Screening for intimate partner violence

To the Editor—We refer to the commentary "Screening for intimate partner violence in emergency departments" by Dr EKL Chan[1] discussing our study.[2] We beg to differ on several points raised by the author. The author stated that, in women who presented to an emergency department (ED) for medical care, the intimate partner violence (IPV) prevalence rates have been reported as ranging from 25 to 35% in foreign studies and this is much higher than the incidence rate of 7 per 10 000 attendances found by Wong et al.[3] We believe that to compare incidence rate with prevalence rate is inappropriate and misleading. Wong et al's study[3] was measuring the incidence rate of patients actually presenting to an ED because of acute injuries from IPV while the studies quoted by the author were measuring the prevalence rate of a history of IPV among all kinds of patients attending an ED. A more appropriate comparison could be made between the foreign studies and one local study done in the 1990s by Chung et al[4] which reported a prevalence rate of IPV of 5.3% among female ED attendees of age 18 to 60 years in a Hong Kong public hospital.

Dr Chan commented that our study[2] was conducted in a single centre serving a population of only one million, saying the result could have reflected the particular socio-economic condition of that community only, and raised the question of whether our findings could be generalised to a wider population in Hong Kong. We beg to differ on this comment. There will always be socio-economic differences between the studied population and the total population but this will not affect the generalisability of a case-control study if the control group can be selected without bias as a representative sample of the studied population. This is the reason why we randomly selected our control group from ED attendees and ensured that they had a wide variety of 'reasons for visit'. We disagree with Dr Chan's comment that a territory-wide approach is the 'scientific' method needed to improve inference in a case-control study. To have multiple or territory-wide centres participating in a case-control study can allow researchers to recruit a large number of cases or controls more easily and therefore achieve a higher statistical power. This is particularly important in studying diseases with low prevalence rates and explains why case-control is often the design of choice when studying rare diseases. However, it will not improve the generalisability of the result.

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References

1. Chan EK. Screening for intimate partner violence in emergency departments. Hong Kong Med J 2006;12:322-3.
2. Tsui KL, Chan AY, So FL, Kam CW. Risk factors for injury to married women from domestic violence in Hong Kong. Hong Kong Med J 2006;12:289-93.
3. Wong TW, Chung M, Lau CC, Ng P, Wong WY, Ngan J. Victims of domestic violence presenting to an accident and emergency department. Hong Kong Pract 1998;20:107-12.
4. Chung M, Wong TW, Chan RTF, Lau CC. A study on the prevalence of domestic violence among female patients in an emergency department. Hong Kong J Emerg Med 1997;4:82-4.

Authors' reply

To the Editor—The critiques made by Tsui and Kam provide room for me to further discuss methodological issues. With regard to the comparison of IPV rates, whichever studies were cited, it does not change the fact that the rate of reporting IPV to an AED in Hong Kong was low.[1] A comparison of IPV studies is always difficult because no two studies are identical. This is true even for the representative population survey of spouse battering[2] that was cited for comparison, not to mention any study conducted in western societies. The main point was to explain why the reporting rate was so low. The authors of the study[3] had already indicated that it was because of underreporting. The difference in the measurement of "acute injuries" and "history of IPV", as pointed out by Tsui and Kam could be one of the causes of underreporting.

The representativeness of a study depends on the sampling method. The studied sample was not representative of the one million in the New Territories, and certainly not of the larger population of Hong Kong. Tsui et al[4] stated that "emergency department–based controls were considered more appropriate than population-based controls". Indeed, the sample of controls was not drawn from the population of one million. The question of whether the controls were "selected without bias" deserves more discussion. In their response, the authors state that the control group was randomly selected from ED attendees. But according to the paper,[4] no random selection was conducted because the research assistants "interviewed consecutive female patients presenting to the AED during different time periods". Did all the female patients who presented to the AED during different time periods from June to August 2005 participate in the study? What was the refusal rate? Were there differences between the controls and the entire population (ie visitors to the centre under study)?

The study provided certain information useful for the development of local preventive strategies. Interpretation and generalisation of the findings, however, should be conducted with caution. Using this study as a springboard, I hope that more studies of IPV in health care settings will be launched.

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References

1. Chan KL. Screening for intimate partner violence in emergency departments. Hong Kong Med J 2006;12:322-3.
2. Chan KL. Study on child abuse and spouse battering: report on findings of household survey. Hong Kong: Department of Social Work & Social Administration, University of Hong Kong; 2005.
3. Wong TW, Chung M, Lau CC, Ng P, Wong WY, Ngan J. Victims of domestic violence presenting to an accident and emergency department. Hong Kong Pract 1998;20:107-12.
4. Tsui KL, Chan AY, So FL, Kam CW. Risk factors for injury to married women from domestic violence in Hong Kong. Hong Kong Med J 2006;12:289-93.