



Marital Rape: New Research and Directions

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Rape in marriage is a serious and prevalent form of violence against women. While the legal definition varies within the United States, marital rape can be defined as any unwanted intercourse or penetration (vaginal, anal, or oral) obtained by force, threat of force, or when the wife is unable to consent (Bergen, 1996; Pagelow, 1992; Russell, 1990). Most studies of marital rape have included couples who are legally married, separated, divorced, or cohabiting with the understanding that the dynamics of sexual violence in a long-term cohabiting relationship are similar to those of a married couple (Mahoney & Williams, 1998). While no published studies of marital rape could be located which included cohabiting gay and lesbian couples, there is a slowly growing body of literature that addresses sexual violence in same sex relationships (see Girshick, 2002).

Diana Russell's (1990) landmark study of sexual assault that involved interviews with 930 women in a randomly selected representative community sample in San Francisco established the pervasiveness of marital rape. Researchers estimate that between 10 and 14% of married women experience rape in marriage (Finkelhor & Yllo, 1985; Russell, 1990). When researchers have examined the prevalence of different types of rape, they have found that rape by intimates is common. In their study of Canadian women, Randall and Haskell (1995) found that 30% of women who were sexually assaulted as adults were assaulted by their intimate partners. Based on the findings of the largest U.S. study of violence against women to date, it is estimated that over 7 million women have been raped by their intimate partners in the United States (Mahoney, Williams & West, 2001;

Tjaden & Thoennes, 1998). If we consider the number of women who felt emotionally coerced to have "unwanted sex" with their intimate partner, the prevalence is much higher. In a national study, Basile (2002) found that 34% of women indicated that they had unwanted sex with their partner—most frequently as a result of marital obligation. Rape in marriage may occur more frequently than previously estimated particularly when we consider that women who are involved in physically abusive relationships may be especially vulnerable to rape by their partners (Campbell, 1989; Pence & Paymar, 1993).

Despite the prevalence of marital rape, this form of violence against women has received relatively little attention from social scientists, practitioners, the criminal justice system, and larger society as a whole (Bergen, 2005). In fact it was not until the 1970's that we began, as a society, to acknowledge that rape in marriage could even occur. Today there is considerable evidence that marital rape is still perceived as a lesser crime than other forms of rape within our culture and some studies have found a significant number of participants still question whether it is possible to rape one's wife (Whatley, 2005; Kirkwood & Cecil, 2001). In a recent study of attitudes among college students, Monson, Byrd and Langhinrichsen-Rohling (1996) found that marital rape was perceived as less serious than rape perpetrated by a stranger and only 50% of the male students thought that it was possible for a husband to rape his wife.

The intent of this report is to briefly summarize what is currently known about rape in marriage (for a comprehensive review of the literature on marital rape see Mahoney & Williams, 1998; Bennice &

Resick, 2003). This report will provide an overview of the research on marital rape with (1) a brief legal history of marital rape; (2) a discussion of the occurrence of marital rape; (3) a summary of the effects of marital rape; and (4) an analysis of practitioners' intervention with marital rape survivors.

A Brief Legal History of Marital Rape

Much of the scholarly attention that has been given to marital rape has emerged from the legal community. This has occurred because throughout the history of most societies, it has been acceptable for men to force their wives to have sex against their will. The traditional definition of rape in the United States most commonly was, "sexual intercourse by a man with a female not his wife without her consent" (quoted in Barshis, 1983, p. 383). As Finkelhor and Yllo (1985) have argued, this provided husbands with an exemption from prosecution for raping their wives—a "license to rape" (See Drucker, 1979; Eskow, 1996; Sitton, 1993, for a discussion of the marital exemption). The foundation of this exemption can be traced back to statements made by Sir Matthew Hale, Chief Justice in 17th century England. Hale wrote, "But the husband cannot be guilty of a rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract the wife hath given up herself in this kind unto the husband which she cannot retract" (quoted in Russell, 1990, p. 17). This established the notion that once married, a woman does not have the right to refuse sex with her husband. This rationale remained largely unchallenged until the 1970's when some members of the anti-rape movement argued for the elimination of the spousal exemption because it failed to provide equal protection from rape to all women (Bidwell & White, 1986; Finkelhor & Yllo, 1985).

On July 5, 1993, marital rape became a crime in all 50 states, under at least one section of the sexual offense codes. Laura X, of the National Clearinghouse on Marital and Date Rape, provides a State Law Chart on her website (<http://ncmdr.org>) which indicates the status of each state with regard to their

marital rape exemptions. As of May, 2005, in 20 states, the District of Columbia, and on federal lands, there are no exemptions from rape prosecution granted to husbands. However, in 30 states, there are still some exemptions given to husbands from rape prosecution. In most of these 30 states, a husband is exempt when he does not have to use force because his wife is most vulnerable (e.g., she is mentally or physically impaired, unconscious, asleep, etc.) and is legally unable to consent (Bergen, 1996; Russell, 1990; NCMDR, 2005). Because of the marital contract, a wife's consent is assumed.

The existence of some spousal exemptions in the majority of states indicates that rape in marriage is still treated as a lesser crime than other forms of rape and is evidence of societal patriarchy (DeKeseredy, Rogness, & Schwartz, 2004). This perpetuates marital rape by conveying the message that such acts of aggression are somehow less reprehensible than other types of rape. Importantly, the existence of any spousal exemption indicates an acceptance of the archaic understanding that wives are the property of their husbands and that the marriage contract is still an entitlement to sex (Russell, 1990).

The Occurrence of Marital Rape

To date, the best research on marital rape has come from interviews with women about their experiences of sexual violence. This body of research has its limitations given that it may not represent women who never report their experiences of violence; and it may over-represent women who are raped and battered because convenience samples of women in battered women's shelters are frequently used. However, this literature has provided us with important information about how some women experience rape in marriage. Information about marital rape will be presented in the following sections: (1) social characteristics of survivors; (2) types of marital rape; (3) risk factors of marital rape.

Social Characteristics of Marital Rape Survivors

The research on marital rape indicates that this form of violence is not confined to women of any specific age, race, ethnicity, social class, or geographic location. In the largest study, Russell (1990) found that women were raped by their partners at a variety of ages, however almost two-thirds of the wives were first raped by their husbands when they were under the age of 25. Social class is a more difficult variable to measure and the literature is less conclusive. Russell (1990) found that women in the upper middle class were slightly over-represented among marital rape survivors while Finkelhor and Yllo (1985) found that those from lower social-class backgrounds were more likely to report experiencing marital rape. With regard to race, Russell (1990) found that the rate of marital rape is slightly higher for African-American women than white women, Latinas, and Asian women, respectively. Although to date most of the research on marital rape has taken place in urban areas, there is a growing body of research that indicates that women in rural areas are at high risk for sexual violence by their partners (see DeKeseredy & Joseph, in press). Websdale (1998) found that half of the battered women in his study in a rural community were raped by their partners.

There are many barriers to ending the violence that women who are raped by their partners face. For example, Russell (1990) found that white women are less likely to stay with their partners than African-American, Latina, and Asian women. Immigrant women often face multiple barriers in leaving and this is particularly true for women whose immigration status is controlled by an abusive partner—fear of deportation and not seeing their children may prevent immigrant women from leaving their abusers (see Dasgupta, 1998). Economic resources play a particularly significant role in women's ability to leave as those women who are most likely to leave their partners were the ones who are financially independent (Russell, 1990). Russell's research also reveals that traditional wives (measured by conformity to traditional female sex

roles) are more likely to blame themselves for the violence and stay with their husbands.

Types of Marital Rape

Women who are raped by their partners frequently experience a wide range of violence. Far from the popular depiction of “a marital tiff between husband and wife,” marital rape often involves severe physical violence, threats of violence, and the use of weapons by men against their partners. Importantly, some researchers have found that compared to batterers, men who batter and rape are particularly dangerous men and are more likely to severely injure their wives and potentially even escalate the violence to murder (Browne, 1987; Campbell, 1989). Research indicates that compared to women raped by acquaintances, women who are raped by their partners are more likely to experience unwanted oral and anal intercourse (Peacock, 1995). It is important to note that these assaults may occur many times—often 20 times or more before the violence ends (Bergen, 1996; Finkelhor & Yllo, 1985; Russell, 1990).

Studies using clinical samples of battered women (or help seeking women) reveal that between 20%-70% have been sexually assaulted by their partners at least once (Bergen, 1996; Browne, 1993; Campbell, 1989; Mahoney et al., 1998; Pence & Paymar, 1993). This has led some researchers to argue that marital rape is “just one extension of domestic violence” (Johnson & Sigler, 1997, p. 22). On one hand, viewing rape in marriage as a form of domestic violence is logical given that researchers have found that the majority of women who are raped by their partners are also battered. In “battering rapes,” women experience both physical and sexual violence in the relationship (Finkelhor & Yllo, 1985). Women who are raped and battered by their partners experience the violence in various ways—e.g. some are battered during the sexual violence or the rape may follow a physically violent episode where the husband wants to “make up” and forces his wife to have sex against her will (Bergen, 1996; Finkelhor & Yllo, 1985). Other women experience what has been labeled “sadistic” or

“obsessive” rape; these assaults involve torture and/or “perverse” sexual acts and are often physically violent. In this form of marital rape, pornography is frequently used by men who often force their partners to view pornography or to enact what is depicted in pornography (Bergen, 1996; DeKeseredy & Joseph, in press; Finkelhor & Yllo, 1985).

Some have argued that marital rape should not be subsumed under the heading of domestic violence because doing so in the past has led to rape in marriage being overlooked as a distinctive problem (for more on this debate see Bergen, 1996 and Russell, 1990). It is necessary to recognize marital rape as a distinctive form of violence because for many women who are battered and raped, the sexual violence is particularly devastating and that trauma must be addressed specifically by service providers (Finkelhor & Yllo, 1985). Additionally, it is problematic to assume that marital rape survivors are all battered wives because this ignores the reality that some women are raped by their husbands but do not experience other forms of violence. Russell (1990) found that 4% of women in her sample who had been married had been raped by their partners, but not battered. In what Finkelhor and Yllo (1985) have called “force-only rape,” husbands use only the amount of force necessary to coerce their wives; battering may not be characteristic of these relationships—this was what 40% of the women in their study experienced. Thus, to categorize marital rape only as an extension of domestic violence excludes these women and their experiences.

Increasingly, researchers have begun to use broad definitions of sexual violence to more fully understand many women’s experiences of “unwanted sex” or sex out of a sense of obligation or “wifely duty” (Basile, 2002; DeKeseredy & Joseph, in press; Finkelhor & Yllo, 1985). For example, Finkelhor and Yllo (1985) note the importance of social coercion (the pressure women feel to have sex as a result of social and cultural expectations of marriage as an institution) and interpersonal coercion (women who feel pressured to have sex when non-violent threats such as withholding money or child support are made) in women’s experiences of

marital rape. In their study of women who are sexually assaulted when they are separated or divorced from their partners, DeKeseredy and Joseph (in press) classify women’s experiences into four categories including sexual contact, sexual coercion (which includes unwanted intercourse as a result of verbal pressure), attempted rape, and rape. Each of these conceptualizations is important in helping us to understand the complexities and nuances of women’s experiences of sexual violence with their partners. As we will address later, it is important for practitioners who are involved in trying to end violence against women to see marital rape in all of its forms and complexities in order to assist survivors.

Risk Factors

Most researchers of marital rape agree that rape in marriage is an act of violence; an abuse of power by which a husband attempts to establish dominance and control over his wife. While the research thus far reveals no composite picture of a husband-rapist, these men are often portrayed as jealous, domineering individuals who feel a sense of entitlement to have sex with their “property.” Some researchers have noted that men are more likely to sexually abuse their partners if they have strong attachments to male peers who legitimize violence against women (DeKeseredy & Joseph, in press; Schwartz & DeKeseredy, 1997). As was previously indicated, women who are battered are at greater likelihood of being raped by their partners (Frieze, 1983). Additionally, pregnancy may be a factor that places women at higher risk for both physical and sexual abuse (Bergen, 1996; Browne, 1993; Campbell, 1989). Being ill or recently discharged from the hospital are also risk factors for women given women’s heightened vulnerability at these times (Campbell & Alford, 1989; Mahoney & Williams, 1998). Women are at particularly high risk of experiencing physical and sexual violence when they attempt to leave their partners, as this represents a challenge to their abusers’ control and sense of entitlement. Similarly, women who are separated or divorced from their partners also appear to be at high risk for sexual abuse for the

sense of entitlement does not necessarily end when a couple ceases living together (DeKeseredy et al., 2005; Dobash & Dobash, 1992; Kurz, 1997). Some researchers have noted other risk factors including drug and alcohol use in the abuser, and previous experiences of sexual abuse among the victims. However, these factors are perceived as more controversial and the research is far from conclusive (Frieze, 1983; Russell, 1990; Whatley, 1993).

The Effects of Marital Rape

Despite the myth that has historically existed that rape by one's partner is a relatively insignificant event causing little trauma, research indicates that marital rape often has severe and long-lasting consequences for women. The physical effects of marital rape may include injuries to the vaginal and anal areas, lacerations, soreness, bruising, torn muscles, fatigue, and vomiting (Adams, 1993; Bergen, 1996). Women who have been battered and raped by their husbands may suffer other physical consequences including broken bones, black eyes, bloody noses, and knife wounds that occur during the sexual violence. Campbell and Alford (1989) report that one half of the marital rape survivors in their sample were kicked, hit, or burned during sex. Specific gynecological consequences of marital rape include vaginal stretching, anal tearing, pelvic pain, urinary tract infections, miscarriages, stillbirths, bladder infections, infertility, and the potential contraction of sexually transmitted diseases including HIV/AIDS (Campbell & Alford, 1989; Campbell & Soeken, 1999; Eby, Campbell & Sullivan, 1995). A study of existing research conducted by Maman, Campbell, Sweat, and Gielen (2000) found that there is a relationship between increased HIV risk and forced sexual intercourse. Most notably this is the result of women's inability to use barrier contraceptives because of their partners' threats or refusal to use condoms (Bennice & Resick, 2003; Eby et al., 1995). The inability to use contraception may also lead to unwanted pregnancy. Campbell and Alford (1989) found that approxi-

mately 17% of the marital rape survivors in their sample reported an unwanted pregnancy. The same study found that 20% of the women who had been raped by their partner experienced miscarriages or stillbirths (Campbell & Alford, 1989).

Some researchers have compared the psychological effects of being raped by one's partner to other forms of violence. Given that women who are raped by their partners are likely to experience multiple assaults, completed sexual attacks, and that they are raped by someone whom they once presumably loved and trusted, it is not surprising that marital rape survivors seem to suffer severe and long-term psychological consequences (Kilpatrick et al., 1988; Frieze, 1983). Similar to other survivors of sexual violence, some of the short-term effects of marital rape include anxiety, shock, intense fear, depression, suicidal ideation, disordered sleeping, and post-traumatic stress disorder (Bergen, 1996; Kilpatrick et al., 1988; Russell, 1990; Stermac et al., 2001). Women raped by their intimate partners are more likely to be diagnosed with depression or anxiety than those who are victims of physical violence and those who were sexually assaulted by someone other than one's partner (Plichta & Falik, 2001). Long-term effects often include disordered eating, sleep problems, depression, sexual distress, problems establishing trusting relationships, distorted body image, and increased negative feelings about themselves (Bergen, 1996; Frieze, 1983; Ullman & Siegel, 1993). Research has also indicated that the psychological effects are likely to be long lasting—some marital rape survivors report flash-backs, sexual dysfunction, and emotional pain for years after the violence (Bennice & Resick, 2003; Bergen, 1996; Finkelhor & Yllo, 1985).

An issue that has not received significant attention is how marital rape affects children. In one of the few studies to examine this question, Campbell and Alford (1989) found that 5% of the women in their study indicated that their children had been forced by their partners to participate in the sexual violence and 18% of the women indicated that their children had witnessed an incident of marital rape at least once (in Mahoney & Williams, 1998). More

research is needed to fully understand the implications of marital rape for children and other members of the family.

Intervention with Marital Rape Survivors

It has been well-documented in the study of violence against women that rape is a largely under-reported crime (see Koss & Cook, 1998). Survivors of marital rape may have a particularly difficult time reporting their experiences of sexual violence given the public perception of marital rape in this culture and a woman's relationship to her assailant (Bergen, 1996; Russell, 1990). Women raped by their husbands may hesitate to report because of family loyalty, fear of their abuser's retribution, fear that they will not be believed, inability to leave the relationship, or they may not know that rape in marriage is against the law (Bergen, 1996; Browne, 1987; Russell, 1990). A final compelling reason for women's under-reporting is that many do not define their experiences of forced sex in marriage as rape. Some believe that only stranger rape is "real rape;" and other women see sex in marriage as an obligation and define forced sex as a "wifely duty," not rape (Bergen, 1996). Basile (2002) found that 61% of women who had unwanted sex with their partners did so out of a sense of obligation. If they do not define their experiences as rape, women are unlikely to report the violence or seek outside assistance.

Research indicates that when women do seek assistance for marital rape, there is often a failure on behalf of others including police officers, health care providers, religious advisers, advocates, and counselors to provide adequate assistance. Furthermore, there is a need for programs who work with abusive men to address sexual violence in their work. The following sections will address each of these groups of service providers.

Police

There has been a limited amount of research that has assessed the adequacy of police response to the problem of marital rape. However, the majority of women reporting their assaults to the police in

studies by Bergen (1996), Frieze (1983), and Russell (1990) found the police to be unresponsive. Frieze (1983) argues that police officers are less responsive to survivors of marital rape than they are to battered women. Bergen's (1996) interviews with marital rape survivors reveal that when police officers learn that the assailant is the woman's husband, they may fail to respond to a call from a victim of marital rape, discourage her from filing a complaint, and/or refuse to accompany her to the hospital to collect medical evidence. However, Bergen's (1996) research also indicates that a positive police response can legitimize women's experiences of sexual violence and is extremely important in helping women to find resources to begin healing. Recent research by Stermac et al. (2001) found that compared to victims of other types of sexual assault, victims of spousal sexual assault were more likely to be accompanied by police for emergency medical care and to have forensic evidence collected. Recommendations for police departments include educating officers about the laws in their state; teaching officers how to sensitively ask women about sexual violence when they respond to domestic violence calls; confronting sexist attitudes that assume women are the property of their husbands; holding police departments accountable for their non-responsiveness; and involving more women police officers in domestic violence and rape cases (Bergen, 1996; Russell, 1990).

Health Care Providers

Given the physical trauma that marital rape survivors often experience, seeking health care from a variety of sources including family practitioners, emergency room personnel, and obstetricians/gynecologists is essential. However, few researchers have examined how medical services are provided to women who have been raped by their partners and it is not clear how often marital rape survivors seek medical assistance or how services are provided when assistance is requested. For example, Mahoney (1999) found that women who were sexually assaulted by their husbands and

former husbands were significantly less likely to seek medical care than women who were assaulted by strangers. In contrast, were the findings by Stermac et al. (2001) which indicate that survivors of marital sexual assault (compared to women raped by boyfriends or acquaintances) were more likely to be accompanied by the police for emergency care, physical exams, and for forensic evidence collection. Each of these steps is important particularly if criminal charges are filed (Campbell & Alford, 1989; Mahoney & Williams, 1998). Recommendations for health care providers include systematically asking women about their experiences of sexual violence with their partners; assessing for physical and sexual abuse during pregnancy (see Bohn & Parker, 1993; Campbell 1989); conducting thorough examinations; testing for sexually transmitted diseases; and collecting forensic evidence (Mahoney & Williams, 1998; Stermac et al., 2001). Medical professionals who work with battered women should be particularly cognizant of screening women for unwanted pregnancies, STD's, and HIV/AIDS given the high risk of sexual assault among battered women (Bennice & Resick, 2003; Bullock, 1998). Additionally, medical professionals should be prepared to offer information and community resources if women disclose their experiences of sexual violence (Bennice & Resick, 2003).

Religious Advisors

Many women do not feel comfortable contacting the police, and alternatively choose to speak with their religious advisers. Researchers have found that support for women in violent relationships is not always forthcoming from religious advisers. In a study of battered women, Bowker (1983) found that they ranked clergy members as the least helpful of those to whom they had turned for assistance. The emphasis of some religious institutions on wives' responsibility "to obey their husbands" and the sinfulness of women's refusal to have sexual intercourse with their husbands, perpetuate the problem of marital rape. Thus, it is particularly important for religious leaders to hold men accountable for their sexually violent behavior and to challenge ideology

that perpetuates victim-blaming (Adams, 1993; Bennice & Resick, 2003). There is a particular need for religious leaders to end the silence surrounding rape in intimate relationships and publicly "name" this form of violence and acknowledge its prevalence within their communities (Adams, 1993). There are several recommendations offered by Yllo and LeClerc (1988) and Adams (1993) for religious advisors to assist marital rape survivors, including; inviting women to speak about their experiences of sexual violence, helping women to name their experiences "rape," focusing on the responsibility of the abuser not the wife, and working to challenge social conventions that perpetuate marital rape.

Advocates and Counselors

Two major sources of potential support for survivors of marital rape are battered women's shelter and rape crisis centers. Research indicates that historically many of these organizations failed to adequately address the problem of marital rape (Bergen, 1996; Russell, 1990; Thompson-Haas, 1987). A recent survey of battered women's shelters and rape crisis centers in the United States by Bergen (2005a) revealed several deficiencies in the services being provided. For example, less than half of battered women's shelter programs (31%) and rape crisis centers (49%) provide specific training on marital rape to their staff members and volunteers. Bergen's research also revealed that only 5% of battered women's shelters and rape crisis centers provide a support group specifically for marital rape survivors. Interviews with survivors of marital rape indicate that they often perceive their experiences and needs as different than women who have been physically abused or raped by someone other than their partner (Bergen, 1996; Hanneke & Shields, 1985). Finally, although rape crisis centers and battered women's shelters routinely ask women about previous experiences of sexual and physical violence, slightly more than half (55%) regularly ask women about experiences of marital rape.

Sensitively asking questions specifically about marital rape is critical because women are unlikely to volunteer this information on their own. Further-

more, merely asking if one has “ever been raped?” is insufficient because so many marital rape survivors do not identify the sexual violence as rape. Instead, women should be asked questions such as if their partners “have forced them to do things sexually they are uncomfortable with,” “pressured them to have intercourse,” “had sex with them while they were asleep,” “forced them to have sex against their will” and so forth (Bergen, 1996; Hanneke et al., 1986; Russell, 1990).

Once these questions are asked, service providers must be prepared to bear witness to the stories that many survivors of marital rape will share. Bergen’s (1996) research indicated that many domestic violence service providers were uncomfortable hearing about women’s experiences of sexual violence and felt that they lacked the information needed to adequately respond to these women. Training specifically on marital rape is critical for staff members and volunteers; such programs should comprehensively address characteristics of marital rape and how to identify survivors, the state’s laws on marital rape, and counseling techniques. Rape crisis centers and battered women’s shelters can provide a variety of other services for marital rape survivors including shelter and medical and legal advocacy. Many marital rape survivors would benefit from counseling which specifically addresses this form of violence on a routine basis. Ideally, a program would provide individual counseling as well as a group specifically for survivors of marital rape. Alternatively, offering survivors of marital rape the options of joining support groups for sexual assault survivors, battered women, or both, is beneficial, as individual women will define their needs differently.

Finally, it is necessary for both battered women’s shelters and rape crisis programs to claim ownership of this problem and work collectively to address it. This can happen by including marital rape in the mission statement, providing educational programs to the community, and distributing literature on rape in marriage. Providing outreach to certain groups such as the disabled, and those in rural areas, same-sex relationships, and non-English speaking communities who may be unaware of

available services is critical. In providing outreach, it is particularly important that service providers have an understanding of cultural norms within their community and provide services in a culturally competent way (Dasupta, 1998; Sullivan & Gillum, 2001).

Batterers’ Intervention Programs

Batterers’ intervention programs have a particularly important role in working to end marital rape by routinely addressing sexual violence with abusive men. While there is very little research that has examined the extent to which sexual violence is included in the curriculum of batterers’ programs, anecdotal evidence indicates that this may be frequently neglected topic. As Yllo (1999) argues, there have been great advances in challenging men’s physically violent behavior in marriage however there has been relative silence around the problem of marital rape. Pence and Paymar (1993) address the problem of wife rape in a three week segment of their Duluth Domestic Abuse Intervention Project however, as Yllo (1999) argues, this component on sexual violence does not occur until the curriculum is three-quarters completed. It could be strongly argued that programs that work with abusive men need to take ownership of the issue of marital rape by routinely questioning men (from the very beginning) about how they use sexual violence as a tool of control and domination against their partners. Men should be systematically asked about a wide range of sexually abusive behavior and they should be challenged to take responsibility for their sexually violent behavior. In particular, programs can play an important role in working to end marital rape by challenging men’s understanding that marriage provides them with a license to rape (Finkelhor & Yllo, 1985).

Beyond those mentioned already, there are a variety of professionals who are in positions to assist marital rape survivors and there is a small body of research that addresses specific types of assistance (see Bennice & Resick, 2003 for a good review of recommendations for professionals who work with marital rape survivors). For example, Weingourt

(1985) provides information for how those in the psychiatric community can identify and treat marital rape survivors in their practices. Eskow (1996) provides a detailed analysis of California's spousal rape law and some thoughts on how to reform the strategies of prosecutors and educate jury pools in order to improve the treatment of marital rape survivors in court.

Conclusions and Future Directions

Despite the fact that marital rape receives little public and scholarly attention, it is one of the most serious forms of violence between intimates. The research to date indicates that women who are raped by their husbands are likely to experience multiple assaults and often suffer severe long-term physical and emotional consequences. Given the serious effects, there is clearly a need for those who come into contact with marital rape survivors to provide assistance and challenge the prevailing myth that rape by one's spouse is inconsequential. Rape crisis counselors and advocates for battered women are in particularly important leadership positions to call attention to the problem of marital rape in society and to assist survivors of this form of violence. It is essential that those who work with men who rape and abuse speak out against this form of violence against women and challenge men's sense of entitlement to have sex with their partners.

In the future, researchers should continue to try to determine the prevalence of this problem in society through the use of large, nationally representative samples (Mahoney & Williams, 1998). There is little research on sexual violence in marginalized communities and it's important to understand its existence and determine the types of support and intervention that would be effective. One of the most pressing areas of concern is research on how children are affected by marital rape. There is relatively little information about how often children witness, are forced to participate in, or have knowledge of sexual violence in their households. From a policy perspective, a comprehensive study of how health care providers and police respond to the

problem of marital rape would be very important. Also necessary is current research to determine how successful criminal prosecution of marital rape has been in the United States and effective strategies for prosecution. Most importantly, researchers should investigate the motivations for why men rape their wives and address prevention and treatment strategies.

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Resources on Marital Rape

National Domestic Violence Hotline
1-800-799-SAFE

RAINN (Rape, Abuse, Incest, National Network)
1-800-656-HOPE

Jane Doe Inc.
617-248-0902

www.janedoe.org

“Private Nightmares Public Secrets: Sexual Assault by Intimate Partners Training Module.”

This is a detailed training manual developed to assist those who provide educational programs on intimate partner sexual assault. Please contact via phone to order the manual.

Laura X
National Clearinghouse on Marital and Date Rape

Women’s History Research Center Inc.
2325 Oak St.
Berkeley, CA 94708
510-524-1582

Provides information on state laws, telephone consultations for a fee, and speaking on wife rape. A State Law Chart is provided on the web-site.

<http://ncmdr.org>

Marital Rape Information

Women’s Studies Library
University of Illinois
415 Library
Urbana, IL 61801
217-244-1024

Provides information on researching wife rape and documents on wife rape.

Safer Society Press

Box 340
Brandon, VT 05733-0340
802-247-3132

www.saferociety.org

When Your Wife Says No by F. H. Knopp

This 40 page booklet is directed toward men who are sexually abusive to their partners and provides information about marital rape and steps to change their behavior.

Wife Rape Information Page

<http://www.wellesley.edu/WCW/mrape.html>

Contains basic information about the definition of wife rape; legal status of wife rape; commonly asked questions; and a bibliography.



In Brief:
Marital Rape: New Research and Directions

Approximately 10-14% of married women are raped by their husbands in the United States. Approximately one third of women report having “unwanted sex” with their partner. Historically, most rape statutes read that rape was forced sexual intercourse with a woman not your wife, thus granting husbands a license to rape. On July 5, 1993, marital rape became a crime in all 50 states, under at least one section of the sexual offense codes. In 20 states, the District of Columbia, and on federal lands there are no exemptions from rape prosecution granted to husbands. However, in 30 states, there are still some exemptions given to husbands from rape prosecution. In most of these 30 states, a husband is exempt when he does not have to use force because his wife is most vulnerable (e.g., she is mentally or physically impaired, unconscious, asleep, etc.) and is unable to consent.

Women who are raped by their husbands are likely to be raped many times—often 20 or more times. They experience not only vaginal rape, but also oral and anal rape. Researchers generally categorize marital rape into three types; force-only rape, battering rape and sadistic.

Women are at particularly high risk for being raped by their partners under the following circumstances:

- *Women married to domineering men who view them as “property”
- *Women who are in physically violent relationships
- *Women who are pregnant
- *Women who are ill or recovering from surgery
- *Women who are separated or divorced

It is a myth that marital rape is less serious than other forms of sexual violence. There are many physical and emotional consequences that may accompany marital rape:

- *Physical effects include injuries to the vaginal and anal areas, lacerations, soreness, bruising, torn muscles, fatigue, and vomiting.
- *Women who are battered and raped frequently suffer from broken bones, black eyes, bloody noses and knife wounds.
- *Gynecological effects include vaginal stretching, pelvic inflammation, unwanted pregnancies, miscarriages, stillbirths, bladder infections, sexually transmitted diseases, HIV, and infertility.
- *Short-term psychological effects include PTSD, anxiety, shock, intense fear, depression and suicidal ideation.
- *Long-term psychological effects include disordered sleeping, disordered eating, depression, intimacy problems, negative self-images, and sexual dysfunction.

Research indicates a need for those who come into contact with marital rape survivors— police officers, health care providers, religious leaders, advocates and counselors—to comprehensively address this problem and provide resources, information and support. Those who work in batterers’ intervention programs should also work to eliminate marital rape and to comprehensively address sexual violence.