

Letters to the editor

Difficulties in danger assessment of battered spouse in domestic violence

Dear Editor,

There are global and local rising trends of reported incidences of spousal abuse of domestic violence.^{1,2} We are only encountering the tips of many icebergs. In the Accident & Emergency Department (AED) of Tuen Mun Hospital (TMH), we have started to monitor spousal abuse cases since 1 October 1998. In 1999, we had the first whole year data of 183 patients of spousal battery.³

Ninety percent of the victims were female, 40% were of the age range 31 to 40 years. Fifty percent of the cases had been reported to the police, and 68% of the victims attended the AED after office hours when there were no on-site medical social workers (MSW). Twenty-three percent and 75% were of the urgent (Cat. 3) and semi-urgent (Cat. 4) triage categories respectively, while 2% were of the emergency category (Cat. 2) involving severe injuries including nasal bone or limb bone fractures and 75% of the injuries comprised of tenderness, abrasion or bruise. Ninety percent of the injuries were inflicted by hands or legs of the abusers, 10% involved the use of weapons and 2% required surgical toilet and suture. Ninety percent of the victims were discharged after treatment with referral to MSW. Hence, the majority of battered spouses presenting to our AED was of the non-emergency category. Most of the victims (90%) could be treated and discharged with MSW referral. The pattern has not significantly changed according to our experience in the subsequent years except the volume has almost doubled (Table 1).

Owing to the non-severe characteristics of the physical injuries (in contrast to motor vehicle crash, industrial trauma or common assault) in the great majority of cases and no homicide or femicide cases having been reported prior to 2004, the level of vigilance of the

police, social workers and clinicians might have been fading. In TMH, we use the checklist (Table 2) to assess the risk and to determine if discharge is safe.

In Hong Kong, there are four shelters for battered women (Table 3) with telephone hotline services. They also provide risk assessment and counselling via the telephone services.

The Family Crisis Support Center in Kowloon Bay of the Caritas also provides counselling and temporary accommodation for emotionally disturbed persons of either sex (male or female) related to domestic violence. The Samaritans' telephone hotline is another alternative channel for the assistance of battered spouses with suicidal intent. The out-reach services of the Harmony House known as the Crisis Intervention Team (HH CIT) commenced her on-site services in the AED of TMH from August 2001 and the AEDs of Tseung Kwan O Hospital and United Christian Hospital from 2003.

The followings are some potential factors hampering the capability of the clinicians in the danger assessment of battered spouse: -

1. Lack of undergraduate teaching in the medical and nursing curricula.
2. Relatively low volume of battered spouse cases and hence aggregation of experience is difficult.
3. Few in-service training courses.
4. Insufficient clinical time to perform in-depth evaluation.

Table 1. Battered spouse cases of TMH AED

Year	Cases
1999	183
2000	228
2001	334
2002	332
2003	330

Table 2. A partial checklist for battered spouses in TMH AED

A) General information				
Type of abuse	1. []	Physical (battery)	4. []	Neglect
	2. []	Sexual	5. []	Financial
	3. []	Psychological	6. []	Others: _____
Severity of abuse	1. []	Mild	3. []	Life-threatening
	2. []	Severe		
Abuser (perpetrator)	1. []	Married spouse	3. []	Others: _____
	2. []	Cohabitant		
Weapon used	1. []	No	2. []	Yes: _____
Verbal threats	1. []	No	2. []	Yes: _____
Episode of abuse	1. []	1st	3. []	Multiple: _____ times
	2. []	2nd		
Other domestic abuse involved	1. []	No	2. []	Yes (if NAI, follow guideline for Mx)
Victim – social factors				
Immigrant to HK	1. []	No	2. Yes – from a. []	Mainland China b. [] Others (pl specify):
Years of residence in HK		Years		Months
Education level	1. []	Nil	3. []	Secondary
	2. []	Primary	4. []	Post-secondary
Occupation	1. []	House-wife	5. []	CSSA
	2. []	Unemployed	6. []	Student
	3. []	Employed	7. []	Others: _____
	4. []	Retired		
Abuser – social factors				
Alcoholic	1. []	No	2. []	Yes
Substance abuse	3. []	No	4. []	Yes
Mental illness	5. []	No	6. []	Yes
Chronic illness	7. []	No	8. []	Yes
Unemployed	9. []	No	10. []	Yes
Education level	11. []	Nil	12. []	Primary
	13. []	Secondary	14. []	Post-secondary
Extramarital affairs	15. []	No	16. []	Yes
Others (pl specify)				

B) Pre-disposal factors of evaluation

Factors	Yes	No	Remarks
1. Physical injury treated			Severe injuries may require in-patient Mx
2. Psychologically stable			Unstable cases may require in-patient Mx
3. Low risk on returning home			High risk cases would require a safe shelter (via MSW, Harmony House or relatives)
4. MSW assessment done in AED			Assessment in AED is preferred to prevent default
5. MSW referral arranged			
6. Contingency plan for escape a/v			
7. Police informed			
8. Discussed with supervisor			Especially when doubt exists
9. Child abuse involved			Apply NAI Mx protocol
10. Others			

AED=accident & emergency department; a/v=available; CSSA=Comprehensive Social Security Assistance Scheme; MSW=medical social worker; Mx=management; NAI=non-accidental injury; pl=please.

Table 3. Security shelters for battered women in Hong Kong

Shelter name	Organisation
Harmony House	Harmony House
Serene Court	Christianity
Sunrise Court	Po Leung Kuk
Wai On Home for Women	Social Welfare Department

5. Unavailability of MSW during the peak attendance hours of such patients.
6. Non-severe injuries in the majority of cases raising the clinical threshold for caution.
7. Incomplete information from the victims concerning the aggressiveness of the abusers.

One of the available risk scoring systems was devised by Campbell in 1995.⁴ It is a 20-point system of risk stratification. (Table 4) It is an American instrument and its application to the Hong Kong situation needs to be validated for general use.

Hopefully, this letter marks the end of the beginning of the heightened awareness of local clinicians on domestic violence. With our enhanced vigilance on domestic

violence and polished skills in its management, we earnestly wish that most if not all the disturbed families can restore harmony (be single or co-parents) and the children can enjoy peaceful growth without threats.

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Table 4. Danger assessment of homicide risk to victims of spousal abuse

Points

1. Increase in severity or frequency of physical violence over the past year
2. The abuser owns a gun (in the Hong Kong setting - knife or other lethal tools)
3. Any separation after living together in the past year
4. Unemployment of abuser
5. Use of weapon or threat with a lethal weapon
6. Abuser threatens to kill
7. Avoidance of abuser of police arrest for domestic violence
8. Victim has a child not belonging to the abuser
9. Forced sexual intercourse by abuser
10. Attempt to choke by abuser
11. Drug abuse by perpetrator
12. Alcoholism of abuser
13. Domination by abuser over the daily activities
14. Morbid jealousy or possession of victim by abuser
15. Attack by abuser when the victim is pregnant
16. Previous suicidal attempt or intent of victim
17. Previous suicidal attempt or intent of abuser
18. Abuser threatens to harm the victim's children
19. Victim believes the abuser can kill her
20. Abuser spies on victim and sends her threatening messages

Danger levels

- 6 or below: Variable
- 7-10: Elevated
- 11-17: High
- 18 or above: Very dangerous

Ciguatera fish poisoning: a challenge to emergency physicians (Hong Kong J Emerg Med 2004;11(3): 173-7)

Dear Editor,

We are very impressed by the concise review written by Dr. Cheng et al on ciguatera fish poisoning. Herewith we want to supplement several points to this unique food poisoning.

First of all, ciguatoxin will not only cause bradycardia but also higher degrees of block. In Ruttonjee Hospital (RH), one out of our six patients (from May 2003 to January 2004) suffered second-degree heart block (Wenkebach) (Figure 1) after consumption of coral grouper. The treatment included normal saline fluid replacement, atropine and mannitol. The patient recovered well and was discharged uneventfully after a normal electrocardiogram. Indeed, all our patients suffered from hypotension and bradycardia (Table 1).



Figure 1. Wenckebach type of heart block due to ciguatera poisoning.

Table 1. Clinical summary of the case series of ciguatera poisoning at Ruttonjee Hospital

Date	Sex/Age	Relationship	Fish	GI upset	BP/Pulse	ECG	Management	Outcome
May 2003	M/44	Isolated	<i>Variola albimarginata</i>	Watery diarrhoea	63/43, 41/min	Sinus bradycardia	Normal saline	Discharged
Aug 2003	M/67	Couple	<i>Plectrophomus leopardus</i>	Vomiting, Diarrhoea	86/47, 53/min	Sinus bradycardia	Normal saline, Mannitol	Discharged
Aug 2003	F/57				92/57, 46/min	Second degree heart block (Wenckebach)		
Jan 2004	M/52	Couple	<i>Plectrophomus leopardus</i>	Vomiting, Diarrhoea	61/35, 49/min	Sinus bradycardia	Normal saline, Atropine	Discharged
Jan 2004	F/52				91/46, 42/min	Junctional bradycardia		
Jan 2004	M/59	Isolated	<i>Plectrophomus leopardus</i>	Watery diarrhoea, Lip numbness	71/40, 42/min	Sinus bradycardia	Normal saline, Atropine	Discharged

We searched through the Medline, however disappointing enough, precipitating factors for severe bradycardia, hypotension or higher degree of heart block could not be found. We postulated the haemodynamic instability could be due to the amount of fish consumed.

Secondly, the improvement in neurological symptom was dramatic in our experience despite the double-blinded randomised study published by Schnorf in 1998. On 1st April 2004 in Pamela Youde Nethersole Eastern Hospital (PYNEH), there were five cases suffering from neurological symptoms including weakness and numbness after the consumption of coral grouper. All patients received mannitol once the clinical diagnosis was made. The time range for dramatic improvement in neurological symptoms was between 30 minutes to 4 hours. This included 50% to 70% improvement in muscle power and total disappearance of numbness. None of our patients, both in RH and PYNEH, complained of pain over the infusion drip site. Our

dosage and concentration were 1g/kg of a 20% preparation over 30 minutes.

Thirdly, mannitol has no effect on the chronic neurological symptoms. Two out of the eleven patients returned back to our department for residual numbness over the limbs. No additional medication was given except reassurance.

Fourthly, all patients should avoid coral grouper in future since a more severe attack would happen due to delayed hypersensitivity.

Last but not the least, we thought that a standard protocol for treatment of ciguatera fish poisoning should be designed since coral grouper is one of the favourite food in our locality.

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