



MWIA CASE STUDIES

LIFELONG IMPACT OF CHILDHOOD ABUSED

Case 27: Mary and Tom

Objectives

- To consider the interaction of domestic violence with the social determinants of health.

Narrative Case

** At the end of the case study you can find "Learning points" related to information presented in the narrative case, denoted by numbers in square brackets.*

Mary is a 28-year-old woman who suffered childhood abuse and neglect and then domestic violence (DV) in her adult life. Her partner, Tom, is a 37-year-old man who comes from a similar background. He has never been employed and is chronically dependent on alcohol.

To review Mary's history, Mary's mother was addicted to drugs and had a variety of men in her life, many of whom abused Mary. Being the oldest child, Mary took on the responsibility of getting her siblings fed and to school. [1]

Mary did poorly at school and by the time she was in high school was associating with a group of her peers who were also not doing well in school. She was using drugs herself. At age 14, she moved in with Tom who was 23, and showed her special attention. [2] Tom himself had been thrown out of his home at 14 by an abusive father and spent most of his teenage years in detention centres as a result of petty crimes. [3]

The relationship between Mary and Tom developed a certain pattern. They would drink for days at a time, then they would argue, this would escalate to the point of physical and verbal abuse. [4] Mary was often badly beaten by Tom and became frightened of him.

He would tell her to 'get out' but the idea of being on her own frightened her even more. Tom would then apologize, they would make love and Mary would forgive him, believing that things would get better. [5]

After a number of abortions, Mary had Katy, their first child. [6] Tom was violent towards her during

the pregnancy and she became more frightened and moved out to stay with her mother. [7] Mary was very depressed after the birth. [8] She felt alone and abandoned. She went back to Tom. She hoped 'that things would improve' now that they had a child, but the drinking and violence and verbal abuse continued. [9] She found herself pregnant again, soon after returning to Tom.

Mary was now so depressed that she thought about suicide. She was afraid to leave and was always afraid that Tom would eventually kill her or the children or himself – or all of them. [10] She went to many doctors about her depression and was prescribed numerous anti-depressants, with little help. [11] She never told anyone about the abuse to which she was subjected. [12] She felt that she deserved the beatings, as Tom had told her so often that she was worthless and nobody else would have her, that she now believed this herself. [13]

Tom had been drinking for days and there was no money in the house, Mary did not know how she was to feed the children or pay the rent. There was yet another fight and Mary tried to lock Tom out of the house but he banged on the door and woke the neighbourhood. The older child woke up crying and afraid that her father would come into the house. Katy then told her mother that Tom had sexually abused her on a number of occasions. Shocked by Katy's disclosure, Mary then made a very serious attempt to kill herself and her two children.

Mary was charged with the attempted manslaughter of her children and they were removed from her care and placed with the Tom and his mother.

Learning Points

- [1] Female children especially become 'parentified', taking on the role of 'little mother' in the household. This pattern of caring for others – no matter how dysfunctional or even abusive they are - becomes entrenched and is repeated in adult life. Generally it is reinforced by cultural prescriptions of appropriate female roles and behaviours.
- [2] Adolescent girls who have been abused and neglected are easily attracted to a man who seems able to take care of them and offer protection. There was also the social imperative that she be attached to a man – in most cultures this is necessary to provide a woman with status and with 'protection'. In some cultures a woman has no social and/or economic option but to remain with her male partner.
- [3] Most youngsters with this profile are running away from impoverished and/or neglectful and/or abusive families. Their time spent in detention centres further stigmatises them so that they are less able to secure employment and this often reinforces a criminal life style. Similarly, men like Tom are repeating behaviour that has been their own experience of family life. They are impulsive and aggressive – they have a fragile sense of self worth and cultural mores of masculinity may dictate that they not acknowledge this fragility but rather that they express aggressive and challenging behaviours.
- [4] This is a typical pattern in DV: alcohol and/or drug abuse leads to fighting and then reconciliation. Often the man feels overcome with remorse after beating the woman and there are pleas for forgiveness, promises to reform, lovemaking and then further cycles. The perpetrator is often very loving and repentant following a violent outburst and this intensifies the partner's attachment to him. In many cultures a woman had little option but to endure the situation since leaving the man may make her more stigmatized or vulnerable or she may have no economic support without him.
- [5] Her childhood background of neglect and abuse meant that Mary was unable to develop a sufficient sense of worthiness or entitlement to be treated any better. In some cultures this is compounded by social mores, which marginalize women like Mary. Typically she remained in the relationship in spite of repeated violence, partly because her self-protective mechanisms were impaired by trauma and partly because whatever love and affection Tom provided her in between the episodes of violence simply reinforced her attachment to him and the hope that things would get better.
- [6] With little sex education she was vulnerable to pregnancy and STDs. Intravenous drug use compounds the vulnerability to blood borne viruses. Her mother had no time to tell her about safe sex.
- [7] DV increases during a pregnancy and is the commonest cause of injury in pregnant women. Men like Tom often feel threatened by the prospect of having a child – economically they have little to offer and emotionally it means one more person to be cared for. This intensifies the man's feelings of worthlessness and he defends against this by being more angry and violent.
- [8] Mary had two children in quick succession and was severely depressed following both births. Postpartum depression is common in women in situations of abuse and/or deprivation. There was insufficient follow up in spite of the fact that she was patently at high risk.
- [9] This is a typical pattern of hoping that a child will change him and not recognising that it may in fact worsen the situation. With a history of teenage pregnancy with additional history of abuse and DV, Mary needed more vigorous follow up from the clinic (e.g. home visits).
- [10] This situation involves psychological entrapment and is sometimes referred to as a 'hostage' situation (Herman, 1992). It is common in situations of domestic violence where abused women usually feel helpless and powerless and unable to leave the situation and often they fear for their lives or for the welfare of their children if they attempt to leave. This perception is actually quite accurate – homicide statistics show that women are most likely to be killed by their partners when they attempt to leave the relationship. Walker's concept of Battered Woman Syndrome is similar – the problem of the battered woman's

entrapment is described, as one of 'learned helplessness', meaning that the victim learns that to resist is pointless because it only leads to further abuse. This leads to feelings of helplessness and surrender to the power of the abuser.

These descriptions (both Walker and Herman) are psychological ones that assume a woman has a choice, socially and economically. In Mary's case this applies because she lives in a culture where she has social and economic support to leave the relationship. However, in many other cultural contexts a woman has no social or economic alternative and then psychological analyses are less important and the most compelling causes of the woman's entrapment are social and/or economic.

- [11] Prescribed medication is unlikely to help while the situation is unaltered. Women are prescribed more psychotropic medication than men – often without attention to the underlying problem – this is especially true in DV.
- [12] There is a pattern of consulting doctors but not disclosing. Primary care physicians need to be alert to DV as a common precipitant of depression. It is one of the commonest reasons for apparently accidental injury in females and presentation to Emergency Rooms.
- [13] Verbal abuse and attack on her self-image leading, typically, to false beliefs, ie 'I am what he says I am'. For many women it may be true that no one else will have them – in many cultural groups a woman like Mary, with a child and seen as having 'deserted' her husband, will be outcast

Background information on domestic violence

This is defined as abuse between persons in an intimate relationship, independent of gender, sexuality or marital status. The term usually excludes abuse of children and the elderly

Prevalence:

- 23% of women experience DV in their relationships at some time.
- 45% female homicide victims are murdered by their partners. (Australian Bureau of Statistics: Women's safety survey, 1996.)
- Women presenting to ER 49% had experienced DV, 40% in the last 12 months (Australian study)
- 25% had a history of childhood abuse plus adult DV (Roberts et al, 1998).

Psychiatric Sequelae:

Women with acute psychiatric presentation to a community mental health service:

- 40% have a history of abuse, 16% experienced it in the last 6/12
- 24% have a history of DV, 8.6% in the last 6/12 (Tham et al 1995).

Domestic Violence and Substance Misuse:

- 75% of women with drug and substance abuse problems have a history of sexual/physical violence.
- 72% have experienced assaults in their adult life, mostly from partners. (Swift et al, 1996)

Effects of Domestic Violence on Children:

There is a strong association between witnessing DV and severe PTSD symptoms: withdrawal, clinging, regressive behaviour, hyperactivity, aggression, difficulties in concentration (Kilpatrick et al, 1997). Child witnesses are much more likely to grow up to be either victims (females) or perpetrators (males).

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