

MANAGING FAMILY VIOLENCE

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Family violence, which includes spousal and intimate partner violence, child abuse and elder abuse, has been defined by the Singapore Women's Charter (Chapter 323) Section 64 as the commission of any of the following acts:

- Wilfully or knowingly placing, or attempting to place, a family member in fear of hurt;
- Causing hurt to a family member by such act which is known or ought to have been known would result in hurt;
- Wrongfully confining or restraining a family member against his will; or
- Causing continual harassment with intent to cause or knowing that it is likely to cause anguish to a family member.

In this context, a 'family member' is defined as 'a spouse or former spouse, a child (including adopted and stepchildren), parents, parents-in-law, sibling or any other relative or incapacitated person whom the Court regards as a family member.'

Family violence remains a complex multifaceted problem. Statistics show that in developed countries like Canada, the USA and Switzerland, the rates of a women partner ever been assaulted by their intimate partner is 29%, 22% and 21% respectively. The Singapore figures hopefully are lower, with the institution of an integrated management strategy of family violence, but there is no place for complacency. To reduce family violence to the minimum, there is a need for every one in the community to take an active role.

In this issue of the Singapore Family Physician, we bring together the current knowledge and the various initiatives available to prevent as well as to help victims of family violence. Singapore's strategy in tackling family violence is to

manage the victims, manage the abusers, and strengthen the families affected by violence through a 4-pronged framework of: (1) legislation, (2) the "Many Helping Hands" approach, (3) care giver information update and training and (4) public education.

Spousal violence is the most prevalent type of family violence in Singapore as is elsewhere in the world. Children are often the subject of abuse as well, whether as direct victims of an abusive parent, or as silent witnesses of parental violence. One consequence is the intergenerational transmission of violence behaviour by such child witnesses. Reducing spousal violence by educating the public on alternative ways of dealing with family problems is a key goal.

The role of the police in the management of family violence is set out in Unit 4. It is reassuring to know that we have the law to help us resolve such cases of family violence, and this section gives a clear review of how the GP can work with the police and other related organizations to respond to cases of spousal abuse and family violence.

As general practitioners and family physicians, we are in a unique position to be able to help. With a high index of suspicion, skills to be able to screen patients whom we suspect could be the victims of family violence, we as family caredoctors can be first on hand to render aid and advice. Such early intervention can pre-empt more serious and at times even mortal outcomes.

We may indeed encounter explicit cases of family violence in our daily practice, and all too often are at our wits end as to what further steps to take. Dr Wong Tien Hua has provided us in Unit 5, an excellent outline on how the GP can assess and respond to such cases of abuse.

The elderly amongst us are also often the subject of abuse by their "loved" ones, and very often it is to their trusted family doctor that they confide their situation. Unit 6 on elder abuse highlights how we as primary care physicians can recognize instances of elder abuse, and how to respond and manage such cases of abuse.

I am confident that the contents of this issue will be useful in increasing our awareness of family violence in our society, and equip us with the tools and knowledge to tackle these difficult problems.

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