# MEDICAL PRACTICE

## *Contemporary Themes*

# Wife Battering: a Preliminary Survey of 100 Cases

J. J. GAYFORD

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### Summary

**One hundred battered wives were interviewed. All had bruising, often together with other injuries, such as lacerations and fractures. There was a high incidence of violence in the family histories of both partners, and of drunkeness and previous imprisonment among the husbands. Nevertheless, both husbands and wives had a wide range of educational achievements. Most wives were subjected to repeated violence because they had no alternative but to return to the marital home. There was an association between wife battering and child abuse. Places of sanctuary are needed where a woman can take her children when violence is out of control.**


### Introduction

There has been considerable publicity recently about battered wives. Voluntary hostels of refuge have been established, questions have been tabled in Parliament, and popular magazines have published anecdotal accounts. In addition the Department of Health and Social Security has sought opinions on the problem from various sources.

Literature on family violence occasionally refers to wife abuse. Goode[1] reviewed theoretical factors regulating violence in the family, and Steinmetz and Straus[2] edited a series of papers on related topics. O'Brien[3] discussed violence from husbands who had a family tradition of dominance, but found this challenged; he admitted that outside frustrations may also contribute. Levinger[4] showed that 37% of women in the U.S.A. cited violence as grounds for divorce. Straus,[5] using general systems theory, postulated violence escalating in the home due to positive feed-back mechanisms. Steinmetz and Straus[6] conjectured how violence passes from generation to generation in the family.

**Department of Psychiatry, Westminster Hospital, S.W.1**
J. J. GAYFORD, M.B., M.R.C.PSYCH., Senior Registrar

### Method

Investigation was by open questionnaire and the personal interview of women claiming serious physical assault by their husbands. Most cases came from the Chiswick Women's Aid Hostel. A total of 148 women were interviewed but 48 questionnaires had to be discarded.

#### DEFINITION

In this survey a battered wife was defined as a woman who had received deliberate severe and repeated demonstrable physical injury from her husband. Thus, the minimal injury was severe bruising. Without denying its importance, mental cruelty was not taken into account. Where a man and woman lived together for a year as man and wife they were considered married in common law.

### Results

Of the 100 women, 85 were married and 15 cohabiting. The nationality of the women, their parents, and husbands, is shown in table I, and table II gives other background data.

#### PHYSICAL INJURIES

All subjects had bruising at some time. In 44 cases it was associated with laceration, and in 17 of these it was caused by

TABLE I—*Nationality of Women, their Parents, and Husbands*

| Nationality | Wives | Husbands | Mothers | Fathers |
|---|---|---|---|---|
| British | 66 | 56 | 60 | 55 |
| Irish | 17 | 21 | 19 | 22 |
| West Indian | 9 | 13 | 8 | 10 |
| Black African | 1 | 5 | 1 | 1 |
| White African | 1 | 1 | 2 | 2 |
| Asian | 1 | 0 | 1 | 0 |
| Scandinavian | 2 | 0 | 3 | 2 |
| Other European | 3 | 3 | 4 | 5 |
| Others | 0 | 1 | 0 | 1 |
| Total | 100 | 100 | 98 | 98 |

TABLE II—*Background Data on Battered Wives*

| | N= | Range (years) | Mean | ±S.E. of Mean |
|---|---|---|---|---|
| Age of battered wife | 100 | 19-59 | 30·7 | ±0·73 |
| Length of relationship | 99 | 1-25 | 8·8 | ±0·65 |
| Length of time battered | 100 | 1-25 | 6·8 | ±0·59 |
| Age of leaving school | 99 | 7-18 | 15·5 | ±0·59 |
| Age of marriage or cohabitation | 99 | 16-29 | 20·3 | ±0·32 |
| Age of first sexual intercourse | 99 | 13-27 | 18·2 | ±0·29 |
| Age of husband or cohabitee | 97 | 20-61 | 33·9 | ±0·89 |
| Number of wives' siblings | 100 | 0-15 | 3·3 | ±0·28 |
| Number of children | 100 | 0-16 | 2·3 | ±0·17 |

a sharp instrument such as a razor, knife, or broken bottle. While all had been hit with a clenched fist—occasionally heavily adorned with rings—59 were also repeatedly kicked. Weapons were used in 42 cases—usually the first available object—but in 15 of these a specific object was regularly used, a belt with buckle in eight cases. Strangulation attempts were alleged in 19 cases and suffocation in two. Burns and scalds occurred in 11 and biting in seven. Fractures of nose, teeth, or ribs occurred in 24 cases and other bones were fractured in eight, while four had dislocations of the shoulder or jaw. Nine women were taken to hospital for observation after being found unconscious. Two women had received retinal damage with resulting defective vision. One woman had received a penetrating injury to the skull and two had epilepsy which they claimed was caused through head injuries.

This is how one woman described her injuries:

"He hit me with his fists, feet, and bottles, smashing me to the floor; then he started to kick, sometimes with repeated blows to the face and other parts of the body. He has kicked me in the ribs and broken them, he has tried to strangle me and taken me by the shoulders and banged my head against the floor. During my marriage of nearly four years I have received constant bruises all over my body, this has been more so during pregnancy. I have received black eyes, cut lips, and swollen nose. Most of my bruises have been to the scalp where they do not show. On one occasion I had bruises to the throat and abdomen and was unable to speak; on admission to hospital I was found to have multiple injuries and broken ribs."

Other more severe and dramatic stories were collected but the above account illustrates the typical injuries and mode of attack.

## MEDICAL HISTORY

Excluding trauma, 18 of the women suffered from chronic physical illness. The majority frequently attended their general practitioner, and 71 were taking antidepressants or tranquillizers. A psychiatric opinion was sought for 46 wives and 21 were told that they were depressed and were treated with either physical or chemical agents. Suicidal attempts or gestures occurred frequently, with 34 trying selfpoisoning, of which 10 did this more than once. Seven tried selfmutilation with three repeating the attempt. Nine tried other methods, in two cases repeatedly. Sixteen women claimed they really wanted to die but 21 admitted it was only to draw attention to their plight or to get away from the situation.

## AETIOLOGY AND AVOIDANCE OF ATTACK

In 44 cases violence occurred regularly when the husband was drunk, while 26 wives admitted that there were other frustrating factors in or outside the home. An overlapping 23 conceded there was usually an argument which preceded the battering. Only eight women claimed that they fought back, while 19 could see what was coming and tried to get out of the way, but only six found it possible to call for help. It appeared that 42 wives could see no possible way, however ineffective, of lessening the severity of the assault.

All but 19 women had left their husbands on more than one occasion, with 36 leaving more than four times. In 54 cases the violence had extended to the children, and many gave this as their reason for leaving. After leaving home 51 usually stayed with relations but most others went to friends, sought hostel, or hotel accommodation; only 11 went to hospital and nine wandered about with no roof over their heads.

Twenty-seven women returned to their husband after he had pleaded and promised reform, but in 17 threats and demonstration of further violence was used to achieve the wives' return. Reluctantly 14 women returned because there was nowhere else to go, while 13 came back because the children were still in the marital home. Only eight went back because they felt love or sorrow for their husband.

## OTHER BACKGROUND FACTORS

Only 65 women were brought up by both parents to the age of 15, but in 53 cases the relationships between parents were described as good. Violence occurred regularly in 23 of the families, father was often drunk in 24, and unemployed in seven. Even so, 27 women received private or grammar school education and 32 left school with some certificate, while 30 went on to further education after leaving school.

Sexual intercourse without contraception was claimed by 85 before they were married or cohabiting. This led to 45 being pregnant by their husband before living with him, and a further 15 were pregnant by another man. In 58 cases there had never been a period of engagement. Surprisingly, half of the women were satisfied with their marital sex life, while 17 admitted seeking sexual comfort elsewhere. In 23 cases there had been more than one marriage or cohabitation. Women tended to come from large families and to have plenty of children, even though most interviewed had not finished their reproductive life. Many of the children were disturbed (a separate survey is being undertaken on the children) and 37 women admitted violence towards the children. Sixty-eight women admitted that marital feelings had been reduced to indifference or hate.

Information concerning the husbands came only from the questionnaire and, therefore, reflected the wives' opinions. Husbands were still in the marital home in 86 of the cases where their domicile was known. In 52 homes he was frequently drunk and in the other 22 there were episodes of heavy drinking with drunkeness. Gambling was a problem in 25 families and unemployment a regular feature in 29 (table III).

In 25 cases battering occurred before marriage or cohabitation. In 37 cases the man was known to have been married or cohabiting with another woman previously. As many as 52 of the men had been to prison or borstal, 33 for violent offences (table IV).

Eight women had their suspicions, and 45 knew that their husbands had or were having affairs with other women during their marriage. Fifty-one women claimed they had learned that

TABLE III—*Drunkeness, Gambling and employment of Fathers and Husbands*

| | Fathers | N | Husbands | N |
|---|---|---|---|---|
| Drunkenness | | 93 | | 100 |
| Occasional Heavy Drinking | 4 | | 22 | |
| Frequent Heavy Drinking | 23 | | 52 | |
| Gambling | | 91 | | 96 |
| Occasional Heavy Gambling | 1 | | 19 | |
| Frequent Heavy Gambling | 3 | | 25 | |
| Unemployment | | 93 | | 100 |
| Occasionally unemployed | 6 | | 19 | |
| Frequently unemployed | 3 | | 18 | |
| Mostly unemployed | 4 | | 11 | |
| Occupation | | 87 | | 100 |
| Professional | 2 | | 6 | |
| Skilled | 32 | | 29 | |
| Unskilled | 53 | | 65 | |

TABLE IV—*Prison Record of Fathers and Husbands of Women Surveyed*

| | Fathers | Husbands |
|---|---|---|
| Prison or Borstal | 9 | 52 |
| A.B.H. or G.B.H. | 3 | 27 |
| Attempted Murder | 0 | 2 |
| Theft | 4 | 12 |
| Armed Robbery | 0 | 4 |
| Disorderly Behaviour | 1 | 0 |
| Motoring Offences | 0 | 5 |
| Embezzlement or Fraud | 1 | 5 |
| Non-payment of Maintenance or Fines | 1 | 4 |
| Failure to keep Court Order | 0 | 1 |
| Sex Offences | 0 | 2 |
| Drug Offences | 0 | 5 |

their husbands had been exposed to family violence in childhood. Even so 18 of the husbands had more than minimal secondary education with 5 going to university or college, but 18 were alleged to be only partially literate.

### HELP SOUGHT

Help had been sought from social services in 57 cases, police and probation service in 32, solicitors in 10, Citizens' Advice Bureaux in 6; but this sample was biased towards voluntary organizations with 89 seeking refuge in a Women's Aid Hostel. A quarter of the latter needed protection from a molesting husband, but 37 also needed legal advice and possible help with divorce. As a long-term problem 20 saw accommodation as their major need, while 55 looked for a new start and 11 wanted a life in a protected community. Few women were vindictive towards their husbands; only 10 wanted him to suffer or die, 33 just wanted him out of their lives, and 37 thought he needed help; a further 10 felt long-term custodial care was essential for their husband.

## Discussion

Just as the battered baby syndrome is older than Kempe's account,[7] so with marital violence. Assertion of women's rights has created the climate for exposure of the previously hidden facts of wife abuse. There appears to be association between child abuse and wife assault, with 37 of the women admitting they were discharging frustration on their offspring, and 54 claiming that their husbands had extended their violence to the children. Affiliation between family background of child abusers and husband-wife violence is shown by comparing the present series with Scott[8] who describes the background of fatal battered baby cases.

With 23 of the women and 51 of their husbands being exposed to models of family violence in their childhood, there is support for Steinmetz and Straus[6] in claiming that violence passes on through the generations; and for Straus[5] in postulating escalation. Fear must be expressed for the 315 children of the 100 women reported, as many males are developing the prodromal signs of violence, while the older age groups manifest a disturbing picture of uncontrolled violence and conflict with the law. Unless an urgent retraining programme can be undertaken with these children a future generation will be subjected to family violence.

All the women seen have made disastrous marriages, often undertaken precipitately by a desire to leave home and attracted by the protective image of their men. Traditional values of courtship and engagement had been abandoned in 58 cases; but premarital sexual intercourse without contraception in 85 caused pregnancy in 60, and must have been a pressing factor towards early cohabitation or marriage. In retrospect 25 did have a warning of what was to come, by being battered before marriage. Publicity of these facts to adolescents can have only a beneficial effect.

By piecing case histories together, a picture emerges of men with low frustration tolerance, who often completely lose control under the influence of alcohol, punch and kick their wives in a savage manner, perhaps using weapons to aid their assault. Pregnancy seems to heighten the tirade, and remorse for previous attacks is either forgotten or meaningless. Few assaults had a sadistic component.

Before there was publicity of wife battering, a woman in this situation felt she was unique in her plight; she was bewildered and ashamed and tried at first to cover up for what had happened. The general practitioner, usually one of the first outside the family to be trusted with her guilty secret, was more often presented with vague physical or mental symptoms. Even severe injuries were passed off as accidents. In many cases she was afraid to appear in public until the physical signs had subsided, but in a few cases she was made to parade her injuries as a sign of her husband's dominance. Suicidal gestures were usually treated in hospital without the true facts being revealed. Occasionally husbands prevented their wives from attending hospital for obviously needed medical attention, while others removed them prematurely.

As the attacks became more frequent and serious with the children often becoming involved, the wife tried to leave home and seek help. Here she found little help of shelter or aid from official sources. Relatives and friends at first gave assistance, but this was sometimes difficult. Husbands usually found their wives and pleaded with them to return, but when this failed they resorted to violence. With the threat and even demonstration of damage to person and property by a man who in 52 cases had a criminal record (in 33 for violence), the woman had to return home to keep the peace and protect others. Further assaults occurred, some within hours of returning home, and the cycle was repeated. Legal proceedings are impossible while she is living with her husband as the threat of further violence is more powerful than legal sanctions, resulting in most cases being withdrawn before they come to court. Even if the law is allowed to take its course and a case can be presented, which is difficult, the penalties can make the situation worse. A fine causes hardship to the whole family, probation and a suspended sentence may result in violence, and further violence to deter the wife from taking court action again. Short prison sentences release a man in under a year, who has changed little and has grounds for an increased grudge against his wife.

Places of sanctuary are needed where a woman without independent means may take her children when violence is out of control, where, with support and guidance, she can plan her future without fear of repeated assault. At present voluntary hostels are trying to provide this need, but there is gross overcrowding and lack of amenity which is no fault of those who run them. It is only to be expected many of the women will return home after a few days and, as this survey shows, most women want to test the situation thoroughly before terminating the relationship. Thus readmissions to the hostel must be expected. Even if a woman successfully gains her legal freedom and is no longer molested by her ex-husband, who still sees her as his wife, she still has problems. If she is relatively young she will

still desire sexual fulfilment and many even seek a further marriage. Mating theories are against her finding a future stable relationship.[9] Few men want the responsibility of other people's children, especially if disturbed. At an age of 30 and with these handicaps she cannot afford to be too selective about her partners. Patient guidance and support is essential to see even the more able and intelligent woman through this difficult period.

A few women present as extremely damaged personalities who will need long-term support with their children. Often they need protection against their own stimulus-seeking activities. Though they flinch from violence like other people they have the ability to seek violent men or by their behaviour to provoke attack from the opposite sex.

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# *Clinical Trials*

# Effect of Different Doses of Chlorthalidone on Blood Pressure, Serum Potassium, and Serum Urate

C. BENGTSSON, G. JOHNSSON, R. SANNERSTEDT, L. WERKÖ

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## Summary

**Chlorthalidone given to 40 hypertensive women significantly decreased blood pressure and serum potassium levels and increased the serum urate concentration. There were no individual correlations between the reduction in blood pressure and the decrease in serum potassium or the increase in serum urate. A reduction in dosage from 50 mg daily to 50 mg three times a week produced no significant changes in the diastolic or mean blood pressures though the systolic blood pressure was moderately increased. Concomitantly, serum potassium increased and serum urate decreased significantly on the lower chlorthalidone dose. We conclude that high doses of oral diuretics compared with lower ones are of limited further benefit and may increase the risk of clinically significant hypokalaemia and hyperuricaemia.**

## Introduction

Since the first favourable reports of the antihypertensive effect of oral diuretics[1 2] these agents have been widely used for the treatment of arterial hypertension. In Göteborg, for example, 15% of all women aged 60 years were found to be receiving such treatment.[3]

**Sahlgrenska University Hospital, Göteborg, Sweden**
C. BENGTSSON, M.D., Lecturer in Medicine
G. JOHNSSON, M.D., Associate Professor of Medicine
R. SANNERSTEDT, M.D., Consultant
L. WERKÖ, M.D., Professor of Medicine

In hypertensive cardiovascular disease oral diuretics produce a flat dose-response curve, the main fall in blood pressure occurring after a relatively low dose.[4] Side effects such as decreased serum potassium and increased serum urate levels have been recognized,[1 2 5 6] though these may be partly caused or accentuated by the routine use of oral diuretics in high doses without adjustment to the needs of the patient. We have therefore studied the effects of two dose levels of chlorthalidone on blood pressure and related these to the side effects.

The mode of action of oral diuretics such as chlorthalidone is not fully understood. It has been suggested, for example, that some hypokalaemia is a prerequisite for achieving an optimal hypotensive effect.[7] We have therefore also examined the relation between the influence of chlorthalidone on blood pressure and the serum potassium levels.

## Materials and Methods

During a population-screening survey[8] 40 women were found repeatedly to have systolic pressures of 160 mm Hg or more and diastolic pressures above 95 mm Hg. None were on antihypertensive treatment. Then they took part in a trial comparing the effects of an adrenergic β-receptor blocking agent—alprenolol (Aptin)—and chlorthalidone (Hygroton).[9] These drugs were given for three-month periods using a double-blind, crossover technique, placebo being used for the month before the active treatment and again for one month between the active treatments. Chlorthalidone was given in single daily doses of 50 mg. Supplementation with potassium chloride 0·75 g twice daily was used throughout.

Eleven women continued to take chlorthalidone after completing the trial and were subsequently examined at intervals of two to four months. During that period the dose was reduced to 50 mg three times a week. The potassium supplementation remained unchanged. They received the higher dose of chlorthalidone for 3 to 13 (mean 4·5) months and the lower dose for 2 to 10 (mean 5·7) months.