
Battered women presenting in general practice

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SUMMARY. The problems of battered women have recently been highlighted. They consult doctors, who can be an important source of help. We examined their initial presenting complaint to general practitioners. Questionnaires were sent to 27 London refuges for battered women and to 100 randomly selected general practitioners. Seventy-two women and 49 doctors replied. The results indicated that these women are more likely to present with psychological symptoms. Many cases are not detected because the battering is concealed. The attitude of doctors may prevent these patients discussing their real problems. Further studies are needed.

Introduction

THE medical implications of wife beating were not widely recognized until the 1970s, when the first refuges were opened. Research by doctors was stimulated for a brief period.¹⁻⁴ A criticism of most studies is that they consider battered women to be a social problem akin to delinquency and have tended to ignore the problems of the women themselves. All workers agree that the general practitioner is an important potential source of help for battered women.¹⁻⁵ However, many of these women will not readily admit that they have been battered, and therefore the general practitioner needs to be able to recognize the victim of assault. An awareness of her problems would facilitate this, and is the subject of the present study.

Method

The researchers were senior medical students and a worker from a refuge. Two surveys were carried out by postal questionnaire.

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1. All women in London refuges affiliated to the Women's Aid Federation were included. Less than half the refuges returned the questionnaires. It was not clear how many women in each refuge participated and so a response rate could not be calculated for the 72 replies received.

2. One hundred general practitioners who were randomly selected from the Camden and Islington Area Health Authority received questionnaires. Each doctor was telephoned to request co-operation. Forty-nine responded.

Results

Battered women

Seventy-two women returned questionnaires and their average age was 30.4 years (SD 6.6). All had lived with their legal or common-law husband for at least six months.

Sixty-four women (89 per cent) had consulted their general practitioner at least once in the previous year. Psychological symptoms rather than physical injuries, were the reported main reason for attending. Fifty-four women (75 per cent) had seen their general practitioner with symptoms of psychological or emotional disturbance, described most often as depression, 'nerves' or insomnia. Only 27 women (38 per cent) reported that they had presented with physical injuries.

Thirty-four (47 per cent) of women attending their general practitioner had concealed that they were battered. The majority said they had felt ashamed or had been worried that their partner might find out. Some said that they had been put off by the hurried attitude of the doctor. Ten women who had confided in their general practitioner regretted this in the face of unsympathetic or hostile attitudes. One woman wrote: 'He only talked to me as if it were my fault.' In contrast, one woman reported that her general practitioner was her only support.

General practitioners

Forty-nine general practitioners returned the questionnaires. Thirty-seven (76 per cent) reported having come across battered women in their practice. Only 15 had, from the women's response to questions about cause of

the injuries, suspected battering and had asked the woman directly. One general practitioner commented that he was alerted to the problem by 'an abnormal number of malevolent doorknobs'. In 32 cases the patient had told the doctor directly. Four general practitioners had found out about the battering through other channels such as social workers.

Discussion

Some important points have arisen from this study. Battered women who consult their general practitioners might be complaining of psychological rather than physical symptoms. For their part, general practitioners might not suspect battering unless physical injury is apparent, and the woman's cry for help may be missed. Doctors may reinforce the feelings of shame and guilt felt by the women, further discouraging them from discussing their underlying problems.

The total assistance a battered woman needs is complex, and may be beyond the scope of the general practitioner alone.⁵ The value of Women's Aid Federation is widely recognized.^{3,5} It offers support, advice and, when needed, a refuge. (The Women's Federation of England, 374 Grays Inn Road, London WC1, will provide general practitioners with information and local contacts.)

The findings from this survey indicate the need for more research. Much useful information about the problem remains to be discovered from the battered women themselves.

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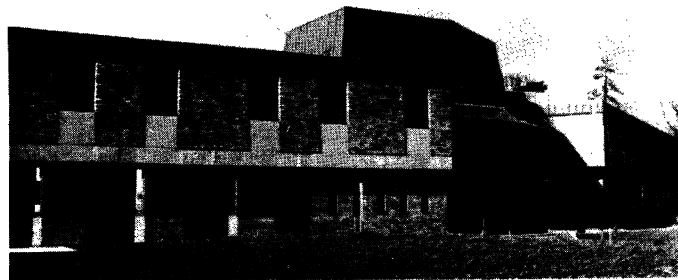
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