

The Battered Wife Syndrome and Violence in the Nuclear Family of Origin: A Controlled Pilot Study

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Marital violence has long suffered inattention from social agencies and the health care system. Now as an emerging social problem, the battered woman has become the focus of numerous articles in the lay press which vividly describe her plight. Because there are no controlled studies of these women, little is known about the variables that distinguish them from the general population, and what might be done to reduce further abuse.

Several theories have been proposed to explain wife battering. Some authors ascribe psychiatric labels to the victim and the offender.¹⁻³ These reports have been anecdotal in nature using small populations; Straus⁴ has noted that such reports do not necessarily document mental illness such as masochism or sadism.

Intra-family violence has also been explained by the catharsis or ventilation theory,⁵ in which violence is seen as resulting from a failure in verbal communication. Further research has indicated the use of verbal aggression actually increases the use of violence.⁶

Straus⁷ has related wife abuse to the social and cultural norms of society, noting that some Euro-American norms implicitly license family violence. Gelles⁸ has also suggested that, for many individuals, striking a wife is a legitimate act. Straus⁷ has suggested that the husband is carrying out a role model learned from his father, and Scott⁹ has suggested that the wife is carrying out a role model learned from her mother. These explanations suggest that wife-battering is related to violence in the victim's childhood family of origin, an hypothesis which this study was designed to test.

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Methodology

For five consecutive days all women who applied for legal assistance to the Domestic Relations Division of the central office of the Baltimore (Maryland) Legal Aid Bureau were interviewed. Following the provision of requested services by the Legal Aid Bureau, 51 women were asked to participate in a confidential survey and 50 agreed to participate. The survey was a multi-purpose, open-ended questionnaire, adapted in part from the Michigan wife assault task force,¹⁰ directed at gathering information on violence in the family and on the improvement of legal services. The survey was administered by four interviewers similar in age, sex, race, and socioeconomic status. Responses were coded, keypunched, verified, and tabulated on an IBM 360-145.

The Battered Wife Syndrome (BWS) is defined as a symptom complex of violence in which a woman has, at any time, received deliberate, severe, and repeated (more than three times) demonstrable injury from her husband, with the minimal injury of severe bruising. Violence in the woman's nuclear family of origin was defined as a positive response to the question, "Did your father ever mistreat, hit, or beat your mother?" with further elaboration of positive responses to include the number of incidents, injuries received, and the number of times medical help was required.

Results

Among the 50 women interviewed, no significant difference was found between the 20 battered and 30 non-battered women in age, race, number of children, years of wife's education, years of marriage, and the amount of parental arguing in the nuclear family of origin. Table 1 demonstrates the distribution of other selected characteristics among battered and non-battered women.

If the mother in the wife's family of origin was a victim

TABLE 1—Distribution of Selected Characteristics among Battered and Nonbattered Women

Characteristics	Battered		Nonbattered		p Value†
	Yes	No	Yes	No	
Woman's mother a victim of BWS	13	6	6	19	<0.05 *
Abuse as a child	5	15	8	22	N.S.
Husband's education (12 or more years)	3	16	11	8	<0.05 *

† Calculated with Fisher's Exact Test

* phi value >0.30

Note: Violence in the Woman's Nuclear Family of Origin was not computed in women raised by a single parent before the age of five.

of the BWS, there was a statistically significant probability that the wife would be battered by her husband. There was no significant relationship to her abuse as a child. The other significant finding in this population was that the husbands of battered women had less education than those of "non-battered" women.

Data analysis also revealed a small number of "non-battered" women ($n = 13$) who were victims of violence on one occasion and either left the husband at that time or warned the husband that further violence would not be tolerated, and, if further abused, successfully sought outside intervention. These women were designated as a sub-group and defined as Violence Syndrome Averters (VSAs). There was significantly less ($p = .02$) violence in the family of origin of VSAs than in the family of battered women. This finding tends to substantiate the postulate of vertical transmission of violence: women who did not observe violence in their family of origin found wife battering inconsistent with their role and were able to cope with and avoid further violence.

Discussion and Implications

These data suggest that up to 1,000 victims of ongoing severe wife-beating are seen by this legal aid center each year—an astonishing figure. The data also point to a vertical transmission within these families of this form of violence. This relationship is amenable to primary prevention and one which to date has been ignored.

Health care practitioners should be alert to wife-beating and its sequelae in interviews, histories, and physical examinations. For example, one of the 20 battered women in this study suffered hemiparesis five days after severe head trauma; her treatment and follow-up included no attention to the apparent etiology of her morbidity. Therapeutically, primary practitioners need to develop mechanisms to break the cycle of spousal violence and its transmission. While this study focused on the working class, the Battered Wife Syndrome spares no socioeconomic class.

The prevalence and incidence of the battered wife syndrome has never been studied in a population with a defined denominator. Further information is necessary on the role of alcohol abuse and the educational level of the husband in the abuse syndrome. Violence Syndrome Averters need to be further studied for clues as to which variables facilitate violence aversion. Children from families with marital violence need further follow-up and study to determine the impact of this violence on their adult life. The effect of emergency shelters for battered women on the long-term reduction of violence needs documentation. The criminal nature of wife abuse needs to be examined in light of other social conditions; society's perspective on alcoholism and the treatment of the alcoholic could provide a model for these considerations.

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