ORIGINAL ARTICLE

Demographic Variables of Domestic Violence in a Medicolegal Office of Lahore

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ABSTRACT

Objective: To determine the prevalence and to identify some socio-demographic factors associated with wife beating cases reported in the office of the medico legal, Sir Ganga Ram Hospital, Lahore.

Study design: Cross-sectional study.

Place and duration of study: Office of the medico legal, Sir Ganga Ram Hospital, Lahore, Pakistan from January 2010 to November 2010

Method: A random sample of 200 persons suffering from domestic violence reporting to the medico legal department. The main outcome measures studied were:-prevalence of domestic violence, education level and history of drug abuse.

Results: The estimated prevalence rate of women victimization in domestic violence was 99%. Of them 66% were wives beaten by their husbands. An inverse relationship was found between the domestic violence and the level of education. A positive history of drug abuse was also found in a significant number of batterers.

Conclusion: Domestic violence is a major medico legal problem in our society, mostly affecting the females

Key words: Pakistan, domestic violence, women

INTRODUCTION

Domestic violence can be defined as physical, sexual or psychological violence within close relationships^{1,2}. Information on the amount of violence in families is a proof that it is not a rare phenomenon¹. Family violence may take the form of spouse abuse, child abuse, or abuse of parents (including the abuse of elderly parents by adult children). Abuse of parents is probably less common than the others². There is convincing evidence that violence against women is a significant health and social problem affecting virtually all societies³. There is no universally accepted definition of violence against women. Some human rights activists prefer a broad-based definition that includes "structural violence" such as poverty, and unequal access to health and education. Others have argued for a more limited definition in order not to lose the actual descriptive power of the term⁴.

Worldwide, one of the most common forms of violence against women is abuse by their husbands or other intimate male partners⁵. In the last two decades violence against women, (gender-based violence) has emerged as the most pressing and intractable social problem across regional, social and

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cultural boundaries. Violence against women is recognized as a serious human rights violation and a pervasive public health problem that concerns all societies⁵..The actual occurrence rate of wife beating probably exceeds the reported cases². No society can claim to be free of such violence; the only variation is in the patterns and trends that exist in countries and regions⁶.

Understanding violence against women is as complex as its process⁶. Determinants of violence against women include intrinsic and extrinsic factors, socioeconomic, political, cultural system and influences of surrounding countries⁶. In the south Asian countries the violence against women begins long before they are born and continues throughout their lives⁶. Many Bangladeshi women endure daily beatings, harassment for dowry, verbal abuse and acid attacks for refusing to comply with male demands. For many, home is not a heaven but a place of pain and humiliation, where violence is an integral part of everyday life hidden behind closed doors and avoided in public discussion⁵. Children who witness marital violence face increased risk for such emotional and behavioral problems as anxiety, depression, poor school performance, low selfesteem, disobedience, nightmares and physical health complaints².

Knowing the extent and reasons for justification of wife-beating in a particular setting is important for

different reasons. First, unfettered social and cultural acceptance of wife-beating may not only lead to abetting such practices, but may also create major obstacles to change such practices. Hence. understanding the underlying attitude towards wifebeating may be fundamental for designing effective programmes to address the issue. Second, acceptance of wife-beating can be a good indicator of the status of women in a specific social and cultural setting, and of various challenges involved in ensuring gender equity. Levels of acceptance of wife beating can provide insights into the stage of social, cultural and behavioral transformation of a specific society in its evolution towards a more gender egalitarian society². The association between wife beating and the woman's social and economic dependence on her husband, a trait common to South Asian cultures, extended family situations and alcohol addiction³.

MATERIALS AND METHODS

A cross sectional descriptive study was conducted at the office of the medico legal Sir Ganga Ram hospital, Lahore Pakistan. Two hundred persons with history of domestic violence reported during the period from 1st January 2010 to 24th November 2010 .Sample population constituted age category 18 to 70 years. Different relationships/associations were studied like early age marriage, low income, drug abuse by batterer, level of education of both batter and victim, type of injury sustained by the victim. The items in the questionnaire were structured in such a way that would enable the respondents to pick alternative answers against their choice responses. The questionnaire includes both the close and open ended questions.

RESULTS

The results showed that out of 200 reported cases of domestic violence, 198 (99%) were females and only 2(1%) were males. Out of 198 females, 132 (67%) were beaten by their husbands, 30 (15%) by the inlaws, 28 (14%) by the brothers and fathers and 10 (5%) were beaten by the male members of the extended family like cousins and uncles. The 2(1%) reported cases of male victims were beaten by their sisters on property disputes.

Table I: Distribution according to age and sex

Gender victim		Age in years		
Male	Female	18-25	26-40	41-70
1	99	50	30	20

60% cases of the domestic violence were from the lower socio economic class. 80% cases had fist and kicks as the main mode of violence used. 40% of the batterers were drug abusers.85% of the batterers had their education below the primary level.

Table II: Distribution according to socio-economic status and relationship.

Socioeconomic status			Relation of victim to batterer	
Р	М	U	Wife	Other
60	38	2	66	34

P-poor, M-middle, U-upper

50% of the victims had their ages between 18-25 years and 30% were 25-40 years of age.

Tablet III: Distribution according to weapon, drug abuse and education status.

Weapon Used		Drug history of batterer	Education Status of batterer	
Fist	Blunt	Other	Positive	Less than Primary
80	18	2	40	85

DISCUSSION

This study was based on the history by the victims coming to the medico legal officer of Sir Ganga Hospital, Lahore during the period from 1st January 2010 to 24th November 2010. The results show that most of the violence in the category of domestic violence is the torture by the husbands and it is associated with early age marriage, low income and drug abuse by the batterer. An inverse relationship between domestic violence and the level of education of both the batterer and the victim was also identified. Contusions by fist and kicks typically distributed in the region of head, neck, face and arms were found to be the more common types of injuries inflicted on the victims. The main reason to continue to stay in the abusive relationship despite the hardships was found to be the welfare of their children by most women.

A study conducted in Sri Lanka in 2001 revealed that women were the majority of the victims of domestic violence³. In Bangladesh, the factors associated with violence were the age of women, age of husband, past exposure to familial violence, and lack of spousal communication⁵. According to a research conducted in Nigeria, an inverse relationship was found between the domestic violence and psychosocial well being of the children witnessing the violence².

CONCLUSION

The study concludes that wife beating is a serious health and social problem for women population in Pakistan. Intervention is recommended in relation to key issues identified by the study including; poverty, drug abuse, lack of education, early marriages. The actual occurrence rate of wife beating probably exceeds the reported cases and the issue needs attention from all the sources like media, human right activists and the government.

REFEENCES

- Routison JL, Hinton ST. Domestic violence in physical, sexual or psychological violence within intimate relationships. J Christ Nurs 2010; 27: 302-5
- Adegoke TG and Oladeji. Family violence variables influencing the psychosocial well-being of children of

- abused partners in Ibadon Metropolis, Nigeria. J. Hum. Ecol 2008; 23: 211-7
- Subrmanium P and Sivayogan S. The prevalence and pattern of wife beating in the Trincomalee District in Eastern Sri Lanka. Southeast Asian J Trop Med Public Health 2001; 32: 186-95
- Unicef. Domestic violence against women and girls. Innocent Digest 2000; 6: 1-22
- Wahed T and Bhuiya A. Battered bodies & shattered minds. Violence against women in Bangladesh. Indian J Med Res 2007; 126: 341-54
- Ali PA, Gavino MI. Violence against women in Pakistan: a framework for analysis. J Pak Med Assoc 2008; 58: 198-203
- Rani M et al. An empirical investigation of attitudes towards wife beating in seven Sub Saharan African countries. African Journal of Reproductive Health 2004; 116-36.