

Sexual Assault in Marriage: Prevalence, Consequences, and Treatment of Wife Rape

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Introduction

In addition to physical assault of intimate partners, an area worthy of separate study is sexual violence in marriage. The prevalence, dynamics, consequences and treatment of wife rape is the focus of this chapter.

Forcible rape is recognized as a crime across the United States. When a male stranger attacks a woman at night, kidnaps her, or breaks into her home, and then forces her at gunpoint to submit to sexual acts, (what Williams (1984) calls the "classic rape"), the violation is easy to recognize and name. Although many women experience such assaults, this scenario does not describe the typical rape experience. In reality, rape is most likely to be perpetrated by a man known to the victim -- rape by intimate partners is more common than stranger rape (Bachman & Saltzman, 1995; Finkelhor & Yllo, 1985; Randall & Haskell, 1995; Russell, 1990) and women who are or have been married are more likely to be raped by their husband than by a stranger (Russell, 1990). In spite of these data, many people continue to hold inaccurate beliefs about the nature of rape in American society, when and to whom it happens, and its impact on the victim.

Stereotypes and misunderstandings are common in discussions of wife rape. Wife rape is still generally regarded as a contradiction in terms; the common notion of rape is not one that includes a marital context. In fact, a marital rape exemption legally shielded husbands from being charged with the rape of their wives, and this exemption was not successfully challenged until the late 1970s (see Wife Rape and the Law, this chapter). The long-standing tradition of failing to recognize wife rape as a problem reflects cultural beliefs about men, women and sexuality that have interfered with the acknowledgment of and societal response to wife rape. Such beliefs are imbedded in notions such as the idea that a woman's sexuality is a commodity that can be owned by her father or husband, the belief that what happens between husband and wife in the bedroom is a private matter, that a man is entitled to sexual relations with his wife, and that a wife should consensually engage in sex with her husband, thus making rape

"unnecessary." Although such notions may appear to be outdated, their influence on current attitudes and laws is evident as noted throughout this chapter.

This chapter reviews the available literature and discusses the definition and prevalence of wife rape. We then review the dynamics of wife rape and some typologies that are helpful in framing a discussion. We examine the consequences of wife rape on wives, husbands, and children. The chapter concludes with a discussion of treatment and assessment issues, policy implications and directions for future research.

Wife rape as we shall see is not rare, it is just rarely discussed. It is noteworthy that this topic has been relatively neglected, receiving little attention in both the domestic abuse and the rape literature. The social science research and the discussions of wife rape in the literature are primarily descriptive and have, for the most part, not attained the sophistication of research on partner violence involving physical assault. Much of the discussion in the literature today is still focused (as is the beginning of this chapter) on defining the problem, examining its prevalence and legitimizing societal concern about its occurrence.

One reason for the lack of development in the thinking and research on wife rape may be because it is unclear where this issue "fits" and because separate fields of research on spousal violence and on sexual assault have developed with their own separate theories, methodologies and research agendas. These differing literatures have left many issues relevant to wife rape unexamined and many questions unanswered. Is sexual assault of a spouse best understood when it is viewed as one of many forms of domestic violence and abuse, or should discussion of wife rape be considered within the context of theories of sexual violence? Does the husband who rapes his wife have similar motivations and characteristics as the stranger-rapist? Should husband-rapists receive the same treatment as stranger-rapists under the law? Zimring (1989) asks "is the same core moral wrong present in sexual predations within marriage as in forcible rape by strangers?" These are controversial issues for which no consensus currently exists.

Research and policy recommendations on wife rape represent a minor focus of the literature on domestic violence or on rape in general, notwithstanding the convincing evidence that wife rape is frequent and damaging. Two of the best studies to date that have investigated the prevalence of wife rape in representative samples of women (Finkelhor & Yllo, 1985; Russell, 1990) have found that between 10-14% of ever-married or co-habiting women have been raped at least once by their partner. In addition Russell (1990) found that among ever-married women, husband-/ex-husband-perpetrated rape was 4 times more common than stranger-perpetrated rape.

The short- and long-term impact of rape has been well documented (Goodman, Koss, & Russo, 1993; Kilpatrick & Resnick, 1993; Resick, 1993; Weaver & Clum, 1995) and continues to be the focus of considerable research. Although myths about the nature of sexual assault in marriage may lead people to believe that such experiences are less traumatic than stranger rape, these myths are adequately dispelled by recent research. Victims of wife rape develop psychiatric disorders similar to (or more severe than)

stranger- rape victims (see below). Survivors of wife rape describe a deep personal violation of trust as well as body:

When a stranger does it, he doesn't know me, I don't know him. He's not doing it to me as a person, personally. With your husband, it becomes personal. You say, this man knows me. He knows my feelings. He knows me intimately, and then to do this to me - it's such a personal abuse. (Finkelhor & Yllo, 1985)

I mean you can compartmentalize it as stranger rape - you were at the wrong place at the wrong time. You can manage to get over it differently. But here you're at home with your husband, and you don't expect that. I was under constant terror (from then on) even if he didn't do it. (Bergen, 1996)

Many victims of wife rape also suffer severe physical injuries and endure multiple rapes throughout their marriages. As Finkelhor and Yllo (1983) note, a woman who is raped by a stranger lives with a memory of a horrible attack; a woman who is raped by her husband lives with her rapist.

This long-neglected issue deserves the attention of all professionals who come into contact with families, and because of the higher rate of rape in marriages in which there is physical violence (Hanneke, Shields, & McCall, 1986), those who work with battered women must give this issue additional attention. This chapter focuses on the rape of women by husbands and intimate cohabiting partners. Sexual assault of men by their female partners is believed to occur much less frequently and with less severe consequences (see Struckman- Johnson and Struckman-Johnson (1994) for further review of this topic). Sexual assault in dating and/or homosexual relationships, although similar in some respects to wife rape, is outside the scope of this chapter.

Definition of wife rape

One of the difficulties in addressing the issue of wife rape, as is the case with rape in general, is defining what behaviors should be considered "rape." At its most basic definition, rape is forced sexual contact, yet what constitutes "force," and what sexual acts are included must be defined. This review focuses on marital rape defined as any unwanted sexual penetration (vaginal, anal or oral) or contact with the genitals that is the result of actual or threatened physical force or when the woman is unable to give affirmative consent (see also (Bergen, 1996; Pagelow, 1984)). This also includes sexual exploitation involving sexual contact, such as when a husband coerces a wife to engage in sexual acts with someone else. We have endeavored to review studies to find relevant information about such experiences perpetrated by men in marital or cohabiting intimate relationships. Although it may appear that research on "wife rape" should by definition include only legally married couples, most studies have not limited themselves in this way. Many have included cohabiting couples, suggesting that the relevant relationship dynamics of long-term cohabiting couples are similar to those of legally married couples. In addition, because such experiences may occur during a separation period or after divorce, the relationship of ex-wife/ex-husband is relevant to our review. In this chapter,

we included information on the incidence and dynamics of sexual assault in long-term intimate relationships, while generally excluding from or limiting our discussion of sexual assault that occurs in the context of short-term intimate relationships and dating relationships.

The way that we have chosen to define wife rape in this chapter does not always parallel the available research that we have drawn upon to examine this problem. In theory-driven research the problem to be studied is defined by examining the theoretically relevant social constructs. But as we have noted, there has been little research directly targeted at this issue and definitional problems have plagued research on both partner violence and sexual assault. These definitional problems are compounded in a review that crosses both fields. Some studies that we have reviewed only include completed penile- vaginal intercourse in the definition of rape, whereas others include not only completed but also attempted acts, or include oral and anal intercourse, objects inserted into the vagina, or touching of sexual organs. In addition, what constitutes "force" (or coercion) is complicated by the problem of defining force in the context of an ongoing relationship. Typically studies of sexual assault require physical force or the direct threat of physical force for the assault to be considered rape. On the other hand, studies focused on the experiences of battered women may more broadly define coercion to include more temporally distal acts or coercion stemming from past experiences with violence perpetrated by the husband when his wishes were not accommodated. Further complicating the definitional issues, some studies of prevalence have considered sexual assaults in all intimate relationships, including dating couples.

When summarizing information across this diverse group of studies, the terms wife rape and/or marital sexual assault will be used to refer to any of the acts outlined above in our definition of wife rape. When referring to a specific study, the terms and definitions used in that study will be used when appropriate.

Wife rape and the law

In the United States, no husband had been successfully convicted for the rape of his wife until the late 1970s. The marital rape exemption, which precluded a state from charging a husband with the crime of rape of his wife, was the presumed common law in the United States until this time. The most frequently cited source of this exemption was 17th century British Chief Justice Matthew Hale, who wrote that husbands could not be guilty of a rape of a wife because "by their mutual matrimonial consent and contract the wife hath given up herself in this kind unto her husband, which she cannot retract" (as cited in Drucker (1979).

It has been noted in several high court decisions that Hale's words were not delivered in the context of a court decision, nor was any authority cited; therefore they should not have been considered precedent for common law. Some criminal law authorities in the United States, however, accepted these words to imply a common law, while others have questioned Hale's authority as well as the constitutionality of such a statement (Drucker, 1979). In addition, legislators have enacted laws in their own states which have created a

marital rape exemption in the penal codes for those states. While the origins of the exemption may appear to be "ancient history" rooted in the outdated concept of wives as the property of their husbands, the exemption has had a long life, thriving through the "sexual revolution" of the 1960s and 1970s without change. In fact, the 1980 Model Penal Code extended this exemption to all persons living together as "man and wife" (as cited in (Estrich, 1987)). As recently as the early 1980s (Jeffords & Dull, 1982), one opinion poll of 1,300 Texas residents found that only 35% were in favor of Texas having a law that permits a wife to accuse her husband of rape.

The arguments for keeping the exemption have included: (a) keeping the marital relationship private, (b) protecting husbands from vindictive wives, (c) because it is nearly impossible to prove, and (d) because a charge of rape would discourage reconciliation between husband and wife. These issues were addressed during one of the landmark cases of marital rape in the 1980s. In *People v. Liberta*, a husband raped and sodomized his wife in front of their 2-year old son while he was living apart from her under a court order. The trial court ruled that the court order had rendered him "not married," and thus the husband was found guilty of rape (as cited in Augustine (1990-1991)). The husband appealed the ruling, claiming that the court order did not declare him "not married," and therefore he should retain the exemption. In addition, he claimed this exemption was unconstitutional, as it did not offer all men the same protection from prosecution. In 1984, New York's highest court not only upheld his conviction, it also struck down the exemption as an unconstitutional denial of equal protection for married women (*People v. Liberta*, 64 N.Y., 2d 152 (1984), as cited in Augustine, (1990-1991)). For a further discussion of wife rape court cases, see Appendix I: Husbands Accused of Wife Rape in the United States, Selected Cases in Russell (1990).

During this ruling, the court made clear the following "responses" to the issues outlined above: (a) marital privacy is meant to provide privacy of acts that both husband and wife find agreeable; it is not meant to shield abuse; (b) labeling all wives potentially vindictive is a poor stereotype not supported by any evidence; (c) many crimes without witnesses are hard to prove, yet this is no reason for making a crime "unprosecutable;" (d) making rape in marriage a crime does not make marriage more difficult; it is rather a rape which would make a marriage more difficult (Center for Constitutional Rights, 1990). (For a further discussion of these issues, see Drucker (1979); Freeman (1985); Center for Constitutional Rights (1990).

According to the National Clearinghouse on Marital and Date Rape, as of March 1996, only 17 states and the District of Columbia have completely abolished the marital rape exemption (the exemption is also abolished on all federal lands). In 33 states, some exemptions remain in certain circumstances, e.g. typically when the husband has not used force because the wife was either temporarily or permanently, mentally or physically impaired or disabled. These marital privileges are extended to unmarried co-habitants in 5 states, and extended to dating partners in 1 state (Delaware). However, under at least one section of the sexual offense codes (usually those code sections regarding force), marital rape is a crime in all 50 states. Each state has its own sexual offense codes, and

those working with marital sexual assault survivors must familiarize themselves with the codes in their state in order to provide accurate information regarding legal rights.

Only a very small percentage of wife rape cases ever make it to trial, and those that have gone to trial have been cases in which there has been a great deal of additional physical force or violence. Many barriers exist for the wife rape victim who wishes to prosecute. First, she must overcome her own fears and mixed feelings, including fear of retaliation; fear of a negative reaction from friends, family or the legal system; concern for how she'll support her children without her husband; and even concern for the rapist, with whom she has shared a marriage and family. She must then overcome potential negative reactions of police and prosecutors, who may decide there is not enough evidence for prosecution. Many victims of rape are likely to unwittingly "destroy evidence" by immediately showering or douching after the rape, and by delaying the report (Estrich, 1987). As victims of intimate sexual assaults are less likely to recognize the assault as a crime (see "Barriers to Assessment," this chapter), they will be less likely to consider "collecting evidence" in the aftermath of a sexual assault. As Estrich (1987) notes, pursuing a rape complaint under the best of circumstances is difficult; doing so when one's friends or family, the police, the prosecutor, and possibly the jury are not convinced the act is a crime "may be more than most women can endure."

It is important to end this very brief review of legal issues with two important pieces of information. The first is that even if there has been no criminal prosecution or an acquittal, wives who have been raped by husbands may sue their husbands in civil court for financial compensation for injury and suffering, and for medical and other costs (personal communication, Laura X, National Clearinghouse on Marital and Date Rape, November 3, 1996) (Lehrman, 1996). The second important piece of information also comes from the Clearinghouse, as cited in Russell (1990): of the 118 wife rape cases prosecuted during the years 1978-1985, 104 resulted in convictions. This is a prosecution rate of 88%; a rate considerably higher than that for non-marital rape cases. This is most likely due to the fact that those selected cases that have made it to trial have been particularly brutal in nature. Many other cases were likely to have been diverted from trial by a woman's own self-doubt or fears, or by the decision-making of a representative of the legal system that her case is not serious or not "prosecutable." These high conviction rates should be noted by those working with wife rape survivors as advocates, police, and prosecutors; wife rape survivors should not be discouraged based on the erroneous belief that convictions are unlikely.

Prevalence and incidence of sexual assault in marriage

Prevalence rates based on general population or community studies

When we examine the best national data providing estimates of the prevalence of partner violence (Kaufman Kantor, Jasinski, & Aldorondo, 1994; Straus & Gelles, 1990) we find these studies did not include questions designed to estimate the prevalence of marital sexual assault. The best information we have comes from two national surveys on sexual victimization experiences, The 1993 National Crime Victimization Survey (Bachman &

Saltzman, 1995) and Rape in America (Kilpatrick, Edmunds, & Seymour, 1992). Unfortunately, to date, analyses of data from these studies do not include information that permits direct calculation of the rate of sexual assault of wives, although further analyses of these data sets is possible in the future.

Other studies of sexual assault contain a number of methodological problems or limitations in the way the data were reported that make it difficult to arrive at estimates of the prevalence and incidence of wife rape. For example, some studies have reported rates of rape where wife rape is grouped together with incestuous rape (Koss, Dinero, Seibel, & Cox, 1988). Others group data on wife rape with information on date and acquaintance rape. Other studies have methodological limitations such as using only one question to ask about sexual assault experiences, asking questions in nonprivate settings, or utilizing male interviewers (Sorenson, Stein, Siegel, Golding, & Burnam, 1987; Ullman & Siegel, 1993).

Two studies have assessed and reported data on the prevalence of wife rape based on interviews with community samples of women. One of these studies (Russell, 1990) reports rates of wife rape for adult women in general and also calculates rates for the "ever-married women." This calculation is important because those who were never married have no risk of wife rape. Russell interviewed a randomly selected representative community sample of 930 San Francisco women, and found that 8% of the women were survivors of wife rape. When calculated based on only those in the sample who had been married at some time in their lives, the prevalence of wife rape was 14%. In a second study that provides some basis for estimating the rate of sexual assault of wives, Finkelhor and Yllo (1985) interviewed 323 Boston mothers, and found 10% of these ever-married or ever-cohabited women were survivors of wife or partner rape. In terms of estimating lifetime prevalence of wife rape it is important to note that most of the women in both of these samples were under the age of 40 and would continue to be at risk for rape in marriage for many more years. It should be noted, however, that although we know little about the relationship between age and wife rape it is likely that, as is the case with other partner violence (Straus, Gelles, & Steinmetz, 1980), the rates of wife rape will decrease with age. Our best estimate based on these studies is that one in ten to one in seven married women will experience a rape by a husband.

Rape by intimates as a proportion of all rapes

A number of studies that have examined rape by intimates as a percentage of the total number of rapes reported per year have consistently found that rape by intimate partners accounts for over one quarter of all rapes. Randall and Haskall (1995), who interviewed a random sample of 420 women in Toronto, found that 30% of adult rape cases were committed by husbands, common-law partners, or boyfriends, while 12% were committed by strangers (the remaining cases involved perpetrators who were dates or other acquaintances, e.g. coworkers, neighbors, etc.). They conclude that "women in intimate relationships with men are at higher risk for sexual assault than are women who are not in intimate relationships with men." Ullman and Siegel (1993) found that 28% of adult (16 plus years of age) survivors of sexual assault were assaulted by intimates and

George and colleagues (George, Winfield, & Blazer, 1992) found that 29% of all sexual assaults of adult women were perpetrated by a husband or lover.

Kilpatrick and colleagues (1992) reported that one out of every eight adult women in the United States had experienced at least one forcible rape in her lifetime. Many of the women experienced multiple rapes. Nine percent of the rapes experienced by the women were committed by husbands and ex-husbands; another 10 percent were committed by boyfriends and ex-boyfriends. In their estimates of the proportion of rape that involves husbands or boyfriends, the Kilpatrick et al. study arrives at a lower figure (19%) as this rate is calculated based on all rapes reported, including those experienced during childhood.

Wife rape among battered women

Some studies that have gathered data on the sexual assault of women by their husbands or intimate partners have relied on convenience samples, including women seeking help for "relationship problems" and battered women who are seeking help, living in shelters, or who have answered advertisements. Although such studies clearly do not allow generalization to the total population of married women, they do provide insight into the prevalence of sexual assault among battered women and women experiencing other difficulties in their heterosexual relationships. For a thorough review of studies of wife rape in these special populations see Hanneke and Shields (1985), and Pagelow (1988).

The incidence of sexual assault reported by battered or help-seeking women is much higher than that found in the general population. Of women seeking relationship maintenance, counseling, or assistance, between 20-30% have reported at least one forced sexual assault by a partner (Campbell, 1989; Yegidis, 1988). This is two to three times the rate of wife rape experienced by all ever-married women. The incidence of sexual assault among battered women has been assessed by many studies, most of which report that at least half and as many as 70% (Pence & Paymar, 1993) of all battered women have been sexually assaulted by their partners. This is a rate five to seven times higher than that reported by ever-married women. It should, however, be kept in mind that these samples are comprised of women who have sought help or who were residing in battered women's shelters. It is unlikely that these samples are representative of all battered women. Women who are living in shelters or those seeking help are likely to be those women who have experienced the most severe abuse. It could, however, be argued that many of the most severely abused women do not seek help due to fear of the abuser, and thus the rate of rape of battered women in shelters may not be an over-estimate of the rate of sexual violence for all battered women. Moreover, as Russell (1990) noted, the most severe abuse cases, those in which the husband kills the wife, will obviously not be included in these samples. In 1992, at least 1,414 women were killed by intimates (Uniform Crime Reports, 1992, as reported in Bachman and Salzman (1995)).

Barriers to assessment, the invisible victim and the underreporting of the prevalence of wife rape

Our ability to gauge the prevalence and incidence of wife rape is likely to be seriously limited by underreporting and cultural factors that conspire to keep the wife rape victim invisible. What would prevent wives from reporting forced and/or violent sex? The answers to this question highlight some of the complex issues facing researchers and practitioners working in this field.

Rape is one of the most under-reported crimes in the country (Bachman & Saltzman, 1995; Kilpatrick, et al., 1992). In a recent study of women's lives using a large, nationally representative sample (Kilpatrick, et al., 1992), only 16% of all rapes disclosed to the interviewer had been reported to the police. Rape victims may also be reluctant to discuss their experiences with researchers. In one study, only half of a sample of acquaintance rape victims who had reported the rape to the police disclosed the rape to an interviewer (Curtis, 1976).

There is considerable evidence that victims of wife rape would be less willing than stranger rape victims to discuss their experiences with either friends or formal service providers. Koss, Dinero, and Siebel (1988) found that only 3.2% of the women who were raped by people they knew reported the incident to police, compared to 28.6% of stranger rape victims. Ullman and Siegel (1993), using a large nationally representative sample, found that women assaulted by strangers were more likely to talk to a friend, relative, or professional helper than women assaulted by nonstrangers. In her study of rape victims, Williams (1984) concluded, "Of all the factors that influence a victim's decision to report, the relationship between the victim and the rapist appears to be the most important." In Browne's (1987) study of women who killed their partners, she notes, "women were more reluctant to talk about their partners' sexual assaults than about any other type of abuse." This reluctance and discomfort in talking about sexual assault experiences has also been noted by Russell (1990), Bergen (1996), Finkelhor and Yllo (1985) and Hanneke and Shields (1985).

A number of factors contribute to the underreporting of wife rape and women's reluctance to discuss these experiences. These include:

1. *Loyalty to husband/privacy of family*: One woman in the Russell (1990) study wrote (on a post-interview questionnaire), "I felt I was betraying my husband by answering truthfully." Women realize that discussing such experiences would cast their husband in a negative light. Issues of loyalty and keeping the family secret are typical in battering relationships.
2. *Unwillingness to accept their own victimization*: It is emotionally painful to acknowledge that one is being betrayed by the person one depends upon for love and support. For many women who lack the economic resources, social support, or job skills that would enable them to leave the relationship, acknowledging rape by a partner would only add to an already painful situation. Both dependent and independent women sexually assaulted by their partner may minimize their experiences in order to make their lives bearable (Campbell, Pugh, Campbell, & Visscher, 1995).

3. *Reluctance to label the experience "rape"*: A common theme found in studies of wife rape is the women's avoidance of the words "rape" or "sexual assault" when discussing experiences of forced sex by a husband or intimate partner (Bergen, 1996; Finkelhor & Yllo, 1985; Koss, et al., 1988; Russell, 1990; Williams, 1984). One woman interviewed by Finkelhor and Yllo (1985) was physically assaulted (punched in the face) by her husband routinely, and her husband demanded sex three times a day. If she did not comply, he would hit her, demean her verbally, or throw her out of the house. He forced her to have sex four times in front of their child. One day he threatened to "rip out her vagina" with a pair of pliers. The woman recounted these experiences to the interviewer, yet when asked if she had ever been raped, she replied "no." A woman who was routinely beaten and choked during intercourse to the point where she would lose consciousness said that she had never been raped as she always submitted to sex out of fear (Pagelow, 1988) (for further case study examples, see Browne (1987); Russell (1990); Finkelhor (1985); Bergen (1996).

Both Browne (1987) and Pagelow (1981) have documented in their studies of battered women that the sexual assaults experienced by the women often included severe physical battering and often resulted in injury. Pagelow noted that because of the severe physical battering during the sexual assault many of the victims do not define the act as "sexual" and instead label it a battering incident. Other factors that may influence the tendency of wives to avoid applying the label of rape to such incidents include (but are not limited to) perceptions about a woman's role in marriage, uncertainty regarding what constitutes normal sexual relations, ambiguity regarding what constitutes "force," feelings of guilt and responsibility for the abuse, and having no words to describe their experience.

As discussed by Bergen (1996), many wife rape survivors do not have a word to describe what happens to them. Although they recognize their experiences as being unwanted and harmful, they, like most other people, do not conceptualize the term "rape" within a marital context. Williams (1984) suggests that the more an incident fits the "classic rape" scenario (stranger-perpetrated, in a dark public place), the more likely rape victims are to label the incident rape: "The classic rape provides the victim with the evidence she needs to convince both herself and others that she was indeed a true rape victim." Bergen (1996) found that, among battered women, many survivors of multiple rapes only defined a particular experience as rape when it resembled the classic rape in some way (e.g., the woman was abducted). Many women in the Bergen study only began redefining their experience as rape after reading battered women's literature, seeing shows on battered women, or speaking with a service provider.

It is not only battered women who have ambiguous notions regarding what constitutes forced sex. Sullivan and Mosher (1990) used guided imagery to depict a rape or consensual sex scene. Men were asked "Was this woman raped?" and "Did she consent to having sex?" Fourteen of the men who received the rape scenario (ten of which depicted marital rape) denied that the woman was raped,

yet only three of these men said that the woman consented, indicating that for some people there is a gray area between consensual sex and rape. This study and others (Cahoon & Edmonds, 1992; Cahoon, Edmonds, Spaulding, & Dickens, 1995; Freetly, Hattery, & Kane, 1995; Monson, Byrd, & Langhinrichsen-Rohling, 1996) have found that people tend to perceive a woman as more responsible for and less harmed by forced sex when the offender is her husband rather than a stranger.

Women who have been sexually assaulted in marriage may remain invisible because they fear the negative responses or judgement of others or because they are embarrassed or ashamed. This reaction may be fostered by the societal response to victims of sexual assault (Weis & Borges, 1973), which, especially in cases where the victim knew the offender, continues to be one in which the victim is considered blameworthy for either precipitating the attack or not fighting back vigorously enough (Estrich, 1987).

4. *Misunderstandings about a woman's role in marriage and marital responsibilities:* That the term "wifely duty" refers to sexual relations is linguistic evidence that the belief that women engage in sexual relations as one of the chores of marriage has a strong influence in our culture. Many wife rape survivors have expressed the belief that they are obligated by their marriage vows to submit to all sexual acts, and therefore these acts are not considered rape, regardless of the nature of the sexual experience, as demonstrated by the following quotes.

He was the husband and I was the wife and it was my responsibility to satisfy him. (Finkelhor & Yllo, 1985, p. 51)

Every time we had sex it was unwanted, but I knew I had to do it because I was his wife. (Russell, 1990, p. 79)

Similar to women who are physically abused by their husbands, women who are raped by their husbands often accept responsibility for the attack, blaming themselves for doing or saying something that they should have known would make the husband lash out at them. Some women believe they are wrong or frigid for not wanting sex.

If I refuse he will go to other women. Then it would be my fault and a sin. Whether I like it or not I have to give in. (Russell, 1990 p. 83)

*I told him to f*** off...and he sat up on my torso and forced his penis into my mouth. I bit it, so he got off of me immediately, saying that if I expected to keep the marriage together I would have to cooperate sexually. (Russell, 1990 p.153)*

5. *Sexual inexperience and uncertainty about what constitutes "normal" and "forced" sexual relations:* Many women sexually assaulted in marriage have not had much experience with other sexual partners, or their other sexual partners

have also been abusive. Some women believe that violent sex is a "normal" or inevitable part of marriage. As one wife rape survivor said, "You just have to make the best of it.... Who knows what the next one would be like" (Russell, 1990). Wife-rape survivors report that their husbands have called them frigid or sexually inadequate for not "enjoying" forced sex; or the wives are told that it is their duty. Women with little sexual experience and/or knowledge are more likely to believe that forced sex in marriage is normal, and thus not "real rape."

I guess some of our problems came from the fact that I never knew much about sex, and I never enjoyed having him touch me that way. Maybe some of it came from the fact that the first time I ever had sex was when he raped me -- I was so ignorant! (Dobash & Dobash, 1979).

"Use or threat of force" is an extremely complicated issue in the study of wife rape. A woman's prior history of being dominated, intimidated, or battered in a relationship may be the "threat of force" she experiences, although the offender may not use physical or even verbal threats immediately prior to or during a sexual assault. Half of the 115 battered women in the Campbell and Alford (1989) study were threatened with a beating for refusing sex. For 15 of these women, the threat involved a weapon. Many women who have in the past suffered beatings because they refused to engage in sex with their husband later submit to sex to avoid beatings or minimize their physical injury (Finkelhor & Yllo, 1985; Pagelow, 1981; Russell, 1990). Many wife rape survivors believe that because they choose to give in rather than fight, the experience isn't rape, even if they have made their desire not to engage in sex very clear.

I live in an apartment where you go up the steps to get in, and do you know how many times I've been dragged up the stairs? Get away? It just doesn't happen. So I learned quick, and then I never fought back or anything because it would just prolong the agony. It's over quicker if I just give in. (Bergen, 1996, p. 28)

It is apparent from this discussion that each incident of wife rape may not include actual physical or verbal threats, and, therefore, may not be reported by a woman in response to questions about physically forced sexual contact.

Although we consider the Russell (1990) and Finkelhor and Yllo (1985) studies to be the best estimates we have of the overall prevalence of wife rape, indicating that at least one of every 10 married women will be raped by a husband or cohabiting boyfriend in her lifetime, it is likely that practitioners who work with battered women will find that these women are much more likely to have experienced such an assault (Campbell, 1989; Pence & Paymar, 1993). The rest of this chapter is focused on exploring the dynamics of sexual assault in marriage and assessment and treatment issues.

Characteristics and dynamics of wife rape

There are a myriad of possible problems in sexual functioning that may occur in couple and family relationships. Sex may be unpleasant, unfulfilling, or unwanted by either or both partners. Sexual infidelities and dysfunctions in either partner may trouble a marriage. Here, however, we focus on partner violence and in this chapter we examine the problem of sexual assault in marriages and cohabiting relationships, that is sexual contact by force or threat of force.

Most of the evidence about the dynamics of wife rape comes from the accounts of battered wives recruited into research studies from shelters or clinics. Their reports may not be representative of wives who are raped but not battered, or wives who do not seek any source of help. Despite these limitations, this section will review the characteristics and dynamics of wife rape as well as a typology of wife rape.

Characteristics of wife rape

Force. He never used force except to hold me down. (Russell, 1990 p. 50).

Defining force is an extremely complicated issue in the study of wife rape, as a woman's history of being dominated, intimidated, or battered in a relationship may shape her beliefs regarding what her options are in any sexual encounter with her husband. Four types of coercion in wife rape have been identified by Finkelhor and Yllo (1985) and are useful here. These are: social coercion, interpersonal coercion, threat of physical force, and physical force. The literature suggests that wife rape survivors may experience a combination of these types of coercion, and the nature of the coercion may change over the course of the relationship, as with the type of assault.

Social coercion is enforced by societal messages regarding appropriate sex roles for men and women within marriage. For example, survivors of wife rape have said that they believed it was their "wifely duty" to submit to sexual relations, regardless of their own desires (Bergen, 1996; Finkelhor & Yllo, 1985; Russell, 1990). Such beliefs may be reinforced by religious, family, or other cultural norms and are further reinforced when women who attempt to discuss sexual assaults with friends or service providers are rebuffed, not taken seriously, discouraged from taking action, or blamed for the assault.

Interpersonal coercion includes threats by husbands that are not of a physical nature; for example, threats to leave the relationship or withhold money. It is important not to minimize the impact of such threats. Many women are economically as well as emotionally dependent upon their husbands, and rely on them for their own and their children's sustenance. If the husband threatens, "You have sex now or I'll get sex elsewhere. I'll leave you," as cited in Russell (1990), this is a real and potentially terrifying threat. In fact, Russell found that while 70% of the women she interviewed said they were "extremely upset" by threats of a physical nature, a larger proportion of the women (83%) were "extremely upset" by threats to leave or "not love her." Thus, even women who are economically self-sufficient may submit to having sex against their will, even when it involves painful and/or humiliating acts, rather than risk losing their husbands and the dissolution of their marriage and/or family.

Threats of physical force range from minor threats (e.g., telling the woman it will hurt more if she resists) to death threats to her or her children. These threats may be bolstered by the woman's past battering experiences. Battered women know what they risk if they refuse the sexual advances of the batterer. Actual physical coercion may also be used and may include a range of severity from relatively minor (e.g., slaps, shoves) to severe (e.g., punching, burning, tying up, using a weapon, homicide) physical assault. Current data on the use of physical violence during sexual assaults come primarily from anecdotal accounts. Force and fear are common, however, as indicated by one study. Riggs and colleagues (1992) examined the experiences of women who reported wife rape only (with no physical assaults) in comparison to women who had experienced stranger rape, and found that the proportion of women in each group who feared they would die during the assault was nearly equal (36% & 40% respectively). This indicates a high level of violence and/or fear of violence experienced during forced sex experiences of marital rape victims.

Sexual acts perpetrated. As can be seen in Table 5-1, in four major studies of the characteristics of marital rape the majority of the survivors reported that they experienced forced vaginal intercourse and nearly half of the women were beaten immediately preceding or during the sexual contact. From one-quarter to a third of the women reported forced anal or oral intercourse.

Characteristics of Marital/Partner Sexual Assaults: Selected Results from Four Studies (Table 5-1)

(Percent of Sample who Experienced Each Type of Sexual Assault)

Study	Vaginal	Oral	Anal	Objects	Beating during sex	Raped > 1 time
Russell (1990) (N=74)	82.%	7.%a	7.%a	n.a.	35.%	69.%
Campbell & Alford (1989) (N=115)	83	n.a.	53	29	44	n.a.
Bergen (1996) (N=40)	57	33	40	n.a.	"often"	83
Finkelhor & Yllo (1985) (N=50)	94	20	32	n.a.	40	72

Note: n.a. = no data available.

a Russell (1990) reported the figure 7% for oral and anal assaults combined. This number was duplicated in this table in both categories for readability.

In Campbell and Alford's (1989) study of 115 battered women who had experienced marital sexual assaults, some of the women also reported being forced to engage in sex with other women, sex with animals, prostitution, and public exposure. Five percent of the women reported that children were also forced by the husband to engage in the sexual act, and 18% of the women reported that their children witnessed sexual assaults. Such experiences are not rare and are also described by women in the Finkelhor and Yllo (1985) and Russell (1990) studies.

Ullman (1993) found that, when compared to stranger-perpetrated attacks, sexual assaults by an intimate are more likely to result in completed sex acts (78% vs. 49%). Another study (Peacock, 1995) found that wife rape survivors are more likely to have experienced unwanted oral and anal intercourse than women who are raped by acquaintances.

Timing and duration of the assaults. The pattern of when and under what circumstances sexual assaults against a wife or cohabiting partner occur has not been well documented in the literature. Case studies and interviews indicate that rape may occur in the absence of prior physical abuse when a marriage is deteriorating, after long periods with no sexual contact, when the husband is suspicious of sexual infidelity, or when a husband is intoxicated. These factors may also precipitate sexual assault in marriages in which physical assaults have occurred. In these relationships sexual assault may occur in the course of batterings or separate from battering incidents.

It is important to note that the majority of survivors of wife rape report enjoying consensual sexual relationships with their husbands at some time before and/or after the rape(s) (Browne, 1987; Finkelhor & Yllo, 1985; Walker, 1989). It is clear from such reports that wife rape is not "caused" by lack of sexual relations in marriage; forced sex in marriage appears to be more about force than about sex.

A disturbing finding about the timing and nature of wife rape is the large number of cases that have come to the attention of practitioners in which the rape occurred either during a woman's illness or immediately after her discharge from a hospital. Campbell and Alford (1989) found that half of their sample of wife rape survivors had been forced to have sex when ill, and almost half were forced immediately after discharge from the hospital, most often after childbirth. One third of Bergen's (1996) sample of wife rape survivors who sought services from rape crisis centers or battered women's shelters reported an increase in physical and sexual violence during pregnancy. Campbell (1989) also found that raped and battered women were more likely to have been battered during pregnancy than battered-only women.

Several women in both the Finkelhor and Yllo (1985) and the Bergen (1996) samples were forced to have sex after they had been given doctors orders not to, including one woman whose physician-husband forced her to have oral and anal sex after returning from the hospital following the cesarean section birth of their child. Bergen (1996) speculates that it is the husband's perceived challenge to his authority that increases the risk of rape; in order to re-establish himself as the decision-maker, he disregards both his wife's wishes and the doctor's orders.

Case studies indicate that there is increased risk for sexual assault just preceding, during, or after a separation or divorce. Bergen (1996) found that 20% of the women in her sample were sexually assaulted during this time period; Finkelhor and Yllo (1985) found that two thirds of the women in their sample experienced sexual assaults in the waning days of the relationship (either before or after separation). Russell (1990) reports that 8% of the wife rape survivors experienced sexual assault by their husbands while separated and 7% were assaulted just prior to separation. In sum, nearly a quarter of the women

across various studies report that wife rape occurred during a separation/divorce period. The victims as well as the researchers speculate that it is during these times that the husband may use rape to express anger at the loss of his wife, or to express some form of dominance and power over his wife in an attempt to hold onto something he knows he is losing, or, alternatively, because he "has nothing to lose."

Studies consistently report that most wife rape survivors have experienced multiple rapes over the course of a relationship. In Finkelhor and Yllo's (1985) sample, half of the women were raped 20 or more times; for some it was so frequent that "they lost count." Two-thirds of the Russell (1990) sample were victims of multiple rapes, with 1/3 experiencing more than 20 rapes. The Koss and associates (1988) study found that "over half of the women assaulted by spouses or other family members reported five or more rapes by the same perpetrator." Riggs and associates (1992) found that while none of the stranger rape victims reported multiple attacks by the same offender, 64% of the wife rape victims did. Browne (1987) found that women who had killed their husbands were more likely to have been raped more than 20 times when compared to a battered control group, indicating a possible link between high frequency of rape and homicide potential.

Some wife rape survivors reported that rape episodes lasted for many hours during which time they were repeatedly raped and brutalized. Such reports of rapes of long duration usually involved a husband who was drunk, on drugs, and/or who had a history of being severely abusive (Browne, 1987; Pence & Paymar, 1993; Russell, 1990).

It is not surprising that women raped in marriage tend to be raped more frequently than stranger rape victims, because these women live with their rapist. In such a marriage they have no place in which they can feel safe from revictimization.

Characteristics of the offender

We have not found any large, representative study of husband-rapists nor has any study, to date, focused on the characteristics of husbands who have raped their wives. What we know about the characteristics of the husband-rapist typically comes from reports by wives who have sought shelter from their battering and sexually assaultive husbands. Although much of this information is not highly sensitive (e.g., income, age at marriage, etc.), some important factors (e.g., alcohol abuse history, attitudes toward violence) is subject to either bias or misinformation when reported by the wife, and should be viewed with caution. Further research with multiple measures is clearly needed in this area.

In Russell's (1990) study of one of the largest community samples, the husband-rapists were reported to be from all ethnic groups and of varying ages, social classes and educational backgrounds. Some studies with shelter and service-seeking samples have reported that husbands who rape as well as batter their wives are more violent (exhibit more severe and more frequent battering) than batterers who have not raped their wives (Bowker, 1983; Campbell, 1989; Frieze, 1983; Monson, et al., 1996). The husband who rapes his wife is characterized as domineering and is reported to be more accepting of wife abuse (Campbell, 1989). It is reported that he believes that it is the husband's right to

have sex whenever it pleases him (Campbell & Alford, 1989), as illustrated in this quote from Bergen (1996): "That's my body - my ass, my tits, my body. You gave that to me when you married me and that belongs to me." Frieze (1983) found that women reported that the batterer/rapist was more likely than the batterer/non-rapist to be jealous of his wife and children, and was more likely to be violent in other ways, including towards people outside of the home. Spouse abuse in the family of origin and sexual dysfunction have been reported to be associated with husbands who committed wife rape (Bowker, 1983; Rosenbaum & O'Leary, 1981).

Reports from a batterer group discussion of attitudes about sexuality reveal that many batterers hold stereotyped, male-dominant attitudes about sexuality.

We're supposed to be the aggressor. You know, in the animal world, the male chases the female. No difference.

The whole thing is kind of a game. She knows it, and I know it.

Sometimes women say no and they're just playing hard to get. (Pence & Paymar, 1993)

Pence and Paymar (1993), in their treatment manual for batterers, note that men in abuser groups often express their beliefs that sex is their right in marriage, and that they may perceive a woman's refusal of sex as unfair or as a control tactic. Some men see women as attempting to control the relationship by withholding sex, and thus justify their use of force to regain control. A husband-rapist told Finkelhor and Yllo (1985): "since a woman's ultimate weapon is sex, a man's ultimate weapon has to be his strength." We do not know how the opinions of these batterer-rapists differ from those of non-batterer rapists since these beliefs have also been found to be prevalent in the general population (see Malamuth (1993), Finkelhor and Yllo (1985) and Burt (1980) for reviews of rape myths).

It should be noted that such beliefs preclude the notion that a woman may refuse sexual advances because she actually does not want to have sex, for whatever reason (e.g., illness, fatigue). Each refusal of sex, whether it be while the woman is ill or immediately following a fight, is perceived by such men as a control tactic and an attempt to manipulate rather than an expression of a woman's true wishes. Under this belief system, women are perceived not as human beings with their own desires and feelings, but rather as manipulators, and thus rape is viewed as justified.

Alcohol and the wife rapist

The relationship between alcohol and wife rape is complex and the data are contradictory and unclear. Alcohol may decrease inhibitions or excuse the sexually assaultive behavior of husbands (Barnard, 1989). This may increase the rate of wife rape by alcohol-abusing men, and it may also decrease the reporting of this behavior, if intoxication provides an excuse that the wife accepts. It is thus not surprising that some studies have found no relationship between alcohol abuse and wife rape (Bowker, 1983) while others have

found that husbands who raped their wives were more likely than battering, non-rapist husbands to have had a drinking problem (Frieze, 1983). Nearly one-quarter of the women in Russell's (1990) study responded that the husband-rapist was drinking at the time of the rape, and about an equal number were described as habitual drinkers. Again, these studies were based on the wife's report. As many wives may be unwilling to report their own or a husband's drinking (or may be in denial about it), this could contribute to the inconsistencies in findings.

Due to the limitations of the current research, our picture of the husband-rapist is not based on representative studies, and this may be confusing to the practitioner. Some of the literature paints a picture of the husband-rapist as a severely dominant and possessive patriarch who may abuse alcohol; yet we must keep in mind that this picture is based on non-random samples and is usually based on reports by an intimate family member who is a victim of abuse. The husband-rapist may behave differently in public than when in a one-on-one interaction with his spouse, and thus may not be so obvious to outsiders, including practitioners. As Finkelhor and Yllo (1985) noted during their interviews with 3 husband-rapists, these men appeared very normal. Of one man they wrote: "He was, in fact, such a nice, average guy that after meeting him it was much easier to say with conviction that almost any husband can be a rapist." Practitioners need to be aware that husband-rapists need not fit the stereotype often painted of them.

Why do men rape their wives?

We have not found studies that examine the motivations of the husband-rapist. It is unclear how similar the motivations of husband-rapists are to those of stranger-rapists. When women were asked their opinions about why their husbands committed sexual assaults, issues of power, control, dominance and humiliation were commonly reported (Frieze, 1983). Many women also indicated that their husbands believed in the wife's obligation to consent to sex upon the husband's expression of desire (Campbell & Alford, 1989).

These themes are also present in the narratives of three husband-rapists who were interviewed by Finkelhor and Yllo (1985). Based on the stories of these men, each was classified as having raped his wife using "force only." None of the men were chronic batterers, all were middle-class, and all talked about conflicts that were "typical" of normal relationships. Thus, although these men were not the batterer-rapists described by most women from shelter samples, the themes of dominance, control, and humiliation were present in their stories.

You could say, I suppose, that I raped her. But I was reduced to a situation in the marriage where it was absolutely the only power I had over her. (Finkelhor & Yllo, 1985, p. 66)

I was damn sure I didn't want any more children, but I remember just being angry enough that I decided, "I'm going to take the risk anyway. (Finkelhor & Yllo, 1985, p. 73)

I guess I was angry at her. It was a way of getting even. (Finkelhor & Yllo, 1985, p.80)

All of the men described feelings of emasculation and powerlessness in their relationships. Each expressed feeling that he was not appreciated by his wife for the hard work he put into earning income or other relationship tasks. Sex was seen as an entitlement by some, and forced sex was used as a weapon - "one of the only ways I could best her." (Finkelhor & Yllo, 1985). These men had trouble managing the anger in their lives and used sexual assaults against their wives as an outlet.

Each man also expressed at least one of the common rape myths (see Burt (1980)): that their wives sometimes enjoyed being forced, that they weren't really hurt, and that if the wife "really wanted to" she could have defended against the attack. Husbands may be unwilling to admit to the harm they cause their wives during a forced sexual experience. This is clear in a case study from Russell (1990), in which a husband held down his wife as she struggled, and ignored her pleas to stop during an anal rape, all the while saying, "tell me if I'm really hurting you" (p.138).

In the absence of studies based on representative samples of men who have raped their wives, we do not know how closely these descriptions of the men's thoughts and feelings reflect the thoughts of the average husband-rapist. The fact that the same issues emerge in several studies indicates that these themes are central to this discussion. It is likely that one reason men rape their wives is because it is a relatively risk-free act. Due to complex factors outlined earlier, many women do not discuss their forced sex experiences, even among friends. Wife rape remains a crime with little or no risk of being found out, and little or no risk of consequences even when the crime is reported. Until the secrecy and leniency with which this issue is now handled changes, there is little incentive for husband rapists to refrain from raping their wives.

Typologies of wife rape

Some have found it useful to summarize these characteristics and to consider possible typologies of wife rape (Bergen, 1996; Finkelhor & Yllo, 1985; Russell, 1990). In the sexual assault literature typologies of rape have described the dynamics of rape and have been used to understand the etiology of the rapist's behaviors, to develop treatment strategies and to predict treatment outcomes (Groth, 1979; Prentky & Knight, 1991; Prentky, Knight, & Rosenberg, 1988). Groth (1979) conceptualized three types of rape and rapists. "Anger" rape is perpetrated as a means of retaliation, humiliation and to hurt the victim. "Power" rape is motivated by desire to assert dominance and control, and "sadistic" rape is motivated by fetishistic sexual fantasies and sexual deviance. There have also been recent attempts to develop typologies of batterers (Gondolf, 1988; Holtzworth-Munroe & Stuart, 1994; Saunders, 1992; Snyder & Fruchtman, 1981).

Based on their interviews with 50 women who had been raped by their partners, Finkelhor and Yllo (1985) developed a typology of wife rape. "Battering rape" occurs in the context of a relationship where there is also much physical battering and verbal abuse. Physical battering often accompanies the sexual assault. The husband-rapist is frequently

angry, may be belligerent to his wife and may have an alcohol or drug problem. In such relationships, the sexual violence is but one of many types of violence perpetrated by the husband. Hurting, debasing and humiliating the victim is the way anger is expressed by these rapists and the man may use far more actual force than would be necessary to overpower his partner. This type of wife rape is similar to Groth's (1979) "anger" rape. "Non-battering (or force-only) rape" occurs in relationships that do not have much additional physical violence, and in which the arguments are typically focused on sexual issues. Even though the motivation of the husband-rapist in these cases may not be to inflict pain or humiliate, these may be the consequences for the victim. Assertion of dominance and control over sex is the primary motivation for these attacks and they are similar to Groth's "power" rape. "Obsessive rape" involves bizarre obsessions of the husband. The men in this group may be heavily involved in pornography, may be fetishistic or sadistic, and may demand that the wife perform deviant, unusual or painful sexual acts. This is comparable to Groth's "sadistic" rape.

Bergen (1996) applied Finkelhor and Yllo's typology (1985) to the accounts of 40 women in her convenience sample of individuals who experienced marital rape and had sought services at a rape crisis center or battered women's shelter. The breakdown of her cases according to the Finkelhor-Yllo typology is presented in Table 5-2 and compared to Finkelhor and Yllo's findings.

Distribution of Cases from Two Studies on a Typology of Wife Rape (Table 5-2)

		Study	
		Bergen (1996) (N=40)	Finkelhor/Yllo (1985) (N=50)
Type	Force Only	25%	40%
	Battering	33%	48%
	Sadistic	5%	6%
	Mixed	37%	6%

Bergen (1996) reports more "mixed" type cases than did Finkelhor and Yllo (1985). This suggests, and the researchers themselves acknowledge, that it is likely that there are other types of wife rape not covered by this typology. As is frequently the case with typologies derived in this way, researchers later find that cases often do not clearly fit in one category or another or that others have difficulty classifying new cases. A further complication is that sexual assaults in marriage, like other aspects of marital relationships, undoubtedly change over time. The changes in the relationship over time, particularly in the marriages with force-only marital rape (that is, non-battering relationships), has not been well described in the literature; actually very little is known about this type of wife rape. In Browne's (1987) sample of battered women who killed their batterers, a frequent pattern was for sexual assaults to begin as force-only rapes, and later become battering rapes. Browne also noted that sexual assaults on women who killed their partners had often become more brutal and bizarre over time. One obviously cannot generalize from these more extreme cases in Browne's sample. A detailed study of a large representative sample of wife rape cases would help us to better understand the

pattern of relationships in couples where wife rape occurs and to develop more useful typologies of wife rape. As the existing typologies are developed and refined they need to be used in further research and the implications for practice need to be hypothesized and tested.

Some researchers have suggested that wife rape is a distinct "syndrome" (Bowker, 1983) although little evidence has been found to support what sets this syndrome apart from severe battering. Others (Browne, 1987) have argued that wife rape should be considered within the scope of severe abuse. In Browne's (1987) study of women who killed their partners, she noted that when the women were asked to describe the worst battering incident, it often involved a sexual assault.

There is as yet no consensus regarding where the issue of wife rape fits - whether it should be considered a type of battering or a form of rape, or both. What is clear is that wife rape is much more frequently reported among samples of battered women. Hanneke and Shields (1986) provide a review of studies of wife rape with a focus on the difference in prevalence between battered and nonbattered populations. As suggested by Russell (1990), it may be helpful to consider different types of abuse in marriage: battered only, battered and sexually abused, and sexually abused only.

Characteristics of the victims of wife rape

As mentioned above, wife rape appears to be much more common in battering than non-battering relationships, occurring in an estimated half of all battering relationships. Thus, characteristics associated with battered women would be relevant to many wife rape survivors (see Chapter 1, this volume). However, not all battered women are raped in marriage; in addition, research on rape in marriage has documented a small but consistent number of women who report rape in marriages in which there are no physical assaults (rates typically range between 1-5% of samples, depending on the type of sample. See Hanneke (1986) for a review of these studies and their rates). Practitioners may wonder if there are characteristics that distinguish the raped and battered women from the battered only or raped only woman.

The research to date which would allow exploration of these issues is too scant and contradictory to allow for a clear answer to these questions. There is no known research on the differences between raped only (i.e., nonbattered) wives and nonvictimized wives. It has been noted by researchers in this field that a focus on the characteristics of the victim is unwarranted. As it is not the victim who is committing the assault, it is not surprising that the victims do not share identifying characteristics. As Russell (1990) suggests, demographics may have less influence on whether or not a woman experiences wife rape than on how she responds to the rape (e.g., if she stays, gets help, etc.).

Women who are battered and raped in marriage are more likely than battered only women to leave or consider leaving the marriage (Bowker, 1983; Frieze, 1983), although as wife rape is also associated with severe physical assaults it is unclear if it is the sexual nature of the assaults or the severity of assaults in general which are more closely related

to a woman's decision to leave. Russell (1990) found that women who were the primary breadwinner at the time of the husband's first rape were more likely than others to "take effective action" (either leaving the relationship or other action) which put an end to the rape, a finding consistent with other research indicating that financial insecurity is one barrier to a woman's leaving an abusive relationship.

The consequences of wife rape

Effects on the victim: Physical and psychological outcomes

Physical outcomes

Kilpatrick et al. (1988), using a nationally representative sample to study rape in America, found that "Women assaulted by husbands and boyfriends were actually more likely to sustain physical injury." Campbell and Alford (1989), who interviewed 115 raped/battered women, found that 72% experienced painful intercourse and 63% had vaginal pain as a result of sexual assault by the husband. Other problems the respondents attributed to the sexual assault included vaginal bleeding (37%), anal bleeding (30%), leaking of urine (32%), miscarriages and stillbirths (20%), and unwanted pregnancies (18%). Eby (1995) found that, among 110 battered women, 38% reported pelvic pain and 21% reported painful intercourse in the 6 months prior to the interview.

It has been noted that most women who are raped in marriage also experience severe forms of physical abuse (Bergen, 1996; Campbell & Alford, 1989; Eby, et al., 1995). Campbell and Alford (1989) found that half of the women had been forced to have sex when ill, and almost half were coerced immediately after discharge from hospital, often after childbirth. Nearly half of the women had been hit, kicked, or burned during sex. Bergen (1996) noted common injuries of severely battered and raped women included black eyes, broken bones, blood clots in their heads and knife wounds. Rape often followed physical assaults (Bergen, 1996; Campbell & Alford, 1989; Russell, 1990).

McFarlane et al. (1992) found that abused women were twice as likely as nonabused women to delay prenatal care until the third trimester. They speculate that this rate may be higher for women who became pregnant as the result of a rape, although no research attention has focused on wife rape and pregnancy. Given the strong link between prenatal care and positive birth outcomes, the relationship between rape, pregnancy, and prenatal care deserves attention (Campbell, et al., 1995).

Psychological outcomes

Psychological consequences of rape include anxiety, depression, lack of sleep, eating disorders, lack of interest in sex, fear of men, other social phobias, substance abuse, suicidal ideation, and PTSD (Goodman, et al., 1993; Kilpatrick, Best, Saunders, & Veronen, 1988). There is no evidence to suggest that victims of wife rape are less likely to experience these outcomes relative to victims of stranger rape. To the contrary, there is

considerable evidence that the psychological consequences for wife rape victims are more severe.

For example, Kilpatrick and colleagues (1985) found that suicidal ideation and nervous breakdown rates were higher among victims who had experienced completed rape when compared to victims of attempted rape and other crime victims. Studies have shown that sexual assaults between intimates are more likely to result in completed rape than are assaults by strangers (Ullman & Siegel, 1993).

Rape victims who experience high levels of stress and have few coping resources are at higher risk for negative psychological outcomes (Goodman, et al., 1993). As noted by Browne (1993), "some researchers suggest that PTSD is most likely to develop when traumatic events occur in an environment previously deemed safe." A wife rape victim experiences the violation of her body in a place (her home) and by a person previously "deemed safe." Living with a person who has sexually assaulted her, there is no place in which she may feel safe from future assaults. Such an experience may cause her to "cease believing that she is secure in the world, that the world has order and meaning, and that she is a worthy person (Goodman, et al., 1993).

The limited research that has focused on wife rape survivors has found that the consequences of wife rape are severe and long-lasting. Among raped/battered women, frequency and duration of wife rape is associated with more severe and long-term impacts (Frieze, 1983; Russell, 1990). Koss and colleagues (1988) found that "women raped by husbands or family members, particularly when compared with women raped by nonromantic acquaintances or casual dates, gave more severe ratings of their anger and depression and of the offender's aggression." Ullman and Siegel (1993) found that sexual distress was highest for assaults by intimates. Finkelhor and Yllo (1985) note that the survivors expressed betrayal, anger, humiliation, and guilt.

Women who were both raped and battered by their partners scored significantly lower than battered only women on body image and self esteem scales (Campbell, 1989). Not surprisingly, they report being unhappy in their sexual relationships (Frieze, 1983). In one study, no significant differences were found between raped/battered and battered only women on measures of depression, self-care agency, self-blame, control in the relationship, predictions that the relationship would improve, valuing of wife-mother role for women, feeling alone in their situation, or their own tolerance of men hitting women. No differences have been found in physical symptoms of stress and perceived health status (Campbell, 1989).

A common misconception regarding wife rape is that forced sex between a husband and wife should be less traumatic for the victim because she has previously engaged in consensual intercourse with her husband. However, Kilpatrick and associates (1988), found that there were no differences by victim-offender relationship in the way in which victims "subjectively judged the danger of the attack." They conclude that "common assumptions about women assaulted by strangers having a more difficult time adjusting to the event than women raped by husbands and boyfriends appear to be incorrect." The

same conclusion was drawn by Riggs and colleagues (1992) who also found reports that similar percentages of marital rape victims and stranger rape victims feared that they would die during the assault (36% and 40% respectively).

Moss and colleagues (1990) found that married rape victims with poor partner support reported levels of high psychological symptoms. It is expected that husband-rapists would not be very supportive of the wife's recovery -- indeed, would hamper it -- indicating more negative psychological outcomes for the wife rape victim.

Forced sexual experiences with a stranger are traumatic due to unfamiliarity with the offender's intentions in addition to threat of potential diseases. However, unfamiliarity with the rapist is not the sole cause of distress for rape victims. Violation of her body and her perception of living in a safe and just environment can contribute to negative outcomes following a rape. For a woman raped by her husband, we can expect such violations to not only be more deeply felt, but to continue to be a part of her life if she continues to live with the rapist.

Effects on the offender

So little is known about the experience of the husband-rapist, it is only possible to speculate on how wife rape affects his life. His behavior and the force used to have sex against his wife's wishes may lead to the loss of intimacy between himself and his wife and to the disintegration and loss of his family. Although the husband-rapist may also experience negative psychological outcomes from the abuse he inflicts, he may not have other means of managing his anger, and thus may continue to create an unstable home environment in which he is feared and even hated by his family.

Effects on children

The personal accounts of wife rape indicate that children often witness sexual assaults or overhear struggles and screams during rapes. As noted earlier, some studies reveal that a small percentage of children are also forced to participate in sexual acts (Campbell & Alford, 1989). Unfortunately, aside from the finding that raped/battered women are more violent to their own children than battered only women (Frieze, 1983), almost nothing has been written about the effects of marital rape on children. Children are often aware of the conflicts between their parents, even when the parents believe otherwise (see Chapter 4). We know that children who witness physical abuse between parents are more likely to be involved in physically abusive relationships as adults. It may be that children who witness sexual assaults between their parents will be more likely to be involved in sexually assaultive relationships as adults. Further research on these relationships is needed.

Effects on family

Little research has focused on characteristics of the relationships between husbands and wives when wife rape occurs. A myriad of marital problems are likely (Hanneke &

Shields, 1985). Bowker (1983), however, examined family characteristics of social isolation and social embeddedness and found that neither characteristic was associated with rape in families in which battering had also occurred. Bowker did find that marriages in which rape occurred were more likely to have more continuous disagreement over finances, friends, children, drinking, drugs, and marital violence. Wife rape creates an environment in which the woman and her children may feel a constant threat during the daytime, and also at night. Women have reported coping mechanisms such as never sleeping in the bedroom and avoiding forced sex by going to sleep only after the husband has dozed off. The family environment in which wife rape occurs thus becomes increasingly one of inequality, fear, constant threat, and a sense of loss of loving relationships (Browne, 1993; Finkelhor & Yllo, 1985). This is likely to have significant impact on all family relationships and functioning in many domains. Several studies have reported that raped/battered women are more likely to be considering leaving their husbands and to have left husbands at least once (Bergen, 1996; Bowker, 1983; Frieze, 1983; Russell, 1990).

Screening and assessment

Various researchers have suggested that wife rape should be ruled out in families with an alcoholic husband (Barnard, 1989), a batterer husband (Pence & Paymar, 1993), or a relationship with a great deal of conflict and value dissimilarity between husband and wife (Bowker, 1983). Medical professionals must screen for sexual assault when women report other related health problems (Campbell, 1989), especially in the case of pelvic pain or vaginal or rectal bleeding. One of the most frequently stressed recommendations coming out of the wife rape literature is the need for assessment of the sexual history of all women coming to the attention of medical and mental health professionals. Sexual assault by a partner is not a topic survivors of wife rape will want to discuss spontaneously. Direct, sensitive assessments will be necessary. In order to be most effective, assessments must avoid labels such as "rape" or "sexual assault" and must include more than one behaviorally-specific question. Concerned professionals might ask about "unwanted sexual activity" or contacts including sexual intercourse and sexual touching. They might ask about sex that was uncomfortable, painful or unwanted or threats or force used by a partner to achieve sexual contact (see Assessment Tools, this chapter).

Follow-up questions should ask about what sexual act or acts occurred, the relationship to the person with whom it occurred, the frequency with which it occurred and if the unwanted sexual contacts are still occurring. Appropriate referrals should be made for counseling, shelter, protection or legal assistance. Women should be advised of the dangers of staying in the relationship, encouraged to seek counseling, and informed of their legal rights.

Men who come to the attention of medical or mental health professionals should also be asked about their sexual histories. If men report they have forced sexual contact on their partner, they should also be referred to counseling and informed of the seriousness of their behavior.

Medical and family services settings should display information regarding sexual assault in marriage prominently in both waiting room areas and in private rooms, facilitating the reading of such material in private and encouraging the individuals to talk to someone about experiences with sexual assault. Posters proclaiming slogans such as "If it's against your will, it's against the law, even in marriage" should be displayed with phone numbers of hotlines or counselors. Media campaigns should routinely address a woman's right to live in a home safe from both physical and sexual assault.

Routinely asking women about forced sex experiences and providing clear information regarding their rights in marriage may encourage more women to recognize that they are not required by their marriage vows to engage in unwanted sexual experiences. Routinely asking men sends a message that forced sex in intimate relationships is unacceptable and against the law, and gives them an opportunity to discuss these experiences and get help. These recommendations necessitate providing education and training to service providers, and developing resources such as manuals for service providers to consult when advising clients where they may seek counseling or legal help.

Special issues: Separation and divorce

Women who seek legal advice or counseling for separation and or divorce must be informed of the increased risk of sexual assault during this time, if they have a history of past abuse (Finkelhor & Yllo, 1985). They should be advised against meeting their husbands in places that put them at risk, including in their own homes.

Special issues: Medical concerns

Women who are in need of medical rest or who have been advised to abstain from sex for medical reasons, especially those who have experienced prior battering or marital problems, should be asked questions to assess the safety of their home situation. If they disclose that they are unable to be sure of their safety at home, the health care professional should consider whether the risk of sexual assault warrants sending the woman to a shelter, keeping her in the hospital an extra day, or other assistance to reduce the risk of assault (clearly, contacting the husband in such a case would be inappropriate and may increase the risk of assault).

Treatment issues

Although many researchers suggest that counseling is indicated for the victim, offender, and children, few treatment models have been developed that specifically address the issues surrounding wife rape. As noted in Bergen's (1996) extensive study of rape and domestic violence service providers, wife rape remains outside the scope of many agencies. As the issue has been addressed so infrequently, professionals in all sectors remain uninformed about the causes and consequences of wife rape and how to respond to disclosure by either the victim or the offender of forced sex in marriage.

The victim

Raped wives need different types of support than the battered only wife (Bowker, 1983) or the raped woman (Hanneke & Shields, 1985; Kilpatrick, et al., 1992; Resnick, Kilpatrick, Walsh, & Veronen, 1991). Of utmost importance in responding to a disclosure of forced marital sex is validating the woman's experience and assisting her in finding safety and any medical care she may need. Simply referring her to a rape crisis or battered women's hotline is not adequate. Those who staff these hotlines are often not prepared to respond to wife rape survivors (Bergen, 1996). Many women will struggle to overcome fear and feelings of guilt before discussing such experiences, and may not choose to disclose the experience to another service provider if they have been "brushed off" by service providers the first time they reach out for help.

As with the battered woman, priority must be given to ensuring physical safety for the victim of wife rape and her children. To approach her treatment with crisis intervention strategies similar to those used for victims of rape by a stranger or a non-family member would be inappropriate. Her relationship with the offender may be ongoing and must be addressed. The wife rape victim is similar to the battered woman in her need for naming the violence, taking the responsibility for the violence off of herself, and acknowledging the loss of her hopes for a happy marriage (Weingourt, 1985). Bergen (1996) noted that, as with battered-only women, naming the violence and getting support from a service provider was central to a woman's being able to leave the relationship. In addition, the victim of wife rape may also need counseling specific to sexuality and body image issues. She needs to be able to discuss the sexual victimization as well as the physical abuse.

Medical needs

Kilpatrick and colleagues (1992) report that only 17% of rape cases in the U.S. resulted in a medical exam following the assault. It is less likely that victims of sexual assault by intimate partners will seek medical attention. In all cases of known or suspected wife rape a woman should be given a thorough rape exam with careful documentation (Campbell & Alford, 1989). Women should be encouraged by police and others to have forensic evidence collected, as this information will be vital in the event of prosecution.

Legal needs

Many women are unaware that forced sex within marriage is a crime. Unfortunately, most service providers are also unfamiliar with the state laws regarding wife rape. A woman must be told that her husband can be prosecuted for raping her, and that she can sue her husband in civil court for pain and suffering (Lehrman, 1996). Legal teams working with sexually assaulted women must be trained on these legal issues (see Resource Appendix for legal resources).

The offender

Some have suggested that when working with batterers or alcoholic men, it should be assumed until proven otherwise that the man has forced or coerced sex with his partner (Barnard, 1989; Pence & Paymar, 1993). Although this is an extreme position, at a

minimum men with a history of partner violence or substance abuse problems should be asked about their attitudes towards sex and, using behaviorally-specific questions in a non-threatening way, asked about their sexual behaviors to assess past sexual violence and current danger to a spouse. This information should be used in treatment planning. If sexual assaults are reported, the wives/partners should be contacted and offered confidential counseling and other appropriate assistance.

We currently do not know the extent to which the husband-rapist differs from the rapist or the batterer. Although treatment protocols have not been clearly described for this type of offender and no evaluations of treatments have been conducted, it appears wise to recommend that treatment models for dealing with husband-rapists be sensitive to issues that have been addressed by both batterer treatment and sex offender treatment programs. One treatment program for men who batter, The Duluth Model (Pence & Paymar, 1993) (see Chapter 8), includes a unit on sexual respect that addresses many issues relevant to wife rape. In addition, Johnson (1992) and Knopp (1994) contain discussions of sexuality in the context of wife and date rape which the practitioner may find useful (see Resource Appendix for ordering information).

Discussions in this unit on sexual respect center around the distinctions between consensual intercourse, coercive intercourse, and rape. Sexuality is discussed as it relates to using intimidation, emotional abuse and isolation; minimizing, denying and blaming; using children, male privilege, economic abuse and coercion and threats. Pence (1993) note that men in the groups will resent any assertion that their behavior could be construed as rape, and will attempt to justify their behavior and place the responsibility for their behavior on the wife. The authors assert that the clinician must challenge all attempts at avoiding responsibility for forced sex, and minimize lewd jokes and "locker-room behavior." Practitioners in batterer treatment groups and marital counseling programs alike may wish to consult the Duluth Model for a more thorough review of the unit. This unit could serve as a basis for the development of a comprehensive treatment program for husband-rapists.

Kalichman and colleagues (1993) note that sexually coercive men may be deliberately manipulative and insincere in their sexual relations. They suggest focusing on the development of empathy, changing negative attitudes toward women, and engaging men in relationship values clarification. Programs for sex offenders have recently also begun to emphasize deficits in empathy and approaches to treatment designed to increase ability to take the perspective of and to empathize with the victim (Marshall, 1989).

It should be noted that the materials discussed in this section offer a psychoeducational approach to counseling the husband-rapist. Such approaches have not been evaluated, and are considered an introduction to working with men who sexually assault their partners. It should be assumed that such men will also need additional counseling in order to understand and change their sexually assaultive behavior.

The children

No known treatment programs have been designed for use with children of wife rape survivors and/or perpetrators. It is recommended that in addition to the treatments suggested for children witnessing physical violence between their parents, such children receive age appropriate counseling on sexual issues.

Special issue: Keeping the family together vs. separation

No available literature allows for a clear recommendation regarding this issue. Practitioners are encouraged to discuss such issues in in-service trainings. Topics which need to be addressed in this context include (but are not limited to):

- How do we determine and value what the survivor's wishes are?
- What are the survivor's reasons for choosing a particular option (e.g., is she wanting to stay because she needs the financial income from the husband?)
- Are children involved, and how will they be affected?
- Is the offender willing to get counseling?

Professionals

The most frequent recommendation of wife rape researchers is that professionals receive education about wife rape, and training in how to respond to disclosures of spousal sexual assaults and to assure the woman's future safety. This includes education regarding the prevalence, dynamics, and consequences of wife rape for: emergency room personnel, family practitioners, OB-GYNs, pediatricians, psychiatrists, family lawyers, therapists and counselors, police, and religious service providers (Kilpatrick, et al., 1992; Yllo & LeClerc, 1988).

Practitioners must attend to the need of survivors of wife rape for a safe, private environment and a sympathetic person in order to feel comfortable discussing a part of their lives that they may not have discussed with anyone. Practitioners must learn to facilitate disclosure (Hanneke & Shields, 1985), and to respond in a supportive manner, letting the woman know that she is not alone, and that it is all right to feel hurt, angry, betrayed, or confused (Yllo & LeClerc, 1988).

Frequently researchers have suggested that practitioners and service providers need to confront their own biases surrounding marital sexual assault (Barnard, 1989; Hanneke & Shields, 1985; Prescott & Letko, 1977; Weingourt, 1985) and work towards understanding the dynamics of wife rape. If a service provider believes common marital rape myths (that the woman must be frigid, that she probably wasn't hurt, that she would have left if the rapes had been really bad), s/he will not be able to help the survivor effectively. Counselors must also recognize that if they are uncomfortable discussing sexual issues, this may make disclosure a negative experience for the survivor. Counselors who are uncomfortable discussing sexual issues should seek training designed to reduce this discomfort and improve ability to establish rapport with survivors.

Counseling wife rape victims is difficult, as the woman may still love the offender and desire a continued relationship with him. Due to transference issues, counseling may be especially difficult for the survivor if the counselor is a male. As many women have been told in their relationships that they should defer to men, it may be difficult for a male therapist to empower a wife rape survivor (Weingourt, 1985).

It should also be noted that, at least in the anecdotal accounts of battered women, husband-rapists have been described as very violent individuals. Professionals must remember when working with this population that they must take precautions (e.g., having a secure working environment) to keep themselves and their clients safe.

Policy issues

1. Wife rape as an issue must be "claimed" by the domestic violence field. Those working in this field must make the identification and treatment of wife rape part of their mission. All research agendas and policy development related to the physical abuse of wives must also address the sexual abuse of wives.
2. Domestic violence services must be expanded to include wife rape survivors. Monies should be appropriated specifically for this population. Shelter and counseling services must be made available to women who have experienced sexual assaults in marriage and their children. All batterer treatment programs should include units on sexual issues.
3. Wife rape must also be claimed as a health issue, by health care providers, mental health practitioners, and health educators. Health care providers must routinely include sexual histories in their intake process, and must be trained to identify health problems that may result from sexual assaults by an intimate. Mental health providers must also routinely ask for sexual histories during the intake process. Health education must include a sexual health component, in which force, pressure, and manipulation in order to obtain sex is specifically addressed as both wrong and unhealthy. Pamphlets and posters about intimate sexual assault should be available in all health care waiting rooms.

In addition, given the large number of battered women who report being sexually assaulted after medical rest orders, this issue deserves immediate attention from health care professionals. Some of the women have had to return to the hospital to replace stitches and treat aggravated wounds. It may be necessary for hospitals to allow women who risk assault at home to have a longer stay in the hospital.

4. Monies should be allocated for the development and distribution of pamphlets and posters about wife rape/intimate sexual assault to be made available to the public via health care providers and social workers. This information should be displayed and made available in public and private places, and should be available in as many languages as is possible.
5. Husband-rapists must be treated with the same severity as are other rapists, by all law enforcement personnel and courts. Policies must be created to ensure that such cases are not dismissed or treated as less serious. For example, bail should be

- set at the same level as it is for other rapists; the rapist should not be released on his own recognizance. All marital rape exemptions must be completely abolished, as they unconstitutionally deny some women legal protection from sexual assaults.
6. Further steps must be taken to end women's economic dependency on men. These steps include providing reliable, quality day-care at low cost; making child support payments evasion as serious as tax evasion, with the same serious consequences; providing training and skill-building programs for mothers who have been out of the workforce while raising their children.

Recommendations

All practitioners (law enforcement, social workers, educators, health care providers, etc.)

- A resource listing of agencies and/or counselors who work with survivors of intimate sexual assault must be compiled and distributed; appropriate referrals should be made when intimate sexual assault is expected.
- If a woman discloses sexual assault to you, take her disclosure seriously and make a referral to an agency that can help her emotionally and/or legally. Do not minimize her experience or simply tell her to leave the relationship. Respond in a supportive manner.
- If a man discloses sexually assaulting his wife or partner to you, advise him that such sexual assaults are crimes and are destructive to his partner and his relationship. Refer him to an agency who can help him stop the abuse. Be aware of what interventions you are able to make on behalf of his partner based on such a disclosure.

Social workers/counselors

- Familiarize yourself with the complicated relationship dynamics surrounding wife rape. When working with wife rape survivors, if you are in a domestic violence setting, do not minimize her sexual assaults. If you are in a rape crisis setting, do not attempt to treat her relationship to her rapist as you would a stranger or acquaintance rape victim. Be knowledgeable about where she may get legal counseling specific to wife rape victims.
- Conduct in-service trainings on discussing sexual issues with clients. Discuss your own potential biases and counter-transference issues in regards to wife rape survivors.
- Display brochures with the words "wife rape" in public and private rooms.
- Sexual assault histories should be asked as part of routine health histories of both men and women.

Religious workers

- Religious leaders must recognize the harm being done by wife rape and take a stand against it. "Religious leaders who are well informed can begin to disrupt

this pattern before the effects disable the woman and destroy her relationship with her clergy and her faith in the church as an institution." (Yllo & LeClerc, 1988).

Health care providers

- Sexual assault histories should be asked as part of routine health histories of both men and women.
- Resource listings of agencies and/or counselors who work with survivors of intimate sexual assault must be maintained and appropriate referrals made when intimate sexual assault is expected.
- Display brochures with the words "wife rape" in public and private rooms.

Health education workers

- Healthy sexual communication and healthy sexuality should become standard components of health education classes for adolescents and adults.

Recommendations for research

In future research on wife rape we recommend that "rape" be specifically and operationally defined and that prevalence data be presented for each of the definitional criteria assessed. For example, studies would be most useful if they reported the number of cases involving each of the following: sexual penetration, sexual contact without penetration and sexual exploitation. In order for the best use to be made of study data, researchers should report prevalence data for each level of force and for different types of victim-offender relationships (e.g., husband-wife, ex-husband-wife, cohabiting partners, dating but not cohabiting partners.)

It is time for the field to embark a large case-controlled, longitudinal study of a representative sample of wife rape victims and offenders supplemented by a longitudinal study of a randomly selected representative community sample of couples. Such a study should be designed to measure the prevalence, precursors and consequences of marital rape.

Case studies of wife rapists are needed to refine the typologies of wife rape, inform our understanding of the etiology of sexually assaultive behaviors in intimate relationships, and develop and test hypotheses for prevention and treatment.

More research needs to be done on what types of mental health, sexual, and body image counseling are needed and appropriate for survivors of sexual assaults in marriage. Research attention must be paid to children in marriages in which the husband sexually assaults the wife. As no research to date has focused on children in sexually assaultive marriages, research that is retrospective, prospective, quantitative, or qualitative is equally needed.

Conclusion

When rape occurs in marriage, it is typically a chronic problem that results in severe psychological and physical outcomes for wives. Although there is little direct research in this field, there is considerable evidence that homes in which wife rape is occurring are homes in which anxiety and distrust are common emotions for wives, husbands, and their children. Wife rape creates an unstable home environment for all family members. It is of utmost importance to recognize the damage being done by wife rape, and to implement research, programs and policies that will stop wife rape before it starts.

Appendix A, Assessment Tools

The following questions were constructed using recommendations from articles reviewed for this chapter. It should be kept in mind that these questions have not been systematically evaluated. Attempts were made to draw on the little knowledge in this field in order to offer some preliminary guidelines. A consistent recommendation is that rapport be established with a client before asking questions with sexual content. Persons asking questions containing sexual content should first receive training in how best to discuss sexual histories and negative sexual experiences in a non-threatening, non-judgmental, and supportive manner.

The suggestions below are offered as examples of non-threatening questions and are written so they may be used with either males or females who are in intimate relationships. The questions are designed to facilitate disclosure; that is, to get a person to talk about negative sexual experiences in a non-threatening manner. Those who are conducting interviews will need to decide before using such questions what they will do in the event that someone discloses either being the victim or the perpetrator of forced or coerced sex. Before using such questions, an interviewer must know the answers to the following questions:

- What kind of answers would lead you to believe that an intervention is warranted?
- What kind of intervention are you prepared to make?
- What further questions would you need to ask?
- What resources and/or information do you have to offer?

To inquire about sexual assaults and not be prepared to offer resources and assistance would be irresponsible. Practitioners must be prepared for disclosure. It should be noted that, even though men are typically the perpetrators of forced sex, some men may disclose feeling pressured to have sex by their partner. Such disclosures must also be taken seriously. Sexual disagreements of any type may indicate deep problems in the marital relationship which warrant attention. The goal of these questions is to get people talking in order to identify persons in sexually abusive relationships.

- Have you ever had any unwanted sexual experiences with your partner? What happened? Are these types of experiences still happening? Have you ever spoken to anyone about these experiences? What happened?
- Have you ever experienced painful intercourse? Did you see a doctor about these experiences? Were you able to figure out why intercourse was painful?

- Do you and your partner ever have disagreements about sex; for example, when or how often to have sex? Does one of you want to have sex more frequently than the other? How do you resolve this when it happens? Do you think you and your partner enjoy your sexual relationship about equally?
- Are there times when sex between you and your partner is unpleasant for either one of you? What happens?
- Has your partner ever forced or pressured you into doing sexual things that you weren't comfortable with? For example, using objects during sex, posing for photographs, or not using birth control when you wanted to? Has your partner ever said sexually degrading things to you?
- Have you ever had sexual intercourse with a partner when you didn't want to? Was there any force or pressure involved? What happened?
- Do you feel like you can talk to your partner openly about your sexual relationship? Do you respect your partner when he or she doesn't want to have sex and you do? Does your partner respect you when you don't want to have sex but he or she does?

Appendix B

Resources

The National Clearinghouse on Marital and Date Rape Director: Laura X 2325 Oak Street Berkeley, CA 94708 (510) 524-1582

The National Clearinghouse on Marital and Date Rape is a business which provides rape prevention education through speakers and consultation (via phone or in person), and by publication. Since 1978, the Clearinghouse has been serving as the headquarters for changing laws, policies, customs, and attitudes surrounding intimate violence. Access to Clearinghouse services: \$30/yr., organizations and \$15/yr., individuals plus \$7.50/15 minutes for phone consultation and document searches. Information packet, including the state law chart on marital, co-habitant, and date rape: \$10.00.

National Organization for Women (NOW) Legal Defense and Education Fund 99 Hudson Street, 12th Floor New York, NY 10013 (212) 925-6635

To order The Status of Marital Rape Exemption Statutes in the United States, February 1996, send a check for \$25.00 to the NOW LDEF address above. No phone orders are possible.

The Center for Constitutional Rights 666 Broadway, 7th Floor New York, NY 10012 (212) 614-6464

The pamphlet Stopping Sexual Assault in Marriage/Suppression Del Ataque Sexual En El Matrimonio is published by CCR.

The Safer Society Press Box 340 Brandon, VT 05733-0340 (802) 247-3132

Specializing in sexual abuse prevention and treatment publications. Publications include: When your wife says NO by F.H. Knopp and Man-to-man: When your partner says NO by S.A. Johnson. Call or write for a catalog with current prices.

Recommended Reading

General

Bergen, R. K. (1996). Wife rape: Understanding the response of survivors and service providers. Thousand Oaks, CA: Sage.

Finkelhor, David & Yllo, Kersti. (1985). License to rape: Sexual abuse of wives. New York: Holt, Rinehart, and Winston.

Russell, Diana. E. H. (1990). Rape in marriage. Indianapolis, IN: Indiana University Press.

For counselors/social workers

Center for Constitutional Rights. (1990). Stopping Sexual Assault in Marriage/Suppression Del Ataque Sexual En El Matrimonio. New York: Center for Constitutional Rights. (See ordering information in Resource Appendix)

Knopp, Fay Honey. (1994). When your wife says NO: Forced sex in marriage. VT: Safer Society Press. (See ordering information in Resource Appendix)

Johnson, Scott Allen. (1992). Man-to-man: When your partner says NO. Pressured sex and date rape. VT: Safer Society Press. (See ordering information in Resource Appendix)

Pence, E. & Paymar, M. (1993). Education groups for men who batter: The Duluth Model. Theme Six: Sexual Respect. New York: Springer Publishing Company.

For religious leaders/counselors

Yllo, Kersti & LeClerc, Donna. (1988). Marital Rape. In A.L. Horton & J.A. Williamson (Eds.). Abuse and religion: When praying isn't enough (pp. 48-57). Lexington, MA: Lexington Books.

Legal issues:

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(See Appendix II: State-by-State Information on Marital Rape Exemption Laws.)

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