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Indian Journal of Obstetrics and Gynecology Research

Journal homepage: www.ijogr.org

Original Research Article

Study of institute of medical sciences, BHU and Sir Sunder Lal Hospital staff regarding their attitudes and experiences of domestic violence

Uma Pandey^{1,*}, Aditi Narayan¹, S W Lindow²¹Dept. of Obstetrics & Gynecology, Institute of Medical Sciences, BHU, Varanasi, Uttar Pradesh, India²The Coombe Hospital, Dublin, Ireland

ARTICLE INFO

Article history:

Received 16-03-2023

Accepted 08-07-2023

Available online 24-08-2023

Keywords:

Covid 19

Hospital staff

Domestic violence

ABSTRACT

Background: Domestic violence is a social evil prevalent across all cultures and societies. It refers to any form of physical or mental abuse suffered by a person from a relative or member of their domestic circle. The majority of the world is patriarchal and women are most affected. The present study was done to evaluate the attitudes and experiences of domestic violence amongst staff of SSH and IMS.

Design: A total of 392 staff were questioned regarding their attitudes and experiences of Domestic Violence victims. The study was a cross observational study and questionnaires were distributed via Google Forms and were filled anonymously. The responses collected were categorized on the basis of the student and qualified staff members of SSH and IMS. The data obtained was subjected to statistical analysis using SPSS software.

Results: Qualified healthcare professionals (53%) had more exposure to domestic violence victims than students (28%) and were aware (51%) that inquiring about DV was essential in their job. However, they were more concerned (33%) about potential impacts on patient relationships than students (32%). Both groups preferred seeking help from friends/family (48%) over the police (28%) for DV victims. Students were more proactive in reporting DV to the police. More qualified professionals (44%) believed government efforts to address DV were inadequate, while students (60%) saw room for improvement. COVID-19 worsened DV according to 61% of students and 42% of professionals. Both groups acknowledged DV inquiry as part of their job and supported hospital-based help, with students (35%) favoring dedicated services for IPV victims more than professionals (29%). Both groups lacked sufficient DV training in their curriculum (42%).

Conclusion: Domestic violence persists as a social menace, often seen as a private matter despite available government and non-government efforts. The COVID-19 pandemic has exacerbated the situation for victims. Hospital support and healthcare professionals' training are lacking. Our study assesses the impact of DV training, urging authorities to address this critical issue.

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1. Introduction

Domestic violence (DV) is a social evil prevalent across cultures and societies. It refers to any form of abuse, whether physical or mental suffered by a person from a relative or member of their domestic circle. It is a pattern of coercive

control that one person exercises over another.¹ Abusers use physical and sexual violence, threats, emotional insults and economic deprivation as a way to dominate their victims. DV is defined as "any incident of threatening behaviour, violence or abuse which could be psychological, physical, sexual, financial or emotional between adults who are or have been intimate partners or family members regardless of gender".²

* Corresponding author.

E-mail address: uma.pandey2006@yahoo.com (U. Pandey).

1.1. Relevant laws in India

DV in India includes any form of violence suffered by a person from a biological relative but typically is the violence suffered by a woman by male members of her family or relatives. Although men also suffer DV, the law under IPC 498A specifically protects only women.³ The most recent legislation is the Protection of Women from Domestic Violence Act (PWDVA) 2005 includes physical, emotional, sexual, verbal, and economic abuse as DV. The law not just secures women who are married to men; however, it also ensures women who are in live-in relationships, relatives, including mothers, grandmothers etc. Under this law, women can look for insurance against DV by seeking monetary pay, the privilege to live in their mutual family unit and support from their abuser if they live separated.^{4,5}

DV is a cause of admission to hospital however hospital staff may not be comfortable in dealing with this problem. The objective of this study was to obtain social and clinical information from the staff members of the Institute of Medical Sciences (IMS) and Sir Sunder Lal Hospital (SSH) regarding their attitude and experiences of DV.⁶

2. Materials and Methods

The study was conducted in the Department of Obstetrics & Gynecology at SSH & IMS, Banaras Hindu University, Varanasi. The study was conducted for two years. It was a cross-sectional, observational study. The inclusion criteria were the male and female staff of SSH and IMS and the exclusion criteria included staff who declined to participate in the study. An invitation to complete a Google form was distributed via email and WhatsApp followed by anonymous and confidential analysis of the responses via Excel and SPSS was done. The questionnaire was piloted and validated and ethics consent from the institutional ethics committee was given.

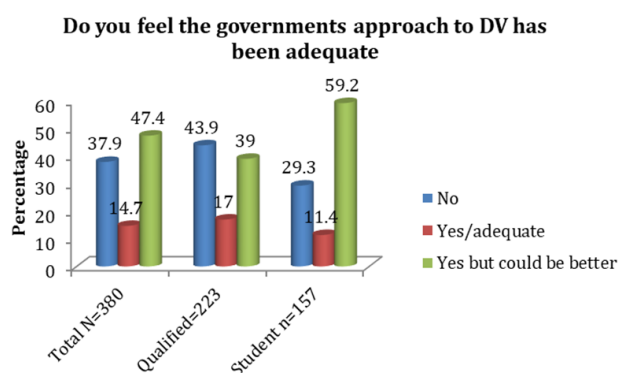
3. Results

A total of 392 individuals associated with SS hospital and IMS out of which 223 were qualified health care professional including doctors and nurses and 157 were students including medical students and nursing students were asked questions about various aspects pertaining to DV.

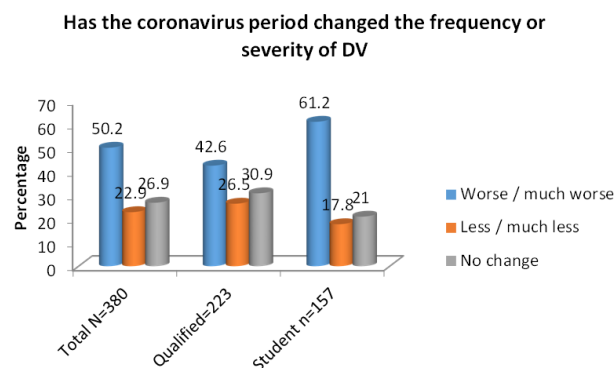
The results show that the qualified respondents had a mean age of 33 years while that of the students is 20 years. 40% of the qualified respondents were female and 28% of the students were female. 52% of qualified respondents had encountered DV while 28% of students had similar encounters. About half (49%) of respondents were comfortable in asking questions about DV in both student and qualified groups.

The same percentage (49%) of the respondents (50% Qualified & 47% Students) felt that asking about DV is an essential part of their job. 47% respondents (46% qualified

and 49% students) were in favour of seeking help from friends and family in cases of DV rather than going to police or seeking help from government authorities. The majority of the qualified professionals (43%) considered that the government's approach towards DV is inadequate in contrast to 59% of the students who considered the approach of the government towards DV is adequate. (Graph 1). Only 42% qualified professionals considered that coronavirus period has made DV worse in contrast to the majority students (61%) (Graph 2).



Graph 1:



Graph 2:

In response to the hospital and the role of the staff in cases of DV 50% respondents were willing to assist with referrals, help & support and 30% were in favour of providing a dedicated service. (Table 1)

In our study when asked if asking about DV is a part of their job or not, there was significant difference between the response of two groups with 50.6% of qualified professionals responding yes to it and only 47.2% of students responding yes. (Graph 3)

In a similar response when asked whom they would seek advice/ help from when they encounter a victim of DV the two groups responded differently with 46.2% of qualified HCW responded that they will seek help from friends and family and 25.6% responded that they will seek help from

Table 1:

	Total n=380	Qualified n=223	Student n=157	Significance
Mean (SD) age (y)		33.3 (12.6)	20.2 (2.1)	t =12.9 p<0.001
Mean (SD) years after qualification		10.1 (11.6)	0	t =10.9 p<0.001
Female gender	133 (35%)	89 (39.9%)	44 (28%)	chi-sq 6.6 p<0.05
Have you ever looked after anyone who has suffered DV?				
Yes	162 (42.6%)	118 (52.9%)	44 (28%)	chi-sq 23.3 p<0.001
Are you married?	111 (29.2%)	111 (49.8%)	0	Chi-sq 110.4 p<0.001
Are you at ease in asking female patients about DV?				Chi-sq 11.1 p<0.01
Yes or mostly at ease	186 (49%)	103 (46.2%)	83 (52.9%)	
No or mildly uncomfortable	126 (33.2%)	88 (39.5%)	38 (24.2%)	
Not sure	68 (17.9%)	32 (14.3%)	36 (22.9%)	
Is enquiring about DV part of your work?				Chi-sq 11.6 p<0.01
Yes, Significant, or essential part	187 (49.3%)	113 (50.6%)	74 (47.2%)	
Not part or minor part	82 (21.6%)	58 (26%)	24 (15.2%)	
Not sure	111 (29.2%)	52 (23.3%)	59 (37.6%)	
	Total n=380	Qualified n=223	Student n=157	Significance
Advise in cases of DV				
Do you feel the governments approach to DV has been adequate				Chi-sq 15.1 p<0.001
No	144 (37.9%)	98 (43.9%)	46 (29.3%)	
Yes/adequate	56 (14.7%)	38 (17%)	18 (11.4%)	
Yes but could be better	180 (47.4%)	87 (39%)	93 (59.2%)	
Has the coronavirus period changed the frequency or severity of DV				Chi-sq 13.6 p<0.01
Worse / much worse	191 (50.2%)	95 (42.6%)	96 (61.2%)	
Less / much less	22.9%	59 (26.5%)	28 (17.8%)	
No change	102 (26.9%)	69 (30.9%)	33 (21%)	
What services should a hospital & its working professions should provide to the DV victim?				Chi-sq 18.3 P<0.001
No hospitals role	15 (3.9%)	14 (6.3%)	1 (0.6%)	
Provide information only	25 (6.6%)	22 (9.9%)	3 (1.9%)	
Provide referral services only	33 (8.7%)	18 (8.1%)	15 (9.6%)	
Provide help / support / referrals	187 (49.2%)	104 (46.6%)	83 (52.9%)	
Provide a dedicated service	120 (31.6%)	65 (29.1%)	55 (35%)	
	Total n=380	Qualified n=223	Student n=157	Significance
Have you been given adequate assistance on DV in your ongoing curriculum?				Chi-sq 4.7 p<0.05
Poor or no assistance	143 (37.6%)	94 (42.1%)	49 (31%)	

police, Whereas in student group 49.7% responded that they will seek help from friends and family and 30.06% responded that they will seek police help.(Graph 4)

4. Discussion

The staff and students of IMS cater mainly to population of adjacent areas of Bihar and Uttar Pradesh both having high prevalence of DV.⁷ Despite of this in our study about half of health care professionals and students had not “looked after anyone who has suffered DV” This is because DV victims are reluctant to seek help from outside as discussing about DV to an outsider seems to be against their societal and family values.⁸ The professional health care workers were more exposed to cases of DV compared to students.

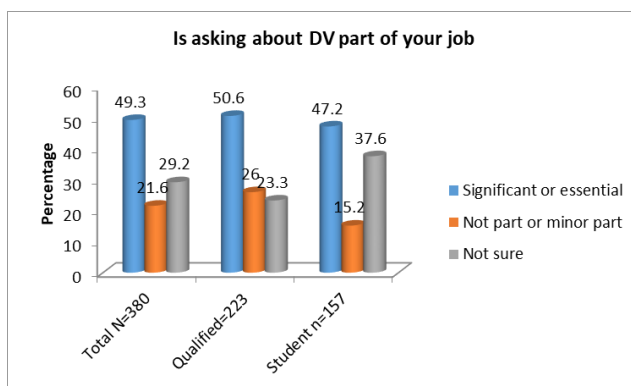
In this study about half of the professional health care providers responded that they were mostly comfortable in asking about DV to female patients. But sometimes the presence of family members of the patient/ other patients nearby typically in the setting of our hospital where many patients stay in close lying beds in a single room or in outpatients which are over-crowded could be additional factor making it “uncomfortable for health care provider to ask about DV.”⁹

Compared to health care professionals, students were more comfortable in asking about DV to female patients. This could be attributed to increased awareness about DV in younger generations or younger generations being more open to talking about social issues, and questioning the established patriarchal societal norms. Moreover, in recent years social issues have been part of the educational curriculum which the younger generation is exposed to.¹⁰

The impact of training about DV was studied by Ok-Hee Cho et al. in the University of North Korea and found and the nurses were more aware about diagnosing and managing the victims of IPV after proper training. Many a times despite suspecting a woman to be victim of DV, the health care workers fail to enquire about it properly or arrange appropriate referrals for the victim. Thus, adequate training is required for improved management of DV victims when they consult any health care professional.

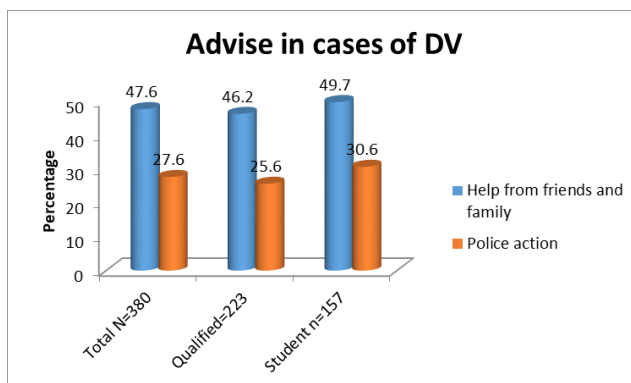
In this study around 50% of the students and health care professionals were unaware of their responsibility of asking about DV to the patient (Graph 3). However, compared to students; professional health care workers were more aware about their responsibility about DV. This could be attributed to their greater years of experience and training that they received compared to students. The similar findings were in the study by Bonnie J. Dattel in Eastern Virginia Medical School in 2008.¹¹

In our study both students and professionals (47.6%) were more open to take help from friends and family than from police to support/ rescue victims of DV. The reason behind this is that many of the health care professionals feel that reporting can damage the relationship between



Graph 3:

the female and their attendants. Many feel that reporting could put women at greater risk of being hurt, if the abusive partner gets to know about the disclosure. Many felt that women would change their stand in front of authorities bringing embarrassment.¹² Similar results were observed by R Klein (2012) in a study done from London. The professional health care workers (HCW) were more aware of these harsh realities and hence seemed less open to taking help from police and professionals as compared to students in this study (Graph 4).



Graph 4:

There was statistically significant difference between the views of students and health care workers regarding the efforts of government to address DV(Graph 1). More of the health care workers felt that the efforts taken by the government is inadequate and need further improvement than the students which is obvious as health care workers have been more exposed to victims of DV and are more aware of the reality of the situation. The students on the other hand see mostly a superficial view rather than the reality on the ground.¹³

In our study more than 50% of participants felt that there has been an increase in severity and frequency of DV due to corona virus pandemic. (Graph 2) They observed “COVID-19 has caused an increase in DV cases, especially during the

first week of the COVID-19 lockdown in each country".¹⁴ The students seemed to be more aware of this increased DV than professional health care workers which could again be attributed to students being more aware of the current global situation through social media and internet access.¹⁵

In this study students were more in favour of providing dedicated service and help support and referrals to DV victims (35% and 53% respectively) compared to health care professionals (29% and 46% respectively). This reluctance in health care worker for referral and dedicated services could be again attributed to various factors like lack of time in the already overburdened health care facility, feeling that it will adversely affect patient professional relationship and lack of space and privacy required to deal with such situation in the already overcrowded government hospital setting.¹⁶

5. Conclusion

In this study, trained medical workers had a better opportunity of coming into touch with victims of DV and providing support to them as they have more knowledge and access to the services. But they were less sure that it was part of their job to enquire with patients about their personal experiences with the issue.

It was found that the health care professionals had more exposure to the victims of DV and were more aware that enquiring about this is a part of their job, nonetheless they also worried about their relationship with the patient. Also, they are more likely to turn to friends and family for DV rather than taking help from dedicated services for the same.

Both the study groups were worried about the effects of DV in pregnant women and its effect on the growing fetus. Both groups of students and qualified health care professionals in medical and nursing schools were more likely to seek support from friends and family members.

The majority of the students thought that the approach of the government towards the DV issue is adequate with some betterment while the qualified health care professionals considered this to be inadequate. The majority of the students were more in favour of providing dedicated services to the DV victims than qualified health care professionals. This is possibly due to the fact that the qualified professionals are already overburdened by the present patient load in the government setting.

6. Conflict of Interest

None.

7. Conflict of Interest

None.

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Author biography

Uma Pandey, Professor & HOD  <https://orcid.org/0000-0002-0986-2470>

Aditi Narayan, MBBS

S W Lindow, Director of Masters Project

Cite this article: Pandey U, Narayan A, Lindow SW. Study of institute of medical sciences, BHU and Sir Sunder Lal Hospital staff regarding their attitudes and experiences of domestic violence. *Indian J Obstet Gynecol Res* 2023;10(3):254–258.