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SHORT COMMUNICATION

The prevalence rates of domestic abuse in women attending a family planning clinic

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Abstract

Context Domestic abuse has a detrimental impact on the mental and physical health of a woman. The abusive partner may use physical and sexual violence and 'control' the choice of contraception.

Objective To examine the prevalence rates of domestic abuse.

Design Data collection using anonymous questionnaire.

Setting A family planning clinic.

Participants Two hundred and ninety-two women.

Main outcome measures The prevalence rate of past and present history of domestic abuse and the nature of the abuse.

Results One in three women experienced domestic abuse at some time in their life. A significant relationship existed between the age of the woman and experiencing abuse within the last year. Women in full-time employment experienced the highest rates of abuse.

Discussion The anonymity of the research and the method of implementation encouraged an excellent response rate.

Conclusion During a woman's childbearing years, one-third of women may experience domestic abuse from their partner.

Introduction

Domestic abuse can be defined as 'any violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs'. The violence can include physical, sexual, emotional or financial abuse.¹ Sexual violence includes forced anal, oral and vaginal sex and enforced prostitution, which may result in sexual dysfunction.² The abusive partner may also control the woman's choice of contraceptive method. A recent study identified that 26.2% of women had experienced partner control over the choice of family planning methods.³

The aim of this research was to identify the prevalence rate of domestic abuse experienced by women accessing a family planning clinic (FPC).

Method

The Wirral Ethics Committee granted ethical approval and the research commenced in May 2002. All women attending the FPC at the district general hospital were invited to participate. There were no exclusions. Any accompanying partner (male or female) was surreptitiously removed to ensure the woman's and the researcher's safety. Following verbal consent, a self-administered questionnaire was completed in private to ensure a non-coercive response.

Quantitative data collection was achieved using an anonymous self-administered questionnaire, the Abuse Assessment Screen (AAS).⁴ The Nursing Research Consortium on Violence and Abuse developed the AAS. It uses five closed questions to assess past and recent history of abuse and the nature of the abuse. The reliability of the AAS has been demonstrated to be equivalent to the Conflict Tactic Scale.⁵ The AAS was supplemented to enable the collection of demographic data. The right to refuse was upheld and women were assured that this would not alter the care they received. The number of refusals was recorded.

Table 1 Prevalence of domestic abuse by age group

Age range (years)	Completed questionnaires (n) (% of total)	Women reporting domestic abuse at some stage in their life (n) (% of each age group)	Women reporting domestic abuse in the last 12 months (n) (% of each age group)
16–24	105 (36.0)	34 (32.4)	24 (22.9)
25–29	46 (15.8)	14 (30.4)	3 (6.5)
30–34	47 (16.1)	18 (38.3)	3 (6.4)
35–39	42 (14.4)	19 (45.2)	6 (14.3)
40–44	25 (8.6)	6 (24.0)	1 (4)
45–49	9 (3.1)	5 (55.6)	1 (11.1)
≥50	11 (3.8)	2 (18.2)	1 (9.1)
Missing data	7 (2.4)	4 (57.1)	2 (28.6)
Totals	292 (100)	102 (34.9)	41 (14.0)

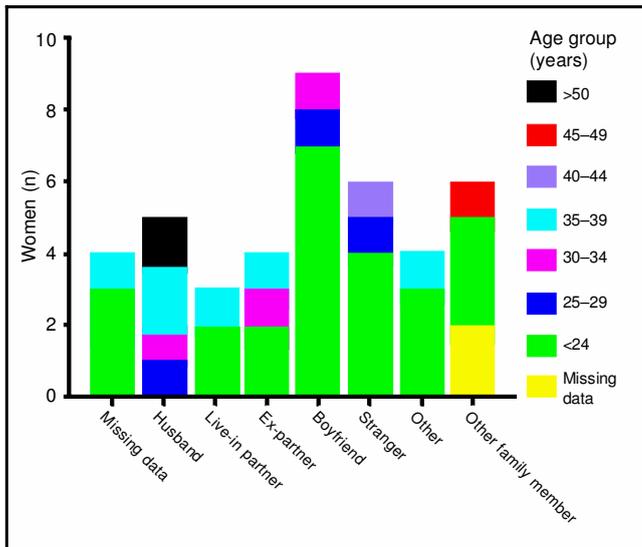


Figure 1 Prevalence of abuse by age group and perpetrator

Taking the previously recorded prevalence rate of 20% into consideration, and to determine this prevalence to within 5%, with 95% confidence, a sample size of 250 was required. The Chi-square test was used to determine any statistical association.

Results

A total of 294 women were invited to participate in the research. A response rate of 99.3% ($n = 292$) was achieved. The age range of the respondents is given in Table 1. Significant association existed between the age of the woman and the reported experience of current abuse ($p = 0.029$). In those women reporting domestic abuse, 24 (58%) were in the 16–24 years age category. This compared with 81 (32%) women in this age category in the group that did not report domestic abuse.

The majority of respondents classified their ethnicity as English (93.5%).

Experience of domestic abuse at some stage in their life was reported by 34.9% of women [95% confidence interval (CI) 29.4%–40.4%].

In this study 14% (41/292) of women reported experiencing domestic abuse within the last 12 months. The 95% CI derived from these figures suggests that between 10.1% and 17.5% of women attending family planning services in a year are likely to have experienced domestic abuse. In 22% of cases where women were subject to current abuse the perpetrator was a current boyfriend (9/41) (Figure 1).

The most frequent areas on the body that received injury were the head, legs and arms.

Looking at the proportions in each employment category, school pupils (66.7%, $n = 2$) had experienced the most abuse within the last 12 months, 40.0% ($n = 2$) were part-time students, 36.4% ($n = 4$) were unemployed, 17.1% ($n = 6$) identified themselves as a housewife, 16.7% ($n = 3$) were full-time students, 11.4% ($n = 17$) were in full-time work, 3.8% ($n = 2$) were in part-time work, whilst 38.5% ($n = 5$) did not complete the question.

There was a statistically significant association between employment status and experience of domestic abuse ($p =$

0.012), with women in full-time employment more likely to be abused ($n = 17$, 41%).

Discussion

The issue of improving the delivery of preconception care to all women of reproductive age has been addressed.⁶ Recommendations included a need to significantly improve the screening of medical risk factors, namely of domestic abuse.

The response rate for the present research project was excellent. Whilst the questionnaire was self-administered, it was explained in person by the researcher first. Effective communication skills in approaching women are integral to an understanding of the issues surrounding domestic abuse. In addition, a safe and private environment, thus ensuring anonymity, was provided for the questionnaire's completion. This combination of factors may have improved the response rate.

The AAS is a short, self-administered questionnaire consisting of five closed questions. The limitations of using this tool resulted in only restricted quantitative data being collected in direct response to the preset questions. However, use of the AAS ensured that participants were away from their partner for a brief period of time, thereby not incurring partner suspicion. The limited generalisability of the study due to the small numbers of the cohort is recognised. Therefore it is suggested that the study be repeated with a greater number of FPCs included.

Conclusions

Domestic abuse affects one in three women attending the FPC examined. Although the prevalence of current abuse was highest in the 16–24 years age group, the small number of participants involved in the present study means that the results cannot be extrapolated to the wider community. There are several variables that need to be considered when looking at age-related prevalence. The clinic had a specific purpose, namely family planning, and was also conducted during the evening. The number of woman in some of the age categories was thus small. Whilst there is a statistical difference in this particular study, this may not be representative of the adult female population as a whole.

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