



## DEALING WITH INTIMATE PARTNER VIOLENCE

### THE GP'S ROLE

Over the last 20 years that I (Su-Ming) have been practising as a GP, I can count with my fingers the number of times where women (and one man) presented themselves at my clinic, telling me that they had been abused by their spouse or partner.

After my research for this article, including what I have learnt from my co-author (Hui Min), I now understand that they had probably suffered for several years before they mustered the courage to seek help from me — their doctor. A straw had broken the camel's back and a line had been crossed before they decided to do something to change their circumstances.

There are many barriers, both for the abused person and the GP, in the reporting of and dealing with intimate partner violence (IPV). *(Note: Although men may also be victims of IPV, I will refer in this article primarily to the woman as the victim since statistically, more women than men experience it.<sup>3</sup>)* The woman may believe that physical or psychological abuse is normal in a marriage, feel too ashamed to talk about it, blame herself for it, or even doubt that

anything can be done about it. In my opinion, my index of suspicion as a GP might have been too low and I might have been too awkward and unsure to ask the question, or felt diffident about my ability to intervene and what effect it would have had.

I now know that I may often be the first contact that a woman suffering from IPV makes with a "formal" agency (ie, a professional person or body) when she is seeking help, and my attitude and approach during that initial visit could make all the difference between her going on to seek further help to change her circumstances or retreating back into her shell.

Without intervention, the violence usually escalates and continues in frequency and severity. She may present not with injuries (which she hides) but with symptoms like anxiety or insomnia and/or, depression or somatisation.

Research shows that an abused woman may be waiting for her doctor to ask her if she has been abused. And if a woman has not been abused, she would not take offence at being asked.

### WHAT CAN GPs DO?

These are some things that I believe we can do as health professionals to help detect IPV earlier so that it can be stopped, for the sake of the woman and any children in the family. With that, the perpetrator of the violence will also have a chance to be reformed sooner.

1. **Consider the possibility.** Have a high index of suspicion about family violence. Search actively for the early presentation of IPV, which may not be in the form of an obvious physical injury. She may have repeated "accidental" injuries or may describe the "accident" in an embarrassed or evasive way. The extent of injury may be inconsistent with the explanation by the patient. There may be an inexplicable delay between the time of injury and presentation for treatment. The patient may present with physical symptoms (eg, headache, nausea, stomach ache) for which no physical explanation can be found. This may be particularly common among women whose first

language is not English and who may find it hard to express their feelings and suffering. Also note if the partner accompanies the patient, and insists on staying close and answering all the questions.

2. **Ask the question.** The patient will not mind being asked directly if she has suffered abuse from her partner/spouse if the doctor is sensitive, respectful and non-judgemental in his or her approach and if the patient's confidentiality is assured.
3. **Document.** If she has visible physical injuries or any non-bodily evidence (eg, torn clothing), document them meticulously. Your notes may be essential for use as evidence in court proceedings.
4. **Assess the present situation.** Is there any present danger of further IPV that needs immediate attention/referral to social services?
5. **Provide resources.** Be aware of all the social service agencies that are available to help the abused person so that you can make the necessary referrals.
6. **Remember – it's her decision.** Offer her realistic choices but respect her decision if she decides not to do anything yet. It may take a very long time for a woman, demoralised by years of violence, to find the confidence and courage to choose a different life for herself and her children.

If you provide her with a contact number where she can seek help, she will keep it until she feels ready to make a change to her circumstances.

## WHO CAN HELP?

### Family violence specialist centres

These centres provide specialist family violence intervention work, including assistance with applying for a Personal Protection Order (PPO) (see "Legal Framework for IPV"). Refer your patient to

these centres if you think the IPV is serious and the patient is very emotionally distressed or ambivalent about getting help.

**PAVE** (<http://www.pave.org.sg>)  
Block 211, Ang Mo Kio Avenue 3,  
#01-1446, Singapore 560211  
Tel: 6555 0390  
Email: [admin@pave.org.sg](mailto:admin@pave.org.sg)

**TRANS SAFE Centre**  
(<http://www.transfamilyservices.org.sg>)  
Block 410, Bedok North Avenue 2,  
#01-58, Singapore 460410  
Tel: 6449 9088  
Email: [transsafe@trans.org.sg](mailto:transsafe@trans.org.sg)

**Care Corner Project Start**  
(<http://www.carecorner.org.sg>)  
Block 7A, Commonwealth Avenue,  
#01-672, Singapore 141007  
Tel: 6476 1482  
Email: [projectstart@carecorner.org.sg](mailto:projectstart@carecorner.org.sg)

**Family service centres (FSCs)**  
These centres offer a broad range of services to the public, including help with financial, parenting and marital difficulties. Refer your patient to an FSC if she prefers going to a place near her home. There are 47 FSCs located in Housing and Development Board towns around Singapore. To find out which is the most convenient FSC for the patient to visit, you can call 1800 222 0000 or check online at <http://www.msf.gov.sg/fsclocator>.

## WHAT SORT OF HELP IS AVAILABLE?

### Counselling

- Assists the abused woman in processing her experiences, and helps her make a decision on how to move forward and help herself.
- Provides support to child witnesses of family violence.
- Helps break the cycle of IPV through showing perpetrators of violence alternative ways of expressing themselves and to challenge their beliefs which contribute to the use of violence.

### PROFILE



#### TEXT BY

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#### TEXT BY

### MS LIM HUI MIN

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**Safety planning; places of safety**

- The abused woman can be assisted with making a safety plan on what to do if the IPV recurs (eg, to keep important documents and personal belongings packed in a suitcase in a safe place, so she can leave the family home quickly if necessary).
- She can also be referred to a crisis shelter if she urgently needs a place for her and her children to stay, to escape the IPV.

**Financial and practical help**

- The abused woman can be given/referred for financial and other practical help (eg, food rations, cash, employment assistance).

**Legal help**

- The abused woman may need legal help not just on family violence issues, but on divorce, custody and access to children, maintenance and other matters. She can be referred to legal clinics run by organisations such as the Law Society or to the Legal Aid Bureau.

**LEGAL FRAMEWORK FOR IPV<sup>b</sup>****PPO application and process**

The victim can apply to court for a PPO against her abusive spouse or ex-spouse. This is a restraining order which forbids the perpetrator to commit family violence<sup>c</sup> against the person named in the order. After the application is made, the court will serve the perpetrator the court papers and fix a date for both parties to attend court. At the court hearing, the PPO can be made if the perpetrator agrees to it. If he does not agree, there will be a trial on the matter. In addition to police reports filed by the abused woman, the GP's medical report on the injuries suffered by the victim will be important to support the PPO application and court proceedings.

**Expedited order, counselling and DEO**

At the time the PPO application is made, if the court is of the view that the victim is in imminent danger of further family violence, the court can also make an expedited order, which is a temporary "emergency" PPO. This provides protection to the victim pending the court hearing.

When granting a PPO, the court can also order that:

- the perpetrator and the victim (as well as their children) are to attend counselling at a social service agency; and
- a Domestic Exclusion Order (DEO) be made, where the perpetrator is forbidden from staying in the matrimonial home, or from entering certain areas of the matrimonial home (eg, the bedroom where the victim sleeps), for a certain period of time.

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*Notes:*

- A study conducted by the then Subordinate Courts on family violence cases between 2003 and 2004 revealed that 82% of all PPO applicants were female. Information is taken from page 13 of the October 2009 issue of *Protecting Families from Violence – the Singapore Experience*, a publication by the Rehabilitation, Protection and Residential Services Division, Ministry of Community Development, Youth. Available at [https://app.msf.gov.sg/Portals/0/Summary/research/Protecting%20Families%20from%20Violence\\_The%20Singapore%20Experience\\_2009.pdf](https://app.msf.gov.sg/Portals/0/Summary/research/Protecting%20Families%20from%20Violence_The%20Singapore%20Experience_2009.pdf).
- Please see Sections 65 and 66 of the Women's Charter.
- This includes threats of violence, confinement against one's will and continual harassment (See Section 64 of the Women's Charter).

*Further readings:*

- Management of Family Violence. The Singapore Family Physician. Available at <http://cfps.org.sg/publications/the-singapore-family-physician/article/127>.
- Heath I. Domestic Violence: The general practitioner's role. Available at <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Domestic-violence.ashx>.
- Hattery A, Smith E. The social dynamics of family violence. Colorado: Westview Press, 2012.
- Ministry of Social and Family Development. Protecting families from Violence. The Singapore experience. Available at [https://app.msf.gov.sg/Portals/0/Summary/research/Protecting%20Families%20from%20Violence\\_The%20Singapore%20Experience\\_2009.pdf](https://app.msf.gov.sg/Portals/0/Summary/research/Protecting%20Families%20from%20Violence_The%20Singapore%20Experience_2009.pdf).
- Ministry of Social and Family Development. Family Violence. Available at <https://app.msf.gov.sg/Policies/Strong-and-Stable-Families/Supporting-Families/Family-Violence>.
- Global Family Doctor. Why we need a special interest group on family violence. Available at <http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Family%20Violence/reasons%20SIG%20family%20violence.pdf>.

**Penalty for breach of PPO/DEO**

If the perpetrator commits further violence despite the PPO, or breaches the DEO, the victim may call the police, who can arrest the perpetrator without a warrant. The penalty for breaching a PPO/DEO is a fine of up to \$2,000 or imprisonment for a term of up to six months, or both, for a first offence; and for a second or subsequent offence, a fine up to \$5,000 or imprisonment for a term of up to 12 months, or both.

*Note: IPV between partners who are not legally married do not fall within the legal framework described above. However, there are other civil and criminal remedies available for such persons, which are beyond the scope of this article. For such cases, you can refer the patient to the social service agencies set out above, which can link them to the organisations which can provide them with legal advice. ♦*