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# An evaluation of victim registration forms for domestic violence against women

## Kadına yönelik aile içi şiddet kayıt formlarının değerlendirilmesi

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## Abstract

**Objective:** The present study attempted to reveal the sociodemographic information, characteristics of violence exposed, and risk situations among women exposed to violence through the data obtained from the victim registration forms and generate a source for further research to prevent violence against women.

**Methods:** In this descriptive study, the victim registration forms (1222 cases) of women applying to emergency departments in Burdur city due to domestic violence is utilized. Then, the data analyzed by using IBM SPSS version 20.0 and presented the descriptive data as numbers, percentages, means, standard deviations, and minimum and maximum values.

**Results:** It was found that almost all cases (93.6%) were exposed to physical violence alone or combined with other forms of violence. The women were exposed to violence at home where they should live safely (88.1%) and from the ones they trust (97.2%; spouse/lover/family member). About half of the women (51.6%) were exposed to violence in front of their children, and 18.0% of the children got their shares from the violence. It was also discovered that 9.7% of the women had been exposed to violence for more than ten years. Finally, it was concluded that 64.5% of the women had a high risk of being exposed to violence again soon.

**Conclusion:** Regardless of their educational attainment and socioeconomic status, women are often exposed to violence from childhood to advanced ages. Overall, further awareness-raising activities are needed to prevent all segments of society from all kinds of violence.

**Keywords:** Woman, Family Members, Violence

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**Öz**

**Amaç:** Bu çalışmada, Kadına Yönelik Aile İçi Şiddet Kayıt Formlarından elde edilecek verilerle şiddete uğrayan kadınların sosyodemografik özellikleri, şiddete ait özellikler, risk durumlarının ortaya koyularak kadına yönelik şiddeti önlemeye yönelik yapılacak çalışmalara kaynak oluşturmak amaçlanmıştır.

**Yöntem:** Tanımlayıcı tipteki çalışmada, Burdur ili hastaneleri acil servislerine aile içi şiddet nedeniyle başvuran kadınlara ait veri formları (1222 kişi) kullanılmış olup verilerin analizi, IBM SPSS versiyon 20.0 kullanılarak yapılmıştır. Tanımlayıcı istatistik olarak sayı, yüzde, ortalama, standart sapma, minimum ve maksimum değerler kullanılmıştır.

**Bulgular:** Kadınların %93.6 tek başına veya diğer şiddet türleriyle birlikte fiziksel şiddete maruz kaldığını ifade etmiştir. Kadınlar güvende yaşamaları gereken evlerinde (%88.1) ve güvendikleri kişilerden (eş/sevgili/aile fertleri %97.2) şiddet görmektedir. Şiddet (%51.6) çocukların gözü önünde uygulanmakta çocuklar da (%18.0) şiddete maruz kalmaktadır ve %9.7'si 10 yıldan uzun süredir şiddet gördüğünü ifade etmektedir. Kadınların %64.5'inin şiddet görme açısından kısa süre içinde yüksek risk taşıdığı tespit edilmiştir.

**Sonuç:** Her eğitim düzeyinde ve ekonomik durumda kadınlar çocukluktan ileri yaşlara dek şiddete maruz kalmaktadır. Toplumun tüm kesimleri çocukluktan itibaren her türlü şiddetten uzak kalmak konusunda bilinçlendirilmelidir.

**Anahtar Kelimeler:** Kadın, Aile Üyeleri, Şiddet

## INTRODUCTION

Violence against women, among the most prevalent types of violence, emerges as a global public health issue and severely violates women's rights and fundamental freedoms. Despite all national and international initiatives, violence against women is still a universal problem and unfortunately common in almost all states worldwide regardless of their geographical locations, economic developments, and academic ranks.

Combating violence against women requires a multi-faceted, holistic approach and a shared, determined struggle from all segments of society. Therefore, it is of great importance to adopt an interdisciplinary approach in research and involve all relevant parties in prevention, protection, punishment, and policy-making regarding violence.[1]

Healthcare professionals can be considered among the very first groups that a woman exposed to violence comes into contact with. Such professionals play an important role in protecting women from violence, creating a security plan against violence, or, if needed, directing victims to a shelter.

Within the scope of Combating Domestic Violence Project, the General Directorate of Primary Health Care published a circular (no. 2009/14) titled the Role of Healthcare Personnel

and Relevant Procedures in Combating Domestic Violence Against Women (CDVAW). Following the circular, women applying to emergency departments and reporting exposure to violence in the initial examination are asked to fill out a "Victim Registration Form for Domestic Violence Against Women." Then, healthcare staff performs a risk assessment and submits the form to the Violence Prevention and Monitoring Center and Provincial Health Directorate.[2]

Ultimately, the present study attempted to reveal the sociodemographic information, characteristics of violence exposed, and risk situations among women exposed to violence through the data obtained from the victim registration forms for domestic violence against women and generate a source for further research to prevent violence against women.

## METHODS

The data of this descriptive study extracted from 1222 victim registration forms filled out in emergency departments in Burdur city and reported to the Provincial Health Directorate, Department of Public Health Services between 2019-2020.

A woman exposed to violence is expected to provide the following information in the form: age, educational attainment, employment status, marital status, social security, chronic diseases, disability, pregnancy, method of arriving at the emergency department, type of violence, occupation, habits, substance use, child(ren)'s witnessing and exposure to violence, previous violence and duration, the degree of affinity with the perpetrator(s), and severity and consequences of the violence.

The data analyzed by using IBM SPSS version 20.0 and presented the descriptive data as numbers, percentages, means, standard deviations, and minimum and maximum values. For this study, permission was obtained from the Non-interventional Clinical Research Ethics Committee of Mehmet Akif Ersoy University, with the letter dated 06.10.2021 and numbered GO2021/337 and the criteria of the Declaration of Helsinki were taken into account.

## RESULTS

The mean age of the cases exposed to violence was 34.7±12.3 (min.= 15, max.= 90) at the time of admission to emergency departments (Table 1).

**Table 1.** Characteristics of the Victims

| Characteristics of the Victims | n | % |
|---|---|---|
| **Method of Arrival at Emergency Department** | | |
| Commuting/Driving | 481 | 39.3 |
| Law-enforcement officers | 305 | 25.0 |
| Ambulance | 12 | 1.0 |
| Relatives/Friends | 424 | 34.7 |
| **Age** | | |
| 18 years and below | 22 | 1.8 |
| 18-64 years | 1164 | 95.3 |
| 65 years and over | 36 | 2.9 |

| Table: 1 Continuation | n | % |
|---|---|---|
| **Marital status** | | |
| Single/widow/divorced | 259 | 21.2 |
| Married | 963 | 78.8 |
| **Educational attainment** | | |
| Illiterate/ literate | 36 | 2.9 |
| Primary school | 842 | 68.9 |
| High school | 213 | 17.4 |
| Undergraduate or postgraduate | 131 | 10.7 |
| **Pregnancy** | | |
| Yes | 57 | 4.7 |
| No | 1165 | 95.3 |
| **Employment in a paid job** | | |
| Yes | 296 | 24.2 |
| No | 926 | 75.8 |
| **Social security** | | |
| Available | 756 | 61.9 |
| N/A | 466 | 38.1 |
| **Chronic diseases** | | |
| Yes | 120 | 9.8 |
| No | 1102 | 90.2 |
| **Disability** | | |
| Yes | 91 | 7.4 |
| No | 1131 | 92.6 |
| **Smoking** | | |
| Yes | 283 | 23.2 |
| No | 939 | 76.8 |
| **Alcohol use** | | |
| Yes | 64 | 5.2 |
| No | 1158 | 94.8 |
| **Substance use** | | |
| Yes | 1 | 0.1 |
| No | 1221 | 99.9 |

In emergency departments, healthcare staff is obliged to explain the types of violence and asks applicant women to describe the type of violence they have experienced. The data revealed that 93.6% of the cases were exposed to physical violence alone or combined with other forms of violence. The women were exposed to violence at home where they should live safely (88.1%) and from the ones they trust (97.2%; spouse/ lover/family member). About half of the women (51.6%) were exposed to violence in front of their children, and 18.0% of the children got their shares from the violence. It was also discovered that 9.7% of the women had been exposed to violence for more than ten years. The characteristics of violence are shown in Table 2.

**Table 2.** Characteristics of Violence

| Characteristics of Violence | n | % |
|---|---|---|
| **Type of violence** | | |
| Sexual | 2 | 0.2 |
| Emotional | 69 | 5.6 |
| Emotional, sexual | 2 | 0.2 |
| Emotional, economic | 6 | 0.5 |
| Physical | 625 | 51.1 |
| Physical, sexual | 8 | 0.7 |
| Physical, emotional | 439 | 35.9 |
| Physical, emotional, sexual | 12 | 1.0 |
| Physical, emotional, economic | 46 | 3.8 |
| Physical, economic | 7 | 0.6 |
| Physical, emotional, economic, sexual | 6 | 0.5 |
| **Place of violence** | | |
| In-car | 20 | 1.6 |
| Home | 1077 | 88.1 |
| Workplace | 33 | 2.7 |
| Street | 92 | 7.5 |
| **Degree of affinity with the perpetrator(s)** | | |
| Family member | 131 | 10.7 |
| Child | 60 | 4.9 |
| Spouse | 916 | 75.0 |
| Lover/cohabitant | 81 | 6.6 |
| Ex-spouse/boyfriend | 34 | 2.8 |
| **Perceived severity of violence** | | |
| Low | 338 | 27.7 |
| Moderate | 170 | 13.9 |
| High | 714 | 58.4 |
| **Violence against children** | | |
| Yes | 220 | 18.0 |
| No | 1002 | 82.0 |
| **Children's witnessing to violence** | | |
| Yes | 630 | 51.6 |
| No | 592 | 48.4 |
| **Experiencing violence before** | | |
| Yes | 1194 | 97.7 |
| No | 28 | 2.3 |
| **Duration of violence** | | |
| First time | 28 | 2.3 |
| 1-2 years | 932 | 76.3 |
| 2-10 years | 144 | 11.8 |
| More than 10 years | 118 | 9.7 |

A woman exposed to violence is often considered at "high" risk if she responses to 3 or more of the questions in the risk assessment section of the form as "Yes." According to the responses presented in Table 3, we can assert that 64.5% of the cases had a high risk of being exposed to violence again soon.

**Table 3.** Risk Assessment

| Risk Assessment | n | % |
|---|---|---|
| **Has the frequency of physical violence increased in the last six months?** | 678 | 55.5 |
| **Has the perpetrator ever used a weapon or threatened you with a weapon?** | 461 | 37.7 |
| **Has the perpetrator attempted to strangle you?** | 651 | 53.3 |
| **Do you think the perpetrator may kill you?** | 522 | 42.7 |
| **Did the perpetrator hit you during your pregnancy?** | 629 | 51.5 |
| **Does the perpetrator use alcohol or substance?** | 535 | 43.8 |
| **Are you afraid to go back home?** | 612 | 50.1 |

At the end of the interview, healthcare staff needs to finalize the form by noting down the content of the service provided to the applicant. Accordingly, 63.4% of the cases were informed about their legal rights and protection and support services for women and children. While 53.8% were engaged in a security plan for returning home, 53.0% were referred for further medical diagnosis and treatment. About half of the cases (47.7%) were referred to women and child sheltering services, 54.7% were referred for psychological support/counseling, and 47.0% were offered a follow-up plan.

## DISCUSSION

Violence against women is a prominent human rights violation and global public health issue. Partner or lover violence (physical, sexual, or psychological) is regarded as the most prevalent form of violence against women globally.

It was found that 1.8% of women were under 18 years and 2.9% were over 65 years. The majority (81.6%) applied to emergency departments because of the violence from their spouses/lovers, while 2.6% were exposed to ex-spousal/lover violence. According to the 2018 World Health Organization (WHO) report, the rate of domestic violence among women over 15 years was 30%, while 26% experienced spousal/lover violence at least once in their lifetime. This rate was reported to be 26-26% among 20-44-year-olds and 4% in the age group of 65 years and over. A study determined that women start to experience violence at an early age and that 24% of young women aged 15-19 years have been exposed to violence at least once by their partners.[3] Another study by the Hacettepe Institute of Population Research in 2014 reported women have been exposed to physical violence (36%), sexual violence (12%), and emotional violence (44%) at least once throughout their lifetime.[4] Similar to this study, in a study carried out with the data from emergency departments, 79.2% of the victims were exposed to physical violence, 17.0% to emotional violence, and 3.8% to economic violence.[5]

The most common type of violence forcing women to apply to emergency departments was physical violence (93.6%). Although it does not seem possible for a woman exposed

to physical violence not to be emotionally abused, the rate of perceived emotional violence was interestingly lower (47.5%), which may be due to women's definition of violence as only physical (beating) violence.[6] In addition, considering that the forms are collected in emergency departments, it is an expected result that healthcare need emerges after physical violence.

About one-fifth of the women (4.7%) were pregnant at the time of application, and 51.5% were exposed to violence while being pregnant. The WHO reports that violence during pregnancy varies between 1% and 49% in developed or developing countries (e.g., Peru, Japan, Uganda, Australia, Denmark, Cambodia, Philippines, India, Saudi Arabia, Mexico, Egypt, and African countries).[7]

In a study in Sivas, the researchers found pregnant women were exposed to physical (18.1%), emotional (53.6%), sexual (32.5%), and economic violence (29.3%) at the specified rates.[8] These rates were reported as 10.9%, 52.6%, 31.7%, and 8.3% in Izmir, respectively.[9] In a study on pregnant women in Burdur, pregnant women were found to be exposed to physical (8.8%), verbal (20.5%), and sexual violence (7.6%) .[10] Pregnancy is a period in which the woman is shown more care and importance by her acquaintances and family members; however, it is a pity that women are exposed to violence even in this special period. Besides, it is known that some men may resort to violence intentionally to terminate an unwanted pregnancy.[11]

In this study, 13.9% of women defined the severity of violence they experienced as moderate while 58.4% as high. In the Violence Against Women Research in Turkey, 19% expressed its severity as moderate, and 16% as severe.[4] In this study, the severity of violence was defined as quite higher than Turkey's average, which may be because the data was collected only from emergency departments.

Many studies suggested unemployed and low-educated women are more exposed to violence.[5,12-14] On the other hand, it was found that although low educated women constituted 71.8% of the cases, 28.1% had a high school or higher education degree, and 24.2% were employed in a paid job. Such a finding supports that violence against women is still a problem waiting for a solution for all segments of society.

Previous research associated violence against women with alcohol or substance abuse. [5,15,16] In this study, about half of the perpetrators (43.8%) had substance/alcohol addiction, which overlaps the previous findings.

**Limitations:** Since this research was based only on emergency departments in Burdur city, it is not possible to generalize the results across the country. Moreover, this descriptive nature of the study prevents us from evaluating the cause-effect relationship.

## CONCLUSION

Women are exposed to domestic violence from childhood to advanced ages, including pregnancy. It is also seen at a substantial level among women with good educational backgrounds or economic freedom. Therefore, all segments of society need to be aware of all kinds of violence from childhood. Women should be informed about not only physical violence but also emotional, sexual, and economic violence. In this regard, family healthcare professionals, following up women between 15-49 years twice a year, may undertake a great responsibility to raise

awareness of violence among women. Besides, girls should be taught from an early age that exposure to violence is not typical, traditional, or something that should be tolerated for years. Especially in schools, both classroom teachers and school counselors make necessary efforts to inform their students about violence.

In terms of correct guidance and follow-up of women exposed to violence, it is deemed essential to employ healthcare staff receiving in-service training on DVAW in emergency services which are among the first places of application due to violence.

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