

A BATTERED WIFE

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INTRODUCTION

UNTIL about one hundred and fifty years ago, the English law allowed a man to chastise his wife using any instrument he deemed suitable, and the law made no provision for her to escape from the husband (Gayford, 1977). In spite of the emancipation of woman, wife-beating has continued over the years, and especially so in certain sub-cultures where wife abuse is accepted as the norm. The term "battered wife" was probably introduced after the concept of the "battered baby syndrome". Scott (1974) defines a battered wife as a woman who has suffered serious or repeated physical injury from the man with whom she lives.

This paper will illustrate the psychodynamics of a family where the wife is the victim of repeated assaults from her husband and some structural factors contributing to violence in marriage. Hopefully, this paper will stimulate early diagnosis and management of the persons related to a battered wife.

CASE HISTORY

Chief Complaints

A forty-four year old Indian female was referred from the medical outpatients clinic of

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Running Title:

Battered wife - psychodynamics and social background of a Malaysian family - alcoholic husband - medical symptoms - multidisciplinary management.

University Hospital to the psychiatric Walk-in-Clinic in March 1978 with the complaints of headache, vague bodily pain and occasional pain in the chest over the past six months.

Present History and Family of Procreation

Shortly after her arranged marriage in 1955, she was upset over her husband's blatant extra-marital affairs and alcoholism. Occasionally, he smoked marihuana. There were periods when he was amnesic after an alcoholic binge and accused the patient of stealing his money. He lost his stable job as a signboard painter and began periods of unemployment and work as a minor contractor for painting of building or signboards. After a heavy bout of drinking it was his practice to wake up the entire household and assault the patient with whatever object at hand. Most of the fights were unprovoked and only on one occasion did the patient retaliate by throwing a chair at him. At least on three occasions, she was admitted to a Hospital. In the first instance, injury to the face warranted admission. In 1966, a fracture of the left tibia caused by a tile being thrown at her necessitated the second admission. On the third occasion, she was admitted following laceration wounds on her face and arms. The husband frequently kicked her even during pregnancy, frequently accusing her of being unfaithful to him. On numerous occasions, following injury inflicted by the husband, she visited private doctors. However, she never revealed the cause of the injuries to any of the doctors. On one occasion, he carried out his threat to burn the house. Their neighbours intervened to save the family members. The patient endured her sufferings without seeking legal aid or making any attempt to leave the husband except once when she sought solace in her godmother's home. Before long, she returned to her husband in response to his promises to mend his ways.

By 1966, she had six children, ranging from three years old to eleven years old. The husband

cared little for the welfare of the children who often huddled in fear as they witnessed the assaults on the patient. None dared to speak for fear of being assaulted as well. She believed that it was her lot to suffer in life and felt that it was against her culture and upbringing to challenge her husband. She found solace in her care of her children, instructing them to have faith in Christ.

In 1968, during a visit to an outpatient clinic at the University Hospital for gastric pain, he claimed that he had stopped drinking. He was referred to a medical social worker to help to find an employment for him.

Between 1968 and March 1978 his wife sought treatment at the University Hospital for vague complaints of headache, bodyache and alleged falls at home. Following a brief medical hospitalisation in early 1968 for reactive depression, she was referred to an outpatient psychiatric clinic. She defaulted the appointment. No outpatient referral to the Medical Social Work Unit was ever made. Numerous investigations, including Khan's test, radiological examinations of her skull, chest and pelvic bone and electrocardiogram were all normal.

Over the past few months, there had been gradual loss of weight, and she detested having sexual relationship with her husband. She was upset that her pregnant eldest daughter was deserted by her son-in-law. Her youngest son had run away twice from a residential vocational training centre and had been unemployed.

Wife's Family of Orientation

Her father, a retired civil servant held strong convictions about the subservient role of women in the family. All major decisions were made by him and he expected the wife to support and abide by his decisions. The mother, illiterate and passive, conformed to the role she was expected to play. She died when patient was nine years old. After the father's remarriage, her stepmother beat and bullied her. She openly favoured her own children. He held himself aloof, discouraging the children from any close relationship with him. He apparently ignored all the patient's sufferings. She stopped after her elementary English education in order to help with the household chores.

She gladly accepted her marriage to a labourer. It promised her freedom from the intolerable home situation. Five years ago, for no obvious reason, her husband ordered her to sever all relations with the father. She has two younger siblings and two step-siblings with whom she maintains superficial relationship.

Husband's Family of Orientation

Peter remembered vividly that he did not realize that his father's severe beating with the buckled end of a belt had lacerated his scalp until blood flowed down his face. He also remembered how his father, an alcoholic and "womanizer", beat up his mother until blood flowed down her face. Yet Peter, the eldest of three surviving children (two died between 1½-2 years old), became a professional boxer. At 18 years old, he became partially deaf when he sustained a severe punch in his left ear. At 21 years, his father hit him with a tennis racket. While attempting to hang himself with a rope, he was discovered by his father. He has not contacted his two sisters and his parents for many years.

Medical Examination and Investigations

A plainly-dressed middle-aged Indian female, she was cooperative but was hesitant to complain about her husband. She was frightened of serious repercussions from her husband, and was convinced that no intervention would bring about any change in her husband's attitude towards her. She cried easily when relating painful incidents. On direct questioning regarding suicidal thoughts, she stated that she had often contemplated suicide but her religious convictions forbade her from acting out her wishes. With reluctance, she agreed to admission to the psychiatric ward for further management. There was no evidence of psychosis.

On physical examination, it was observed that there were scars on her face and arms. Systemic examination revealed no abnormality. Routine blood and urine analysis were within normal limits.

Management and Progress

She was diagnosed as a "battered wife" with reactive depression. Recognizing that it would be

difficult to get the husband to cooperate with treatment on an outpatient basis, she was hospitalized. She was started on Amitriptyline 25 mg. thrice daily.

One of the daughters who visited the patient regularly confirmed that the patient was the target of a battering husband. The daughter felt that the family situation was beyond the ability of relatives, friends or hospital authorities to help and that only legal aid could bring about any appreciable change in the patient's plight. A medical social worker made a home visit. The neighbours informed her that most of the time, the husband consumed alcohol to the point of drunkenness after which he assaulted the patient mercilessly. Intervention of the neighbours only met with angry abuses from the husband.

Several attempts were made by the ward staff to contact him at work, requesting him to visit his wife. When he finally responded, he insisted that he see the therapist alone to relate his side of the story. He felt that he was justified in assaulting the patient whom he referred to as a "bad woman". He was not willing to elaborate on this. During a conjoint marital therapy session, the patient rather meekly pointed out the husband's intolerable behaviour. At the next two sessions, the husband was less defensive. He stated that alcohol made him behave the way he did. He declined to accept any treatment of his alcoholism. He claimed that he could abstain from drinking. He indicated to the therapist that at all costs he wanted to maintain the marriage and hoped that the wife would not resort to legal help. Subsequently, he made irregular visits to the patient.

Gradually, the patient communicated more freely with staff and fellow patients. Her appetite also improved. She expressed concern over the welfare of the children and requested discharge. She was sent on home leave with the instructions to return with her husband for continued marital therapy. However, she returned alone and reported a definite change in her husband's attitude towards her. His drinking had reduced and he had not assaulted her. When reviewed again after another week's leave, she was happy that her youngest son was employed. She was discharged and her anti-depressive medication was discontinued. When reviewed after two months, the

patient expressed doubts as to how genuine the husband was in his desire to improve the marital relationship. He had gradually begun drinking more excessively.

A home visit one and a half years after discharge showed that with the nineteen year old son around, the father could not physically abuse the mother. He continued to drink.

DISCUSSION

The interaction between an offender and a victim may precipitate violence. He is an impulsive former professional boxer. His chronic alcoholism, occasional abuse of marijuana, indiscreet extra-marital affairs and the apparent absence of guilt after his violence are suggestive of an anti-social personality disorder. She appeared to be a docile wife who was reluctant to tell the medical staff of her social and interpersonal problems. Probably, angry about his irresponsible behaviour, her occasional failures to anticipate the extent of his violence led her to make certain critical remarks about him. These precipitated violence. Scott (1974) cautioned against the assumption that the wife enjoyed being bashed up.

The personal developmental background of each of the spouse may contribute to their sado-masochistic interaction. The abusing husband was abused as a child and an early adult, by his alcoholic and violent father. In spite of his sympathy for his battered mother, he had grown up to abuse the mother of his children. The battered wife was abused by a cruel step-mother and neglected by a distant father.

Most studies demonstrated that excessive alcohol intake is associated with violence (Gunn, 1973). Gayford (1977) agrees with the observation that when the alcoholic consumes the "poisoned drink" it evokes in him feelings of violence rather than feelings of sympathy. The jealous husband, suspicious of the wife's fidelity, strikes her after his intake of alcohol. The alcoholic may also be suffering from morbid jealousy. Alcoholism contributes to this husband's violent behaviour.

The relevance of structural factors, e.g. differences between the age of the spouses and educational background are still not clear (Tid-

marsh, 1976). This battered wife had experienced financial difficulties and apparent social isolation. Anticipating potential violent situation, there should be a place where a wife and her children who are at risk may seek refuge. Not only must refugees for battered women (Marcovitch, 1976) be considered but all medical, health and social workers must realize that the battered women may best be assisted if they can work in conjunction with other facilities available in the community (Bass and Rice, 1979).

Fortunately, unlike some abusing husbands, he did not physically abuse any of his children. But already a son had run away from a residential training centre. Currently, he had problems at work. He was described by his father as impulsive and hot-tempered. A daughter who had been deserted by her husband had frequent absenteeism from work. To prevent the perpetuation of family violence and behaviour problems in the children, the whole family needed medical, social and psychological help. A comprehensive management of a battered wife has to involve a team approach and at times, has to be initiated by a doctor.

This battered wife had been seeing doctors for vague psychosomatic symptoms for at least ten years before she was hospitalized for fractured tibia resulting from one of her husband's violent attacks. Later, she was referred to a psychiatrist in 1969 immediately after her hospitalization for reactive depression. But she did not come for her outpatient appointment. In retrospect, her own life was so disorganized that it was difficult to expect her to keep her appointment. Her recent psychiatric hospitalisation provided some help for her depression and a temporary refuge away from her husband. Will she, her husband and her children be able to benefit more if only an early detection, diagnosis and management was made? Probably, the absence of refugees for battered wives then (and now) made management difficult for battered wives. We do have public health nurses, social workers and others in the community who may be able to help them. But the first step has to be taken - the awareness that not only battered wives exist but their children and probably even their spouses can be helped.

SUMMARY

A forty-four year old wife of an alcoholic husband with irregular employment sought repeated medical care for her headache, bodyache, chest pain and alleged falls at home. The family backgrounds of the battered wife and the violent husband, his alcoholism and their financial problems all contributed to the violence in marriage. Their six children had lived in fear and two of them had behaviour problems. Awareness of the multiple problems associated with a battered wife should prompt cooperation between medical, social and other workers involved in the management.

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