

A profile of male domestic violence victims presenting to an emergency department in Singapore

概述新加坡一所急症室求診的男性家庭暴力受害者

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Introduction: This is the first study in Singapore to obtain a profile of the male victims of domestic violence. **Methods:** The study was conducted in the Emergency Department (ED), Tan Tock Seng Hospital (an urban teaching hospital in Singapore). A structured questionnaire was administered to patients who volunteered or who admitted on questioning by ED staff that an intimate partner had assaulted them. Information was gathered about the demographics, characteristics of the assaults and knowledge of social and legal services. **Results:** Fourteen victims were identified. The youngest was 29 and the oldest 63 years of age. Assaultants were spouses or ex-spouses. Weapons were used in half of the assaults but injuries were superficial. The majority of the victims revealed that they had been abused previously, although most knew about helplines, family court and personal protection orders. **Conclusion:** We hope that this study will raise awareness amongst healthcare workers of the existence of this problem. (*Hong Kong j.emerg.med.* 2006;13:212-216)

引言：這是新加坡對男性家庭暴力受害者概況的首次研究。**方法：**這研究在陳篤生醫院（新加坡一所市區教學醫院）的急症室進行。經急症室人員詢問後承認或自動提供被親密伴侶毆打的病人，都獲派發一份有組織的問卷，用以收集以下的資料：病人統計數據、襲擊的特式及對社會與法律服務的認識。**結果：**共識別出 14 名受害者。最年輕為 29 歲，最年長為 63 歲。襲擊者都是配偶或前配偶。半數是使用武器襲擊，但都是表面受傷。大部份的受害者透露他們以前也曾受虐待，雖然大多數都知道有輔助熱線，家庭法庭及人身保護令。**總結：**我們希望是次研究可以提高醫護人員對這問題之存在的警覺性。

Keywords: Domestic violence, sexual partners, spouse abuse

關鍵詞：家庭暴力、性伴侶、虐待配偶

Introduction

Domestic violence has been defined as "a pattern of assault and coercive behaviours, including physical, sexual, and psychological attacks, as well as economic

coercion, that adults or adolescents use against their intimate partners".¹ In Singapore, legal protection for female victims of domestic violence was consolidated in 1997, when amendments to the Women's Charter laws were made.² While many studies have looked at female victims of domestic violence³⁻⁵ including two local papers,^{6,7} less is known about male victims of domestic violence. The objective of this study was to obtain a profile of male victims of domestic violence in Singapore. To our knowledge, two Asian countries, China⁸ and the Philippines⁹ have studied the male domestic violence victims but ours is the first locally.

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Methods

This study was carried out at the Emergency Department (ED) of Tan Tock Seng Hospital. The study ran from October 2002 to March 2003. During the study period, this ED attended to an average of 350 patients per day. Male victims who volunteered, or who admitted on questioning by ED staff that they had been assaulted by an intimate partner were identified. These patients were interviewed by the attending ED doctor using a structured questionnaire. This questionnaire was similar to that used in two previous studies^{6,7} carried out locally for female victims. Information was gathered on demographic and social factors, assault characteristics and injuries as well as causes of presentation. The victims were also asked whether they were aware of the existence of relevant social and legal services such as helplines, family court and personal protection orders.

Results

There were 14 victims identified. Table 1 shows a summary of the results. The age of the victims ranged from 29 to 63 years with a significant minority (42.9%) more than 50 years old. The majority was Chinese. None of the victims were single, 12 were married and 2 divorced. We asked about the victim's and the assailant's educational level and found that most of the victims had a secondary education or higher and in 10 out of the 14 victims, their educational level was higher than or equal to their assailants. Although weapons like keys, sticks and mirrors were used half of the time, injuries were mostly superficial. The injuries consisted of superficial abrasions, lacerations and bruises to exposed areas like the head, face, limbs and trunk. None of the victims were admitted for physical injuries. One was admitted to the psychiatric ward. It was not the first assault for most of them and six had in fact been assaulted more than five times previously. The majority presented themselves to the ED for the purpose of a medical examination after having lodged a police report and only a few of them were in the ED because of their injuries. A medical examination by a medical practitioner is required in Singapore when a

police report is made for assault. Only a minority was not aware of social and legal services.

Discussion

Most victims of domestic violence are women. However, domestic violence is not purely a male to female event.¹⁰ An Australian study indicated that 15.5% of men attending an emergency department had experienced domestic violence at some point in their life, about half that of women in the same study.¹¹ A local study by Foo and Seow¹² found that male victims constituted 9.4% of domestic violence victims surveyed in their cross-sectional study.

Despite an increasing awareness that domestic violence is a significant public health issue, little is known about domestic violence committed by women against men, especially locally. We agree with Mechem et al¹³ that there may be a few reasons for this. First, there is no universally accepted definition of what constitutes domestic violence against men (even against women¹⁰). Second, it is not always possible to identify whether male victims of domestic violence are purely victims, or abusers who have been assaulted back by their victims. This problem was reported in an article published on 4 March 2004 in *The Straits Times* entitled "My (Not So) Dear Wife: KEEP AWAY FROM ME: Your (Not So Loving) Husband".¹⁴ This article highlighted the fact that 2-3 times more men in Singapore were seeking personal protection order than seven years previously. However, many of these men, according to counsellors, had taken these orders as a tit-for-tat measure when their wives took out similar orders against them.

This study looking specifically at male victims of domestic violence (intimate partner violence) is the first done locally. However, it is limited by the fact that the victims were men who had volunteered the information or had on questioning admitted that they were victims of intimate partner violence. It captured only those subjected to physical violence. We had also assumed that their intimate partners were of the opposite sex.

Table 1. Summary of the results

		Number (N= 14)	Percentage
Age (in years)	21-30	1	7.1
	31-40	5	35.7
	41-50	2	14.3
	>50	6	42.9
Race	Chinese	12	85.7
	Malay	0	0.0
	Indian	1	7.1
	Other	1	7.1
Marital status	Single	0	0.0
	Married	12	85.7
	Divorced/separated/widower	2	14.3
Educational level of victim	Primary	1	7.1
	Secondary/pre-University/ITE/diploma	7	50.0
	Tertiary	5	35.7
	Unknown	1	7.1
Educational level of assailant	Primary	1	7.1
	Secondary/pre-University/ITE/diploma	7	50.0
	Tertiary	3	21.4
	Unknown	3	21.4
Comparing the educational level of assailant & victim	Assailant >Victim	2	14.3
	Assailant =Victim	6	42.9
	Assailant <Victim	4	28.6
	Unknown	2	14.3
Weapon was used	No	7	50.0
	Yes	7	50.0
Types of injury†	Superficial abrasions	8	57.1
	Laceration	7	50.0
	Fracture	0	0.0
	Burn	1	7.1
	Periorbital haematoma	0	0.0
	Nil	6	42.9
Site of injury†	Head & face	7	50.0
	Limbs	7	50.0
	Trunk	8	57.1
Was patient admitted?	No	13	92.9
	Yes	1	7.1
Was police report made?	No	4	28.6
	Yes	9	64.3
	Unknown	1	7.1
Was this the first assault?	No	11	78.6
	Yes	2	14.3
	Unknown	1	7.1
Has it been more than 5 times?	No	8	57.1
	Yes	6	42.9
Knows about helplines	No	2	14.3
	Yes	11	78.6
	Not sure	1	7.1
Knows about family court	No	5	35.7
	Yes	8	57.1
	Not sure	1	7.1
Knows about personal protection order	No	3	21.4
	Yes	10	71.4
	Not sure	1	7.1

ITE = Institute of Technical Education

†The total does not add up to 14 because the patients may have injuries inflicted to two or more regions with different types of wounds.

The profile of the male domestic violence victims that has emerged from this small study seems to be that of an older man with at least a secondary school education, aware of the existence of social and legal services and yet was unlikely to be suffering his first assault. Weapons were likely to have been used during the assault but injuries were most likely to be superficial. This would be consistent with what Steinmetz in 1978 described as the "battered husband syndrome".¹⁵ Men are unlikely to admit that they have been assaulted by their partners, as there is a stigma associated with being a man beaten by a woman especially in an Asian society where "face" is of importance. Injuries inflicted by women on men tend to be less severe (our study was consistent with this finding) and presumably less visible. This can make it difficult for a man to claim that he had been victimised. (However, this does not mean that injuries sustained by male victims of domestic violence are always superficial. An article in *The Straits Times* on 8 June 2005¹⁶ reported that a woman had been sentenced to 15 months in jail for slashing her husband on the left shoulder, left upper arm and upper abdomen.)

There has also been a paucity of research in this area, which may have contributed to a lower level of awareness about this problem. We hope that this study can contribute to filling the gap in this area for healthcare workers. Healthcare workers should be aware that domestic violence affects both men and women. Often it is not disclosed to them. Being aware of the profile of domestic violence victims can assist in increasing the index of suspicion that a patient may be such a victim. All victims should be offered help in contacting police and voluntary organisations.

In summary, each victim of domestic violence, whether male or female, should receive appropriate recognition and management.

Limitations

The study was conducted over six months and as this is not a common or commonly reported condition, the sample size was small. We agree with Boyle et al¹⁰

that 'it is realistic to assume that the incidence and prevalence rates derived from interview based surveys are underestimates as studies relating to domestic violence are invariably hampered by the reluctance of victims to disclose information.' Although this study was conducted in the ED of one hospital, the results obtained should be a reflection of the rest of the community vis-à-vis the experience of a local study which had studied female domestic violence victims in a similar fashion.⁶

Acknowledgement

The authors would like to thank Ms Yvonne Tan Mui Choo, the nursing staff and medical officers (May 2002 to April 2003) of the Emergency Department, Tan Tock Seng Hospital who had helped to complete the questionnaires.

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