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Comments

This is the first of a series of short reviews and reports on topical matters. They are intended to be useful in some aspect of clinical practice or to report an interesting new growing point in neuroscience, or to give a synopsis of the current situation in some area of psychiatry. They should reflect topical interests, what people talk about both informally and at society meetings. Some may be valuable in the training of young psychiatrists, others in the further education of consultants, and yet others will prove starting points for new investigations.

VIOLENCE

At the Autumn Quarterly meeting of the Royal College of Psychiatrists three papers on violence were presented.

Gayford described again the characteristics of his collection of a hundred *battered wives* he had interviewed, (Gayford, 1975), with some account also of what they said about their husbands. (Not even Gayford has managed to interview many of the husbands). He carefully defined the battered wife as a woman who had received deliberate, severe, repeated and demonstrable physical injury from her partner.

They came from unhappy childhood homes in 29 per cent of cases, and the husbands were a violent group of men, of whom 52 per cent had been in prison, most of them for crimes of violence. Only two-thirds of the women had been brought up by both parents until the age of 15, and they reported having had aggressive mothers or aggressive fathers in a quarter of cases each. They were definitely not handicapped, on the whole, by poor education, and Gayford was struck by the number of competent women married to less organised men, although he also noted highly incompetent and disorganized women in the series. All social classes were represented, Class I not being rare, even among the residents of Chiswick Women's Aid.

Courting followed by engagement had been uncommon—the extraordinarily high percentage of 62 having been pregnant at marriage, which was at the average age of 21, *not* particularly young. They usually eschewed birth control and had an average of three children with them. Sexual relations with the husband were reported satisfactory in 50 per cent of the women, which is perhaps surprising. Disturbances reported at high rates were claims of having been raped (not counting husbands or men whom they later married) in 23 per cent, and of having experienced incest in 9 per cent. They appear to be a highly heterosexual group, and also never accused their husbands, despite ample opportunity for bitter recrimination, of homosexuality. Thirty-seven per cent admitted to having 'battered' their own children.

Gayford agreed with others who have found jealousy in the husbands an important factor, as well as drinking. The women claimed, and we have only their word for it, that 52 per cent of the husbands got drunk every week, 22 per cent occasionally, and 44 per cent of the husbands battered their wives only when drunk.

Formulation of the problem would proceed on classical psychiatric lines with interaction between constitutional factors before the incidents (jealous nature, low tolerance of frustration and aggressiveness in the husbands), and precipitants at the time (arguments, provocative nagging by the wives; mounting frustration, and drinking, in the men. The couples set up their violent mini-societies in the setting of our increasingly violence-permitting society.

Professor Gibbens spoke about *rape*, not recapitulating his research follow-up (Gibbens, Way and Soothill, 1977) but discoursing more generally on the subject. He said that 7 per cent of convicted rapists receive psychiatric forms of disposal. Ten per cent of the patients at Broadmoor (and 7 per cent at Rampton Hospital) are rapists. In this country the number of prosecutions has been rising sharply, in fact doubling every decade, although curiously the proportion acquitted remains unchanged around 23 per cent.

He mentioned his work on the Heilbron working party and the resulting Sex Offences (Amendment) Act of 1976. By this legislation rape is defined as unlawful sexual intercourse knowing that the woman was not consenting, or being reckless whether she was or not. Accordingly, if the accused man can convince the jury that he really *thought* she was consenting, he should be acquitted, to the mortification of the woman who knows that she was not consenting and was violated despite showing her lack of consent. This provision understandably upset many women and

their lobbies, an upset not much mollified by another provision of the Act that the victim must remain anonymous in Court (and so does the accused, until conviction). Evidence of the woman's past life is now generally not admissible, although this can be overturned if the judge is convinced by arguments, heard in the absence of the jury, that justice requires him to allow such evidence. The main problem in Court remains the need to have evidence corroborating the victim's account. Without this evidence (usually forensic examination) accused men will be acquitted, which is unavoidable unless the onus of proof, in cases of rape only, were changed to require the man to prove his innocence.

Professor Gibbens then discussed our ignorance about behaviour which might approximate to rape during sexual activity at large in the population. How often do men press intercourse on more or less reluctant women? How many women fail to consent fully but fail to protest unequivocally? We scarcely know, although one American study among students found a quarter of the sexually active men admitting to incidents of intercourse while they knew the girl was reluctant, crying or begging them to stop. Clearly there are enormous possibilities for misunderstanding over teasing and acting, even with good faith or affection on both sides.

Dr Fottrell had surveyed incidents of intentional physical *violence, by in-patients* in two mental hospitals (including Tooting Bec, where two nurses had been killed by patients) and a small acute unit in a general hospital. He found abundant petty violence and very rare major violence. As clinicians expected, many of the incidents were caused by a very few troublesome patients. His figures were that 10 per cent of patients were recorded as having acted violently and that 2 per cent of patients accounted for 55 per cent of all violent incidents. Unfortunately his work did not allow of calculations of rates of frequency of incidents for comparing sex, age, diagnosis, and hospitals.

No overall theme emerged and social issues concerning violence were not discussed. This eschewing of views on major issues is typical of the eclectic and, surely, modest philosophy of British Psychiatry. The research proceeds with high scientific standards investigating particular circumscribed subjects—the equivalent in research of the 'piecemeal' social engineering' in the field of action, advocated by Popper (1945).

Meanwhile violence seems to be ever more prevalent, or at least accepted and assumed to be prevalent, in television, films, sport, picketing, hostage-taking, terrorism. Do we have anything to say about this? Eysenck and Nias have helped by summarizing the psychological research evidence on Violence and the Media (Eysenck and Nias, 1978) and there is another recent book, 'Violence and the Family' (Martin, 1978). Do psychiatrists have any knowledge of these secular changes? Can we comment on the chicken and egg problem of whether the arts reflect a violent society, or help to create it, or both in a continuing process?

Are we sufficiently aware of the problems of the scope of definition of violence? Gayford and Fottrell used simple definitions of physical injury, and Gibbens had a legal category, rape. So violence is hitting or forcibly penetrating people. But this definition will not do. Rape may not be rough if the woman submits under threat. Is all threat and coercion violence? Children say that 'sticks and stones may break my bones, but words can never hurt', and we know how untrue that is. We are as 'hurt' by insult as by injury, and angry patients in the wards are usually described as 'verbally aggressive' by the nurses.

Perhaps violence in the family should reasonably include double-binds, scape-goating and all forms of emotional blackmail. More widely still, there are the social, political and economic forms of pressure and control which we rarely discuss in our professional capacity. Szasz (1971) irritated us by trying to rub our noses in the psychiatric relevance of this when he said that not only is involuntary confinement of patients in hospital a form of violence but that the mere existence of the legislation is a form of violent pressure on all informal patients. He is extreme, but surely he is not completely wrong. It all depends on what you mean by violence, or in the words of a thought-provoking graffito (on a wall in Oxford in 1968) 'The question is, who is defining violence'.

References

Eysenck, H. J. & Nias, D. (1978) *Sex, Violence and the Media*. London: M. T. Smith.

Gayford, J. J. (1975) Wife-battering: a preliminary survey of 100 cases. *British Medical Journal*, *i*, 194–7.

Gibbens, T. C. N., Way, C. & Soothill, K. L. (1977) Behavioural types of rape. *British Journal of Psychiatry*, **130**, 32–42.

Martin, J. P. (ed.) (1977) *Violence and the Family*. Chichester: John Wiley & Sons.

Popper, K. R. (1945) *The Open Society and Its Enemies*. Reprinted 1962. London: Routledge & Kegan Paul. Especially Chapter 9.

Szasz, T. S. (1971) *The Manufacture of Madness*. London: Routledge & Kegan Paul.

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