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RESEARCH ARTICLE

Profile of female survivors of intimate partner violence consulting at the Philippine General Hospital Women's Desk: A two-year chart review

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ABSTRACT

Background: Intimate partner violence (IPV) is a global public health issue with profound physical, psychological, and social consequences. Despite legislative measures in the Philippines, there is limited research on the profile of IPV survivors consulting specialized healthcare units.
Objective: This study aimed to describe the profile of female survivors of IPV consulting at the Philippine General Hospital Women's Desk (PGH-WD), focusing on sociodemographic, psychological, relationship, community, and partner factors as contributors to their risk of experiencing IPV.
Methodology: A cross-sectional study was conducted to analyze data from IPV survivors who consulted the PGH-WD between January 2022 and December 2023. Data collection involved a chart review of eligible cases, guided by predefined inclusion and exclusion criteria. Inclusion criteria required that participants be female survivors of IPV aged 19 years and above, with consultations specifically related to IPV. Exclusion criteria included male survivors, non-Filipino nationals, individuals not residing in the Philippines, and charts missing key components. Descriptive statistics were used to analyze sociodemographic, psychological, relationship, community, and partner-related factors. Survivors were categorized into low-, moderate-, or high-risk groups based on the number of identified risk factors.
Results: A total of 518 charts were reviewed, of which 106 met the inclusion criteria and were analyzed. Survivors' ages ranged from 19 to 74 years, with 46 (43.4%) aged 19–34. Most survivors belonged to lower socioeconomic strata, with 61 (57.5%) categorized as poor. Psychological distress was common, with 24 (22.6%) reporting depression and 22 (20.8%) having attempted suicide. Relationship factors included dissatisfaction in 91 cases (85.9%) and prior abuse by partners in 88 (83.0%). Community factors showed that 104 survivors (98.1%) were aware of the Anti-Violence Against Women and Children (Anti-VAWC) law, and 101 (95.5%) reported having social support networks. Partner-related factors were less frequently reported, with 3 survivors (2.8%) indicating perpetrator substance use and 2 (1.9%) reporting histories of childhood abuse. Risk profiling categorized survivors into low-risk (39/106, 36.8%), moderate-risk (39/106, 36.8%), and high-risk (28/106, 26.4%) groups based on the number of identified risk factors.
Conclusion: This study provided a detailed profile of female IPV survivors consulting at the PGH-WD. Survivors were predominantly younger women from lower socioeconomic backgrounds, with high rates of psychological distress, relationship dissatisfaction, and histories of prior partner abuse. Community factors, including strong social support networks and awareness of the Anti-VAWC law, were identified as potential protective mechanisms post-IPV.

Introduction

Intimate partner Violence (IPV) remains a pervasive public health issue, affecting one in three women globally, with significant physical, emotional, and psychological repercussions. IPV encompasses behaviors such as physical aggression, sexual coercion, psychological abuse, and controlling actions by an intimate partner [1]. Despite international and national efforts to address IPV, including legislative measures in the Philippines, many women continue to face barriers in seeking help, including societal stigma, financial dependence, and fear of retaliation [2].

Existing literature identifies several factors influencing IPV risk, including low socioeconomic status, limited education, and prior exposure to violence during childhood [3,4]. Psychological distress, such as depression, anxiety, and suicidal ideation, is commonly reported among IPV survivors, underscoring the mental health burden associated with abuse [5]. Relationship dynamics, particularly dissatisfaction and a history of partner abuse, are strongly linked to IPV risk [6,7]. While these findings are well-documented in international research, there is limited data exploring how these factors manifest among women in the Philippine context, especially those accessing specialized healthcare services like the Philippine General Hospital-Women's Desk (PGH-WD) [2,8]. Community and partner factors play an important role in shaping survivors' experiences and access to care. Limited access to support services and awareness of legal protections like the Anti-Violence Against Women and Children (Anti-VAWC) law are pivotal in influencing survivors' ability to seek help [9,10]. Partner-related issues, such as substance use and histories of childhood abuse, also contribute significantly to the persistence of IPV, yet remain underexplored in the Philippine setting [11].

A gap exists in understanding the specific profile of women survivors consulting at PGH-WD. Prior studies have predominantly focused on prevalence and risk factors at a population level but have not adequately explored the intersection of contextual, psychological, relationship, community, and partner factors among survivors within healthcare settings [12,13]. Addressing this gap is essential for tailoring interventions to the cultural and institutional realities of the Philippines.

This study aims to provide a detailed profile of female survivors of IPV consulting at PGH-WD, focusing on their sociodemographic, psychological, relationship, community, and partner characteristics. By identifying this profile, this research seeks to inform targeted healthcare interventions and enhance support systems for IPV survivors within hospital-based settings.

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Methodology

Study Design

This study employed a cross-sectional design to analyze data collected through a chart review of female survivors of IPV who consulted the PGH-WD between January 2022 and December 2023.

Study Setting

The study was conducted at the PGH-WD, a specialized healthcare unit offering services to IPV survivors, including social work interventions, medical consultations, and legal assistance.

Study Population

Female survivors of IPV aged 19 years and above who consulted at PGH-WD during the specified period were included. Several exclusion criteria were applied:

- Survivors aged 18 years and below.
- Individuals with nationalities other than Filipino.
- Patients not residing in any city in the Philippines.
- Charts missing major components, such as:
  - Social worker charts without interview transcripts.
  - Doctor charts missing subjective, objective, assessment, or plan sections.
- Records of individuals consulting PGH-WD for reasons unrelated to IPV.

Sampling and Sample Size

All available charts were reviewed, resulting in 518 charts screened. Of these, 106 charts met the eligibility criteria and were included in the analysis.

Data Collection Procedure

Data were extracted from intake forms and clinical notes recorded by social workers, nurses, and physicians. These records contained detailed information on sociodemographic characteristics, psychological conditions, relationship dynamics, community factors, and partner-related factors.

Data Collection Tool and Variable Measurement

The data collection was guided by a structured data abstraction tool to ensure consistent extraction of relevant variables from the charts. Key variables included:

- **Sociodemographic Factors** (age, socioeconomic status, educational attainment, marital status, employment status) – recorded as categorical variables based on predefined ranges (e.g., age groups: 19 to 34, 35 to 49, 50 to 64, 65 and above).
- **Psychological Factors** (presence of depression and other psychiatric diagnoses, substance abuse, suicide attempts) – determined based on documented clinical diagnoses in the charts (Yes/No).
- **Relationship Dynamics** (relationship satisfaction, prior partner abuse) – both recorded as Yes/No responses in the intake forms.
- **Community Factors** (awareness of the Anti-VAWC law, availability of social support) – measured through binary Yes/No responses recorded in the social worker's notes.
- **Partner-Related Factors** (substance use, history of childhood abuse) – recorded as Yes/No variables based on the partner's documented history.

For categorical variables, data were collected using multiple-choice or dichotomous Yes/No formats, while numerical values (e.g., age) were grouped into predefined ranges. Open-ended responses were reviewed and coded into categories where applicable.

Study Outcomes

The primary outcomes were descriptive profiles of IPV survivors, including the prevalence of psychological, relationship, community, and partner-related factors. A secondary outcome was the categorization of survivors into low-, moderate-, or high-risk groups using risk profiling.

Data Analysis

Descriptive statistics were used to summarize the data. Continuous variables, such as age, were analyzed using measures of central tendency (mean, median) and dispersion (range). Categorical variables, such as type of abuse or relationship satisfaction, were presented as frequencies and percentages.

Risk profiling was conducted to categorize survivors based on the number of identified risk factors. Each factor was assigned an equal weight of 1, reflecting the cumulative burden of these factors. Survivors with 0 to 1 factors were categorized as low risk, those with 2 to 3 factors as moderate risk, and those with 4 or more factors as high risk. Frequency distributions were used to describe the risk categories.

Ethical Considerations

Ethical approval was obtained from the University of the Philippines Manila Research Ethics Board (UPMREB). A waiver of informed consent was sought due to the sensitive nature of the research topic. To protect participants' confidentiality, results were reported in aggregates, with no identifying information extracted or disclosed.

Results

A total of 518 charts of female survivors of IPV who consulted at the PGH-WD from January 2022 to December 2023 were reviewed. After applying the inclusion and exclusion criteria, 106 charts were included in the analysis.

Profile of IPV Survivors

The mean age of survivors was 38.77 years (range: 19–74), with 46 survivors (43.4%) aged 19–34. Regarding marital status, 54 survivors (50.9%) were separated, while 34 (32.0%) had never married. Survivors predominantly came from lower socioeconomic strata, with 61 (57.5%) categorized as poor and 25 (23.6%) as low-income earners. Educational attainment varied, with 37 survivors (34.9%) having completed senior high school and 25 (23.6%) earning a college degree. Financially, 45 survivors (42.5%) earned their own income, while 14 (13.2%) depended on their husbands for financial support.

Thirty survivors (28.3%) reported experiencing physical abuse, which included being slapped, hit, or pushed. Another 28 survivors (26.4%) experienced psychological abuse, characterized by verbal threats, humiliation, or controlling behavior. Seven survivors (6.6%) endured a combination of physical, sexual, and psychological abuse. Twenty-four survivors (22.6%) were noted to have depression, and 22 (20.8%) reported suicide attempts. A small group (3/106, 2.8%) reported alcohol or substance use, and 21 (19.8%) had a diagnosed psychiatric condition.

In terms of relationship dynamics, 91 survivors (85.9%) expressed dissatisfaction with their relationships, and 88 (83.0%) reported a history of prior abuse by their partners. Community factors revealed that 104 survivors (98.1%) were aware of the Anti-Violence Against Women and Their Children (Anti-VAWC) law, and 101 (95.5%) reported having social support from relatives, friends, or neighbors.

Partner-related factors were less frequently reported. Three perpetrators (2.8%) were noted to have alcohol or substance use issues, and two (1.9%) had experienced childhood abuse.

Risk Profiling

Risk profiling categorized survivors based on the number of risk factors present. Thirty-nine survivors (36.8%) were classified as moderate risk, having 2 to 3 risk factors, while 28 survivors (26.4%) were classified as high risk, with 4 or more factors. Survivors in the high-risk group were more likely to report depression, suicide attempts, and histories of prior partner abuse.

Discussion

This study examined the profile of female survivors of IPV who consulted at the PGH-WD, highlighting significant psychological distress, prevalent relationship dissatisfaction, and the cumulative vulnerabilities faced by many survivors. The findings provide insights into the multidimensional nature of IPV and suggest potential avenues for improving care and interventions within local healthcare settings.

The findings of this study largely align with global research on IPV. The prevalence of psychological distress, including depression (22.6%) and suicide attempts (20.8%), underscores the mental health toll of IPV. Devries *et al.* [6] and Bacchus *et al.* [5] reported similar findings, noting that IPV survivors are at heightened risk for depression and suicidal ideation. The association between relationship dissatisfaction (85.9%) and prior abuse by

Table 1. Profile of IPV Survivors Consulting at the Philippine General Hospital – Women's Desk, January 2022 to December 2023

Profile Categories	Variables		Frequencies (N=106) N (percentage %)
Sociodemographic Profile	Age	19-34	46 (43.4)
		35-49	37 (34.9)
		50-64	21 (19.81)
		60 above	2 (1.89)
	Marital status	Never married	34 (32.01)
		Married	15 (14.15)
		Separated	54 (50.94)
		Not stated	3 (2.83)
	Socioeconomic status	Poor (less than 10957)	61 (57.5)
		Low income (9520 to 21 194)	25 (23.6)
		Lower middle class (21 194 to 43 828)	11 (10.4)
		Middle class (43 828 to 76 669)	5 (4.7)
		Upper middle class (76 669 to 121 484)	3 (2.8)
		High income (121 484 and up)	1 (0.9)
Psychological Profile	Presence of depression		24 (22.64)
	Suicide attempts		22 (20.75)
	Alcohol and substance use		3 (2.83)
	Psychiatric diagnosis		21 (19.81)
Relationship Profile	Relationship dissatisfaction		91 (85.9)
	Previous abuse by partner		88 (83.0)
Community Profile	Knowledge of anti -VAWC Law		104 (98.1)
	Availability of support		93 (95.5)
Partner Profile	Substance use		3 (2.8)
	Childhood abuse		2 (1.9)
Risk profiling	Low risk (0 -1 factor)		39 (36.8)
	Moderate risk (2 -3 factors)		39 (36.8)
	High risk (4 or more)		28 (26.4)

partners (83.0%) with IPV further supports the cyclical nature of abuse described by DeMaris *et al.* [7]. These patterns emphasize the critical need for interventions targeting relational dynamics, such as conflict resolution and emotional regulation therapies.

An important new finding in this study is the high awareness of the Anti-VAWC law (98.1%) and the availability of social support networks (95.5%), which may have played a protective role for survivors after IPV incidents. While prior studies (e.g., Ellsberg *et al.* [9]) have highlighted stigma and lack of awareness as barriers to seeking help, these findings suggest that institutional advocacy and community support in the Philippines may mitigate some barriers. However, the exact timing and nature of this support remain unclear and require further exploration.

Unexpectedly, partner-related factors, such as substance use (2.8%) and childhood abuse histories (1.9%), were less prevalent compared to findings from studies in other contexts (e.g., Haj-Yahia *et al.* [8]). This discrepancy may stem from the reliance on survivor-reported data in this study, which could lead to underreporting due to social desirability bias or limited information about the perpetrators. Alternatively, cultural or socioeconomic differences may contribute to variations in partner-related dynamics across settings.

The findings underscore the interconnectedness of psychological, relational, and community factors in shaping IPV survivors' experiences. For example, the high prevalence of relationship dissatisfaction and prior partner abuse suggests the need for trauma-informed relationship counseling as part of IPV interventions. Similarly, the high availability of social support networks may indicate a potential resource that healthcare providers can leverage to support survivors during recovery. These relationships highlight the importance of integrating mental health services with social and legal support systems to address the multifaceted needs of survivors.

In the local context, the findings suggest that PGH-WD could benefit from strengthening partnerships with community organizations to enhance survivor access to supportive networks. Training healthcare providers to identify and activate existing social support systems during consultations could empower survivors and improve care outcomes. Further, targeted education campaigns on the Anti-VAWC law can address gaps in its enforcement and encourage survivors to utilize available protections.

Limitations and Recommendations

While this study provides valuable insights, certain limitations warrant consideration. First, the reliance on retrospective chart review precludes the ability to capture nuanced survivor experiences or validate information about perpetrators. Mixed-methods approaches, including qualitative interviews, could complement quantitative data to provide a richer understanding of IPV dynamics. Second, the use of equal weighting for risk factors in the profiling framework was based on assumption due to the absence of validated tools in the IPV context. Future research should explore the development of context-specific tools to refine risk categorization.

Recommendations for PGH-WD include implementing structured mental health screening tools during consultations to ensure early detection of psychological distress among survivors. The development of community-based support programs in collaboration with local organizations could enhance recovery pathways. Additionally, advocating for sustainable funding for IPV services, including training for healthcare providers, is critical to improving care delivery.

Conclusions

This study provides a detailed profile of female survivors of IPV consulting at the PGH-WD, revealing significant psychological distress, prevalent relationship dissatisfaction, and the presence of multiple risk factors, including socioeconomic vulnerabilities, histories of prior abuse, and partner-related issues such as substance use. High awareness of the Anti-

VAWC law and the availability of social support networks were identified as potential protective factors post-IPV, aiding recovery and service access. These findings contribute to a deeper understanding of IPV survivors' experiences within healthcare settings in the Philippines.

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