Domestic Violence: What Hospital Records Tell Us by A. S. Daga, Shireen Jejeebhoy and Shantha Rajgopal. Lawyers Collective. 16(3) May 1999. P. 14-16.

Domestic Violence: What Hospital Records Tell Us

A.S. Daga, Shireen Jejeebhoy and Shantha Rajgopal

In a recently study on domestic violence A.S. Daga, Shireen J Jejeebhoy, Shantha Rajgopal, doctors at the JJ Hospital in Mumbai, have tried to explore the patterns and determinants of violence against women.

Domestic violence against women is increasingly recognised as a major health and social problem in India. It is also a concerns for public health. Not only is violence against women widespread, deeply entrenched, silently borne, and relatively impervious to women's situation, but also attitudes uniformly justify wife-beating, and only a few women would opt out of an abusive marriage. At the same time, there is a dearth of information on the magnitude and patterns of domestic violence against women in India, particularly by way of community based data. Facility based data-from police, court, hospital and NGO records-do exist, but remain scattered, poorly maintained, and seldom used.

Classified of Injured Women

The hospital caters to the largely mixed Hindu and Muslim populations residing in its vicinity. Typically, the point of entry for all emergency cases arriving at any hospital is the casualty department. Details of all accident, injury, burn or poison cases are maintained in a separate register, known as the Emergency Police Register (EPR).

The objective of this paper is to explore date from one source, the casualty department of J J Hospital in Mumbai. The intention is to draw up a profile - limited though it might be - of the patterns of a determinants of violence against women, as assessed from routine hospital records. The date collected in this study refer to all women whose cases were recorded in the Emergency Police Record Register of the JJ Hospital during the year 1996.

A total of 833 women visited the casualty department during 1996 with a variety of injuries: assault, accidental falls, burns, and attempt suicides. This paper deals with 745 of these women who were aged 15 or more. Almost half of all women who were treated in the casualty department had been assaulted (45 per cent). Nearly 14 per cent had consumed poison, 11 per cent had suffered burns, 9 per cent had suffered a fall. The remaining 21 per cent had suffered traffic and other

accidents. Not surprisingly, few women would, without sensitive probing and counselling, implicate their husbands or other family members as perpetrators of the violent incident.

Type of Violence

As per the findings, violence has been classified into:

Definitely domestic violence: A Definite case of domestic violence is one that clearly implicates the husband, other family member or a "known" person as the perpetrator of the violent incident. Over one in five women (22.4 per cent) fall into this category: 164 women were assaulted by their husbands, other family, or "known" persons, and three women reported that their husbands had set them on fire.

Possibility domestic violence: A possible case of domestic violence includes women who refused to report the name of the perpetrator of the incident, whether assault, or burn. Also classified, as possible cases of domestic violence are women who have resorted to attempted suicide, since much of this relates to harassment and abuse. Almost half of all women (44 per cent) fall into this category.

Profile of the Women

The JJ Hospital serves a population of roughly 4,00,000 residing in the are of Nagpada, Kamathipura and Byculla. These areas have a large concentration of Muslim residents, and hence it is no surprise that Muslim constitute 44 per cent of women treated in the casualty department over the year 1996. What is mildly notable is that Muslims are somewhat more likely to fall into the category of deliberate assault than Hindus, suggesting either that they are somewhat more likely to suffer domestic violence, or that they are more likely than Hindus to identify the perpetrator. In contrast, burn victims are predominantly Hindus (76 per cent)

The age profile shows that cases of definite and possible domestic violence are predominantly in the age group of 15-39 years - about 80 per cent of both definite and possible domestic violence cases and to fall in these ages. Well over 40 per cent are between the ages of 20 and 29 (45 per cent), and this proportion goes up to 51 per cent of all women who attempted suicide.

Timing of the Violent Incident

From available records, it appears that there is, on average, a delay of upto one hour between the time of the incident and of admission. Hence we may assume that all incidents that occurred between the hours of 11- pm and 5 pm will be admitted to the casualty department between 11 pm and 6 pm. Results suggest that over one in five (21 per cent) cases of both definite and possible domestic violence occur at night, between the hours of 11 pm and 5 am.

Description of Injuries

Data recorded in emergency registers give some idea of the extent of injuries suffered, and the ways in which injuries occurred. Among definite cases of domestic violence, most of them (44 per cent) were kicked, beaten, punched, bitten, choked or strangled; 19 per cent were assaulted with a stick, rod or other blunt instrument, and 16 per cent with a knife or blade. Only four percent admitted deliberate burning.

Among the possible cases of domestic violence, prominent causes of injury included beating the kicking etc. (34 per cent), assault with a stick, rod etc. (23 per cent), consumption of various poisonous substances (28 per cent), including pesticides (12 per cent), rat poison (8 per cent), chemicals and sleeping pills (8 per cent), and stove burst (15 per cent).

The head and face were prime targets for abuse, in about three in five victims of definite domestic violence, nearly two in five report injuries to the legs or arms, and only about one quarter, have injuries on the body. In contrast to these findings, in-depth studies of women suggest that prime targets for domestic violence are the abdomen and chest, parts of the body on which injuries are obviously less likely to be visible. Burn victims are most likely to suffer burns on their limbs and bodies, than on their faces.

Types of Injuries

Types of injuries suffered were largely abrasions, contusions and contusions with laceration among women who had suffered assault. Profuse bleeding was suffered by a notable minority of women, including 8 per cent of the definite cases of domestic violence, and 12 per cent of women who suffered assault but did not name the perpetrator. Of interest also is that while 13 per cent of the possible cases of domestic violence were found to be semi conscious or unconscious, not a single one of the definite cases of domestic violence were-this may well suggest that if brought in a semi conscious or unconscious conditions, the woman may be more likely to under-report family violence.

A summary measure of he severity of the injury comes from the assessment of the physician. As many as 13 per cent of definite victims of domestic violence have suffered serious injury. In contrast, among the possible victims of domestic violence: as many as 25 per cent of the attempted suicide cases, and as many as 60 per cent of the "accidental stove burst" cases were asserted to be in serious condition.

Summary and Conclusions

Although incomplete, inadequate, and inconclusive, data collected in emergency police registers argue strongly for greater sensitivity in recording information on domestic violence against women, and in recognising and providing sensitive counselling and referral to potential victims of domestic violence.

Results suggest that as many as 23 per cent-almost one in four-women can be classified as definite cases of domestic violence. They have either suffered an assault by a family member or "known person," or, in a minority of cases, attribute the burns they suffered to their husband or other family member.

Another 44 per cent of all women appear to be possible victims of violence: they have either refused to name the perpetrator of the assault (19 per cent), or attributed the burns they suffered to accidental stove burst etc. (9 per cent), or were clear cases of attempted suicide, a measure to which women who have suffered violence and harassment are likely to resort to (16 per cent). Hence certainly one quarter, and upto two thirds of all women reporting to the casualty department may have suffered domestic violence.

Other points that corroborate this conclusion of domestic violence include the fact that disturbing proportions-over one fifth-have suffered the injury in the late hours of the night (roughly between 10 pm and 5 am) raising further doubts about their accidental status. Moreover, age distribution of women who attended the casualty department suggest that a large proportion of these women are in the peak-reproductive ages, 20-34 years, a period during which women have little say in their own lives.

Most of the definite cases of domestic violence occurred as a result of beatings, either by slaps, punches, and kicks, or with a stick or belt; of knife or blade wounds, or in a small proportion of confirmed cases, as a result of wife-burning. Attempted suicide claimed 16 per cent of all cases, and these may well have been attenuated by domestic violence and harassment. Most burn victims claimed the burn occurred accidentally while cooking; and a large proportion of women who suffered assault refused to identify the perpetrator; undoubtedly some of both

these groups of women have concealed the fact that they were deliberately set on fire.

While cuts and bruises dominate, profuse bleeding, and fractures are also evident among assault cases. A disturbing proportion of women have received serious and life threatening injuries - one in eight women whose injuries have definitely reslted from domestic violence, one quarter of the attempted suicide cases, and three in five of the "accidental" burns cases, with burns over more than half of their bodies.

Domestic Violence Invisible

Results clearly suggest that domestic violence is a serious but still invisible public health threat. Data that are routinely collected in casualty registers highlight the enormity of the problem. Yet, these data remain obscure, only to be utilised in the rare medico-legal case. They are also superficial, and incomplete. And practitioners who record these data are not even trained to recognise symptoms of abuse, let alone provide sensitive counselling or referral. The results of this study, while admittedly somewhat speculative, highlight the enormity of the problem, the need to review data collection systems, and the training of providers, and indeed, the urgent need for domestic violence to become integrated into the city's public health system.