

## Marital Violence in the Community A Biographical Approach

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**A study of women in Islington confirms earlier findings of a high rate of reported marital violence (25% experiencing it at some time in their lives). Women who had experienced marital violence tended not to repeat the same pattern in subsequent relationships. Violence was associated with childhood neglect, but not early violence. Premarital pregnancy and teenage marriage were links between early neglect and marital violence, and were also important correlates of later marital violence, irrespective of such earlier lack of care. These early-adult experiences were also related to spending longer in a violent relationship. Women experiencing marital violence were more likely to have been depressed, and to have had low self-esteem, in the 3-year study period.**

Marital violence has generated many theories, but surprisingly little systematic research. This paper considers such violence in terms of its prevalence, causes, and effects. At the most general level, victimisation studies have explored the incidence of violent crime committed against the individual. In this country, findings from the large-scale British Crime Survey suggest that violent assaults are uncommon in the general population at large (Hough & Mayhew, 1983). But it is possible that women may be reluctant to admit to such experiences to a stranger engaged in a social survey. Using sympathetic and trained interviewers, one recent inner-city study in Islington in North London has reported a particularly high incidence of violence against women. Of the 1000 women interviewed, 22% said they had experienced a violent assault of a domestic nature in the year before interview (Jones *et al*, 1986). Similarly, in another study in an inner-city area of Leeds, about a fifth of the women reported having experienced violent or threatening attacks in the home in the previous year (Hanmer & Saunders, 1984). Neither of these studies identified the perpetrator of the violence. Other studies have concentrated on violence between spouses. For example, in a study of divorcing couples, physical abuse was found to be an important factor in 20% of the middle-class and 40% of the working-class divorces (Levinger, 1966). In a more recent study, in Northern Ireland, over half of a series of 300 divorced and separated women reported having experienced violence in their marriages (Evason, 1982).

Such studies draw attention to the likely extent of the problem, but their focus has for the most part been on the experience of violence rather than its causes. Such knowledge as exists comes mainly from

studies of small non-representative samples, most commonly studies of women in refuges. But if the evidence of a high rate in the population as a whole is taken seriously, refuge studies are clearly insufficient. They are unlikely to provide a representative picture, and since comparison material is not available, there is no way of knowing whether characteristics of the women may not also be commonly observed among those who have not been subject to such violence.

The study of reasonably large and representative groups of women where issues of prevalence and causation can be explored is expensive, and to our knowledge none have been carried out in the UK. However, a large-scale nationally representative survey conducted by Straus *et al* (1980) in the USA has reported that over 12% of those interviewed had experienced severe violence at some point in their marriage and overall, 28% had experienced some kind of physical violence. The authors point out that only couples currently living together were included in the study. Divorced people were only asked about their present marriage. Since violence is often the cause of divorce, they estimate that the real rate of severe marital violence in the USA is considerably higher. The study concentrated on the more immediate social correlates of marital violence. However, men who came from violent backgrounds were shown to be more likely to use violence; the question of whether a violent background increased the likelihood of women becoming victims of marital violence appears not to have been examined.

Relatively little is therefore known about the origins of marital violence. In terms of theoretical ideas, the notion of individual pathology has probably received most attention in the UK (see Freeman, 1979 and Marsden, 1978 for review), with

an emphasis on the provoking, masochistic, and violence-seeking nature of the women involved (Storr, 1974; Gayford, 1975; Bowder, 1979; Pizzey & Shapiro, 1982). Reports based on observations of women at Chiswick women's refuge have argued for the vital role of pathology in the women, although one author admits the difficulty of substantiating his speculations (Gayford 1975, 1979). In particular, it has been asserted that most women who experience violence within their marriages come from backgrounds where violence has been passed down from generation to generation and has been witnessed or experienced from an early age. In this way, women are seen as becoming 'addicted' to violence and in various ways seeking out such encounters. They not only provoke violence but are also often violent themselves, both initiating and participating in fights with their partners (Pizzey & Shapiro, 1982).

These ideas have met with a good deal of public interest, and have also been sympathetically received by a number of psychiatrists and therapists, perhaps because they are compatible with psychodynamic theories of women's masochism. Indeed, a study of the attitudes of professional workers who deal with violent marriages has shown that they consistently rated the personality of the woman as more important than that of the man in explaining violence (Borowski *et al.*, 1981). But there has also been a good deal of scepticism. Evidence for the role of individual pathology is poor, and those who view marital violence in terms of wider societal influences see such emphasis on individual pathology as not only inappropriate, but also misguided, as it detracts interest away from issues of possible social and legal change (see Freeman, 1979; Dobash *et al.*, 1985; Jackson & Rushton, 1982).

So far, we have mentioned intrapsychic and socio-structural approaches to the origins of marital violence, but both could involve social influences. Although psychodynamic theories of woman's masochism have emphasised some biological or innate predilection to the experience of pain (Freud, 1961; Deutsch, 1944), the violence-prone personality, if it exists, could just as well be reinforced by, or the result of, early social experiences (see Pizzey & Shapiro, 1982). A more open biographical approach, where individuals can be considered in terms of both their inner and outer worlds, and the possible interrelationship between the two, is necessary to explore this possibility. In an approach developed to deal with the influence of early loss of mother and a later risk of depression in adult life, the notion of two strands of long-term influence has been developed (Harris *et al.*, 1987). The external or social strand deals particularly with experiences in

childhood, adolescence, and early adulthood, concerning marriage and child-rearing. The internal strand deals with the impact of such external factors on the individual psyche. It may be useful to spell out two contrasting views of marital violence in terms of this scheme. Although there is a good deal of inconsistency, those who emphasise an intrapsychic approach consider that certain kinds of early experience of violence are by and large a necessary experience for later marital violence. It is argued that later experiences of violence can become 'addictive' in the light of the early experience. A contrasting, more developmental, approach places much the greatest weight on the continued interplay of external and internal factors over the life course. It has a probabilistic emphasis in the sense that violence will depend on a woman's life circumstances, which are only partly influenced by earlier experiences.

Two studies following such a biographical approach are of some relevance, although they do not deal with violence as such. Both have shown an association between childhood adversity and a subsequent unsupportive marital relationship (Harris *et al.*, 1987). In both, early adult experiences such as premarital and teenage pregnancy were important factors intervening between childhood experience and the current marital situation. However, in a study of marital violence, it is also important to establish whether or not it is the experience of early violence in childhood or the more general experience of deprivation studied by these two enquiries that links with later violence. The two types of experience have rather different theoretical implications. The demonstration of a link between early and later violence would be more compatible with an important role for a violence-seeking personality than would a link between general deprivation and later violence, especially if the latter also established the presence of critical intervening social experiences in early adulthood. The demonstration of a link between early general deprivation and later marital violence might well involve changes in personality development (see Harris *et al.*, 1987; Andrews & Brown, 1988). However, if a link between critical experiences in early adulthood, such as marrying at an early age, and later marital violence was established for women in general and not just among those with early deprivation, additional weight would be given to a more socially based model.

The material reported has drawn from a longitudinal study of working-class women, in Islington, with children living at home, designed to examine the onset and course of depressive disorders over a period of 3 years. The purpose was:

- (i) to ascertain the rate of marital violence in a representative general population sample of married and single mothers
- (ii) to consider evidence for a violence-prone personality among those who have experienced marital violence
- (iii) to investigate the possible effects of marital violence in terms of self-esteem and psychiatric state.

## Method

### Sample and research design

The main enquiry required a group of women who were at high risk of developing clinical depression, and the study therefore concentrated on working-class women with at least one child at home. Screening questionnaires were sent out to 3000 women aged between 18 and 50, registered with seven general practices in the inner London borough of Islington. A woman was included if she was between the ages of 18 and 50, from a European or Caribbean background, and had a child under age 18 living at home and a spouse in a manual occupation (Brown *et al.*, 1985). In addition, all single mothers (i.e. women with a child, who were not married or cohabiting at time of interview) were included regardless of social-class considerations. The screening procedure resulted in 438 suitable women being identified, but 7% (31/438) of these refused to participate. This original sample of 407 women included 25% (103/407) who were single mothers, and the majority (83%) were working class defined by manual occupation – points 22–36 on the Hope–Goldthorpe scale (Goldthorpe & Hope, 1974). (The 1981 census confirmed that in Islington, more than a fifth of women with children at home were single mothers.) The women were interviewed three times with roughly a year's interval between each contact. The current report is based on the 286 women who participated in all three waves of the study and for whom full information had been collected on variables pertinent to the present investigation. They did not differ from the original sample in terms of marital status and incidence of depressive disorder.

### The measures

Relevant information collected at all three stages of the study is outlined below.

#### Current situation

**1. Present State Examination (PSE).** Psychiatric disorder was assessed at all three stages by the shortened version of the Present State Examination (Wing *et al.*, 1974; Cooper *et al.*, 1977). This was used to describe affective disorder occurring in the preceding 12 months, and ratings of 'caseness' were based on the frequency and severity of key symptoms (Finlay-Jones *et al.*, 1980). The threshold for caseness was established by research psychiatrists

to be comparable in severity to that found among psychiatric out-patients. This criterion for caseness has recently been compared with two other well-known systems, the Research Diagnostic Criteria (RDC) (Spitzer *et al.*, 1978) and the ID (level 5) of the PSE (Wing & Sturt, 1978), and the threshold found to be somewhat higher than either (Dean *et al.*, 1983).

**2. Self-Evaluation and Social Support Instrument (SESS).** This instrument was administered only at the first stage of the study, and deals particularly with the quality of close relationships and the respondent's own evaluation of self (O'Connor & Brown, 1984; Brown *et al.*, 1986). Only the part dealing with self-evaluation will be discussed. Three 4-point scales measuring self-acceptance, negative comments concerning personal attributes, and negative comments concerning role performance were combined to form an index of low self-esteem (or what we have termed elsewhere, negative evaluation of self). A low rating ('some' or 'little/none') on self-acceptance or a high rating ('marked' or 'moderate') on one of the two latter scales were taken to denote its presence. Although a number of direct questions were asked in order to help make the three ratings, comments made spontaneously at any point in the interview were also taken into account. Interrater reliability was high for all three scales (for details, see Brown *et al.*, 1986).

#### Biographical information

**1. Demographic.** Demographic details were collected at the first and final stages of the study. *Marital history* covered age at each marriage or cohabitation and the duration of the relationship. *Pregnancy history* covered age and marital status at each conception and details of the outcome of each pregnancy. Premarital pregnancy was defined as any premarital conception regardless of the outcome of the pregnancy or subsequent marital status: terminations, miscarriages, illegitimate births, and births within subsequent and existing marriages were included.

**2. Childhood.** Experiences throughout childhood before the age of 17 were collected at the final stage of the main study and included:

(a) *Details of violence in childhood* experienced either against self or witnessed in the family. Reports of violence were considered only where they were a feature of childhood and not a one-off occurrence. Criteria for inclusion for violence experienced against self followed Straus's severe violence index (Straus *et al.*, 1980). The index excludes the milder acts of physical chastisement such as being slapped, pushed, or shoved, but includes being punched, kicked, and being hit with an instrument such as a stick or a belt. Criteria for inclusion for violence witnessed involved having actually seen one member of the family physically strike another.

(b) *Details of quality of parental care in childhood.* *Parental indifference* was judged by reports of lack of interest and involvement shown by parents or parent substitutes – e.g. in school work, career, friends, and boyfriends. Women were encouraged to talk at length and give actual examples of behaviour. Questions about material

care, such as having regular meals and clean clothes were also included, and ratings of 'high' or 'moderate' indifference (on a 4-point scale) had to be based on actual instances of neglect. Ratings were made both for natural parents and any substitute parents. *Parental control* was judged on evidence about the discipline imposed by parents or any parent substitutes and the amount of supervision provided. The attitude of their parents to their manners and behaviour, such as playing out in the streets unattended, going out with boys in teenage years, and returning home late at night, was recorded. A 3-point scale was used to record degree of control: a rating of 'high' involved heavy restrictions placed on the child often accompanied by high punitiveness; 'moderate' involved regular and consistent enforcement of rules but without over-restriction of the child's activities, and 'low' involved little attempt to enforce rules and allowing the child a free rein. An index of lack of care was based on the presence of either high indifference or low control. Interrater reliability was high (Bifulco *et al.*, 1987).

#### *Marital violence*

Details about violence experienced within a marital or cohabiting relationship were collected at the final stage of the main study. All the women were first asked: "Are you now, or have you ever been, in a relationship where your partner has been physically violent towards you?" Any woman who answered yes, or hinted at such a situation, was asked a further series of questions about her experiences, to ascertain, among other things, severity, frequency, and duration of violence. One woman who at first contact had spontaneously reported experiencing marital violence said, in our final interview with her, in response to direct questioning, that she had never experienced violence. Her original report was therefore ignored. There was no other such inconsistency across interviews.

Any woman who reported having been physically struck by her spouse was defined as having experienced marital violence. Of the women selected in the group experiencing violence, 92% reported that it had been severe according to Straus's criteria. Most commonly, this involved being punched, kicked, or generally beaten up. Nearly all reported injuries of some sort, the most common being black eyes and bruising. Broken and bloody noses were also a frequent feature. For the remaining six women, the evidence about severity was less clear-cut. They did not report having experienced such severe violence, but most were reluctant to reveal the full extent of their experiences. However, they all reported that violence was a feature of the relationship and not a one-off occurrence. In terms of frequency, overall, two-thirds (48/72) of the women reported that violence was a regular occurrence in the relationship, and only two women reported being beaten only once. The direction of the violence was almost always from husband to wife. Only 14% (10/72) of the women reporting marital violence said they had hit their husbands in a fight, and all but two reported that they had only hit back in self defence.

## Results

### Prevalence of marital violence

Overall, 25% (72/286) of the women reported having been involved in marital violence at some time in their lives, and nearly three-quarters of these women had become involved by the time they were 25. The rate of such violence was 53% (52/99) among those ever divorced or separated, and 11% (20/187) among those currently married or cohabiting for the first time. The figures are consistent with those of earlier studies.<sup>1</sup>

The high rate of reported violence argues against a theory of individual pathology. Violence-prone women would have to be fairly commonly observed in the general population. Common sense suggests that this is not the case. It is also relevant that only 2 of the 72 women who had been involved in a violent relationship reported physically provoking a beating by sometimes hitting out first. But probably more significant is the fact that women involved in violent relationships tended not to repeat the same pattern. Although 32 of the women had cohabited with more than one man, only three had been involved in more than one such relationship. These initial findings suggest that the type of women described on the basis of experience in the Chiswick refuge are probably not representative. In fact only 7 of the 72 women actually went to a women's refuge, and even these were no different from the rest of the women in terms of the following individual characteristics.

### Childhood experiences

Considering our data in terms of the perspective of individual pathology, we first examined the possibility that women who had experienced marital violence had in some way become 'addicted' to it because of the violence they had experienced or witnessed in childhood. However, there was only a weak and statistically non-significant association between these early experiences of violence and the experience of later violence. Of the women rated in terms of violence in childhood, 32% (26/81) experienced later marital violence, but so did 22% (46/205) of those who had not done so ( $\chi^2 = 2.38$ ). Neither of the two components of this measure (experience of severe violence against self in childhood and having witnessed it in the home) were associated with later violence. Nonetheless, the actual experience of being physically abused as a child was highly associated with what we have termed 'lack of care' - i.e. the experience of gross parental neglect and indifference. Forty per cent of the women with lack of care had also been physically abused as children, compared with 9% of the women without lack of care ( $P < 0.001$ ). Furthermore, despite the lack of association between early and later

1. As already noted, the study specially selected all single mothers regardless of their class position. If those with middle-class status are excluded, the rate of reported marital violence among the rest of the sample was 24% (64/272). In practice, including the middle-class women made no difference to the overall rate, and they have therefore been included in the present analysis.

violence, there was an association between early lack of care and later marital violence. Those with lack of care were nearly twice as likely to have experienced violence in marriage as the women without such early experience – 40% (21/53) compared with 22% (51/233),  $P < 0.02$ . This higher risk of marital violence was irrespective of whether or not they had actually been physically abused in childhood. Logistic regression confirmed that when both early violence and early lack of care were considered, only lack of care was necessary to predict marital violence. (Details of analysis are available on request.) In terms of our introductory discussion, this suggested that we should look for possible intervening experiences in early adult life. This was in any case necessary, as women without lack of care still accounted for over two-thirds of all those who experienced marital violence.

#### Early adult experiences

The early adult experiences most clearly associated with subsequent violence were teenage marriage or cohabitation, and becoming pregnant before marriage. A third (63/191) of the women who had had either one or the other of these two experiences reported marital violence, compared with 9% (9/95) of the rest of the women ( $P < 0.001$ ). Only 9 of the 72 women who experienced marital violence had not had one or the other of these early adult experiences.

Women with lack of care in childhood were somewhat more likely than the other women to have had a premarital pregnancy or teenage marriage (81% vs 64%;  $P < 0.02$ ), and it was therefore necessary to consider both indices in relation to later violence. Logistic regression showed that childhood and early adult factors appear to be equally associated with an increased risk of marital violence (Table I). However, since premarital pregnancy and early marriage were much more common than lack of care, they were in practice much more often associated with marital violence in the population as a whole.

#### Determinants of duration of marital violence

So far, we have considered factors that might be causally linked to marital violence. A quite distinct question concerns factors that might influence how long a woman stays with a violent partner. In terms of the perspective of individual pathology, it is possible that many women unwittingly marry men who will behave violently, but only women with violence-prone personalities stay for any length of time in such a relationship. It is possible, for example, that women who were neglected as little girls would be more likely to stay with such men, since for many, being treated badly is the only treatment they have ever known. However, it could equally well be argued that social factors like economic dependency and lack of alternative choices will influence whether women stay. The duration of the violent relationships was therefore considered in relation to both childhood and early adult experiences. The results suggest that staying in a violent relationship appears more likely to be a function of the current social milieu than of individual pathology. Overall, only one in six (12/72) of the women who experienced marital violence left within the first year. One in four (5/21) of those with early lack of care left compared with one in seven (7/51) of the other women; therefore, if anything, there was a trend for those with lack of care to get out of violent relationships faster, although this difference falls far short of statistical significance (Table II). However, in terms of early adult experience, both premarital pregnancy and early age at marriage related to spending longer in a violent relationship (Table II).

#### Effects of marital violence

Given that so many women remained for some time in violent relationships, probably prevented from leaving by lack of experience and the responsibilities of motherhood, it is important to consider the psychological effects of such

TABLE I  
*Lack of care in childhood, early adult experiences and violent marital relationships*

<i>Premarital pregnancy and/or teenage marriage</i>	<i>Experience of lack of care among those in violent relationships</i>	
	<i>Yes: %</i>	<i>No: %</i>
Yes	42 (18/43)	30 (45/148)
No	30 (3/10)	7 (6/85)

  

<i>Logistic analysis</i>						
	<i>Scaled deviance</i>	<i>d.f.</i>	<i>P</i>	<i>Reduction in deviance</i>	<i>d.f.</i>	<i>P</i>
Constant	27.79	3	—	—	—	—
1. Lack of care	19.69	2	0.001	8.1	1	0.01
2. Early adult experiences	9.02	2	0.02	18.77	1	0.001
3. Lack of care + early adult experiences	3.71	1	NS	5.31	1	0.05

Best model is 3.

TABLE II  
Percentage of women leaving violent marital relationships  
by: (a) childhood experiences; and (b) early adult experiences

	Percentage left within 1 year	Percentage left within 2 years
(a) Lack of care in childhood		
Yes	24 (5/21)	33 (7/21)
No	14 (7/51)	20 (10/51)
	NS	NS
(b) Premarital pregnancy/teenage marriage		
Yes	13 (8/63)	19 (12/63)
No	44 (4/9)	56 (5/9)
	$P < 0.02$	$P < 0.02$

a situation, not least because any psychological impairment may further affect the ability of a woman to do anything about her predicament.

Those who had ever been in a violent relationship were twice as likely to have been depressed at some time in the 3-year study period as those who had not. They were also somewhat more likely to have had low self-esteem (Table III). Of course, much of this is likely to be the result of a current violent relationship or the unpleasant sequelae of any separation from one. Among the 14 women in current relationships who were depressed in the study period, there was only one instance of depression pre-dating the violence. The rate of depression and low self-esteem among the 12 women who had left the relationship within a year was no different from that of those who had never experienced marital violence (for depression, 25% vs 23%, and low self-esteem, 33% vs 29%). But Table III shows a high rate of depression and low self-esteem among women no longer in a violent relationship, and this might reflect a long-term effect. However, any such claim would need to take account of current difficulties stemming from the break-up of the marital relationship, and here it is important to note that a large proportion of those who had experienced such violence in the past were single mothers. Once such women were excluded, the long-term effects of marital violence largely disappeared.

TABLE III  
Factors associated with being in a violent marital relationship

Ever been in a violent relationship	Percentage case depression in study period	Percentage low self-esteem
No	23 (49/214)	29 (61/214)
Yes – not in study period	42 (19/45)	44 (20/45)
Yes – in study period	52 (14/27)	44 (12/27)
	$P < 0.001$ , 2d.f.	$P < 0.05$ , 2d.f.

## Discussion

On the basis of this survey of largely working-class women in an inner-city area, severe marital violence is not an uncommon experience. One woman in four had experienced it at some time in her life. While the inclusion of divorced and separated women in the sample contributed to this high rate, nearly one in nine of the women currently married or cohabiting for the first time had experienced such marital violence. It should be remembered, however, that this particular group of women were chosen because of either their working-class or single-mother status, and all had children living at home. They were selected because of evidence that such women were more likely to develop depression, and these same risk factors may also be implicated in a greater likelihood of becoming involved in a violent relationship. There is, however, some uncertainty in the literature on the issue. It is, for example, possible that middle-class families are less likely to report incidents of domestic violence (Straus *et al*, 1980).

We emphasise the importance of a biographical approach that does not prejudge the situation by taking either an extreme intrapsychic or socio-structural position. It is also one that has the advantage of indicating causal effects within a person's developmental history and can therefore potentially bring a range of possible influences together within one model. Using this approach, the present evidence suggests that, in biographical terms, it is not, on the whole, appropriate to see marital violence in terms of individual pathology. There is no support for the idea that women who experience marital violence are 'addicted' to it. Only two of the 72 women involved reported they had ever physically provoked an attack, and only three had been involved with more than one violent man. Moreover, in terms of childhood experiences, the likelihood of physical violence by a spouse was related to early parental neglect rather than early parental violence. It is also important to note that other studies have shown that this is probably not the case for the violent spouse (e.g. Straus *et al*, 1980; Walker, 1979). In terms of marital violence, it therefore seems possible that violence in childhood may predict who will become violent rather than who will receive it.

But why does early parental neglect lead to a greater likelihood of experiencing marital violence? Research so far has shown that those with lack of care in childhood are less likely than other women to have close supportive relationships in later life. Because they have been neglected in early life, such women often appear to find it difficult to develop the kind of relationships on which it is realistic to

trust and depend. They may have a more immediate need to be loved and cherished than women whose needs have been met in childhood. Such needs may cloud their judgement initially in close relationships, and lead to a tendency to romanticise and deny any incipient problems (Andrews & Brown, 1988).

Unfortunately, detailed information about the men involved in the violent relationships was not collected. However, two recent studies have shown more evidence for a violence-prone personality for men than for women (Walker, 1983; Mason & Blenkenship, 1987). In the former study, the characteristics of the men who were violent were investigated in some detail. Such men were likely to be jealous, possessive, and highly dependent. They often went to great lengths to court and impress their women in order to commit them to a relationship. It is possible that women with a particular need to be loved and looked after will be more susceptible than other women to the attentions of such men. But while women with lack of care may have been susceptible to violence-prone men, they were, if anything, slightly more likely to extricate themselves at the beginning of the relationship than the women who had not been neglected as children.

We therefore see lack of care in childhood as leading to susceptibility rather than pathology. This susceptibility differs from the notion of an 'addiction' to violence, in that women with lack of care are not susceptible specifically to violence. Rather, their childhood experience leads to a greater probability of their becoming involved in later adverse experiences. As part of this, they may be susceptible to the attentions of possessive, dependent men whose own needs and backgrounds make them more likely to resort to violence in close relationships. Furthermore, their needs may lead to a greater tendency to settle down at an early age and to become pregnant before marriage. In this way, these women may find themselves in situations of social disadvantage, where violence is more likely to occur.

However, it should be remembered that although there was an association between lack of care and premarital pregnancy and teenage marriage, two-thirds of the women without such lack of care also had these early adult experiences. In our society, premarital pregnancy and teenage marriage are common for young women, and for certain social groups they are probably the norm. Lack of care in terms of its impact on personality development can therefore be only part of any explanation of marital violence. Social stress correlated with indicators such as premarital pregnancy and teenage marriage is probably inextricably involved in the process for those with and without lack of care, and such

external factors in early adulthood appeared to make the occurrence of marital violence more likely, regardless of childhood experiences. Simply being married too young, or marrying only perhaps because a child is on the way, may lead to the kind of tensions and frustrations that will spark off violence in men who may be young and inexperienced themselves.

Premarital pregnancy and the arrival of children increased the likelihood of women staying in violent relationships. This was probably because it brought with it material dependency on the spouse. At the same time, being young, probably without sufficient training for work, or experience of the outside world, would make it that much more difficult to leave the relationship. And the depression and low self-esteem which often follows such adversity would make it even more difficult to find the will to leave. Nearly all the women who experienced marital violence were teenagers, pregnant, or both, when they started cohabiting. Most of the teenagers who were not pregnant at that time soon became so. Many women reported more severe violence when they were pregnant, and one of the tragic effects of this may have been on their reproductive history – they were over twice as likely as the women with no marital violence to have experienced a miscarriage or stillbirth (33%–24/72 vs 14%–30/214,  $P < 0.001$ ).

The outward signs of the understandable distress of many of the victims of marital violence are often interpreted as abnormal, pathological behaviour by practitioners and therapists who come into contact with these women. For example, Pizzey (Pizzey & Shapiro, 1982) observed the disturbed behaviour and outbursts of many of the women in her refuge, and interpreted it as a hunger for violence and excitement. The results we have reported suggest that, if anything, such women, if they are disturbed in such a setting, are likely to be depressed rather than pathologically addicted to violence. The high tension, irritability, and apathy Pizzey noted may all be symptoms of clinical depression.

It is perhaps reassuring for some to think that marital violence is relatively rare and that, in so far as it occurs, women play an important role in provoking it. And following from this, that changing their behaviour within the marital relationship is an effective way of stopping the violence. The evidence presented has thrown doubt on such a view and supports a more complex biographical model which takes into account past and current social factors. It follows that future research on marital violence should give more emphasis to gathering biographical and current social information about the men involved. It is only by investigating the social and

individual characteristics of those who are impelled to use violence against their spouses, and the conditions under which it occurs, that a more complete picture of the phenomenon of marital violence is likely to emerge.

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