



PREVALENCE OF DOMESTIC VIOLENCE AMONG PATIENTS CONSULTING AT THE OUTPATIENT DEPARTMENT OF A TERTIARY HOSPITAL IN MAY 2021



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ABSTRACT

OBJECTIVES: This study aimed to determine the prevalence of domestic violence among patients consulting at the outpatient department for a medical, surgical, orthopedic, gynecologic or a psychiatric condition, as well as identify the sociodemographic factors of the respondents and their respective chief complaints. It also investigated the sociodemographic factors of the perpetrators of domestic violence survivors.

METHODOLOGY: This was a descriptive, cross-sectional study. The researchers utilized a socio-demographic data collection form and a structured interview guide. 80 respondents were interviewed face to face at the outpatient department of the West Visayas State University Medical Center in the month of May 2021.

RESULTS: Prevalence of domestic violence was 39% (31 out of 80 respondents). Out of the 31 respondents, 21 (26%) reported that they experienced domestic violence in childhood and 10 (13%) reported that they experienced domestic violence from their spouse or partner. Chi-square test was used to determine the relationship between domestic violence and sociodemographic profile of the respondents, as well as the relationship between domestic violence and chief complaints of the respondents. Employing a criterion of 0.05, only Age ($p=0.017$) and Civil Status ($p=0.001$) had a significant relationship with domestic violence.

CONCLUSION: There were no patients who consulted at the outpatient department for domestic violence but the results of this study showed that domestic violence occurred silently in the background of multiple medical, surgical, obstetric/gynecologic, orthopedic, and psychologic/psychiatric conditions. Among the 39% of participants who experienced domestic violence, most experienced physical abuse while their partners were under the influence of alcohol. A significant relationship was also found between domestic violence and age, and domestic violence and civil status.

KEYWORDS: *Domestic Violence, Out Patient Department, Tertiary Hospital*

INTRODUCTION

Background of the Study

Domestic violence is an unspoken global health burden that has either been hidden, ignored, tolerated, or accepted (1). This health burden has been kept in the shadows. Violence in the home has been considered a private affair. Considering it as a taboo, many have turned a blind eye despite the global estimates that one in every three women will experience physical violence, sexual violence, or both, from an intimate partner, or sexual violence from someone other than a partner in her lifetime (1).

The community quarantines or the “lockdowns” brought by the COVID-19 pandemic in 2020 has exacerbated domestic violence and has been reported by media sources (2). It has been reported that the perpetrators were not only the spouses or partners but also parents, siblings, and other family members. (3)

The Philippines, being a developing country, has adapted to its neighboring countries in responding to domestic violence by the creation and implementation of the Republic Act 9262 or known as the Anti-Violence against Women and Children Act of 2004. However, despite the presence of this Act to protect the victims, many cases are still under reported because of the fear of being shamed (4).

Filipino families are well known to have close family ties. Filipinos value family first. Due to this, any form of violence occurring inside the home is being kept secret from outsiders (5). Rarely do victims seek help because of the shame and guilt that accompany the reporting of a family member. Victims are often stigmatized more than the perpetrators (5).

Oftentimes, victims visit the Outpatient Department of hospitals for chronic fatigue, bladder problems, and headaches including migraine, asthma, diabetes, and cardiovascular problems (6) and go home without revealing a detail of their experience of domestic violence at home to their physicians. These physical symptoms may become substitutes of what patients are experiencing emotionally. With them consulting for a medical, surgical, or gynecologic condition, these patients become accessible to healthcare. Utilizing this accessibility, the researchers aimed to answer the question, what is the prevalence of domestic

violence among patients consulting at the outpatient department of the West Visayas State University Medical Center?

Statement of the Problem

Domestic violence has been a health burden not only in the Philippines but also in many countries in the world. Despite having the violence against women and children act, there are still many victims who have been kept silent by fear. Consulting at the outpatient department might be the only time that these patients can have access to professional help. Many of the patients who have undergone domestic violence can also have comorbid conditions brought about by domestic violence. With this, the researchers aimed to determine the prevalence of domestic violence among patients seeking consult at the outpatient department of the West Visayas State University Medical Center, La Paz, Iloilo City in the month of May 2021.

Objectives of the Study

The main objective of this study is to determine the prevalence of domestic violence among patients consulting at the outpatient department of the West Visayas State University Medical Center, La Paz, Iloilo City in the month of May 2021.

The specific objectives are: 1) describe the sociodemographic factors of participants, in terms of: age, sex, civil status, location of residence, educational attainment, employment status, household income and religion; 2) describe the sociodemographic factors of the perpetrator, in terms of: age, sex, relationship to the study participant, number of years living together, educational attainment, employment status, religion, number of children (If perpetrator is spouse/partner); 3) describe the domestic violence in terms of: duration, type and influence of substances; 4) determine the association between domestic violence and sociodemographic characteristics of the study participants; and 5) determine the association between domestic violence and the chief complaint of the study participants.

Significance of the study

The results of this study will provide concrete evidence and awareness of the presence of domestic violence in the locality. Domestic

violence has been kept a secret. Often, those who have experienced this will not consult anyone especially because of the stigma which accompanies it. Consultation at the Outpatient Department for physical symptoms can be the gateway through which help can be acquired. Physical symptoms may be indicative of deeper problems at home. This study will inform and remind participants who have experienced domestic violence that help is always available when needed. This study will also aid health care professionals on what to do when such cases present at their clinic or at the outpatient department. This will also bring to the family's attention that the safety of the patient and other family members is important and that they can do something about it. Lastly, this will bring emphasis to policy makers and local government agencies that domestic violence is a public health issue and must be given more attention and allocation of resources to ensure the safety of victims by early detection and implementation of policies that are already in place.

Oftentimes, victims of domestic violence visit the Outpatient Department for chronic fatigue, bladder problems, and headaches including migraine, asthma, diabetes, and heart problems (6). In addition, almost any type of physical injury can be the presenting symptom of a victim of domestic violence. This can range from contusions, sprains, and minor lacerations to fewer common fractures, abdominal injuries, and gunshot wounds (18). In a meta-analysis done by Dillon et al (2013), wherein they reviewed literature linking domestic violence and physical conditions, they have found that majority of the studies reported findings around the mental health implications of domestic violence. Mental health outcomes included depression, posttraumatic stress disorder, anxiety, suicidality, and self-harm. Physical outcomes linked to domestic violence included poor functional health, somatic disorders, chronic disorders and chronic pain, gynecological problems, and increased risk of STIs (19).

In a study done by Augenbraun et al. (2001), out of 375 females seen at the gynecologic clinic, 140 women reported ever having experienced physical assault by a spouse or a partner and 123 women reported verbal threats of violence.

Fifty-eight of the women reported at least one episode of physical abuse in the year prior to participation. It was also found that in their study physical violence was associated with drug use, STD history and a history of a serious medical condition (20).

The Philippines is one of the countries in which interpersonal violence is common. (5) Spousal violence, a form of interpersonal violence, has a prevalence of 14% in ever-married women aged 15-49 years old who experienced physical violence and 16% in ever-married women reported that they had ever initiated physical violence against their current or most recent husband (5).

In 2017, the National Demographic and Health Survey was conducted. In this survey, the finding showed that 26% or 1 in 4 ever-married women aged 15-49 years old has ever experienced physical, sexual or emotional violence by their husband or partner. Out of these women, 20% has ever experienced emotional violence, 14% experienced physical violence, and 5% experienced sexual violence by their current or most recent husband or partner (15).

Many studies have found that there are multiple factors that increase the risk of someone experiencing domestic violence in their lifetime. In a study conducted by Jewkes (2002), domestic violence was found to be significantly associated with violence in childhood, low level of education or no education at all, liberal ideas on women's roles, consuming alcoholic beverages, having another partner in the year, having a confidant, a boy child preference and conflict over the spouse's or partner's drinking. (8)

In the study done by Berrios and Grady (1991), it was found out that majority of the respondents who experienced domestic violence were related to their perpetrators. It also reported that the duration of the relationship between the survivor and the perpetrator ranged from 1 month to 30 years, with a median of 3 years (17).

In a study done by Bernarte et al (2018) using a structured interview guide, it was found out that perpetrators of the violence are mostly male (98.92%). Almost 38% of the participants answered that violence occurred in their home by their spouse or intimate partner (22).

METHODOLOGY

Study Design

This was a descriptive, cross-sectional study determining the prevalence of domestic violence among patients who consulted at the Outpatient Department of the West Visayas State University Medical Center, La Paz, Iloilo City in the month of May 2021.

This study was done at the outpatient department of the West Visayas State University Medical Center, La Paz, Iloilo City.

Operational Definition of Terms

Domestic Violence is defined as violence perpetrated by spouses, partners or other family members manifested through physical, sexual, psychological, or economic abuse to both men and women. Physical abuse refers to acts that include bodily or physical harm to the participant.

Psychological abuse refers to acts or omissions causing or likely to cause mental or emotional suffering of the participant. Sexual abuse refers to an act which is sexual in nature, committed against the participant or his/her child.

Inclusion Criteria

Study participants included consenting adult male and female patients who consulted at the Outpatient Department at the time of data gathering. The interviewer coordinated with the OPD head nurse or nursing aide-in-charge in choosing the participants based on their availability after their consultation with the respective department. Since COVID-19 protocols were strictly enforced during this time, consultations to the different departments were scheduled and the number of patients allowed to enter the facility was limited to ensure strict adherence to the physical distancing and the proper sanitation protocols. Patients also had to be cleared from COVID-19 symptoms before they were allowed to enter the out-patient department area.

Exclusion Criteria

Pediatric patients and those who came to the outpatient department for other reasons such as refilling of prescriptions and scheduled

injections were not included in this study. Patients who also had difficulty communicating independently such as deaf-mute patients who need an interpreter to communicate or persons who have difficulty understanding questions were excluded. Patients who are physically debilitated, too weak to answer questions, those for ER referral, stretcher-borne, and those who are having acute psychotic episodes, unruly and violent were not included in the study.

Withdrawal Criteria

Participants reserved the right to withdraw anytime from the study by relaying to the interviewer their desire to do so. In this case, data gathered from them will no longer be used. Participation from this study may also be terminated by the interviewer if in her judgment, the continued participation of a subject will be detrimental to his physical or mental health.

Sampling Procedure

The sample size obtained using the Slovin's formula yielded 285 participants, however, due to the restrictions brought by the COVID-19 pandemic, the researchers utilized accidental sampling. The chosen sample size was 80 participants. The researchers interviewed any participant available that fulfilled the inclusion criteria.

Instrument

The items in the instrument were based on the results of the study done by Jewkes, Levin & Penn-Kekana in 2002 entitled Risk factors for domestic violence: findings from a South African cross-sectional study, Obi & Ozumba in 2007 entitled Factors associated with domestic violence in Southeast Nigeria and the Philippine Republic Act 9262. The instrument used has two parts. The instrument was validated by a psychiatrist, a police officer assigned to the Women and Children Protection Unit and a linguist and updated to the latest version (version 4). The instrument was administered by the researcher. The first part of the instrument was the demographic profile sheet, and the second part was the structured interview. The demographic profile sheet and the structured interview were in English and were translated into Hiligaynon.

Technical Review. The study, including the instru-

-ments were subjected to technical review by three consultants including the researcher's Research Advisor. Revisions were made as necessary

Ethics Committee Review. The study was approved by the Unified Research Ethics Review Committee (URERC).

Data Collection

A letter of permission for conducting the study at the Outpatient Department (OPD), including the requisition of a room to be allocated to the researcher for the interview, were given to the Medical Center Chief, head of the OPD section and the respective heads of the departments with a copy furnished to the head nurse of the OPD. After the permission was granted, the researcher coordinated with the OPD head nurse or nursing aide to help the researcher in choosing the participants based on the inclusion and exclusion criteria. Patients who consulted at the Outpatient Department were required to observe hospital protocols on COVID-19 prevention such as wearing masks and face shields and regularly sanitizing their hands. Patients underwent triaging procedure by the triage officer at the Outpatient Department Triage area. After being cleared from COVID-19 symptoms, patients were allowed to enter the OPD. Each department observed the following schedule:

Department of Internal Medicine – Monday to Friday 8AM-4PM

Department of Surgery – Tuesday and Thursday 8AM-12NN

Department of Orthopedics–Monday 10 AM-2PM, Wednesday and Friday 9 AM-12 PM

Department of OB-GYN – Monday, Wednesday and Friday 9 AM - 12 NN

Department of Psychiatry – Monday to Friday (except Tuesday) 9 AM – 12 NN

The researcher interviewed 4-6 patients a day, depending on the number of patients present. Participants who were available and willing to be included in the study were chosen. In the light of hospital COVID-19 protocols (i.e., physical distancing), an interval in the recruitment of participants was observed. The researcher waited for the participants' availability after they have consulted with their respective OPD physician. If the patient was unavailable during

that time, the next patient was chosen and so on. The researcher introduced herself and the purpose of her study after the identification of participants was done and their consult with the respective OPD residents was finished. The researcher clearly explained the informed consent form either in English or Hiligaynon depending on the language of preference of the participant. Each participant was given enough time to ask questions about the study and decide whether to participate in the study or not.

The interview was conducted after the participant agreed and signed the informed consent form. The interview was done face to face in a room allocated for the interview where the participant's confidentiality was ensured. There were two parts of the interview. The first part was the collection of sociodemographic factors of the participant. The second part was the interview using the structured interview guide. The researcher was the sole interviewer in this study. Each participant was assigned an ID #. The patients' participation was limited only to 30 minutes to 1 hour wherein the first 15 minutes was allocated to ensure COVID-19 precautions were observed and proper sanitation was done before and after the interview and masks and face shields were worn properly by the interviewer and the participant. The researcher and the participant observed physical distancing. The next 15 minutes were for the consent process and actual interview. Additional time was allotted as necessary to address concerns of the participant, for crisis management and psychoeducation. Participants, who were identified needing further assessment, were processed after the interview and the researcher advised the participant to seek help.

The data collected was collated and stored in the personal computer of the researcher. The hard copies were kept in a locker wherein only the researcher has access to. The electronic copy of the data will be deleted, and the hard copy will be shredded after 2 years.

Data Processing and Statistical Analysis

Descriptive statistical tools were used to analyze data. Data were entered, processed, and analyzed using SPSS version 22. Frequency,

mean and percentage were used to describe the sociodemographic factors of participants. Chi-square test was used in determining the association of the sociodemographic factors with the prevalence of domestic violence. The statistical significance was determined by $p < 0.05$. A statistician was consulted for data processing and statistical analysis.

Scope and Limitations of the Study

This study was limited to adult male and female patients consulting at the Outpatient Department of the West Visayas State University Medical Center. Patients from the Department of Psychiatry were the first group to be approached because of easier accessibility and proximity. Patients from other departments oftentimes outrightly refused to be interviewed because of reasons that were not disclosed while some refused after they were told that the interview was about their experience with domestic violence. Thus, there is an inherent self-selection bias, and the possible non-disclosure of experience of domestic violence by the participants. Because deaf-mute persons or persons who have difficulty communicating independently, a vulnerable population prone to abuse, were excluded from the study, prevalence rate determined by this study may not reflect the actual rates. Lastly, the duration of the study was shortened to 1 month and the study participants were decreased to 80 because of the closure of the outpatient department due to circumstances brought about by the COVID-19 pandemic.

Ethical Considerations

The study was submitted to the Unified Research Ethics Review Committee (URERC) for approval. The interview was conducted after the participant agreed and signed the informed consent form. Confidentiality of the patient was given utmost priority throughout the duration of the study.

The participants' ID # and the chief complaint were included in the data sheet and the structured interview guide. The data gathered were encoded in the researcher's personal computer and the data was saved in a USB with a password that only the researcher has access

to. The hard copy of the forms was kept in a locker that is only accessible to the researcher. Once the study is done, the data sheets will be disposed of through shredding and the electronic copies will be deleted after two years. If the participant was distressed during the interview, the researcher was able to do psychological first aid. Participants who were seen to need formal evaluation or referral were advised to do when they were ready. They were advised to seek consult with the Department of Psychiatry and/or the Women Protection Unit of the hospital. The results of this study may be published or presented in a forum.

RESULTS

Sociodemographic data of Study Participants

In this study, there were a total of 80 respondents interviewed. There were 59 or 73.75% were females and 21 or 26.25% were males. There was an equal amount of married (50%) vs single/ widowed and divorced individuals (50%). Most of the respondents (55 or 68.75%) were in the 19- 39 years age range, 21 or 26.5% in the 40- 59 years age range and only 4 or 5% were senior citizens. As for employment, a little more than half (53.75%) were unemployed with a maximum of PHP 10,000.00 household income; while 37 or 46.25% were employed. Most of the participants lived outside Iloilo City (48 or 60%). Majority had gone beyond high school and attained vocational or reached college level (59 or 73.75%). Sixty -four respondents were Roman Catholics (80%) Forty [-six respondents had a monthly household income of less than 10 thousand Philippine Pesos (70%). ,(Table 1)

Sociodemographic data of Perpetrators

There were 38 perpetrators interviewed, with the greater majority being male i.e. 33 or 86.84% and the age ranges were 13 (34.21%) were from 19- 39 years old, 21 (55.26%) were 40-59 years old and 4 (10.53%) were 60 years old and above. Twenty- one (55%) were employed and 17 (45%) were unemployed. As expected for the Philippines, the majority were Roman Catholics i.e. 34 or 89%. Almost half (47.37%) had gone beyond high school i.e. had some vocational or college education. Twenty-five (65.79%) of perpetrators were directly related by blood and ten (26.32%) were either their partner or husband and a great majority (31 or 81.58%) were living with their victims for more than 10 years. Almost half of the perpetrators were the participants' fathers (42.11%). Seven (18.42%)

respondents had children with their spouse or partner. Four out of the seven, had 1 child (57.14%). (Table 2)

Table 1. Sociodemographic data of Study Participants (N=80)

Profile	Category	Frequency (#)	Percentage (%)
Educational Attainment	Elementary Level	1	1.25
	High School Level	3	3.75
	High School Graduate	17	21.25
	College Level	23	28.75
	College Graduate	29	36.25
	Vocational Course Graduate	7	8.75
Household Income (PHP)	≤ 5,000	23	28.75
	5,001-10,000	23	28.75
	10,001-15,000	17	21.25
	15,001-20,000	8	10
	≥ 20,000	9	11.25
Religion	Roman Catholic	64	80
	Others	16	20
	Baptist	7	8.75
	Jehovah's Witness	1	1.25
	Iglesia ni Cristo	2	2.5
	Church of Jesus Christ and the Latter-Day Saints	3	3.75
	Born Again	2	2.5
	Pentecostal	1	1.25

Table 2. Sociodemographic Data of Perpetrators. (N= 38)

Profile	Category	Frequency (#)	Percentage (%)	
# Years Living Together	Not living together	3	7.89	
	< 1 year	3	7.89	
	< 10 years	1	2.63	
	>10 years but < 20 years	16	42.11	
	>20 years	15	39.47	
Relationship to Participant	Brother-in-law	1	2.63	
	Father	16	42.11	
	Brother	2	5.26	
	Brother of partner	1	2.63	
	Nephew	1	2.63	
	Husband	5	13.16	
	Cousin-in-law	1	2.63	
	Paternal Uncle	1	2.63	
	Partner	5	13.16	
	Mother	4	10.53	
	Maternal Aunt	1	2.63	
	Educational Attainment	Elementary Level	4	10.53
		Elementary Graduate	3	7.89
High School Level		4	10.53	
High School Graduate		9	23.68	
College Level		4	10.53	
College Graduate		11	28.95	
Vocational Course Level		2	5.26	
Vocational Course Graduate		1	2.63	
Religion	Roman Catholic	34	89.47	
	Baptist	1	2.63	
	Born Again	2	5.26	
	Others	1	2.63	

Domestic Violence Experience

Table 3 shows the responses of the study participants regarding their experience with domestic violence. Out of the 80 respondents, 46 respondents (57.5%) had no experience of domestic violence, 31 respondents (38.75%) experienced domestic violence, 3 refused to answer this question. Out of the 31 respondents, 21 (26.25%) reported to have experienced domestic violence in childhood and 10 (12.5%) reported to have experienced domestic violence by a partner or spouse. Most (24 or 77.42%) of these 31 mentioned that the domestic violence lasted for more than a month, while 7 or 22.58% claimed that their violent experience was for less than a month. Of the 10 participants who experienced domestic violence by a spouse or partner, four (40%) of them experienced physical violence only, and three (30%) participants experienced physical, sexual, psychological, and economic abuse.

While the abuse was happening, 9 out of 10 (90 %) respondents who experienced domestic violence stated that their spouse or partner was under the influence of alcohol and only 1 out of 10 (10%) mentioned that their partner was under the influence of methamphetamine. (Table 3)

Table 3. Domestic Violence Experienced by Study Participants

	Frequency (F)	Percentage (%)	
Experienced Domestic Violence (N -80)	31	38.75	
Threatened with Violence in Childhood (n=31)	21	26.25	
Experienced Domestic Violence by Spouse or Partner (n=31)	10	12.50	
(n= 10)	Physical, Sexual, Psychological, and Economic	3	30
	Physical Only	4	40
	Physical and Sexual	1	10
	Physical and Psychological	1	10
	Physical, Sexual, and Psychological	1	10

Table 4 shows the association between the demographic profile of study participants and the experience of domestic violence. Employing a 0.05 criterion of statistical significance, only Age (p=0.017) and Civil Status (p=0.001) had significant relationship with Domestic Violence. The prevalence of domestic violence with the 19-39 years old age group (49%) is higher compared to other age groups. Also, the prevalence of domestic violence in single/widowed/divorced participants (55%) was higher compared to married participants (20%). In addition, the test of relationship of other profiles was not significant. (Table 4)

Table 4. Association of Sociodemographic Data & Domestic Violence Experience.

		With Domestic Violence		Without Domestic Violence		p-value
		#	%	#	%	
Age	19-39 years old (n = 55)	27	49.09	28	50.91	0.017*
	40-59 years old (n = 21)	3	14.29	18	85.71	
	≥ 60 years old (n = 4)	1	25	3	75	
Sex	Male (n = 21)	10	47.62	11	52.38	0.331
	Female (n = 59)	21	35.59	38	64.41	
Civil Status	Married (n = 40)	8	20	32	80	0.001*
	Single/Widowed/Divorced (n = 40)	22	55	18	45	
Location	Within Iloilo City (n = 32)	12	37.5	20	62.5	0.851
	Outside Iloilo City (n = 48)	19	39.58	29	60.42	
Educational Attainment	Elementary Level	1	100	-		0.836
	High School Level (n = 3)	1	33.33	2	66.67	
	HS Graduate (n = 17)	6	35.29	11	64.71	
	College Level (n = 23)	9	39.13	14	60.87	
	College Graduate (n = 18)	1	5.56	17	94.44	
	Vocational Course Grad (n = 7)	2	28.57	5	71.43	
Employment Status	Employed (n = 37)	15	40.54	22	59.46	0.760
	Unemployed (n = 43)	16	37.21	27	62.79	
Household Income (PHP)	≤ 5,000 (n = 23)	8	34.78	15	65.22	0.947
	5,001-10,000 (n = 23)	9	39.13	14	60.87	
	10,001-15,000 (n = 17)	7	41.18	10	58.82	
	15,001-20,000 (n = 8)	4	50	4	50	
	≥ 20,000 (n = 9)	3	33.33	6	66.67	
Religion	Roman Catholic (n = 64)	25	39.06	39	60.94	0.909
	Others (n = 16)	6	37.5	10	62.5	
	Baptist (n = 7)	3	42.86	4	57.14	
	Jehovah's Witness (n = 1)	-		1	100	
	Iglesia ni Cristo (n = 2)	1	50	1	50	
	Church of Jesus Christ & Latter-Day Saints (n = 3)	-		3	100	
		Born Again (n = 2)	2	100	-	
	Pentecostal (n = 1)	-		1	100	

Association significant at 0.05 alpha

Chief Complaint	With Domestic Violence		Without Domestic Violence		p-value
	#	%	#	%	
Close Prenatal Checkup (n = 11)	2	18.18	9	81.82	0.489
Difficulty Sleeping (n =10)	5	50	5	50	
Anxiety (n =8)	5	62.5	3	37.5	
Abdominal Pain (n =6)	2	33.33	4	66.67	
Follow-up Checkup (n =6)	2	33.33	4	66.67	
Post-VA (n =4)	1	25	3	75	
Change In Behavior (n= 4)	2	50	2	50	
Breast Mass (n = 4)	-		4	100	
Depressed (n = 3)	2	66.67	1	33.33	
Abnormal Uterine Bleeding (n = 3)	1	33.33	2	66.67	
Post-Cs/Postpartum Follow-up (n = 3)	1	33.33	2	66.67	
Lower Back Pain (n = 2)	1	50	1	50	
Dizziness (n = 2)	-		2	100	
Difficulty Of Breathing	1	100	-		
Physical Injuries	1	100	-		
Amenorrhea	1	100	-		
Mood Swings	1	100	-		
Breast Abscess	1	100	-		
Replacement Of T-Tube	1	100			
Flank Pain	1	100			
Palpitations	-		1	100	
Headache	-		1	100	
Foot Pain	-		1	100	
Poor Appetite	-		1	100	
Pelvic Mass	-		1	100	
Mandibular Mass	-		1	100	
Alcohol Use	-		1	100	

Table 5. Employing a 0.05 criterion of statistical significance, Chief Complaint (CC) (p=0.436) variable had no significant relationship with Domestic Violence Experience (DVE). The general category of chief complaint with highest number of domestic violence was Psychologic/Psychiatric. (Table 5)

Table 5. Association Between Chief Complaint & Domestic Violence Experience (General Categories)

Chief complaint	With Domestic violence		Without Domestic violence		p-value
	#	%	#	%	
Obstetric/Gynecologic (n = 18)	5	27.78	13	72.22	0.436
Surgical/Orthopedic (n = 14)	5	35.71	9	64.29	
Medical (n = 12)	4	33.33	8	66.67	
Psychologic/Psychiatric (n = 30)	16	53.33	14	46.67	
Follow Up (Unspecified) (n = 6)	2	33.33	4	66.67	

Table 6 shows the association of chief complaints (specific) and domestic violence experienced by domestic violence. The chief complaints with the highest number were as follows: Close Prenatal Check-up (14%), Difficulty in Sleeping (13%), Anxiety (10%), Abdominal Pain (8%), and Follow-up Checkup (8%).

Employing a 0.05 criterion of statistical significance, Chief Complaint (p=0.489) variable had no significant relationship with Domestic Violence. Specific chief complaints with highest number of domestic violence difficulty in sleeping and anxiety. (Table 6)

Table 6. Association Chief Complaint & DVE (Specific Categories)

Chief Complaint	With Domestic Violence		Without Domestic Violence		p-value
	#	%	#	%	
Close Prenatal Checkup (n = 11)	2	18.18	9	81.82	0.489
Difficulty Sleeping (n = 10)	5	50	5	50	
Anxiety (n = 8)	5	62.5	3	37.5	
Abdominal Pain (n = 6)	2	33.33		66.67	
Follow-up Checkup (n = 6)	2	33.33		66.67	
Post-VA (n = 4)	1	25	3	75	
Change In Behavior (n = 4)	2	50	2	50	
Breast Mass (n = 4)	-		4	100	
Depressed (n = 3)	2	66.67	1	33.33	
Abnormal Uterine Bleeding (n = 3)	1	33.33	2	66.67	
Post-Cs/Postpartum Follow-up (n = 3)	1	33.33	2	66.67	
Lower Back Pain (n = 2)	1	50	1	50	
Dizziness (n = 2)	-		2	100	
Difficulty Of Breathing	1	100	-		
Physical Injuries	1	100	-		
Amenorrhea	1	100	-		
Mood Swings	1	100	-		
Breast Abscess	1	100	-		
Replacement Of T-Tube	1	100			
F flank Pain	1	100			
Palpitations	-		1	100	
Headache	-		1	100	
Foot Pain	-		1	100	
Poor Appetite	-		1	100	
Pelvic Mass	-		1	100	
Mandibular Mass	-		1	100	
Alcohol Use	-		1	100	

DISCUSSION

The prevalence of domestic violence among patients who consulted at the outpatient department of the West Visayas State University Medical Center, La Paz, Iloilo City in the month of May 2021 was determined to be 38.75%. This value was found to be higher compared to a survey conducted in 2013 which reported 28.8% of women who experienced any form of violence (12). Among those who experienced domestic violence, 26.25% experienced domestic violence during childhood, while 12.5% experienced domestic violence by a partner or spouse. Domestic violence by a partner or spouse was found to be about 14-16% in a study conducted in Cebu in 2015 (5). A study done by Mandal and Hindin in 2015 also found that among all young adults in their study, violence in childhood was a factor of spousal or partner violence in adulthood.

Most of the respondents who experienced domestic violence belonged to the 19-39 years old age group, female, single/widowed/divorced, living outside Iloilo City, Roman Catholics, and college graduates. This study determined that age (p=0.017) and civil status (p=0.001) had significant relationships with Domestic Violence.

The data gathered was consistent with the results of the Philippine National Demographic and Health Survey done in 2017 that the age group with the highest percentage of women who experienced violence in physical, sexual and/or emotional form was the 20-24 years old age group (15).

Majority of the respondents in this study who experienced domestic violence had their highest educational attainment at college level which is in contrast to the findings of the Philippine National Demographic and Health Survey done in 2017 that reported that respondents who experienced any form of domestic violence had mostly attained Grade 1-6 level of education (15).

Most of the respondents who experienced domestic violence were unemployed and had a combined monthly household income ranging from Php 5,000- 10,000. This is consistent with the studies done by Nojomi et al (2007) and Obi et al (2007). Both studies reported that women who belonged to a lower socioeconomic class and unemployed were more likely to experience domestic violence from their spouse or partner (7) (13).

The high number of women in this study who experienced physical violence is in line with a study done by Nojomi et al. This study determined that more than half of their respondents experienced physical abuse from their spouse or partner (7).

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Being under the influence of substances such as alcohol or illicit drugs was similar to the findings in a study done by Kerridge et al (2016) wherein they examined the relationship between domestic violence and spouse/ partner intoxication and reported that 92.9% of those who experienced domestic violence stated that their spouse/partner was intoxicated with alcohol (12).

This study revealed that most survivors of domestic violence endured the abuse for more than a month. This finding is consistent with the study results of Berrios and Grady (1991) wherein the duration of the relationship between the survivor and perpetrator ranged between 1 month to 30 years with a median of 3 years (17). Five respondents even reported that the abuse was still on going up to the conduct of the study with 2 respondents disclosing that abuse continued even during their pregnancy.

There were two respondents in the study who experienced domestic violence indirectly. These respondents were mothers of daughters who were sexually abused. One respondent reported that her 5-year-old daughter was sexually abused by her husband's 19-year-old cousin. Another respondent reported that she witnessed her 14-year-old daughter being sexually abused by her husband. These women had a difficult time disclosing their experience in comparison to women who directly experienced domestic violence from their spouse or partner. Three respondents reported to be distressed after the interview. They were given psychological first aid by the investigator and were encouraged to seek professional help.

In this study, it was determined that some respondents had 1 to up to 4 perpetrators.

Perpetrators were mostly male and belonged to the 40-59 age group. This was supported by the results of the study done by Bernarte et al (2018) wherein they reported that perpetrators were mostly male.

Most of the respondents had lived with the perpetrators for more than 10 years but less than 20 years confirming that domestic violence and abusive relationships are often chronic those involved finding it difficult to end the relationships as confirmed by Rakovec-Felser in 2014 (32).

The perpetrators were found to be mostly the fathers of the respondents, comprising about 42% of the number, followed by husbands and partners. These findings were consistent with the results of the study done by Berrios and Grady (1991) stating that survivors and perpetrators were often related (17).

The perpetrators were also found to be predominantly college graduates and employed (compared with mostly unemployed survivors) which is supported by the paper of Rakovec-Felser in 2014 which found out that most perpetrators exercise total control of family finances.

This study showed that domestic violence is occurring in the background of other health concerns. Many of the survivors of domestic violence visited the outpatient department for other health conditions that were seemingly unrelated to what they experienced at home.

There is a significant association between age and domestic violence, and civil status and domestic violence found in this study. In a study done by Lasong et al (2020), the results showed a significant relationship between age and domestic violence reporting that even though young women had a better understanding of the criminal nature of domestic violence compared to older women, it was observed that young women were less likely to understand the complexities of domestic violence in relationships compared to elderly women putting them at risk of experiencing domestic violence (14).

There was no relationship between chief complaint and domestic violence. The chief complaints with the highest number were

obstetric/gynecologic (close prenatal check-up), followed by psychiatric/psychological (difficulty sleeping and anxiety). The chief complaints with highest number of respondents experiencing domestic violence were difficulty in sleeping and anxiety (psychiatric and psychological). Despite having no significant relationship, it was important to note that majority of the studies in the literature review done by Dillon et al (2013) found that domestic violence had poor mental health outcomes including anxiety, depression and post-traumatic stress disorder (19).

Conclusion

The prevalence of domestic violence among patients who consulted at the outpatient department of the West Visayas State University Medical Center, La Paz, Iloilo City in the month of May 2021 was determined to be 38.75%. There were no patients who consulted at the outpatient department for domestic violence but the results of this study showed that domestic violence occurred silently in the background of multiple medical, surgical, obstetric/gynecologic, orthopedic, and psychologic/psychiatric conditions. Among the participants who experienced domestic violence, most experienced physical abuse while their partners were under the influence of alcohol. A significant relationship was found between domestic violence and age, and domestic violence and civil status.

There majority of the respondents who experienced violence were among ages 19-39 years old, female, single/widowed/divorced, Roman Catholic, living outside Iloilo City, with the highest educational attainment of college level, with an income of less than Php 10,000.

Most of the respondents who experienced domestic violence reported to have experienced domestic violence in childhood followed by abuse from a spouse or partner.

Recommendations

Based on the results of this study, the following are the researchers recommendations:

1. Include domestic violence screening in all outpatient cases
2. A significant relationship has been found between domestic violence and age, and domestic violence and civil status. In line with this, it is important to include domestic violence screening in patients belonging to the 19-39 years old age group and those who are single/divorced/widowed.
3. Increase efforts to educate women belonging to the 19-39 age group to prevent and/or address domestic violence.
4. Strengthen the referral system between each department and the hospital's women's protection unit to help the survivor deal with her current circumstances.
5. Train medical personnel on domestic violence stigma, screening, evaluation and management.
6. Since there is a high prevalence of domestic violence in childhood, an association between parental violence experienced in childhood and experience of domestic violence by spouse/partner can be investigated.
7. Psychoeducation about alcohol use and its effects as it has been found to be a risk factor for perpetrators of domestic violence.
8. Further studies on this topic should address volunteer or self-selection bias and perhaps extend the study to 1 year to ensure that any issues with regard to the timing of consultations in specific months are avoided.

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