Domestic violence in Singapore: a ten year comparison of victim profile

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ABSTRACT

Introduction: To investigate whether the profile of female victims of domestic violence in Singapore has changed over the past ten years.

Methods: 163 female victims of domestic violence presenting to an emergency department in Singapore were surveyed. The survey included information on the victims' demographics, assault characteristics and knowledge of help services. The results were compared against a similar survey done locally ten years ago, which involved 233 victims.

Results: There were no significant differences in the racial composition, marital status, weapon use and admission rates of victims ten years on. However, a significantly higher proportion of female victims in 2002 knew where to seek help, compared to a decade ago (50.9 percent versus 20.6 percent, p-value is less than 0.0001).

Conclusion: The proportion of victims with an awareness of community and legal help services has more than doubled over the past ten years.

Keywords: assault, battered women, domestic violence

Singapore Med J 2005; 46(2):69-73

INTRODUCTION

Legal protection for female victims of domestic violence in Singapore was consolidated in 1997, when amendments to the Women's Charter laws were made[1]. The primary goal of these changes was to accord greater protection to these victims without undue delay. It reflected the maturity of a society that acknowledged the existence of family violence within this traditionally silent Asian society. The easier access to the protection of the law may have played a part in encouraging victims to come forward. The new legislation, coupled with a generally higher educational level and economic status enjoyed by the women in Singapore, have increased the public's awareness of domestic violence and perhaps lessened the stigma associated with it. While it is understood that violence within the home is still largely under-reported throughout the world[2], especially where non-physical (such as verbal or psychological) abuse is involved, the changes in Singapore's Women's Charter laws only seven years ago was a step in the right direction.

This paper looks at the profile of female victims of domestic violence in Singapore today and compares it with that of ten years ago. We studied the following factors: (a) demographics of victims, (b) educational levels of both victims and perpetrators, (c) relationship between assailants and victims, (d) assault characteristics, and (e) victims' awareness of social and legal help services.

METHODS

In 1992, Seow et al published their findings on 233 female victims of domestic violence who presented to four emergency departments (ED) in Singapore[3]. The study was, in fact, divided into two phases: an earlier one with 96 patients (referred to it here as Study 1a) sampled only from Tan Tock Seng Hospital ED, and a subsequent one with 137 patients (Study 1b) collated from four of the largest EDs in Singapore then, namely: Tan Tock Seng Hospital, Singapore General Hospital, National University Hospital, and Toa Payoh Hospital. We have combined the numbers from both the above sub-studies where possible.

Now, ten years later, we have carried out a follow-up study. This took place in Tan Tock Seng Hospital ED over seven months from October 2002 to March 2003. Female patients who presented with injuries and either spontaneously volunteered that they had been assaulted, or who admitted on questioning by ED staff that they had been assaulted, were identified. These patients were interviewed by their attending ED doctor using a structured questionnaire. This questionnaire was similar to that used in 1992. A total of 163 female assault victims were recruited, and the results of the questionnaire were analysed.

We compared the results of our 2002 population against those of 1992. The objective was to identify changes in the profile of domestic violence victims over the past ten years. The chi-square test was used

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Table I. Summary of results of 2002 and 1992 groups.

		2002 group		1992 group		p-value
		Number (n = 163)	Percentage	Number (n = 233)	Percentage	
Age (in years)	<20	12	7.4%	10	4.3%	NS
	21-30	58	35.6%	73	31.3%	NS
	31-40	46	28.2%	103	44.2%	0.002
	41-50	31	19.0%	35	15.0%	NS
	>50	16	9.8%	7	3.0%	0.01
	Unknown	0	0.0%	5	2.1%	NS
Race	Chinese	92	56.4%	145	62.2%	NS
	Malay	34	20.9%	35	15.0%	NS
	Indian	31	19.0%	42	18.0%	NS
	Other	6	3.7%	11	4.7%	NS
Marital status	Single	24	14.7%	29	12.4%	NS
	Married	129	79.1%	176	75.5%	NS
	Divorced/separated/widowed	10	6.1%	21	9.0%	NS
	Unknown	0	0.0%	7	3.0%	NS
	Married victims assaulted by husbands	116	89.9%	168	95.5%	NS
Victim's education level*	Nil	9	5.5%	6	4.4%	NS
	Primary	30	18.4%	53	38.7%	<0.0001
	Secondary	100	61.4%	65	47.4%	0.02
	Tertiary	17	10.4%	12	8.8%	NS
	Unknown	7	4.3%	1	0.7%	NS
Assailant's education level*	Nil	2	1.2%	8	5.8%	NS
	Primary	38	23.3%	43	31.4%	NS
	Secondary	89	54.6%	63	46.0%	NS
	Tertiary	14	8.6%	15	11.0%	NS
	Unknown	20	12.3%	8	5.8%	NS
Comparative education level*	A > V**	34	20.9%	34	24.8%	NS
	A = V**	71	43.6%	70	51.1%	NS
	A < V**	38	23.3%	25	18.3%	NS
	Unknown	20	12.3%	8	5.8%	NS
Assailant known to patient	Yes	163	100.0%	231	99.1%	NS
Weapon used	Yes	23	14.1%	43	18.5%	NS
Admissions	Yes	4	2.5%	17	7.3%	NS
Injury sustained	Superficial	124	76.1%			
	Laceration	13	8.0%			
	Fracture	2	1.2%	NA	NA	NA
	Burn	0	0.0%			
	Periorbital haematoma	13	8.0%			
Injury location	Head and face	120	73.6%	116	49.8%	NA
	Limbs	43	26.3%	30	12.9%	NA
	Trunk	77	47.2%	45	19.3%	NA
	Missing data	5	3.1%	68	29.2%	NA
Police report	Yes	125	76.7%	174	74.7%	NS
First assault	Yes	40	24.5%	48	20.6%	NS
Knows where to get help	Yes	83	50.9%	48	20.6%	<0.0001
Knows about Family Court	Yes	100	61.4%	NA	NA	NA
Knows about PPO***	Yes	109	66.9%	NA	NA	NA

* The education levels of victims and assailants were collected in study 1b, but not in study 1a. This sample size is 137.

** A = Assailant; V = Victim; A > V means assailant's education level is higher than victim's; A = V means assailant and victim both share the same education level; A < V means assailant's education level is lower than victim's.

*** Personal protection order.

to do a comparative analysis of the data between the two groups, and a $p<0.05$ was considered statistically significant.

RESULTS

There were 233 patients in the 1992 study, and 163 in the 2002 group. The results for the different parameters, including the p-value on comparison, is summarised in Table I. There was a significant decrease in the proportion of victims in the 31-40 year age group, compared to ten years ago (28.2% vs 44.2%, p=0.002). On the contrary, the proportion of victims above 50 years of age was three times higher in 2002 than ten years ago (9.8% vs 3.0%, p=0.008). While this may suggest that elderly victims are more likely to come forward now compared to a decade ago, sampling bias may also play a role. The patient catchment area of Tan Tock Seng Hospital includes a higher proportion of elderly patients compared to the other three major hospitals.

There was no difference in the racial constitution of victims between the two groups ten years apart. More than one-half (56.4%) of the victims were of Chinese origin, 20.9% were Malay and 19.0% were Indian. However, Indians continue to be significantly over-represented among the victims of domestic violence, compared to their proportion in the general population (19.0% vs 7.9%, p=0.036). This phenomenon was also reflected in 1992, where Indians made up 18% of the domestic violence victims, but only 7.1% of the general population (p=0.035)[5].

A majority (79.1%) of the domestic-violence victims in this 2002 study were married. Furthermore, among the married victims, 89.9% had been assaulted by their husbands. These figures are not significantly different from 1992 (75.5% and 95.5%, respectively). These findings are in stark contrast against figures published in the US, where 70.0% of victims of intimate-partner violence were divorced/separated/widowed, with those married making up only 5.6%[6].

As only Study 1b collected data on the education levels of victims and assailants, we compared the education-level distribution of the 2002 group against this 137-strong sample. The 2002 study saw a significantly lower proportion of victims who received up to primary education (18.4% vs 38.7%, p<0.0001), compared to ten years ago. There was also a significantly higher proportion of victims in 2002 who reached secondary/pre-university/diploma standards (61.4% vs 47.5%, p=0.02). This reflects the general increased education standards of Singaporeans today. In almost one-half the cases, the victims and the assailants were of equal education standing.

Most assailants were unarmed. Only 14.1% of the cases in 2002 and 18.5% in 1992 (p=0.32) involved the use of weapons. This minority is also echoed in the US, where only 15.0% of the female intimate-partner violence victims are confronted with weapon assaults[7]. The choice of weapons used locally was widely varied, including handphones, handbags, shoes, newspapers, a stool, and an ashtray. Just as in 1992, the absence of a pattern would suggest that the assailant had picked up an item closest at hand[3]. Knives and firearms – used in 8.5% of intimate partner violence in the United States – were rarely used in our 2002 study.8 There was only one case of a knife being used and there were no firearms involved.

Similar to ten years ago, most of the injuries in the current study were not serious enough to warrant admission, and there was no significant difference in admission rates between the two groups (2.5% vs 7.3%, p=0.06). Three-quarters of the injuries were superficial. Only 2 (1.2%) patients sustained fractures. Most (73.6%) of the injuries involved the victims' head, neck or face. The limbs and trunk were less often targeted. Missing data on injury location constituted a substantial 29.2% of the 1992 data, and hence a comparison between the two groups is unlikely to produce any purposeful information. However, a similar trend among American female victims is seen, where the head and face are most commonly involved, followed by the limbs and then the trunk (51.1%, 22.6% and 16.2%, respectively)[8].

Only one-quarter (24.5%) of the respondents reported that their presenting assault was the first abuse episode. This was comparable to the figure in 1992 (20.6%, p=0.42). The majority admitted to suffering previous assaults. A recent local study also affirmed this finding, demonstrating that majority of victims suffered prior physical abuse before seeking medical attention[9]. This suggests that there are silent victims who have not come forward. The most striking finding in our 2002 population was that 50.9% of the victims reported an awareness of social help services for victims of domestic violence. This was significantly higher than the 20.6% (p<0.0001) in the 1992 group. Furthermore, 61.4% of the current group had heard of the Family Court and 66.9% were aware of the Personal Protection Order (PPO). The latter two were services not available in 1992.

DISCUSSION

Intimate-partner violence has been studied extensively in Western countries. A recent UK paper found the incidence of domestic violence amongst adult patients presenting to an emergency department to be 1.2%[10]. In the US, one-fifth of all female victims of violence

were assaulted by their current or former partners[9]. Trends of such violence have also been analysed, and a steady decline in the rate of intimate-partner violence in the US has been demonstrated[7].

Information on domestic violence in Eastern countries has been largely restricted to reports and estimates on local prevalence. A survey in China found violence in 35% of marriages, and that the victims were overwhelmingly (87-90%) women[11]. The prevalence of intimate-partner violence in Malaysia and Thailand has been estimated at 39% and 44%, respectively[12]. Judging from the relatively more silent and conservative nature of Asian culture, these figures are at best an underestimate. Furthermore, non-physical abuse may be even more common than physical violence, and even less often reported, in the background of a male-dominated society. A Japanese study found that while 32% of women admitted to being physically abused by their husbands, 60% experienced psychological abuse, with 49% of those abused choosing to remain silent about their ordeal[13].

To our knowledge, this is the first study that examines the trend of domestic violence and compares the profile of domestic violence victims between two widely-separated time frames in an Asian population. In Singapore, the annual public hospital attendance of victims of domestic violence grew from 446 in 1995 to 658 in 1997[14,15]. The recent improved access of the Family Court and PPO since 1997 had been expected to make a difference in the scene of family violence in Singapore. The comparison made in this article gives some insight toward the impact of these new services.

There are several phenomena that have not changed over the ten years since 1992. The racial mixture of the victims, their martial status, and the education-level balance between the perpetrators and victims have all remained consistent over the past ten years. The findings that almost all victims knew their assailants, that more than 90% presented with relatively minor injuries managed on an outpatient basis, the paucity of weapon-use, and that about three-quarters admitted to being victims of previous assault episodes also featured similarly in both the 1992 and 2002 groups. Indian victims continued to be over-represented in the domestic-violence scene. While it may be stipulated that the gender inequality may be more prominent among the Indians as compared to other races, more attention need to be given to address this issue.

The most heartening difference between the two populations has been that victims are more aware of social help services today as compared to ten years ago. This proportion has more than doubled in the span of a decade. This reflects the growing affluence, education standard, economic status and maturity of the society in recognising domestic violence as a social thorn. The authors also believe that the media has played a significant role. The Family Court has made protection of victims a priority, providing expedited PPOs as early as within 24 hours should serious physical harm to the victim be judged to be a possibility. The number of PPOs issued increased markedly from 1,067 in 1996 (prior to the 1997 amendments in the Women's Charter) to 3,480 in 1999[14]. The ease of access to such services has undoubtedly improved the overall climate for domestic-violence victims to come forward. This also seems to be supported by the finding of older victims being more likely today than 10 years ago to come forward to seek help. Domestic violence is no longer accepted by society at large as a "domestic" issue.

One of the limitations of this comparison was that while the 1992 population was collected from four different EDs, the current 2002 group was sampled only from Tan Tock Seng Hospital. The latter has a patient catchment area known to comprise a more elderly population. This could have biased the age-group analysis of the victims. This study recruited a convenient sample. It does not include patients who have been fatally injured by their spouses or by a known family member. In the US, domestic homicide is a significant issue. About 30% of all female murder victims were victims of intimate-partner violence, half of whom were killed by their husbands[6]. Although the exact Singapore figures are not available, domestic homicide has been reported on a sporadic basis[16]. The sample population in this study consisted of victims who had been brave enough to seek medical help and had admitted to being abused. We still believe that this represents the minority, and the profile of the silent victims may be very different.

In summary, this comparison demonstrates that the profile of the female domestic violence has remained largely unchanged. This implies that the existence of this social problem continues to fester and that we have yet to arrest the root of the violence. Among victims who had decided to seek help, more than 70% admitted that there had been prior assaults that had gone unreported. This suggests that there are many who continue to suffer in silence.

ACKNOWLEDGEMENTS

The authors would like to thank the following people: the co-authors of the 1992 article; Ms Crystal Lim, for sharing her paper with us; Ms Yvonne Tan Mui Choo and the nursing staff at Tan Tock Seng Hospital; and the medical officers of Tan Tock Seng Hospital (May 2002 to April 2003) who helped to complete the questionnaires.

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