Domestic Violence in Hong Kong Chinese Women Attending Colposcopy Clinics

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Objective:
To study the prevalence of domestic violence in patients attending colposcopy clinics of a local teaching hospital.

Study design:
All Chinese women aged 18 to 65 years attending the colposcopy clinics from 1 June 2001 to 31 May 2002 were invited to join the study by completing the modified Abuse Assessment Screen Questionnaire. Patient characteristics in abused and non-abused women were compared.

Results:
Of the 730 women interviewed, 76 (10%) reported a history of domestic violence; 43 women were physically or sexually abused in the year preceeding the interview. Risk factors included being single, divorced, or widowed and related to religious beliefs. Low socioeconomic status and educational level correlated with domestic violence. No association was found between the likelihood of domestic violence and the severity of cervical neoplasia.

Conclusion:
In our locality, a history of domestic violence in women attending colposcopy clinics is quite common.
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Keywords: Battered women; Domestic violence; Spouse abuse

Introduction

Domestic violence is common and its reported prevalence in the USA varies from 6.3% (in a health care survey) to 55% (in women attending family clinics)[1-5]. A Hong Kong study[6] showed that 15.7% of pregnant women had been abused in the preceding year. Among 631 women being interviewed, 27 (4.3%) had been abused during the current pregnancy and 59 women (9.4%) had been sexually abused. Domestic violence is associated with a range of adverse physical health outcomes, including chronic diseases and infections. In a cross-sectional study of women screened, domestic violence appeared to be associated with an increased risk of both preinvasive and invasive cervical diseases. The association was even stronger for women experiencing physical or sexual abuse[7]. It was suggested that women in abusive relationships suffered from fear and stress which might result in long-term health problems and reduction in women's overall immunity, thus leading to an increase in premalignant or malignant conditions[7-9]. The presentation of domestic violence is often culture-specific. As women may have fears and concerns about the negative consequences of reporting, the most practical and effective way to identify domestic violence is to routinely ask all female patients about it[3].

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This study was conducted to determine the prevalence of domestic violence in women attending colposcopy clinics and its associated risk factors.

Methods

Between 1 June 2001 and 31 May 2002, all Chinese women aged between 18 and 65 years attending the colposcopy clinics in the Department of Obstetrics and Gynaecology of the University of Hong Kong and able to read Chinese were invited to join the study. Written consent was obtained from the women before filling in the questionnaire and data collection. This study was approved by the institutional review board.

Patients who agreed to participate in the study were asked to complete the modified Abuse Assessment Screen Questionnaire[6] (Appendix). This Chinese questionnaire has been used in our previous studies and was found to be a sensitive and reliable instrument for identifying domestic violence. The questionnaire was well accepted by our local population. Women who answered "yes" to question 1 were considered victims of domestic violence.

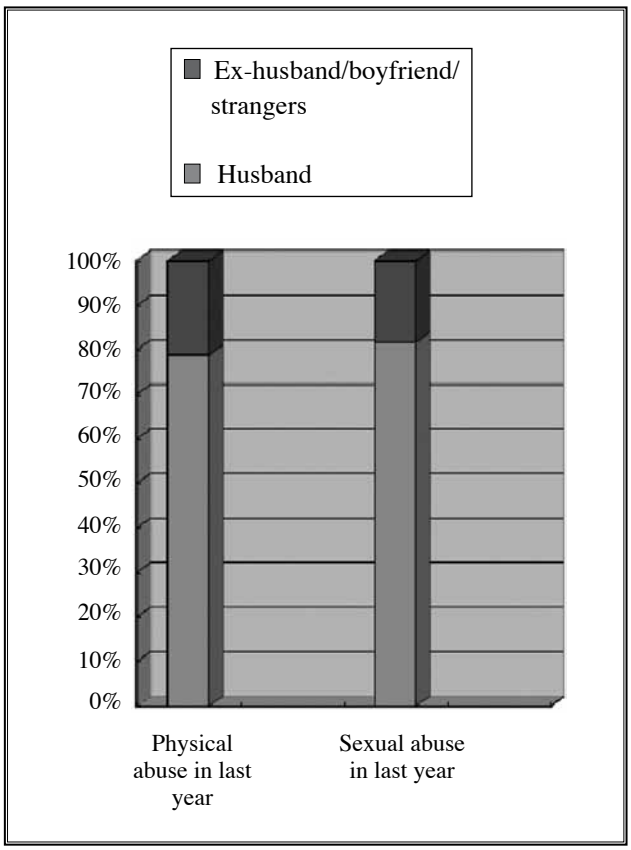

Figure. Perpetrator of abuse

A research nurse recorded each participant's demographic factors, including age, marital status, duration of present marriage, educational level of the woman and their partner, occupation of woman and their partner, parity, religion, and the total family income.

Statistical analysis was performed using the Statistical Package for the Social Sciences (Windows version 17.0; SPSS Inc, Chicago [IL], USA). Student's *t*-test and Chi-square test were used where appropriate (with $p < 0.05$ considered statistically significant). Patient characteristics in the abused group and the non-abused groups were compared.

Results

In all, 730 women were interviewed during their first visit to the colposcopy clinics, 76 (10%) of whom reported a history of domestic violence in the year preceding the interview; 21 (3%) had been physically abused and 22 (3%) had been sexually abused.

As shown in the Figure, the husband was the major perpetrator in the majority of cases; 79% in the physically abused group and 82% in those who were sexually abused.

Women subjected to domestic violence were likely to suffer from multiple episodes of abuse. The frequency of domestic violence is shown in Table 1. Characteristics of the abused versus the non-abused women are shown in Table 2, whose mean ages were 38 and 40 years, respectively.

A history of domestic violence was significantly more likely in single, divorced, or widowed women ($p = 0.044$) and in those who had religious belief. Among the latter, 17 (22%) were Buddhists, 15 (20%) were Christians and 1 (1%) was Muslim ($p = 0.021$). Further analysis showed that the nature of abuse also differed in different religious groups. While the Muslim reported suffering sexual abuse only; 33% and 40% of Christians reported being physically and sexually abused, respectively. More than half of the Buddhists reported being subjected to other forms of abuse (mental or verbal abuse). The results are shown in Table 3.

Table 1. Frequency of domestic violence

Frequency of abuse	Physical abuse in the last year (n = 21)	Sexual abuse in the last year (n = 22)
1	1 (5%)	3 (14%)
2	2 (10%)	1 (5%)
3	2 (10%)	5 (23%)
4	1 (5%)	0 (0%)
5	3 (14%)	1 (5%)
>5	3 (14%)	9 (41%)
Missing data	9 (43%)	3 (14%)

There was no difference between the abused and non-abused groups in terms of educational level, employment status, nature of their partner's occupation, and total family income. The data are shown in Tables 4 and 5.

The results of cervical biopsies in association with domestic violence are shown in Table 6. No particular association was found with respect to having a history of domestic violence and the severity of preinvasive and invasive cervical neoplasia.

Discussion

Domestic violence in the USA was reported with a frequency of 6.3% in a health care survey and 55% among women attending a family clinic[1-5]. The problem was found to cross racial and socioeconomic boundaries[10]. In our previous series, domestic violence was noted in 15.7% of pregnant women[6], while in those attending a general gynaecology clinic seeking termination of pregnancy the rate was 27.3%, and among those having other gynaecological complaints it was 8.2%[11]. It was reported that domestic violence subjected victims to psychological health problems and a range of adverse physical health outcomes. A number of studies focused on the relationship between domestic violence and the risk of cervical neoplasia. A cross-sectional study showed an increased risk of both preinvasive and invasive cervical diseases in patients suffering from domestic violence[7]. This was explained by psychological stress that was linked to

Table 2. Demographics of women with or without a history of domestic violence*

Demographic	Abused (n = 76)	Non-abused (n = 654)	Incidence of abuse (%)	p Value
Age (years)	38 ± 8.2	40 ± 9	-	0.479
Marital status				
Married	51 (67%)	509 (78%)	9	0.044
Single / divorced / widowed	25 (33%)	145 (22%)	15	
Duration of present marriage (months)	12 (1-56)	15 (1-45)	-	0.091
Parity				
0	13 (17%)	173 (26%)	7	0.094
>1	63 (83%)	481 (74%)	12	
Educational level				
Primary or below	22 (29%)	157 (24%)	12	
Secondary	47 (62%)	414 (63%)	10	0.504
Tertiary	7 (9%)	83 (13%)	8	
Employment				
Yes	47 (62%)	419 (64%)	10	0.707
No	29 (38%)	235 (36%)	11	
Religion				
Yes	33 (43%)	175 (27%)	16	0.003
No	43 (57%)	479 (73%)	8	
Religion				
Buddhism	17 (22%)	95 (15%)	15	0.021
Christianity	15 (20%)	77 (12%)	16	
Muslim	1 (1%)	3 (1%)	25	

* Data are shown as mean ± standard deviation, median (range), or No. (%)

immunosuppression. Data from a case-control study suggested that psychological stress might play a role in the development of squamous intraepithelial lesions[12]. According to another proposition, domestic violence might lead to emotional and behavioural damage to a woman, leading to substance abuse, depression and low self-esteem. This in turn might lead to a high-risk sexual behaviour and sexually transmitted diseases including human immunodeficiency virus infection, both of which were believed to be risk factors of cervical neoplasia[13].

In our study, 10 of the women attending colposcopy clinics reported being victims of domestic violence, which was compatible with figures reported worldwide. Patients attending colposcopy clinics were believed to have higher chance of preinvasive and invasive cervical neoplasia. In our series of 730 women, low-grade and high-grade cervical neoplasia, and carcinoma of cervix were found in 13.8%, 9.9% and 25.0%, respectively. When compared to the rate in patients having normal cervical biopsies (8.4%), a domestic violence history was somewhat more common among those with cervical neoplasia, although the difference did not attain statistical significance (p = 0.257). The discrepancy in our result with the results in other studies could be due to the small sample size. Moreover, the development of cervical neoplasia is multifactorial, in which domestic violence may be only one of the contributing factors.

Table 3. Nature of abuse in victims with religions

	Buddhism (n = 17)	Christianity (n = 15)	Muslim (n = 1)
Physical abuse	4 (24%)	5 (33%)	0 (0%)
Sexual abuse	3 (18%)	6 (40%)	1 (100%)
Others	10 (59%)	4 (27%)	0 (0%)

Table 4. Educational level and occupational status of partners

	Abused (n = 62)	Non-abused (n = 600)	Incidence of abuse (%)	p Value
Educational level				
Primary or below	16 (26%)	125 (21%)*	11	0.615
Secondary	37 (60%)	369 (62%)*	9	
Tertiary	9 (15%)	105 (18%)*	8	
Employment				
Yes	56 (90%)	534 (89%)	10	0.477
No	6 (10%)	66 (11%)	8	

* n = 599

Table 5. Total family income

Income (HK$)	Abused (n = 56)	Non-abused (n = 514)	Incidence of abuse (%)	p Value
<5000	12 (21%)	96 (19%)	11	0.871
5001 - 10,000	19 (34%)	180 (35%)	10	
10,001 - 15,000	14 (25%)	115 (22%)	11	
15,001 - 20,000	2 (4%)	46 (9%)	4	
20,001 - 25,000	2 (4%)	24 (5%)	8	
25,001 - 30,000	2 (4%)	16 (3%)	11	
>30,000	5 (9%)	37 (7%)	12	

Table 6. Cervical biopsy results in abused and non-abused groups

Severity of cervical biopsy	Abused (n = 76)	Non-abused (n = 654)	Incidence of abuse (%)	p Value
No biopsy	13 (17%)	84 (13%)	13	0.257
CIN I*	13 (17%)	81 (12%)	14	
CIN II/ III	23 (30%)	210 (32%)	10	
Carcinoma of cervix	2 (3%)	6 (1%)	25	
Normal	25 (33%)	273 (42%)	8	

* CIN denotes cervical intraepithelial neoplasia

Risk factors for domestic violence have been identified in various studies. These included being an unmarried or divorced woman, multiparity, low socioeconomic class, and partners being uneducated or unemployed. Among all the known risk factors, in this study unmarried and divorced status were found to be statistically significant. This could be explained by poor social support in this group of patients, thus prevents breaking out of their vicious cycle of domestic violence.

Domestic violence was also appears to differ in different religious groups. To our surprise, those having religious beliefs encountered more domestic violence. We found abuse occurred in 16% of those with religious belief, and only 8% for those without such beliefs. Among the religions we noted, among those with a history of domestic violence there were 22%, 20% and 1% of Buddhists, Christians, and Muslims, respectively ($p = 0.021$).

It was believed that people with religious beliefs might have more respect for the dignity of human nature and human relationships and thus minimise breaches in human relationships. While this may be true, difference in what might be perceived as 'violent acts' might explain our study results in persons with religious beliefs. They might expect more idealised behaviour from their partners, and have a lower threshold for labelling an act as domestic violence, especially as our study was based on a self-reporting questionnaire. In our series, verbal abuse leading to psychological stress may be regarded as abuse other than physical or sexual. Among all religions, Buddhism was associated with the highest reported rate of this form of abuse. This reflects Buddhist expectations on getting along with other people during daily living. In this religion, being greedy, telling lies, and hatred are all considered to be violations, thus anyone who expresses these ideas in acts of speech may be considered less than ideal. Thus, Buddhists coming across such verbal abuse may feel that they were being abused psychologically.

Relationship between sexual rights, violence, and gender roles in a religious context have been studied worldwide[14-16], and might shed some light on the reasons why people having various religious beliefs report differing rates of domestic violence. In Buddhism, women were considered subservient to men and temptresses who hindered a man's rise above the worldly urges[15]. The lower status of women might subject them to more violence. Among Christians and Muslims, though their beliefs differ, the status of women were similar and much the same as for men. However with the passage of time and despite basic teachings of tolerance, and respect from religions, Muslims absorbed much from local cultures, especially from India. These appeared to support female inferiority, resulting in family violence tolerated as a male right to control those who were dependent[13]. This was shown in a study carried out in Tunisia, in which more than 70% of women interviewed considered wife abuse as acceptable[17].

Arguably, findings from Tunisia and other Arab countries do not apply to our locality. However, Chinese culture was much influenced by the Confucianism, which is a doctrine full of gender prejudices. These advocated the proposition that men were superior to women. The ideal society was a patriarchy, in which women had no rights and should obey their father before marriage, their husbands after marriage, and their sons when they get old[14].

This suggested that people in both regions shared the same patriarchal ideologies. Thus, acceptance of domestic violence cannot be attributed solely to religion but also to patriarchal ideologies. Very often, religion is used to rationalise and give authority to certain forms of human behaviour[16], though it might deviate from religious tennets.

According to our data, domestic violence was more common in patients with multiparity and husbands/partners of lower educational level, though this difference did not reach statistical significance. Higher parity may act as a risk factor as the pressure of supporting a large family could lead to more emotional disturbance and domestic violence. As with other studies, lower educational level was one of the risk factors; in our study the small sample size might explain why the difference in rates did not reach statistical significance.

Regarding limitations to our study, firstly, our participants were interviewed at the colposcopy clinic by our research nurse. The number of those who refused to answer the questionnaire was not recorded. This could be important in women suffering from domestic violence but too afraid to disclose such information.

Secondly, some of the data about the women's partners were missing, which might affect the final data analysis. Moreover, we did not address the presenting gynaecological symptoms in patients associated with physical and sexual violence. This could be important, as it can also be used as a clinical screening tool by gynaecologists or family physicians in order to locate the high-risk subjects[18].

Nevertheless, to the best of our knowledge, this is the first study reporting the point prevalence of domestic violence in Chinese patients attending colposcopy clinics. In view of its possible serious implications, a larger-scale study is worth conducted to examine the impact of domestic violence in this group of women with a view to substantiating the possible need for screening and intervention.

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Appendix.
Abuse Assessment Screen Questionnaire

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
   (1) Yes
   (0) No

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
   (1) Yes
   (0) No
   If yes, by whom?
   (1) Husband
   (2) Ex-husband
   (3) Boyfriend
   (4) Stranger
   (5) Others (specify) _____
   No. of times ( )

3. Within the past year, has anyone forced you to have sexual activities?
   (1) Yes
   (0) No
   If yes, by whom?
   (1) Husband
   (2) Ex-husband
   (3) Boyfriend
   (4) Stranger
   (5) Others (specify) _____
   No. of times ( )

4. Are you afraid of your partner or anyone you listed above?
   (1) Yes
   (0) No

5. Do you want us to reveal this information to: (for those answered yes to questions 1/2/3)
   (a) The gynaecologists looking after you
   (1) Yes (0) No
   (b) The medical social worker
   (1) Yes (0) No

家庭暴力問卷調查

1. 妳的配偶或妳認識的人曾否對妳作出身體上或精神上的傷害？
   (1) 有
   (0) 否

2. 在過去一年裏，妳有否被打，掌摑，踢，或受到其他身體上的傷害？
   (1) 有
   (0) 否
   如有，對妳作出傷害的人是：
   (1) 丈夫
   (2) 前夫
   (3) 男朋友
   (4) 陌生人
   (5) 其他（請註明）_____
   被傷害的次數（ ）

3. 在過去一年裏，曾否有人強迫妳發生性行為？
   (1) 有
   (0) 否
   如有，對妳作出傷害的人是：
   (1) 丈夫
   (2) 前夫
   (3) 男朋友
   (4) 陌生人
   (5) 其他 (請註明) _____
   被傷害的次數 ( )

4. 妳是否害怕以上對妳作出傷害的人？
   (1) 是
   (0) 否

5. 如妳於問題(1)，(2)，(3)的答案是「有」，妳是否希望我們把妳曾被虐待的資料告訴以下人士？
   (a) 妳的婦科醫生
      (1) 是 (0) 否
   (b) 醫務社工
      (1) 是 (0) 否