Brit. J. Psychiat. (1974), 125, 433-41

Battered Wives*

By P. D. SCOTT

To achieve a successful marital partnership is probably the most difficult of life's social requirements, whether successful is defined biologically as the production of healthy offspring or in the more human terms as achieving a relationship which allows each partner to lead a satisfying life. To be successful each marital partner must often defer to the other, especially if there are dependent children present. Failure to show this capacity to defer or to be unselfish inevitably leads to conflict, and conflict can easily build up to the point of violence. The ethological study of animal reproduction, including that of primates, shows how universally true this is and what a wealth of convention and ritual is developed to reduce such dangerous confrontation.

Rather than thinking of a cause or causes of wife battering, or even of correlates of wife battering, it is more realistic to assume that marital conflict is always a possibility in every marriage, and that it will occur when the difference in individual needs between partners exceeds their capacity to adapt. Although physiological and psychological factors in either partner may contribute, it is clearly undesirable to assume that wife battering is a pathological condition in the husband which, by analogy with a disease, must be cured or eradicated. We do not wish to be involved in a psychiatric explanation of what may be largely a sociological phenomenon.

Unless both marital partners have been carefully taught not to express physical aggression within a domestic setting, some degree of physical assault is very likely to occur at times of special stress. This should surprise no one. What is surprising or should be surprising, in a civilized community, is that once the assault has reached dangerous proportions the usual self-adjusting mechanism has not come into operation to prevent repetition.

It seems, then, that wife battering is best regarded as a failure of adaptation—which means a failure to acquire the necessary social lessons whether on account of an incapacity to learn, a lack of teaching, or a temporary or permanent destruction of lessons by internal or external factors.

This brings battering into line with other social deviance. Just as crime and delinquency express conflict between the needs of the individual and of society, both or either of which may be at fault, so when a wife is battered both partners and their setting must be examined.

The similarities between wife battering and other forms of deviant behaviour are in fact striking. For example, any classification of crime or deviant behaviour will equally well fit wife battering, and the same major groups will be apparent, e.g. a small 'malignant' hard core which will be difficult to influence, and a large majority of cases which will be easily deterred or readjusted; husbands whose battering is almost the social norm over long periods of time, and husbands who only, as it were, 'go on a bender' once in a while, perhaps in response to some primary mental upset or exceptional constellation of circumstances. Again, like crime in general, and especially juvenile delinquency, wife battering in fact tends to occur alongside a constellation of other social inadequacies or failures of adaptation rather than to exist in isolation. It is not surprising, therefore, that the majority of cases are found in social classes 4 and 5, amidst poor housing conditions, rent arrears, abuse of alcohol, irregular marital arrangements, failure to use the educational and social services adequately, whereas a few, perhaps of a

* This paper is an abbreviated version of a report compiled by a committee of the Royal College of Psychiatrists whose members are listed at the end. The contribution of each member is gratefully acknowledged.

https://doi.org/10.1192/bjp.125.5.433 Published online by Cambridge University Press

different variety, are known to be independent of social circumstances.

These considerations might save some disappointment and wasted effort. Innumerable studies of crime have been remarkably unrewarding in establishing either causes or treatments. Only when deviants are first properly classified do meaningful correlations begin to appear, and so it will be in this problem. It will be essential to recognize the need for classification, and to work out the several natural histories of the condition, before recommending treatment measures other than emergency action. It is unlikely, also, that it will be always appropriate to refer every wife who has been battered to a special unit; her background may display half a dozen other problems just as pressing and just as likely to be deleterious to the children. Finally, to the same extent as with crime and delinquency, treatment is only likely to be a shoring-up exercise, leaving true prevention to effective education of the next generation, and to political changes.

How should battered wives be defined?

Battering is a dramatic word which has probably been borrowed from the well-known 'battered-baby syndrome', coined over ten years ago by Henry Kempe, who was then desperately trying to alert a disbelieving world to the realities of parental injuries to children. A similar call to the plight of wives who are repeatedly assaulted by their husbands has recently been made, and dramatic terms may be equally justified. The term may have its dangers, particularly if it is believed that there is a specific syndrome requiring stereotyped action, but the first need is to ascertain the nature and dimensions of the problem, and this will not be effected unless there is a wide awareness of it, so that the term 'battered wife' is thought to be justified and worth an attempt at definition.

'Wife' must clearly include any woman, whether a legal wife, a 'common-law' wife, or a cohabitee or *de facto* spouse, who lives together with a man. Our experience suggests that to consider only legally married women would exclude many of those whose plight is most serious. We are also informed that much, even grievous, assaulting of wives is culturally determined, and here neither partner would welcome interference. Yet to include some phrase such as 'leading the wife to seek assistance' or 'requiring protection or help' would assume motivations in the wife which might cause error. Battering implies thoroughness or repetitiveness, in contrast to the milder and isolated blow which could scarcely constitute a marital problem. Whether repeated psychological trauma should qualify is a reasonable question, but this would include such a wide variety of cases as to require separate consideration. The seriousness of physical assault should be susceptible of grading, and its timing of categorization, for research purposes.

A battered wife is a woman who has suffered serious or repeated physical injury from the man with whom she lives.

'Serious' may be graded as:

(1) Not requiring medical attention;
(2) Out-patient or general practitioner attention;
(3) Hospital admission;
(4) Death.

'Repeated' may be categorized as:

(1) Regular (habitual);
(2) Episodic (situational);
(3) Increasing (vicious circle);
(4) Terminal.

What is the incidence of battered wives?

We do not know, and will have to await the necessary surveys.

The most that psychiatrists can do is to provide several pieces of the jigsaw which, though meaningless on their own, may ultimately, together with pieces from other disciplines, complete the picture. It cannot be too much stressed that being sent to, or choosing to attend, a social or medical agency probably selects a special sort of person, so that generalizations about broad social problems should never be made on the basis of clinical findings.

Nevertheless, the following figures are of considerable interest, and indicate a very large problem.

(1) The Leeds branch of the Samaritans, on the basis of two samples, one of 10,000 clients and one of 3,500 clients, estimates that 3 per

https://doi.org/10.1192/bjp.125.5.433 Published online by Cambridge University Press

cent of clients are battered wives, and the proportion is thought to be increasing.

(2) In Holloway Prison, Dr. d'Orban arranged for the receptions nurse, a tactful and very experienced person, to screen all admissions during a three-week period in November 1973. She asked routine questions regarding health, and during the course of the conversation enquired as to whether the prisoners had ever been physically ill-treated or beaten by her husband, boy-friend or cohabitee. Of 386 women seen, 67 (17·3 per cent) answered in the affirmative.

(3) An earlier and thorough research carried out by Professor Gibbens and Mrs. Dell surveyed 638 women, one in four admissions to Holloway Prison. Of these 350 had cohabited or been married; 60 (17 per cent) of those had a spouse described as violent. Precisely the same figure as in the study mentioned above.

(4) Dr. Gunn looked at his recent research into long-term prisoners for our purpose and writes:

'The sample consisted of 90 consecutive men taken into Wandsworth Prison at the time that Wandworth was acting as a long-term allocation centre for the South-East Region. Each man was interviewed in some detail about his violent behaviour, because that was one of the main purposes of the study. We therefore collected a lot more information than would be on his criminal records.

Using our overall violence scale, that is rating all life events, we thought that 18 men were completely non-violent, 10 mildly violent, 37 moderately violent, 17 markedly violent, and 8 severely violent. This means, of course, that over two-thirds were rated by us as at least moderately violent. The sample contained 44 single men, 11 who were separated or divorced, and 35 who were still living with a legal or *de facto* wife. My first statistical examination of the data was therefore to see whether there was any association between marriage and violence as we had rated it, and the table shows that indeed there was.

	Single and separated	Married, etc.	Total
Non-violent ..	11 (20%)	17 (49%)	28 (31%)
Violent ..	44 (80%)	18 (51%)	62 (69%)
	55 (100%)	35 (100%)	90 (100%)

$\chi^2 = 8{\cdot}12$ (1 d.f.); $P = 0{\cdot}005$

Half the married men were no more than mildly violent, while 80 per cent of the single or separated men were at least moderately violent. This is a highly significant result.

I next counted the number of men on whom we had obtained a history of violence towards a wife. There were 27 who had been married at some time and rated by us as at least moderately violent. Among these we obtained a clear history in seven cases of their having at some stage attacked their wives. This, of course, must be regarded as a minimal estimate, as there were undoubtedly other cases in which for one reason or another we could not obtain the history even although we searched for it.'

Dr. Richard Fox has organized an epidemiological survey in a small Essex area and will be reporting upon this later.

Presentation

There are indications that women are increasingly willing to bring this problem into the open, a tendency which is likely to continue, especially if appropriate 'doors' are made available on which to knock.

Unhappily, many cases of wife-battering are still only ascertained after the battering has gone too far and has forced the case into the open, either in the hospital or in the police court. Wives go to casualty departments without disclosing the real cause of their injuries, so that, as in the case of battered babies, the doctor's threshold of suspicion should be low. The inarticulate wife frequently takes an overdose. The Samaritans report an increasing proportion of their intake in the battering category.

Sometimes the wife may be driven to mental breakdown, alcoholism, or crime (especially shoplifting), and very occasionally suddenly assaulting or killing her persecutor.

Susan Dell writes about the Holloway Prison Survey:

There were a few cases where one felt that the battering husband had driven the women to drink or delinquency (such as frauds and thefts for financial reasons). Several of the older alcoholics were said to have turned to drink initially as a means of coping with violent husbands. The most pathetic example of delinquency precipitated by a battering husband was the case of a non-deviant 24-year-old Nigerian woman, who had come out to join her husband in England three years earlier. They had never lived

https://doi.org/10.1192/bjp.125.5.433 Published online by Cambridge University Press

together before. He drank heavily, abused her, beat her and tried to strangle her on occasion. Despairing of any hope of a reasonable life with him in England, she wrote to her father to ask if she could return to him with her baby: he cabled his assent and offered to pay the fare. Her husband, however, refused to let her have her passport, and nothing she did could extract it from him. A visit to Nigeria House to obtain a travelling document also proved ineffective. A friend told her that if she did 'something criminal' she would get deported. She went to Littlewoods, took a pair of shoes, and looked around for someone to arrest her. She was remanded in custody and subsequently fined. Her husband visited her in prison, and evidently then agreed to her returning to Nigeria.

Perhaps the most important point here is that if a voluntary body sets up a service, whether specifically for battered wives or generally for distressed persons (Samaritans), it is used.

The cultural factor

It is likely that some degree of violence between marital partners has been and is a common and probably class-linked social phenomenon. Some informants believe it is increasing, but this may be a spurious effect due to a changing attitude to violence, a greater willingness to reveal and report it, and a lower tolerance towards masculine domination. Many social factors may be involved. In some communities the wife traditionally takes complete responsibility for the family, receiving the unopened wage packet and allotting pocket money to the husband; such an arrangement if taken too far may so diminish the man's self image that he is only able to assert himself with the aid of alcohol and a degree of violence. Absence of the extended family, on the other hand, may deprive a wife and her children of their natural allies in marital conflicts and so leave them vulnerable to a husband who may himself be missing the primary social controls of a close community. Greater knowledge of contraceptive techniques may reduce anxieties and make it unnecessary for a wife to fight off a tipsy husband on a Saturday night.

A psychiatrist from Western Scotland writes: 'With regard to incidence, one's clinical impression formed over the years is that it forms a part of many marriages and no complaint is made to any outside agency . . . the wife tolerates occasional physical aggression on her husband's part because of other assets. One could almost regard this as a means of communication between the two partners, and it is possible that the wife prefers this behaviour to indifference or neglect by her husband.'

Psychopathology

Marital partners, if they are to remain together, must necessarily identify with one another. Some individuals have difficulty in affecting this identification because they cannot trust, or even because, in the most severely damaged cases, they have scarcely established their own independent identity. If their own self image is very unfavourable, as happens when individuals are rejected or ill-treated in the formative years of life, then the partner is likely to be disapproved of in like fashion and will perforce have to share the anger felt by the spouse for him or herself. In all these cases of inadequate or unfavourable identification the love relationship in its wider sense will be dissatisfying, and the partners correspondingly frustrated. There will then be a risk that alternative and perverse objectives will be substituted.

In this sense aggressiveness may become to some extent gratifying to both partners. But these substitutes are likely to be inherently incomplete, so that a danger of escalation, in a desperate attempt to break through the frustrations, may occur with a gradual building up of aggression. Dr. Hyatt Williams writes . . . 'the two forces, namely the desire for stimulation and gratification through violence and anger, and destructive feelings due to frustration, seem to multiply one by the other, and then there can be dangerous escalation . . .. If one or both partners in a marital relationship contain a constellation of violent destructiveness of the kind just outlined, there are innumerable opportunities for expressing and acting out this within the marital relationship. As in the case of the battered baby syndrome, token episodes of destruction must be taken very seriously as they tend to escalate as time goes on'.

Jealousy

'Jealousy is a notoriously dangerous passion

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and constitutes a well-recognized motive for crimes of violence, particularly of an uxoricidal nature' (Shepherd, 1961). The jealous personality is difficult to differentiate from intolerance of rejection; the pathologically jealous person is always so, however attentive his wife; it is not so reactive to circumstances as simple intolerance of neglect. The jealous personality in turn is not clearly distinguished from so-called pathological jealousy and delusional jealousy which may be symptomatic of a number of psychiatric conditions ranging from toxic (including alcoholic) or organic cerebral disorders, through the functional psychoses, to neurotic and personality disorders. There is thus a continuous gradation from the (perhaps useful) situational jealousy, through various degrees of sensitivity to rejection, jealous personalities, and illnesses of various sorts having a delusional component, which can be highly dangerous. Women are also affected by this whole range of conditions, and substituting stealth for strength may be equally dangerous.

Immature personality disorder

The modern tendency towards teenage marriages very much increases the incidence of conflict and violence within the marriage.

Cases involving such actually immature young people often have a good prognosis if other factors are not too unfavourable, though, unhappily, the better adjustment is often with a second spouse.

Sado-masochism

There must be great caution in assuming that a woman is masochistic and prefers a battering husband, for many of the alternative explanations are not easily appreciated—covert threats to her or the children, inability to find alternative housing or support, isolation. But where there are no bars to escape, and the wife, especially a childless wife, persistently returns to a battering husband, then it is reasonable to look for a masochistic element; it must be remembered that the expectations of marriage in some women who are themselves from violent families may be very low, and the hope of renewed affection in an ageing or lonely woman may yet be strong.

Commonly the story is of a battered wife who had a violent father and, as they sometimes say, 'a door-mat' mother; 'I only married to get away from dad, and then he was just the same as my dad'. But these women sometimes run through a series of much older and thoroughly unsatisfactory and abusing husbands, apparently unable to attract or tolerate any other type of man.

The sadistic element in the husband is much more clearly recognizable. A truly reciprocal deviance in marital partners is extremely rare, at least in clinical practice, and theoretically would be incompatible with child rearing. A sadistic husband may frequently treat his wife and children well, but indulge his sadism with other women. Sadism is not the same as bullying nor even as callous cruelty. There should be confirmatory enjoyment of the characteristic sadistic phantasy before sadistic battering is diagnosed. Masochists like being hurt, but they like to submit voluntarily and to retain some control of the situation—they avoid punishment like the rest of us.

It is expected that future research will demonstrate that frank masochism or sadism in either marital partner is not a central feature of either baby or wife battering.

Prostitution

The following fragment gives some indication of the very great complexity of the interrelationships between the prostitute and her man.

An African aged 36 was fined for wounding Miss X, an English girl, and a few months later he was sentenced to nine months imprisonment for living on her immoral earnings.

This man immigrated at the age of 19. At 26 he was fined for assaulting the police and causing a disturbance of the peace, and at 30 he was fined for frequenting a gaming house.

After his imprisonment for living on X's immoral earnings five other offences followed over a period of five years—three months imprisonment for possessing Indian hemp, six months for slashing a man in the face with a clasp knife, fined for occasioning actual bodily harm, imprisoned for stealing, fined for striking a man in the face with his fist.

Then at 41 we find him cohabiting with Miss X and being conditionally discharged after being charged with unlawfully wounding her (bruising her with his fists). Miss X had meanwhile acquired a number of convictions for prostitution.

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At 42 he receives a three-year prison sentence for living on Miss X's immoral earnings.

At 44, on his release he marries Miss X and settles down with her and her two adolescent children but the following year he is convicted again of living on her immoral earnings and imprisoned for four years. At the age of 47 (on release from this sentence) he leaves Miss X and seeks divorce, living meanwhile with another woman. The relationship is not likely to be finished as yet.

Contrary to all expectation this man presents as small in stature, of poor intelligence, cheerful and sociably pleasant, not usually aggressive, and in no way a psychiatric patient. As far as is known the girl has never sought psychiatric help.

The aggressive personality

There are dangers in attributing the battering to one or other partner. Perhaps the aggressive family relationship is a better concept than the aggressive spouse.

Sometimes naturally occurring experiments are revealing, as when a woman successively married two husbands; the first an overtly aggressive man who is immediately assumed to be the aggressor; the second a kind and unaggressive man. Yet both husbands battered her, and a degree of 'victim-precipitation' became apparent.

Drug and alcohol abuse

Abuse of drugs and alcohol is a common finding in wife-battering (more so than in baby-battering), though this is no more than an impression from clinical material. Usually it seems to be just another expression of the tensions within the relationship and not necessarily directly causative. Here again there is often a degree of victim provocation towards a man of inadequate character. Alcoholism may be a feature of the grossly psychopathic husband who is totally incapable of supporting a loving relationship with anyone, or, at the other end of the scale, of the exasperated husband who seeks relief from an intolerable wife through alcohol. Each case needs individual assessment.

The subtle, or sometimes not so subtle, interaction between spouses in this area is echoed in the related field of gambling. We asked Dr. E. Moran for his views on any possible relationship between gambling and wife beating which might have appeared from his researches.

He replied:

'Although I did not specifically ask questions concerning battering in the course of my studies on pathological gambling, on reviewing my data I was unable to find any specific instance of this. If anything, the limited observations I have on this topic would suggest that the male gambler is more likely to be the subject of violence from his spouse. The wives of pathological gamblers are not infrequently rather domineering, aggressive individuals, who when problems become more acute occasionally have shown histrionic behaviour in the course of which the gambler has been assaulted.'

Dr. Griffith Edwards, as part of his research into addiction, has developed a 'hardship scale' which is orally administered by a research worker using standardized wording. At intake, questioning relates to a period of 12 months prior to the administration. This research, of course, was not planned in relation to the battering of wives, but at one point the findings are relevant. The hardship scale questions were put to the wives of 100 consecutive male married alcholics who were being investigated at the Addiction Research Unit of the Institute of Psychiatry. The figures are striking and support some of the assumptions made in the introduction and incidence sections of this report.

Items included in the Hardship Scale administered to wives at intake	*Frequency of affirmatives at intake* (N = 100)
1. Is he restless at night, or does he wake up with bad dreams?	74
2. Does he let himself get dirty, unkempt, or smelly?	61
3. Does he fail to join in family activities?	65
4. Does he pick quarrels with you?	76
5. Has he sometimes threatened you?	72
6. Has he beaten you?	45
7. Has he ever attempted to injure you seriously, even kill you?	27
8. Does he sometimes go on and on for hours rowing with you?	57
9. Does he, when he's like this, break furniture (or windows or doors or china)?	49
10. Is he very possessive and jealous towards you, asking questions about everyone you meet?	49

Mental illness

As in crime and delinquency, the majority of wife battering will almost certainly prove to have no clear correlation with mental illness

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(unless a degree of personality distortion is classed as such). Yet all the varieties of mental illness may occasionally play a part. Particularly dangerous is a combination of high predisposition to violence (perhaps from having experienced a great deal of aggression in childhood) together with some additional organic or functional mental illness which upsets or reduces the individual's defences against being aggressive; the commonest examples are drug intoxications, organic brain impairment, and depressive or schizophrenic states. Other examples will be found under several of the headings in this paper (e.g. pathological jealousy).

It is not always clear whether the personality disorder, heavy drinking and marital conflict have caused the mental illness, or *vice versa*, nor what part the wife's own personality plays in the conflict. Perhaps the answers are of academic importance. Factors, whether environmental or endogenous, can react to ensure the continuance, if not the escalation, of the disturbed behaviour.

Is there a relationship between wife battering and baby-battering?

Dr. Selwyn Smith and his colleagues collected a sample of 125 mothers and 89 fathers who had battered their offspring. For our purpose he has reviewed those 37 mothers who reported that they had been battered by their husbands or paramours. In this 25 per cent of men he further describes separate types:

Fathers who batter: (1) wife and child; (2) wife but not child; (3) wife and accidentally injure child.

Type 1—Fathers also inflicted a wide range of injuries on their children. Many of them had repeatedly battered their wives and children and several had battered more than one child and had even killed a child.

Type 2—Fathers had repeatedly battered their wives, often quite seriously, and those wives had severely beaten their children, three of them being charged with manslaughter. The incidence of convictions for violent offences was approximately 27 per cent in both fathers of Type 1 and 2.

Dr. Smith writes: 'Although no definite conclusions should be drawn at this stage, the finding that one quarter of these fathers had battered their wives is striking, and suggests that further studies should be undertaken to explore this association'.

In a continuation of a Brixton Prison study (Scott, 1973) 50 men charged with killing their child have now been studied. Of these men 33 were living with their wife and 17 with a 'common-law' wife at the time of the killing. There was evidence that 12 of the men had assaulted their partner, 29 had not, and in 9 there was insufficient information. The limitation of the accuracy of these figures was appreciated, but there seemed no doubt that 25 per cent at least of fatal baby-battering fathers also battered their women—the same figure as Selwyn Smith estimated.

Do men who kill their wives, batter their children; and have they previously battered their wives?

Forty men charged with the murder or attempted murder of their wife or cohabitee were studied for this purpose in Brixton Prison.

5—Definite child battering
12—No battering of children
10—Had no children
7—Children grown up or permanently away
6—Insufficient information
—
40
—

Dr. Scott writes: 'It would be unwise to draw firm conclusions from retrospective study of such a small sample in such a sensitive area, but at least it is clear that the two sorts of violence (to wife and to children) certainly overlap to some extent.'

The same 40 wife killers were used to determine as far as possible to what extent wife-battering goes on to killing. The men fall into three fairly clearly demarcated groups.

(1) Fourteen men admitted previous battering of their wives over a long period, or else, such batterings were proved, despite their denials.

(2) Six men who had only begun to beat their wives in an increasingly severe and frequent pattern recently, in what might be regarded as a terminal crescendo or vicious circle of beating.

(3) Twenty men who had never beaten their wives but had erupted into a single, final and fatal assault.

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The material suggests important and very great differences in the personalities of these types. It is the first group which contains a high proportion of men who seem quite unable to sustain any personal relationship of any kind —sometimes they batter their wife, the children and even the dog.

Dr. d'Orban looked at the reverse of this problem by collecting the cases of women admitted to Holloway Prison charged with murder or attempted murder over the last 3½ years. 'Out of a total of 131 such cases, 31 involved a husband or cohabitee. Many of these offences were victim-precipitated and the women had a history of being battered, but there has not been time to review these cases.' The association with baby battering supported the findings of Dr. Selwyn Smith's contribution.

The police protection factor

Many marital quarrels are controlled by threats of calling the police, or by actual complaint to the police (unhappily sometimes sending the oldest child to fetch them). It seems, however, that once the conflict has acquired sufficient momentum nothing will stop it, even occasionally the presence of a stranger actually trying to stop the violence, or even if the police had been present a few minutes earlier and had confiscated a weapon. The police may be most effective in the milder cases in which there is little real risk. Some individuals may only be further enraged by the presence of the police, who may themselves be attacked.

Summary

A battered wife is a woman who has suffered serious or repeated physical injury from the man with whom she lives. The intensity and extensity of the battering can be graded.

The incidence is not yet known, but there are indications that it is large.

Battered wives, or at least many varieties of them, make use of help when it is available.

The condition is not a clinical entity but rather one possible resultant of a variety of social, psychological and psychiatric factors. It is best regarded as a failure in adaptation rather than as a disease entity, or as a failure to acquire adequate social learning (no lessons, wrong lessons, incapacity to learn, lessons destroyed). The problem has close resemblances to other social deviance with which it often co-exists.

Classification of this diverse condition is essential, and most of the classifications of deviant behaviour and criminality can be applied.

Among the wide variety of arbitary types of wife battering which are described in psychiatric practice, and apart from the probably major cultural type, are the immature personalities (which may have a good prognosis); the other personality disorders, notably the dependent and aggressive types; the jealousy reactions, ranging from intolerance of competition to delusional jealousy (which are so dangerous as to demand separation of the spouses); the addictions, which probably more often co-exist with battering rather than cause it, but sometimes offer a convenient focus for treatment; practically all the psychiatric illnesses, though none is essential. The frequently observed return of a battering couple to one another suggests sado-masochism, but this is probably less common than is supposed—other conditions simulate it, especially dependency, fear of loneliness, and not knowing that there is any better form of relationship. The hardship scale developed by Dr. Griffith Edwards and his team provides a useful approach to this field, which may have advantages over the more limited concept of battering.

Especially in psychiatric practice (which no doubt concentrates the pathological varieties of the condition) it is common to find battering families rather than a battering father—the father may assult the children as well, and may receive a great deal of aggression himself; the battered mother is quite likely to be a battering mother.

Studies of small samples of child-battering fathers suggest that at least one quarter of them also batter their wives.

Battering of wives certainly leads on in some cases to killing the wife.

Police protection, like all other demonstrations of power, is most effective in contemplation. It is unreasonable to expect police to protect the wife from a psychiatrically ill husband, or from one in an advanced state of

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passion, in a domestic situation, and in fact they cannot.

Practical measures

A great deal more needs to be known about this problem. The greatest need is for sociological and epidemiological data, to indicate the size of the problem and the attitudes of those involved to available help. The only way to establish normative data will be a properly conducted house to house survey.

There is still room for descriptive research, especially if it can indicate to social workers the several natural histories of the condition and thus encourage a habit of enquiry and treatment flexibility rather than application of stereotyped approaches.

In psychiatric practice particularly, there is seldom any doubt as to where to start with treatment, for the constellation of problems both sociological and psychological is so great; but this may not be so in the more culturally determined cases.

Because of the variety of factors involved it will be essential to promote a close liaison between competent agencies—the police (who should be able to call in a social worker when they can do no more), the minister of religion, the children's officer where children are at risk, the general practitioner, probation officer, psychiatric team, housing authority and voluntary agencies. The solicitor and magistrates' clerk are key persons when an injunction to restrain a husband is required; such an injunction can be issued within a day, but it rarely is.

To promote this liaison, a centrally placed and well advertised co-ordinating centre should be organized, with a 24-hour advisory service.

Short-term accommodation for wives and children following the pioneering pattern of the Chiswick project seems essential to cope with emergencies, to allow passions to simmer down (if that is possible), and to permit time for a sensible long-term plan to be made, and for supervision to be arranged.

A continuing programme of local and national education is clearly a necessity, not least in schools for the next generation of parents.

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