

Family Violence

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Images of tiny Winnie Ho's bruised face in the Straits Times and other egregious reports of child abuse are an affront to the hallowed institution of the family. The haven that teaches the finest human values – love and care – is for some a cradle of terror and pain. Besides children, we read of wife-battering and elderly people abused by family caregivers. The assumption that the family is the ideal social unit that nurtures love and security is under attack. It is disconcerting that the very young and old, frail and disabled are especially vulnerable.

Even where no one is physically maimed, vituperation leaves an emotional scar that can be devastating to the psyche. The miasma of fear has deleterious effects on the psychological development of children who become more prone to depression, anxiety and personality problems. There is compelling evidence to show that abusers are likely to come from violent homes where they had witnessed wife-beating or were abused themselves as children. Family violence is self-perpetuating – violence breeds violence and begets more violence.

According to the United States Department of Justice, 29% of violence against women is committed by an intimate – a husband, ex-husband, boyfriend or ex-boyfriend⁽¹⁾. Wife abuse occurs in families of every ethnic, religious and social-economic background.

In a Singapore study of 70 consecutive referrals to the Department of Psychological Medicine, National University Hospital, for treatment of drinking problems, it was found that family violence with physical abuse occurred in 21 cases (30%). One in three wives had been physically abused and drinkers with family violence were generally younger with more severe dependence on alcohol than the non-violent drinkers. There was no relationship between family violence and the ethnicity of the drinkers⁽²⁾.

Elderly people with a history of repeated injuries should be viewed with suspicion – they may not just be, as some caregivers would suggest, 'accident prone'.

Unfortunately, most doctors and health professionals are reluctant to interfere in domestic conflicts. This nonchalance may sometimes lead to tragic consequence for the victims whose only confidant may be the doctor. Should we continue to brook this spiral of family violence? How can we help those battered children and wives imprisoned by fear from a psychological implosion? Public enquiries and mass media portrayal of gruesome cases of family violence often stir up

remorse, guilt and recrimination amongst health professionals.

An Act of Parliament can protect the victims to some extent but we should also identify people at risk to prevent abuse. For example, in the management of an alcoholic patient, it is important to know how the wife and children are coping – do they need help? Caring for a disabled child or elderly can be exacting and distressing, helping the caregivers to relieve their stress can prevent frustration from mounting to a rage. Doctors managing such patients should take cognizance of the caregivers' stress.

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The Children's Society in a recent publication⁽³⁾ has made important recommendations to prevent child abuse:

1. There should be a central register of child abuse.
2. The public should be educated to report child abuse.
3. There should be therapy for the victims in order to meet their psychological, emotional and social needs.
4. There should be treatment for perpetrators of child abuse.
5. Prevention programmes should target "high risk" parents.
6. Professionals should be trained in the proper management of cases of child abuse.

The SMJ has three invited articles on family violence, focusing on child and spousal abuse. They are written by experts in this field and will emphasise on what the doctor should know and can do. Understanding the problems will help the doctor play a larger role and hopefully we shall see fewer disturbing images of family violence in the daily papers.

REFERENCES

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