

## UNIT NO. 3

## SPOUSAL VIOLENCE AND CHILD WITNESSES

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**ABSTRACT**

**Spousal abuse is the most prevalent form of family violence in Singapore. The term can be taken to be similar in meaning to intimate partner violence. The introduction of an integrated approach to management which includes amendments to the Women's Charter to provide protection for abused women has led to a decrease in the number of cases of spousal abuse. Understanding the causes, spousal abuse theories, and consequences form the first step of action. A high index of suspicion, assessment of danger, and appropriate management of the victim and aggressor are key pointers to take note of. Primary and secondary prevention efforts in child witnesses to intimate partner abuse will help to reduce the intergenerational transmission of intimate partner abuse. An intervention programme for child witnesses immediately and ongoing creates awareness that intimate partner abuse is not their fault and that they have a safety plan in case of recurrent episodes of violence exposure.**

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**INTRODUCTION**

Spousal abuse is the most prevalent form of family violence in Singapore. The set up of the integrated management of family violence strategy beginning in 1994 with MCYS and the Singapore Police Force as the lead agencies, and the amendments to the Women's Charter in 1996 are key events in reducing the number of spousal abuse cases. Figure 1 shows the number of spousal abuse cases in Singapore to be decreasing since 1996. (MCYS Website)<sup>1</sup>.

There is no place for complacency however, and there is a need to understand the issues surrounding spousal abuse and work in concert with various partners to reduce such violence to the minimum. An ongoing process of quality improvement, training of frontline providers, and public education is needed.

The four pronged Singapore strategy of dealing with family violence -- legislative framework, "Many Helping Hands" approach, training of frontline service providers, and public education -- forms the strategy in reducing spousal violence too.

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Children are silent witnesses to such events. They suffer from emotional and psychological trauma. One long term consequence is the intergenerational transmission of violence behaviour. There is a need to teach alternatives to violence behaviour.

From the medical practitioners' perspective, an understanding of the issues and consequences of spousal violence to the victim, children and family is the first step. Armed with this understanding, we would be more prepared to look out for adults, children, and other family members who have been exposed to such experience and take steps to help the affected individuals and family.

**SPOUSAL VIOLENCE -- THE MOST PREVALENT FORM OF FAMILY VIOLENCE**

Under the Women's Charter, victims of family violence -- including spousal violence -- can apply for the Personal Protection Order (PPO) to restrain the abuser from using violence. Victims can also obtain a Domestic Exclusive Order (DEO) to obtain rights to exclusive occupation of the shared residence or a specific part of the shared residence. The number of PPOs applied is an indication of the prevalence of such abuse.

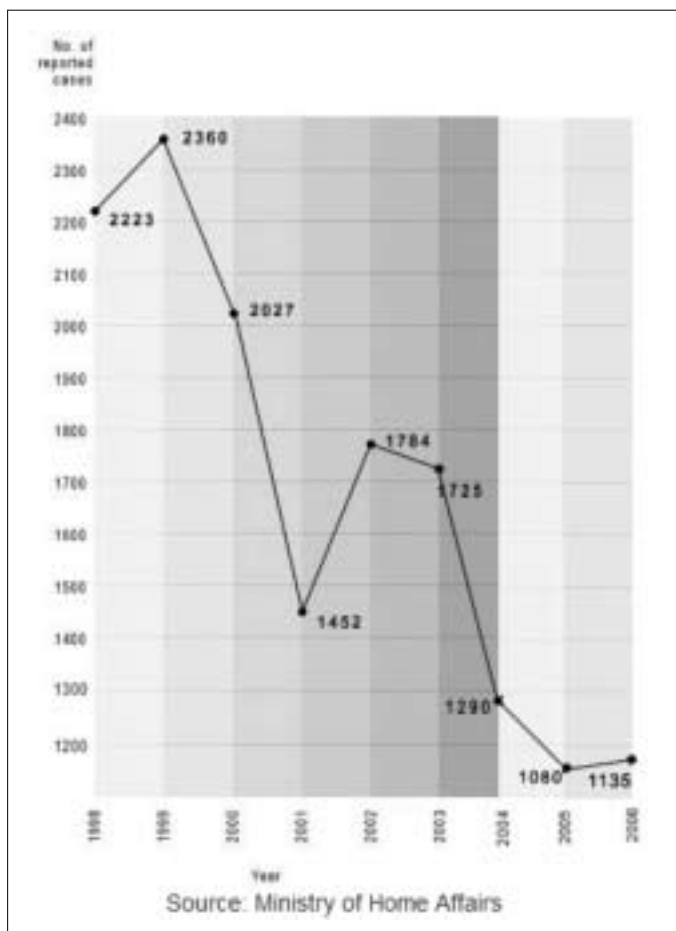
The number of applications for PPOs and DEOs has decreased from 2691 persons in 2005, 2,667 persons in 2006 to 2,554 persons in 2007. Statistics over the three years from 2005 to 2007 indicated that spousal violence was the most widespread form of family violence with wives comprising 60% and husbands comprising 11% of total PPO applicants. (MCYS, 2009)<sup>1</sup>. Spousal abuse cuts across all social, economic, and cultural groups.

**Types of abuse**

The types of spousal violence can be categorized as follows:

- **Physical abuse** -- Hurt caused by punching, kicking, pushing, choking, slapping or hitting with objects; deprivation of food or water, sleep, shelter or medicine.
- **Psychological/emotional abuse** -- Use of insults, humiliation or name-calling to damage the spouse's self-worth; puts the spouse in fear by screaming, making threats, harassing or destroying property; deliberately misusing the emotional factors in a relationship in order to manipulate and intimidate the spouse.
- **Social abuse** -- Controls the flow of information in and out of the house; demeans the spouse in front of the children or in public places; monitors and restricts the spouse's activities, outings, family ties, and friendships.
- **Sexual abuse** -- Any form of unwanted or disrespectful touching or any non-consenting sexual act or behaviour

**Figure 1. Number of reported cases of spousal violence (violence against women) 1998 - 2006**



such as physically attacking parts of the victim's body or forcing sexual activity when the victim refuses to consent or is too afraid to refuse.

- **Wrongful confinement** – Restrains the spouse in such a manner as to prevent the victim from proceeding beyond certain circumscribing limits.

## CAUSES, THEORIES, AND CONSEQUENCES OF SPOUSAL VIOLENCE

### Root causes

The reasons for family violence are multi-factorial and range from matters concerning children to arguments over money, affairs, and alcohol abuse, and the lack of ability to use alternative ways to deal with problems.

### Cross country marriages

With the increase of cross-country marriages, a new dimension of spousal abuse has arisen in Singapore. Of the nearly 300 spousal violence cases that PAVE handled in 2009, one in five involved those who were not born here - almost double the figure in 2008. (New Paper, 2010)<sup>2</sup>.

There is also a reluctance of abused spouses who are

immigrants to seek help. Of the 85 new cases involving immigrants in abusive marriages PAVE handled over the last two years, only 20 per cent had sought help on their own. The rest were referred to PAVE by the police, the hospitals or the Ministry of Community Development, Youth and Sports.

This is in sharp contrast to the cases PAVE has seen in recent years involving Singaporean victims who have voluntarily sought help because of domestic violence. With more marriages between citizens and non-citizens, making up almost 41 per cent of all marriages in 2009, there is a need by care providers to be aware of immigrants who may be abused spouses. Public education for such people is the key. There is a need to bring the message home that putting a stop to spousal violence is not the same as breaking up a marriage. Some victims think that, by speaking up, it will cause even more problems. But with counselling, it may actually save the marital relationship.

### Social theories of spousal abuse

Several theories have been put forward to explain spousal abuse. They are described in the Manual on "Integrated Management of Family Violence Cases in Singapore" Chapter 4 pages 2-3. (MCYS:IMFVM, 2009)<sup>4</sup>. These help us understand the mechanisms underlying the actions. For a given situation, one theory may be more plausible than others. Also more than one theory may explain the situation.

- **Social learning theory** (Moore, 1975; Gelles, 1995) – This theory postulates that spousal violence is learned. Abusers are more likely to have experienced violence or witnessed violence between their parents when they were young. These individuals also learned to justify being violent, taking it as an effective method of resolving conflict.
- **Stress and coping theory** (Gelles 1995; Prescott & Lekto, 1975) – This theory posits that spousal abuse occurs due to lack of coping resources in a family. Economic deprivation imposes a strain on a marriage, not only because it is more difficult to live without money, but also because an inadequate income represents, for many couples, the husband's failure to perform satisfactorily as a provider. Thus, when men feel threatened in their role as a provider and perceive themselves as powerless, they may resort to violence as a means of expressing their authority in the family.
- **Marital power theory** (Allen, 2007; Chibucos, Leite & Weis, 2004) – This theory posits that marriage continues to be a structurally unequal relationship as a consequence of both the differential opportunities open to men and women. Spousal abuse happens when the husband wishes to maintain the power imbalance and exert his dominance in the relationship. This is more likely to occur when the husband has little education and has a job low in prestige and income.
- **Resource theory** (Goode, 1971) – This theory posits that women who are dependent on their spouse for economic maintenance may be the most vulnerable to spousal abuse. The inability to attain their own resources leaves them very reliant on their husbands and have fewer options to abandon

the abusive relationship. Furthermore, having children to take care of, increases the financial burden and makes it more difficult for them to leave the marriage.

- **Exchange/social control theory** (Gelles, 1995) – This theory posits that spousal abuse occurs because it achieves a certain goal and that benefit outweighs the cost. This occurs when there is a reluctance of social institutions and agencies to intervene and when one's culture approves of violence as being an expressive and instrumental behaviour, thus encouraging the perpetuation of spousal abuse.
- **Transitional socialisation theory** (Gelles, 1995) – This theory posits that the prescription of a male-dominant and female submissive role in a relationship is a potent force to spousal abuse. The sex role polarization can be used as a form of justification by men in their acts of abuse to assert their authority in the relationship.

### Consequences

Spousal violence affects not only the women, but also other family members and the community at large. Female victims suffer from physical, emotional or psychological injury and in severe abuse cases, face the threat of losing their lives. Over time, abused women become fearful, helpless, confused, anxious and tend to develop a low self esteem. (MCYS, May 2005)<sup>3</sup>.

Spousal violence also undermines the safety and stability of the family unit. Violence compromises the ability of the family to provide comfort and love to its members. The breakdown of the family as a functioning unit has negative consequences on children who need stability in the family environment for healthy development.

The scars of spousal violence stay with the family members. Children who witness such violence are the invisible victims. These children tend to be aggressive and antisocial. They can either act up or be withdrawn, fearful, depressed, anxious, and have low self-esteem. Children exposed to domestic violence are also found to be less socially competent, have difficulty in school and show less ability to empathize with others' feelings. Finkelstein and Yates (2001) report that children from violent families are at a 30% to 40% higher risk for psychopathology compared with those from nonviolent families. (Horner, 2005)<sup>5</sup>.

The roles and rights of women can also be distorted in male children who experience witnessing violence against female family members. Knapp, (1999) reports that boys who observe their fathers battering their mothers have a 10 times increased risk of abusing their future spouses compared to those who did not observe such violence as children. Dumas D., Margolin GS & John RS (1994), in a study of family violence spanning three generations, found witnessing family violence to be predictive of aggression toward women or children across all three generations but only for males. (Horner, 2005)<sup>5</sup>.

At the community level, weakening family relations may affect the social cohesion within the community and necessitate the devotion of greater resources to remedial care.

### Health, social and economic costs

Women and children protection and welfare programmes require expenses to cover the costs of running early intervention programmes for children at risk of abuse, mandatory counselling programmes, crisis shelters, public education and training.

Abused women may be in need of help and support. These may take the form of physical help including care from hospitals, doctors and nurses; emotional help including the utilization of services of social service providers. Victims of abuse often times also become detached from the community, which poses additional economic costs through opportunity costs in terms of reduced work productivity.

Downstream social problems include broken and/or dysfunctional families, poor physical/psychological health, juvenile and adult criminal behaviour and imprisonment. Having to tackle these social problems would take a toll on society's resources, not counting the costs associated with suffering experienced by the victims, medical costs and the loss of lives in fatal cases.

## INDEX OF SUSPICION AND ASSESSMENT OF DANGER TO THE VICTIM

### Index of suspicion

The presence of the following features will raise suspicion of abuse:

- Physical indicators e.g., unusual injuries that are not likely to be inflicted accidentally e.g, strangulation marks, burns and scalds, head and facial injuries, bruising around the eye, arm, finger, leg injuries, and abdominal injuries especially if pregnant.
- Psychological indicators e.g., depression, anxiety, apprehension, restlessness, agitation, appearing aloof, quiet or withdrawn at the consultation.
- Features in the history e.g. withholding certain facts in the history, or refusal to answer questions. More details are given in Unit 6 of this Family Practice Skills Course.

### Suggested statements to introduce the topic of spousal violence

The following are statements suggested by Thackeray et al (Thackeray et al, 2010)<sup>6</sup> to introduce the topic of spousal violence:

"We all have disagreements at home. What happens when you and your partner disagree?"

"Is there shouting, pushing, or shoving? Does anyone get hurt?"

"Has your partner ever threatened to hurt you or your children?"

"Do you ever feel afraid of your partner?"

"Has anyone forced you to have sex in the last few years?"

### Assessment of danger to the victim

There are three factors that communicate danger that should be noted: injuries, social constraints placed on the patient, and fear. Details should be sought from such a patient.

### MANAGING SPOUSAL VIOLENCE

The details are covered in Chapter 3 of the Manual on “Integrated Management of Family Violence Cases in Singapore”, 2009 and also in Unit 6 of this Family Practice Skills Course. The following summarises the key points in managing spousal violence:

- General principles – safety considerations of the victim and other vulnerable family members, respect patient confidentiality and right to self determination, understand the dynamics of family violence, arrange for services to eradicate violence at the appropriate time e.g., during mandatory counselling sessions, and proper documentation.
- Responding quickly to victims of family violence because violence can lead to permanent disability or even death without prompt intervention.
- Handle family members with aggressive behavior or violent behavior by treating such people with empathy, attention, respect, and encourage them to express themselves in an acceptable non-violent way and inform them of the complaint system and the avenues that are open to appeal. Speak calmly and get the agitated person to sit down.
- Be alert to signs of impending physical attacks e.g. provocative conduct, rising tension in face and limbs, raised voice, and getting physically close.

### MANAGING CHILD WITNESSES

Primary prevention efforts include parent training and family conflict management training, conflict resolution training in schools, and relationship skills training and education about healthy intimate relationships in schools. (Cannon et al, 2009)<sup>7</sup>.

For children who have witnessed spousal violence, target interventions should be enacted to build skills that will reverse detrimental learned behaviors. These prevention strategies may help curb the damaging and cyclical effects of witnessing spousal violence during childhood. (Cannon et al, 2009)<sup>7</sup>.

Ernst et al (Ernst et al, 2008)<sup>10</sup> reports the positive outcomes from an immediate and ongoing intervention programme for child witnesses of spousal violence. This intervention programme for children who have witnessed adult intimate partner violence is provided by a local non-profit group in a city of 500,000 in New Mexico. The programme is unique in that intervention for child advocacy starts immediately when police visit the home site of an intimate partner violence call; social workers are called at the discretion of the police department at the scene of an intimate partner violence call.

Interventions are immediate and ongoing. The overall goal of therapy is to teach children that violence in their family is

not their fault or responsibility, that this is not okay, and that they can end the cycle of perpetuating or becoming a victim of intimate partner violence in their own lives by learning healthy behaviours and coping skills, and also to improve self-esteem. Equally important is learning safety factors, such as what to do if more violence occurs and where and how to seek assistance if it were to recur. With traumatized children, the goal is to allow the child to process the traumatic event, give it appropriate and realistic meaning, and be able to store it as a more tolerable memory.

The treatment includes children's play therapy, art and sand tray therapy, and a unique coloring book called Sammy the Safety Dinosaur that is provided as a tool to establish a child safety plan. Art (children's art therapy), play, sand tray, and pet therapies provide a medium for communication, a mechanism for uncovering concerns and pent up feelings.

### CONCLUSIONS

Spousal violence is the most prevalent form of family violence. A high index of suspicion, assessment of danger to the victim, and appropriate management of the victim and aggressive family member are key pointers to note. Child witnesses also need to be managed.

### ACKNOWLEDGEMENTS

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**LEARNING POINTS**

- **Spousal abuse is the most prevalent form of family violence in Singapore.**
  - **The introduction of an integrated approach to management which includes amendments of the Women's Charter to provide protection of abused women has led to a decrease in the number of cases of spousal abuse.**
  - **Understanding the causes, spousal abuse theories, and consequences form the first step of action.**
  - **A high index of suspicion, assessment of danger, and appropriate management of the victim and aggressor are key pointers to take note of.**
  - **Primary and secondary prevention efforts in child witnesses to intimate partner abuse will help to reduce the intergenerational transmission of intimate partner abuse.**
  - **An intervention programme for child witnesses immediately and ongoing creates awareness that intimate partner abuse is not their fault and that they have a safety plan in case of recurrent episodes of violence exposure.**
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