SOCIAL PROBLEMS ENCOUNTERED IN THE REHABILITATION OF PHYSICALLY-ABUSED WOMEN : TWO CASE REPORTS

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SUMMARY

Physical abuse of women has been documented since the dawn of history. However, it is not frequent that such patients come for help as such. Rather, they present as part of related complicated problems such as marital discord, attempted suicide, depression and even psychotic illness.

Women have been traditionally considered to be the inferior sex and as such, in many countries, social rehabilitation is difficult within the legal rights granted by the provisions of the appropriate laws.

Two cases of physical abuse were admitted to the University Hospital in 1981-82 and their difficult rehabilitation is described to highlight the inadequacies of the existing laws under which protection and rehabilitation of the patients were sought. An account of what was and could be done for them is given.

INTRODUCTION

Documentation of physical abuse of women has existed since recorded history. This is a very frequent problem and it exists among all races, creeds and ages. The abused could be the spouse, child or grandchild. It has been shown that women are more likely to be physically-abused than men and this is often illustrated in abused children. [1]

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Most cases of physical abuse remain unreported and those who are brought for attention represent only the proverbial tip of the iceberg. At the University Hospital, Kuala Lumpur, many cases of physically-abused women have been observed but most of these cases were seen not for the sole problem of physical abuse but for related psychiatric problems such as marital disharmony suicide attempts, depression and even psychotic illnesses. The social rehabilitation of such patients has always encountered numerous difficulties. This article serves to illustrate the social problems encountered in the rehabilitation of two female patients who were hospitalized for the specific need for temporary isolation from the abusing parties while their social management was planned and put in progress.

Case I

S., a 17-year-old unmarried Chinese clerk, was brought to the Accidents and Emergency Unit of the hospital by a friend on 10.10.1981. S. had run away from home for having spent the previous weekend at a distant relative's home despite S. having informed her mother of her plans to spend the weekend with the relative. S. had decided to leave home for good and she had asked the friend to bring her to the hospital for medical attention to her injuries and for social rehabilitation.

Review of S.'s family and personal history revealed that she was the product of her mother's illegitimate relationship with a married man who left her mother when the latter was in her seventh month of pregnancy. Her mother was a battered child and she had been a rather carefree and irresponsible woman who was disliked by her own family. Following S.'s biological father's abandonment of her mother, the mother became depressed and was left in financial difficulties. S.

was born a normal child but she was brought up by distant relatives as her mother was unable to look after her while she worked as a bar-girl and prostitute. In return for the board and lodging, S. had to help out in the domestic chores of the relatives' homes. Her mother visited her rather infrequently and she paid the relatives a token sum of money for their care of S. and also for her education. Both S. and her mother were unable to develop a strong mother-child relationship and whenever S. stayed with her mother, she was often scolded and beaten. The mother had admitted that she had hated S. because S. reminded her of her bitter affair with S.'s biological father.

Following her completion of the M.C.E. examination in 1980, S. stayed in her mother's house. During weekends, S. was allowed to go out on her own. On weekdays, she was often asked to do housework and was often scolded or beaten with a cane whenever her work did not please her mother. Whenever the mother was angry, she would remind S. that she was the product of her irresponsible biological father and that she had never liked S. Her mother had even told S. that she would sell S. away to anyone who could offer her $20,000/- in cash.

The mental status examination of S. revealed that she was a rather timid and depressed person, while physically, she was observed to have bruises and fresh cane marks on her left leg, right forearm and the dorsum of her right palm.

As she had sought refuge, she was admitted for temporary shelter in the ward pending her social investigation and management. This was not without difficulties and the problems will be highlighted in the latter part of the article. Eventually, she decided to stay with another relative as a foster-child and she was discharged on 14.11.1981.

Case II

N., a 42-year-old Malay teacher, was seen at the Accidents and Emergency Unit of the hospital on 11.6.1982 for the complaint of having been assaulted by her husband. She married her present husband in 1972; her first marriage had broken up and she had two children by the first husband. The present husband was an extremely possessive and jealous man and was a womaniser. Since her marriage, her husband had been constantly accusing her of having affairs with men and had often physically beaten her.

In 1972, she was admitted to the psychiatric ward for reactive depression following a severe quarrel. The psychiatrist noted that her husband was rather unsupportive.

In 1976, she had approached a "kadi" (Muslim priest) for a divorce from her husband but her request was not granted.

In 1979, she went abroad for studies and this provided her with a break from her husband. She had planned well for any eventuality and she had placed the custody of her children with her relatives.

She returned to Malaysia in May 1982 and the quarrels continued. On the day of admission, she received a telephone call from a woman and when she confronted her husband about the call, he assaulted her.

On mental status examination, she was found to be frightened and depressed. Physical examination revealed a bruise over her left supraorbital area and slight tenderness over her left loin. She was then admitted to the ward for temporary refuge. She was treated with Paracetamol 2 tabs. p.r.n. for relief of pain and Nitrazepam 10 mg Nocte as a hypnotic. While she was hospitalised, the husband threatened to assault her and also the ward staff when they tried to intervene. She was allowed to stay in a hostel and she sought legal advice from a lawyer. She also sought police protection. On 14.6.1982, she was discharged.

Discussion of the Social Implications of Two Cases

Before effective management is planned, the individual, the problem and the environment are issues which have to be thoroughly explored for solutions that are acceptable to the persons concerned. In particular, the question of available facilities in the community for the assistance of battered women particularly for the protection and safety of these women, must be looked for.

Battered women often turn to doctors, social workers and psychiatrists for assistance. [2] Hospitals in Malaysia as well as overseas, are often approached by battered women who "come for treatment of their physical injuries and also for severe depression". The local legal authority such as the Police Department is the agency most likely to be first contacted by victims of assault, but the police in this country as well as overseas are known to be "reluctant to respond quickly and fairly to

domestic disturbances". Other than the police, courts and lawyers are also legal agencies that can be expected to provide a wide range of services which are directly associated with family aggression, and which are obviously most urgently needed during, or after a violent attack. [3]

For the solutions of our cases, three institutional agencies were approached, namely the police, the legal services and the social services. Indeed, the responses from the relevant agencies do reflect the attitudes and concern of the respective institutions towards battered women [4] as well as the community at large. The strength and courage with which these women can stand up for themselves and fight this type of aggression will have to be drawn from the support and understanding that they can get from such bodies and their individual families and friends.

In the case of S., the problem involved a young dependent girl who had turned eighteen (18) on 23.3.81. She alleged that she was abused by her natural mother, and because she had no "neutral" person to turn to, she came to the hospital, asking for refuge and protection. Similarly, our second case also turned to the hospital for refuge and protection.

Action Taken

A police report was made. This is merely for documentation purposes, and should a legal case be taken in court, a police report or reports are used as evidence. Beyond this, assistance from the Police Department is limited as far as S. was concerned. The police system has a long way yet to go, to develop the machinery that can handle battered women such as these two cases, with the objectivity and appropriate concern that is needed.

In the case of a minor like S., the only agency that any help, if at all, is the local Social Welfare Department. However, they too require evidence before the powers bestowed on the Director of the Social Welfare Department as "protector" can be used. These powers of giving protection to a girl below the age of twenty-one, is contained in the Women and Girls' Protection Act, 1973. [5]

One of the steps taken to assess her situation was to talk to S.'s mother. She came to the hospital at the authors' invitation and was interviewed. She gave the impression of being very cooperative and gave a history of their background which is mentioned in the first part of this paper. A point which was relevant, was that she said that the reason why she beat her daughter was to prevent her from leading the type of life she had led and to make sure of this, she limited her movements and insisted that she told her exactly the time she would be returning home.

Resulting from these interviews, the mother insisted that her daughter return home to her and she promised that she would not use physical force to instil obedience in her daughter again. However, S. refused to return to her mother and the reasons given were as follows:

(1) Her mother had never kept her word. She had always promised not to beat her, but had repeatedly broken her promise.

(2) S. claimed that her mother had not been truthful about her financial circumstances. Her mother had always maintained that she had no "means of support" but S. claimed that mother had gone off overseas on holidays.

(3) S. did not seem sure of how her mother earned her living and implied that she felt uncomfortable about it.

(4) As S. was brought up by foster-parents, she did not feel "bonded" to her mother and claimed that her mother's life-style was foreign to her.

Another action taken was to visit the mother's home to get to know her better as well as to get first-hand knowledge of her life-style. S. had suggested that her mother could have led a dubious kind of life. If this were true, it could then be proved that the environment in which she was living was not healthy for the upbringing of a teenager.

The home-visit was made together with a Welfare Officer from the Social Welfare Department of the Federal Territory to lend "authority" to our visit. S. accompanied the social workers under the pretext to get a change of clothes.

Her mother lived on a first floor apartment in a busy area of Kuala Lumpur. The flat had a spacious living-room which was tastefully and adequately furnished and decorated. It opened into a balcony which was used partly as a store-room and partly as a study. On the right hand side of the living-room, was the kitchen and the bathroom-cum-toilet which looked neat and tidy. The flat had two bedrooms, one of which was locked. It was explained to the social workers that the occupant was a lady-friend, and that she was out. The room

that S.'s mother occupied had a double-bed which S. apparently shared with her mother whenever she visited. The room looked comfortable and airy. It was noted that there was an air-conditioner installed. However, to maintain such an apartment, the occupant must certainly earn more than $150/- per month. Her mother had revealed to the social worker (K.A.) in an earlier interview that she earns only $150/- per month as a washer-woman.

However, our home-visit did not indicate that S.'s mother's home was not suitable for an eighteen-year-old girl. There was no evidence to show that the patient was exposed to moral danger. There was no way in which we could prove that S.'s mother's home was not suitable.

To give S. the benefit of the doubt, the only section in the Women and Girls' Protection Act, 1973 which applied to her was Section 9.(1) — which reads as follows: "Any female person may on her own application in writing be received by the Protector into a place of refuge if the Protector is satisfied that such female person is in urgent need of protection". S. made an application in her own handwriting.

Unfortunately, the only "place of refuge" available at that point was a women's home for the rehabilitation of young prostitutes, and it was felt that this institution was not a suitable place for S. to be placed in. Besides that, geographically, it is not conveniently situated and S. would find it difficult to commute to her place of employment if she lived in this institution.

The legal system was approached. The Protector (Pengarah of Social Welfare - Wilayah) made enquiries at the Attorney-General's Office to find out if he could use his powers and give protection to S. if she were to live in a foster-home instead. The answer was in the negative.

Finally, it was decided that S. make her own decision as she was over eighteen years of age and was able to choose her own place of residence. To lend legality to her choice, as it would seem that her position is uncertain, she made a report to the Police and informed them of her decision. She also wrote of her decision to the Social Welfare Department and sent copies to her psychiatrist (L.K.H.), the medical social worker (K.A.) and her future chosen foster-parents. Simultaenously, as she went to live with her foster-parent who lives in Klang, she was also referred to the Social Welfare Officer in Klang for counselling and supportive care.

The difficulties in the management of this case stem from:

(1) Incomprehensive coverage in the legislation in terms of categories of women who might require protection.

(2) Lack of places of refuge for teenagers.

Case No. II

With reference to case two, a temporary solution was reached in terms of getting her a place of refuge. At the point of admission into hospital, the local community had just about begun to form the Women's Aid Organisation, which amongst other things, would be providing a place of refuge for abused wives and battered women in general.

The problems encountered by N. were the usual problems encountered by any other abused wife in that she had been battered several times over many years, but because of social and family restrictions and traditional idealogy and religious factors, she had been reluctant to seek support from the hospital, the police or even the Welfare Department. Like other women, she had not asked for help during the period immediately following an attack unless so badly injured (emotionally or physically) that immediate medical attention had to be called for. Hospitals can quote many such stories but they do not keep statistics on the number because most of these women return to their husbands once they recover. [6]

N. as a Muslim had approached the Kadi's office for help. The Kadi's office is the only resource of help that is available for Muslim women in this country — to help sort out the marital conflicts that might occur between a man and his wife. Before she came to the hospital, she had also taken steps to ensure that her children were safe in the hands of her own parents, as she feared that her husband in wrath might harm them.

Another constraint that usually puts a woman off from leaving her husband is the economic factor. Walker [6] mentioned: " . . . . . financial stability experienced by a woman even if she is economically independent. Professional women, women who have inherited wealth, and business women all feel that men control their money". This point is true of N. who took over ten years to decide that she had had enough of battering, and that it was time that

she asserted and freed herself from the bondage of fear and aggression that she had so far endured. N. is a professional and is economically independent. She, undoubtedly, must also have had the implied support of her family, colleagues and friends to have been able to make a bid for freedom.

An interview with N. revealed that she needed emotional support to continue with the action she had decided to take.

First of all, at her suggestion, her employer was contacted by telephone. She was sympathetic and offered N. a place of refuge. The employer also mobilised security for N. during the period of transit when N. was taken from the ward to her temporary place of refuge.

The employer appreciated the need for expediency as the ward was not a secure place for N. to remain in for long. The time factor was important in this case as it was not possible to keep the husband away from the ward and his wife. It is important at this point to remember that being Muslims, N. and her husband are governed by Muslim law and customs.

The next action that had to be taken was to ensure that N. obtained the best and appropriate legal service available in the country who would and could handle Muslim law in the Syariah Courts.

The last action taken in the management of this client was to help her get a medical report so that the lawyer can obtain a court injunction for her. Normally, the procedure to get a medical report would entail a written request by the client or her representative on payment of fees before the doctor in question could write and submit a medical report. The waiting period for such a report can sometimes be lengthy depending on the time of the doctor concerned. In the case of N., this service was facilitated in about two days.

Difficulties

(1) The extent to which a social worker can help in the case of N. is limited because of religious implications. Also the social worker's role, in a hospital is restricted because she serves in a secondary setting. Probably, channels of communication and appropriate procedures need to be worked out in this area, where the hospital social worker can liaise directly with any community or organisation concerned with the safety and welfare of the battered woman.

(2) The lack of independent centres of refuge presents another angle to the problem. If such centres were available, N. would have been able to utilise the facility without implicating any individual or organisation.

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