approval of the Institutional Review Board of the Hospital Authority New Territories West Cluster and the approval of the Institutional Review Board of the University of Hong Kong/Hospital Authority Hong Kong West Cluster.

Studies published from 2000 to 2010 found that approximately one in four women (23.1%) and one in five men (19.3%) have experienced physical violence in an intimate relationship (5). The prevalence rate of IPV victimization is thus similar for men and women. Men can be the victims of serious physical IPV, including homicide (5,6). However, men are generally less likely than women to seek help, and hence, male IPV victims may be reluctant to disclose their victimization (7–9). They may perceive it as a threat to their masculine identity and fear of losing face (9–13). Accident and emergency departments (AEDs) may be the only place that male IPV victims seek help (14). Thus, exploring AED records can be an important source of information to improve our understanding of the profile, injury patterns, and help-seeking characteristics of these victims.

In Hong Kong, a household survey from 2003 to 2004 found that 13.9% of adult respondents had been battered by their partners at some point in their lives, and that 10.6% of households had experienced spousal battery in the preceding year (15). Twelve percent of male respondents reported having been battered by their spouses, compared to 15.1% of women. It is clear that the abuse of men by their partners is not rare in the Chinese community of Hong Kong.

According to the Central Information System of the Social Welfare Department of the Hong Kong Special Administrative Region, the number of newly reported cases of battered spouses in 2004 was 3371, of which 11.3% (381) were male victims. In 2011, the number of newly reported battered spouse cases was 3174, of which 18% (558) were male victims. The overall male-to-female ratio thus increased from 1:7.8 in 2004 to 1:4.7 in 2011.

A study in a regional AED found that, between 1994 and 2004, the overall male-to-female ratio of IPV victimhood stood at 1:7 (16). Another study on IPV victims presenting to AEDs from 1997 to 2008 found an overall male-to-female ratio of 1:6 (14). These changes in the male-to-female IPV ratio should raise public concern over IPV trends and the needs of male IPV victims.

In fact, studies have confirmed an association between IPV and postnatal depression, mental health problems, and in-law conflicts among abused women (17–19). However, these previous IPV studies focused primarily on female victims, neglecting the prevalence of male victims. If we are to strengthen family violence-prevention measures, we need more evidence on the trends among male IPV victims and a multidimensional understanding of IPV (16). Exploring the characteristics of these often-hidden victims is vital for evidence-based practice and prevention aimed at stopping family violence.

METHODS

Study Design and Patient Selection

A retrospective cohort study was carried out to investigate the injury patterns and help-seeking characteristics of male IPV victims. In collaboration with the AEDs of two regional hospitals, Tuen Mun Hospital (TMH) and Pok Oi Hospital (POH), the principal investigator and her research team collected data from the hospitals' computer databases (i.e., the Accident & Emergency Information System [AEIS] and Clinical Data Analysis and Reporting System [CDARS]). Data were also collected from the medical charts completed by physicians during assessment of male patients presenting with suspected IPV.

These two regional hospitals serve the New Territories West, Tuen Mun, and Yuen Long districts, thus serving a population of 1.066 million (20,21). In 2010–2011, patient attendance at the AEDs of these hospitals was 358,414 (22). In 2011, more than 21% of Hong Kong's newly reported cases of spouse abuse were recorded in the Tuen Mun and Yuen Long Districts (23). Therefore, an investigation of IPV in these regional hospitals can enrich our knowledge of this pernicious public health problem.

In the AEDs of Hong Kong, each IPV victim would undergo an initial assessment and wound treatment by the triage nurse; he or she will then be settled in a more private or quieter area and wait for a more detailed consultation (24). To provide immediate support of various aspects, a multidisciplinary team of health care, social welfare, and legal professionals work together in the AED to provide the IPV victims the treatment and assistance they need. The physician would provide the most efficient, yet effective treatment to shorten the waiting time of the IPV victims. The medical social workers (during office hours), social workers of a crisis intervention team, and hotline services for the victims of family violence (after office hours) provide immediate risk assessment, counseling, and necessary referral for the victims in AEDs. In addition, a police officer is stationed in each AED so the victims can be protected or supported by the police immediately if necessary. All the demographic data, spousal abuse episode, treatment records, discharge information, and referral records would be input into the patients' databases.

A research nurse retrieved the records of all victims of spouse abuse presenting at the AEDs of TMH and POH between August 1, 2009 and December 31, 2011 (2 years 5 months) from the hospital databases and patients' medical charts. The records were classified as spousal abuse cases in the databases, as reported by the patients in consultation, informed by referral, or identified by the physician in assessment. Patients' genders will also be

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