Marital Rape: History, Research, and Practice

Jennifer A. Bennice and Patricia A. Resick

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MARITAL RAPE
History, Research, and Practice

JENNIFER A. BENNICE
PATRICIA A. RESICK
University of Missouri–St. Louis

Despite the increased recognition that the topic of marital rape has generated in the past 2 decades, the literature in this area remains sparse. This article provides a comprehensive review of the current state of the marital rape literature. First, the lengthy history of legal, cultural, and professional invalidation of marital rape victims, and the resulting negative treatment implications, is discussed. Second, marital rape research is reviewed, including prevalence, descriptive, and comparison studies. This review highlights the seriousness of marital rape, in terms of prevalence and posttrauma distress, as well as the limitations of extant research. Finally, barriers to treatment and recommendations for professionals are discussed.

Key words: *marital rape, intimate partner sexual violence*

MARITAL RAPE is a widespread problem for women that has existed for centuries throughout the world (Russell, 1990).[1] Despite this fact, marital rape has been largely overlooked in the rape and domestic violence literatures. The experience of marital rape has been invalidated for its victims legally, culturally, and professionally. As a result, the proliferation of invalidation continues to have serious treatment implications for the victims of this crime.

This article aims to address this dilemma by exploring a variety of related issues. First, this review explores the widespread invalidation of the marital rape experience and the resulting negative implications for marital rape survivors (e.g., limited research and services). Second, this article provides an exhaustive review of the current state of the marital rape literature, illustrating the seriousness of the crime as well as the limitations of extant research. Third, barriers to treatment for marital rape victims are examined, and recommendations for professionals are proposed. In the interest of brevity, this article is restricted to examining marital rape within the United States. Many of the negative implications for victims could also apply cross culturally (Russell, 1990); therefore, it is important for the reader to consider additional cultural issues when generalizing this information.

INVALIDATION OF MARITAL RAPE

Legal Invalidation

To fully appreciate the effects of legal invalidation on marital rape victims, it is necessary to first establish the historical context surrounding

AUTHORS' NOTE: Contact: Patricia Resick, Ph.D., University of Missouri–St. Louis, Center for Trauma Recovery, 8001 Natural Bridge Road, St. Louis, MO 63121, 314-516-6738, resick@umsl.edu.

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marital rape and the law. The first documented legal statement regarding marital rape occurred in 1736. At this time, Sir Matthew Hale, who was a chief justice in England, published the following in the History of the Pleas of the Crown (Hale, 1736): "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 her husband, which she cannot retract" (as cited in Russell, 1990, p. 17).

This statement became known as the Lord Hale doctrine and represented a common-law marital rape exemption, under which husbands could not be accused of committing the crime of rape against their wives. Instead of basing his doctrine on legal argument, however, Lord Hale relied solely on the theory of irrevocable consent to justify the marital rape exemption (Small & Tetreault, 1990). Despite this fact, the Hale doctrine seemed to gain automatic acceptance by the U.S. legal system, which formally recognized the exemption in the 1857 *Commonwealth v. Fogarty* decision (Barshis, 1983).

The marital rape exemption gained further support by the middle of the 18th century when Blackstone put forth the unities theory, which viewed the husband and wife as becoming one on marriage (Green, 1988; Small & Tetreault, 1990). According to this theory, women lost their own civil identities in marriage, and they were subsequently viewed as their husbands' property (Green, 1988; Small & Tetreault, 1990). In Blackstone's *Commentary on the Laws of England* (1765), he wrote, "Husband and wife are legally one person. The legal existence of the wife is suspended during marriage, incorporated into that of the husband. . . . If a wife is injured, she cannot take action without her husband's concurrence."

During the same period, rape was considered a crime against another man's property rather than a violation against a woman's body and personal integrity (Green, 1988; Small & Tetreault, 1990). As a result, common law dictated that it was impossible for husbands to steal (i.e., rape) their own property (i.e., wives); thus, marital rape was considered a legal impossibility (Green, 1988). In addition to supporting the marital rape exemption, the unities theory became the basis for domestic violence victims being ineligible to file civil suits for physical and/or psychological damages (Caringella-MacDonald, 1988).

At approximately the same time that the unities theory was supporting the view of women as property, the separate spheres theory further eradicated women's civil identity. Under this theory, men were considered to inhabit the political/public sphere whereas women were relegated to the family/private sphere (Small & Tetreault, 1990). Because women were already considered the property of their husbands, there were no laws to restrain male power within the private realm. As a result, husbands were free to abuse their wives with little fear of penalization (Small & Tetreault, 1990).

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In addition, the commonly held belief that spouse abuse was a private matter further dissuaded criminal justice officials from taking any legal action (Caringella-MacDonald, 1988). Moreover, the belief that sexual relations among husbands and wives, in particular, were private matters also discouraged state legislators from repealing the exemption (Russell, 1990). Finally, pervasive fear among political and legal professionals that repealing the marital rape exemption would ultimately flood the courts with vindictive wives also helped to maintain the exemption over the years (Green, 1988).

In opposition of the separate spheres theory, the Married Women's Property Act of 1889 afforded women the right to manage their own property, work outside the home without the consent of their husbands, and keep their own wages (Small & Tetreault, 1990). Theoretically, because women could now own property, it would logically follow that they would no longer be considered property. Therefore, marital rape should have no longer been viewed as a le-

gal impossibility. Despite this fact, marital rape remained legal for nearly another century in the United States.

In addition, when it became possible for a wife to revoke her marriage contract, her implied matrimonial consent to intercourse should have been revocable as well. This point specifically countered Hale's original notion of irrevocable consent. Although partial marital rape exemptions eventually grew out of this ideology (Small & Tetreault, 1990), this legal change did not immediately affect the legality of marital rape.

In addition to divorce law modifications, reforms to existing rape laws in general (i.e., not marital rape) also contributed to slowly changing views of marital rape exemptions. During the 1970s, sexual assault legislation was modified to include forced oral and anal penetration in the legal definition of rape (Caringella-MacDonald, 1988; Russell, 1990). By 1980, most states had repealed resistance and corroboration requirements as well as the admissibility of victims' past sexual activities as evidence in rape cases (Caringella-MacDonald, 1988; Russell, 1990). Finally, by the late 1980s about one half of the states allowed victims to sue for damages in civil suits (Caringella-MacDonald, 1988; Russell, 1990).

Although the Married Women's Property Act and the modified divorce and rape laws did not directly affect the marital rape exemptions, these three occurrences helped to shift the ideology surrounding the legality and rationale for marital rape exemptions. The restriction of basic rights for women served as the foundation on which the marital rape exemption was built and maintained. Once that foundation was successfully called into question, the marital rape exemption was also gradually questioned.

After learning that marital rape was not a crime in the United States, advocate Laura X began her crusade in 1974 to criminalize forced sex in marriage. In 1976, Laura X alerted the public's attention to the Michigan murder trial of Judy Hartwell, during which the presiding judge asserted that Hartwell had a right to defend herself despite the marital rape exemption (X, 1999). In 1977, the National Council on Jewish Women passed a resolution that aimed to repeal all marital rape exemptions. This resolution was based on ancient Jewish law, which affirmed a wife's right to withhold her consent to sex within marriage (X, 1999). In March of the same year, the American Civil Liberties Union publicly stated its position on marital rape:

> Sexual assault laws which contain clauses which do not permit one spouse to make a complaint against the other deny protection of the law in this area to married persons. . . . While ACLU wishes to limit the kinds of behavior subject to the sanctions of criminal law, this consideration is outweighed by the continuing dangers of a situation in which forced sexual relations are effectively removed from the law's protection. Language which prohibits one spouse from charging the other with sexual assault should be eliminated from the laws (as cited in Barshis, 1983, p. 391).

The debate over repealing the marital rape exemption gained perhaps the most publicity in 1978 when John Rideout became the first husband to be criminally prosecuted for marital rape while still living with his wife. Laura X not only assisted with the Rideout case in Oregon, but she was also influential in widely publicizing this landmark trial (X, 1999). Despite Rideout's eventual acquittal, the publicity surrounding the case helped to further raise consciousness about marital rape (Russell, 1990).

In the same year, Laura X founded the National Clearinghouse on Marital and Date Rape as part of the Women's History Library in Berkeley, California. At this time, marital rape was a

KEY POINTS OF THE RESEARCH REVIEW

- The widespread cultural belief that marital rape is not "real" rape invalidates victims' traumatic experiences and limits identification of these crimes and help seeking.
- Marital rape is as prevalent as other forms of rape and is highly prevalent among battered women.
- Marital rape victims often endure multiple traumatic experiences, putting them at greater risk for severe posttrauma distress.
- Marital rape results in serious medical, emotional, and mental health consequences for its victims.
- Professionals need to routinely and sensitively assess for marital rape.

crime in only five states (X, 1999). In 1979, Laura X led a campaign to criminalize marital rape in California; this effort was successful as California repealed its marital rape exemption that same year (X, 1999). Since those beginning efforts, Laura X has been instrumental in assisting and publicizing influential marital rape cases and campaigns in New York (1980), Florida (1984), Virginia (1984), Georgia (1985), Nebraska (1986), and Ireland (1987). In addition, Laura X has worked as a consultant to the National Center for Women and Family Law and the Center for Constitutional Law. Since 1979, she has also spoken nationally on college campuses, toured the United States, appeared on several television shows (e.g., *Today Show* opposite John Bobbitt's attorney), organized the world's first marital rape conference and the Legislation and Litigation Session at the National Conference on Women and the Law. All of these efforts have been instrumental in raising public awareness of marital rape (X, 1999).

Gradually during the past 2 decades, with the substantial help of advocates such as Laura X, states have changed their laws regarding marital rape. In 1986, the Federal Sexual Abuse Act (P.L. 99654) criminalized marital rape on all federal lands (X, 1999). On July 5, 1993, marital rape became a crime in at least one section of the sexual offense codes in all 50 states. In 1995, all countries represented at the U.N.'s Women's Conference voted for a resolution, which held that wives have the right to refuse the sexual demands of their husbands (X, 1999). The following year, Laura X helped to publicize supportive statements made by Catholic, Presbyterian, Pentecostal, Islamic, Jewish, and Buddhist leaders (X, 1999). Throughout this period of legislative reform, Laura X monitored and disseminated the results of prosecuted marital rape cases and maintained an up-to-date state law chart (X, 1999).

By 1996, 16 states had completely repealed their marital rape exemptions, and 33 states had partially repealed their exemptions. In terms of the latter group, the retained partial exemptions apply to cases in which no force is used, but the victim is physically or mentally unable to consent to sex (X, 1999). This partial exemption is also extended to unmarried cohabitants in Connecticut, Iowa, Minnesota, and West Virginia. Fortunately in 1998, Delaware became the last state to repeal its voluntary social companion exemption for dates (X, 1999).

Although legal reforms have helped victims define and report their experiences as well as seek legal recourse, marital rape is still not legally handled as seriously as other forms of rape. Laws that consider marital rape a lesser separate crime inadvertently relegate wives to a second-class status (X, 1999). Historically, such legal considerations have essentially created a statutory exemption from which many marital rapists have benefited (e.g., John Wayne Bobbitt). In addition, the existence of partial exemptions suggests that marital rape is treated as a less severe crime than other forms of rape.

Cultural Invalidation

In the general population, 80% believe that husbands use force often or somewhat often to have sex with their wives (Basile, 1999). Despite this, marital rape has been consistently invalidated by our culture at large. One of the driving forces behind this widespread cultural invalidation has been the commonly held belief that marital rape is not "real rape." Numerous studies have substantiated the pattern that as the victim-offender relationship becomes more intimate, the likelihood that the incident is defined as rape decreases, attribution of blame to the victim increases, and the level of perceived harm decreases (Jeffords & Dull, 1982; Kilpatrick, Best, Saunders, & Veronen, 1988; Kirkwood & Cecil, 2001; Monson, Byrd, & Langhinrichsen-Rohling, 1996; Monson, Langhinrichsen, & Binderup, 2000; Shotland & Goodstein, 1992; Sullivan & Mosher, 1990).

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First, a recent study (Kirkwood & Cecil, 2001) illustrates the definitional bias within our culture of defining forced sex by an intimate partner as rape. Using a sample of

469 undergraduates, Kirkwood and Cecil found that marital rape was least likely to be considered rape in a variety of scenarios compared to rape by a stranger, date, or ex-spouse. In addition, one of the first surveys of undergraduate students' opinions about marital rape indicated that some individuals deny that marital rape can even exist (Finkelhor & Yllö, 1988).

Second, Monson et al. (2000) examined rape-supportive and victim-blaming beliefs in a sample of 200 undergraduates by manipulating the relationship between perpetrator and victim. Results indicated significant differences among relationship types with marital rape receiving the highest scores on measures of rape-supportive beliefs and victim blaming; stranger rape received the lowest scores. In addition, participants endorsed significantly more rape-supportive beliefs and victim-blaming attributions for the scenario depicting a sexual history between victim and perpetrator. The latter finding suggests that at least part of the definitional bias against marital rape may be related to the implied history of sexual consent between victim and perpetrator. It seems likely that this bias may be a historical by-product of common-law ideology (e.g., Hale doctrine) that supported the notion of irrevocable consent.

Third, several studies have examined the perceived seriousness of marital rape by surveying public opinions about the legal penalties for such crimes. One of the first studies to explore such a question was conducted in Maryland before the criminalization of marital rape. In this study, Rossi, Waite, Bose, and Berk (1974) asked participants to rank a range of criminal actions in terms of their seriousness. Rape by a current spouse was not included in the survey because it was not yet illegal. Forcible rape by a former spouse was ranked by participants as being nearly equivalent to blackmail, LSD use, and drunk driving in terms of its seriousness as a crime. Notably, all other forms of rape were ranked in the top 25 crimes.

Nearly 3 decades later, Auster and Leone (2001) surveyed 209 undergraduates regarding their beliefs about marital rape as well as recent legislative reforms. Results indicated that significantly more women than men agreed that marital and stranger rape should be treated as equivalent crimes, and wives should prosecute their husbands for marital rape. In addition, women were significantly more in favor of legislation making forced marital sex a felony. Among men, this study also found that fraternity members were significantly less likely than nonfraternity males to view stranger and marital rape as equivalent crimes, believe that husbands should be prosecuted for rape, or favor legislation making marital rape a felony.

Although current state laws tend to treat rape for divorced, legally separated, or living apart couples as different than marital rape, and therefore, theoretically equivalent to stranger rape, the results of a recent survey do not support this view. Among a sample of 234 undergraduates, rape depicted within marriage received the highest rape-supportive scores, stranger rape received the lowest scores, and rape among divorced, legally separated, or living apart couples received intermediate scores (Ewoldt, Monson, & Langhinrichsen-Rohling, 2000). These three groups were statistically significantly different on rape-supportive beliefs, indicating that this sample did not view any of the rape scenarios depicting an intimate relationship (past or current) between victim and perpetrator as equivalent to stranger rape.

In addition, Kirkwood and Cecil (2001) found that 27% of their sample believed the victim-perpetrator relationship should be considered in determining sentencing for convicted rapists. After controlling for age, race, and political orientation, gender remained as the only significant predictor of whether a respondent believed sentencing should consider this relationship; men were significantly more likely to support this belief. Given that spousal rape was ranked as the least serious form of rape, it seems likely that these respondents would support the least stringent punishments for spousal rapists.

Taken together, the results of these studies suggest a cultural bias that marital rape is less serious, and the victim is more to blame than in cases of stranger rape. Moreover, it seems that when it is known that a victim has previously consented to sex with her eventual rapist, perception of crime seriousness decreases and victim blaming increases (Ewoldt et al., 2000; Monson et al., 2000). Despite a clear indication

of changed relationship status (e.g., divorce or legal separation), it seems that rapes within these contexts are still not considered as serious as stranger rape, and victims continue to receive more blame (Ewoldt et al., 2000). These belief patterns are important to consider in that they can affect jury decisions, public policy, and victims' behavior (Ewoldt et al., 2000; Monson et al., 2000).

Being raped by one's husband does not fit the cultural schema of the stranger in the dark alley. Television and movie portrayals of rape reinforce this view because they seem to depict primarily stranger rape (Bufkin & Eschholz, 2000). Moreover, when marital rape is portrayed (e.g., *Gone With the Wind*), the victim is shown ultimately enjoying the "passionate" encounter, suggesting that what just happened was not a crime (Deer & Deer, 1991; Russell, 1990). The limited and somewhat distorted exposure the public has to the topic of marital rape ultimately maintains the belief that stranger rape equals real rape. By recognizing the heinous crime of rape only in instances of stranger rape, the general public may feel more protected than if they considered the potential of being raped by a trusted intimate partner. As a result, the cultural bias against marital rape and its victims has endured, and it will persist unless efforts are undertaken to educate the public about marital rape and the seriousness of its effects.

An additional factor that has contributed, in part, to the cultural bias against marital rape has been the traditional interpretation of basic religious doctrines. Two conclusions have resulted from these interpretations. First, religious doctrine has been used to support the belief of "wifely duty." Among other required tasks falling under the rubric of wifely duty, sexually satisfying one's husband has been included. This belief is then put forth as an explanation for forced sex within marriages. When a husband forces sex on his wife it is in response to her not fulfilling her marital obligation (Yllö & LeClerc, 1988). Thus, the victim is blamed for her traumatic experience, and forced sex on a wife is not identified as the crime of rape.

A second conclusion that has been drawn from the traditional interpretation of religious doctrine is that it is the husband's duty to protect the family's morality because of his inherent moral superiority over women. In its original form, early Hebrew writings suggested that women needed to be protected, but this was at a time in history when there were realistic threats to women's safety. Following the conversion of Constantine in 313 A.D., these same writings were used to support the belief that women were inferior to men in all aspects, including morality (Yllö & LeClerc, 1988). As a result, if an abusive husband interpreted his wife's behavior as immoral or suggestive of impropriety, then the use of physical and sexual force within the marriage was sanctioned as a means to an end in protecting the family's morality. As with many social prejudices, the use of religious doctrine to justify these cultural beliefs is slow to change due to public fear and ignorance as well as the tendency to unquestioningly follow tradition.

In addition to the traditional interpretation of religious doctrine, societal acceptance of traditional sex-role stereotypes has also resulted in maintaining the view that marital rape is not a serious crime. Taken together, the cultural beliefs that men have an overpowering need for sex and forced sex in marriage is due to the withholding of sex by wives again minimizes the effects of such a traumatic experience and places blame on the victims of marital rape (Finkelhor & Yllö, 1988; Small & Tetreault, 1990).

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Regardless of the root cause, the widespread cultural belief that marital rape is not real rape prevents the identification of these crimes and, as a result, invalidates the traumatic experiences of marital rape victims. Thus, there is often a failure to label oneself or others as crime victims in the case of marital rape (Dutton, 1988; Jeffords & Dull, 1982; Koss, 1985). Because a woman must label herself a victim or be labeled as such before she can seek and receive help (Burt & Albin, 1981), these cultural biases ultimately serve to impede

the identification of marital rape victims, and consequently, limit their help seeking.

RESEARCH ON MARITAL RAPE

Prevalence Studies

Many of the pioneering researchers (e.g., Russell, 1990) focused their work on determining the prevalence of marital rape. Because rates of prevalence are invariably tied to how marital rape is defined, how it is asked about, and the samples that are studied, these factors are outlined for each of the reviewed studies.

Perhaps the most generalizable measure of prevalence rates of any given topic is achieved through sampling the general population. As part of the National Violence Against Women Survey (Tjaden & Thoennes, 2000), prevalence data on intimate partner rape was collected. Random-digit dialing to all 50 states and the District of Columbia resulted in a sample of 8,000 women; 7.7% of surveyed women reported being raped by an intimate partner at some point in their lives. It is important to note that for the purposes of this study, intimate partners included current and former spouses, cohabitants, noncohabiting intimate partners, and dates. Rape was defined as forced vaginal, anal, or oral sex. The liberal definition of intimate partners used in this study makes it difficult to speak directly to marital rape per se; however, this study was the first to pose the question of intimate partner rape to a large, randomized national sample.

Predating the national survey, there have been three notable studies that attempted to determine the prevalence of marital rape using community samples. The earliest of these studies (Russell, 1990) has remained the hallmark study in the area of marital rape. Using a random sample of 930 female residents of San Francisco, Russell surveyed 644 women who were ages 18 years or older, all of whom had been married at least once. Of these 644 women, 14% reported having had experienced at least one completed or attempted marital rape. This 14% was comprised of 10% who had endured physical and sexual abuse within their relationships, and 4% who had experienced a sexual attack only. Russell included only those women whose experiences met the legal definition for rape: "forced intercourse, or intercourse obtained by physical threat(s), or intercourse completed while a woman was drugged, unconscious, asleep, or otherwise totally helpless and hence unable to consent" (Yllö & LeClerc, 1988, p. 52). Russell's definition of marital rape included instances of vaginal, anal, oral, or digital penetration (Russell, 1990). Russell applied the same definition of rape whether assessing for stranger or marital rape and found that more than twice as many cases of marital rape were reported than stranger rape. Thus, wife rape was the most common type of rape in Russell's sample.

Finkelhor and Yllö (1985) asked a random sample in Boston of 326 mothers of school-age children whether a spouse or a cohabiting partner had ever used physical force or threat of force to try to have sex with them. Of their sample, 10% responded affirmatively to this question. Finkelhor and Yllö also asked the women about past stranger rapes, and like Russell (1990), they found stranger rape to be much less frequent—only 3% of the sample. Therefore, wife rape emerged as the most common type of rape in this study as well.

Hanneke, Shields, and McCall (1986) sent questionnaires to a family planning agency and a university as well as advertised in the newspaper to compile their community sample. Of the 671 questionnaires returned, 307 women had been married or cohabited. Of these, 8.8% reported that their most recent partners had physically forced them to engage in sexual activities. This 8.8% was composed of 7.8% who reported physical and sexual abuse, and 1% who reported sexual abuse alone.

Across these three studies, a common theme emerges: Marital rape is more prevalent among women who also experience physical abuse within their intimate relationships. Given this pattern, it seems prudent to examine the specific prevalence rates among battered women. Several studies have done just that, finding that one third to more than half of sampled battered women also report experiencing marital rape (Campbell & Soeken, 1999; Frieze, 1983;

TABLE 1: Selected Prevalence Statistics

Authors (date)	*Sample Source*	*Sample*	*Assessment Period*	*Intimate Partner Inclusion Criteria*	*Rape Inclusion Criteria*	*Prevalence (%)*
Tjaden and Thoennes (2000)	Randomized national sample	8,000 women	Lifetime	Current/former spouse, cohabitant, noncohabiting intimate partner, date	Forced vaginal, anal, or oral sex	7.7
Russell (1990)	Randomized community sample	644 ever-married women	Lifetime	Current/former spouse	Vaginal, anal, oral, or digital penetration by force, physical threats, or when woman is unable to consent	14 (includes attempted rapes)
Finkelhor and Yllö (1985)	Randomized community sample	326 mothers of school-age children	Lifetime	Current/former spouse or cohabitant	Force or threat of force used to have sex	10 (includes attempted rapes)
Hanneke, Shields, and McCall (1986)	Community sample	307 ever-married or ever-cohabited women	Lifetime	Most recent spouse or cohabitant	Forced sexual activities	8.8
Weingourt (1990)	Clinical sample	53 ever-married women with primary depressive or anxiety disorder	Lifetime	Current/former spouse	Pressured or forced vaginal, anal, or oral sex	62
Coker, Smith, McKeown, and King (2000)	Clinical sample	1,401 ever-intimately involved women	Lifetime	Intimate partner of at least 3 months	Forced sex or injury by partner during sex	23.1

Pagelow, 1981; Shields & Hanneke, 1983; Walker, 1984). In addition, Hanneke et al. (1986) computed a ratio of marital rape prevalence between battered and nonbattered women in their sample and found that battered women were approximately 19 times more likely to have been raped by their partners than nonbattered women who were raped.

Thus, two possible conclusions may be drawn from these findings on marital rape and battering. First, it is possible that battered women are simply at greater risk for marital rape, because it may represent just another form of domination and control within the relationship. However, the second possible explanation is that women who are raped in the absence of battering may be less likely to define their experiences as rape and, thus, are less likely to report such experiences (Hanneke et al., 1986).

One final way in which the prevalence of marital rape has been assessed utilized clinical samples. Meyer, Vivian, and O'Leary (1998) examined the prevalence of sexual coercion in a sample of 252 heterosexual couples seeking marital therapy and 53 matched community couples. Results indicated that clinic wives were more than twice as likely as community wives to report sexual coercion by their husbands in the past year (36% vs. 13.5%, respectively). None of the community wives reported forced sex by their husbands, whereas 5% of the clinic wives reported such experiences in the past year. Although this 5% prevalence rate is lower than that found within other samples, the authors suggested that this may be due to their assessment of the past year only; other studies have focused on lifetime rates (e.g., Russell, 1990). Nonetheless, these findings suggest the relevance of screening for sexual violence among women seeking marital therapy.

In addition, Weingourt (1990) sampled 53 ever-married women who were being treated for a primary depressive or anxiety disorder. A semistructured interview, which had an interrater reliability of .97, was used to assess for marital rape. For this study, participants were asked if they had ever been pressured or forced to have vaginal, anal, or oral sex by their husbands or ex-husbands. The prevalence rate of marital rape in this clinical sample was more

than four times the rate Russell (1990) found in her nonclinical sample. Such comparisons, however, must be tentative because of the discrepancy in rape definitions. That is, Weingourt's (1990) rate of 62% may be inflated due to a more liberal inclusion of women who were pressured into sex (e.g., fear that her husband would be unfaithful). Nonetheless, these results suggest that screening for marital rape among women who are seeking treatment for anxiety and depression may be particularly important.

Campbell and Alford (1989) surveyed 1,000 women currently living in battered women's shelters, which were located in urban, suburban, and rural areas. Of the 115 respondents, 82.7% reported vaginal marital rapes, 52.8% reported anal rape, and 28.6% reported objects being forcefully put into the vagina or anus. In addition, 44.1% reported being hit, kicked, or burned during sex; 17.8% stated that their children witnessed the sexual attacks; and 5.2% reported that their children were forced to participate in the rapes.

Unlike other studies, Weingourt (1990) found comparable rates of marital rape among battered and nonbattered women (30% vs. 32%). The finding that nearly one third of this sample was raped but not battered by their partners challenges Frieze's (1983) conclusion that marital rape is typically linked with physical abuse. Instead, these results tend to support Russell's (1990) suggestion that rape may be at times the only form of marital violence present. Although these results clearly suggest a continued need to study women who have experienced marital rape in the absence of physical violence, such samples tend to be too small to adequately study. Because this methodological limitation is not easily surmountable, extant research on marital rape must be considered within the context of battering.

Descriptive Studies

To better understand the marital rape experience, Finkelhor and Yllö (1985) developed a typology of marital rape. Battering rapes describe those instances in which sexual violence represents another aspect of generally abusive patterns. In these already physically abusive relationships, the batterer uses rape as another form of domination and control over the victim. This subset constituted 45% of Finkelhor and Yllö's sample. Force-only rapes were also found among 45% of the sample. However, these marital rapes differ substantially in that the perpetrator uses just enough force to gain sexual access, and little other physical violence is apparent in the relationship. Instead, this type of forced sex often emerges out of sexual conflicts between the partners. Finally, obsessive rapes involve bizarre sexual obsessions by husbands who seem to require force and/or highly structured sexual rituals to become aroused. These men are often heavily involved in pornography as well. This subtype of marital rape seemed less common and was found in 10% of the sample.

Across the subtypes of marital rape, characteristics of these crimes have been outlined as well. Campbell and Alford (1989) surveyed 1,000 women currently living in battered women's shelters, which were located in urban, suburban, and rural areas. Of the 115 respondents, 82.7% reported vaginal marital rapes, 52.8% reported anal rape, and 28.6% reported objects being forcefully put into the vagina or anus. In addition, 44.1% reported being hit, kicked, or burned during sex; 17.8% stated that their children witnessed the sexual attacks; and 5.2% reported that their children were forced to participate in the rapes. Weingourt (1990) found that 58% of her sample of 33 raped wives reported hitting, slapping, and choking during the rapes, and 68% reported pinning or arm twisting. Of Weingourt's sample, 56% reported direct force, and 42% described intense pressure but no physical violence surrounding the sexual attacks. Across these studies, it seems that the majority of marital rape victims endure vaginal and/or anal penetration and direct physical force.

Campbell and Alford (1989) also examined the timing of sexual attacks within their sample of 115 battered women. Approximately 52% of the responding women reported being raped by

their partners while they were physically ill, and 46% were forced immediately following a hospital discharge (usually after childbirth). Although abstaining from sexual activity may be medically advised in these circumstances, sexually abusive husbands may view these circumstances as threats to their control and, thus, act in accordance with regaining domination and control by raping their wives. In addition, Campbell and Alford found that 49.6% of their sample reported being threatened with beatings for refusing to engage in sex, and 36.7% endured beatings after refusing. These findings seem to support the theory that husband rapists believe firmly in the notion of wifely duty and react with physical and sexual abuse when their wives appear not to fulfill their duties.

Finally, 50.9% of the sample reported being raped following a physical assault by their partners. There seems to be two possible explanations for this finding. One possibility is that marital rape is being used as another form of attack during a physically violent episode, just as reaching for a weapon might be. A second possibility, however, is that these husbands do not view forced sex as rape, and instead, they are attempting to initiate sex as a form of apologizing for the physical abuse.

Campbell and Alford (1989) also investigated the medical consequences that marital rape victims may endure following an attack. Of their sample, 63% reported vaginal pain, 36.1% described anal or vaginal stretching, 50.9% reported subsequent bladder infections, 37% suffered from vaginal bleeding, 29.6% reported anal bleeding, and 7.4% became infertile as a direct result of the rape. In addition, Campbell and Soeken (1999) found that partner rape remained the only significant predictor of the number of reported gynecological problems (e.g., pelvic pain, urinary problems, genital irritation) after controlling for the effects of age, race, income, and life stress. Finally, the results of another study suggest a significant relationship between sexual partner violence and cervical cancer (Coker, Sanderson, Fadden, & Pirisi, 2000). Of the 1,152 interviewed women, those diagnosed with cervical cancer reported experiencing more frequent physical and sexual assaults than women who did not suffer from cervical cancer. Interestingly, the relationship between sexual abuse and cervical cancer was independent of a woman's history of sexually transmitted diseases; rather it seems to be related to the chronic stress associated with intimate partner violence, which, in turn, suppresses a woman's immune system (Coker et al., 2000).

Based on a review of 13 studies, Maman, Campbell, Sweat, and Gielen (2000) concluded that forced sex is also related to higher HIV risk. The authors suggested this association may be due to forced sex with an infected partner and/or the limited ability of battered women to negotiate condom use with their abusive partners. In fact, Wingood and DiClemente (1997) found that battered women were significantly less likely to report the use of condoms than nonabused women and were 9.2 times more likely to report being threatened with physical abuse after requesting their partners to use condoms. Likewise, Davila and Brackley (1999) noted similar reports of physical and/or psychological abuse and accusations of infidelity following requests for condom use by 14 Mexican and Mexican American abused mothers.

In addition to HIV risk, the limited use of barrier contraceptives by abused women has additional health implications. For example, Campbell and Alford (1989) found that 6.5% of their sample contracted a sexually transmitted disease as direct result of forced sex by their partners. In addition, 17.6% of the women reported unwanted pregnancies resulting from partner rape. Extant research suggests a clear relationship between pregnancy and partner violence (Bohn, 1990; Evins & Chescheir, 1996; Stewart & Cecutti, 1993). In fact, Campbell and Alford (1989) found that 20.4% of their sample reported that forced sex during pregnancies resulted in miscarriages or stillbirths. There is also evidence to suggest that abused women may be more likely to terminate pregnancies as a strategy to eliminate this additional source of power and control within the relationship (Evins & Chescheir, 1996).

In addition to describing various characteristics of marital rapes, several descriptive studies examined common characteristics among marital rape victims. First, given the general cultural bias toward wifely duty, it is not surprising that

many marital rape victims also report believing that it is their responsibility as wives to sexually satisfy their husbands. Approximately 61% of Weingourt's (1990) sample of 33 raped wives reported feeling guilty about attempting to avoid sex because they felt it was their wifely duty to consent to sex on demand. Second, in terms of pretrauma characteristics, a history of childhood sexual abuse has been shown to be predictive of subsequent marital rape (Finkehor & Yllö, 1985; Weingourt, 1990). Finkelhor and Yllö (1985) found that women in their sample were nearly three times more likely to have experienced a marital rape if they also had a history of childhood sexual abuse. It is possible that these women learned at a young age that forced sex is an acceptable manner in which to express feelings of love. Therefore, they may be more likely to tolerate such experiences within their marriages as well, excusing their husbands' behavior as acts of love. Russell (1990) proposed an additional explanation for this theme: Women who were sexually abused as children may be more likely to dislike and refuse sex later in life. Wives who refuse sex with their husbands may then be at greater risk for marital rape.

After a rape has occurred, marital rape victims seem to be similar to other rape victims in terms of their subsequent reactions. For instance, reported feelings of fear and loss of control are common among marital rape victims (Finkelhor & Yllö, 1985). In addition, negative attitudes toward men, a dislike of sex, and a deterioration of the marriage are also common responses (Frieze, 1983; Russell, 1990; Shields & Hanneke, 1983; Weingourt, 1990). Like many rape victims, those raped in marriage often experience feelings of helplessness, depression, shame, self-blame, and worthlessness (Frieze, 1983; Russell, 1990; Shields & Hanneke, 1983; Weingourt, 1990).

However, for marital rape victims, decreased self-confidence in choosing trustworthy partners may also be apparent (Yllö & LeClerc, 1988). Because these victims were violated by someone they trusted and loved, they may experience a more profound sense of betrayal and be traumatized at a more basic level of trust, which may ultimately lead to severe feelings of powerlessness, isolation, and anger (Finkelhor & Yllö, 1988; Frieze, 1983; Russell, 1990; Yllö & LeClerc, 1988). These feelings may be exacerbated by pre-existing emotional difficulties and/or posttrauma substance abuse (Shields & Hanneke, 1983; Weingourt, 1990). In addition, empirical studies have found that the majority of marital rape victims report being raped more than once, and multiple experiences of marital rape seem to lead to more serious consequences for the victims (Finkelhor & Yllö, 1985; Russell, 1990; Shields & Hanneke, 1983). In addition, the accumulation of multiple experiences of forced sex (including childhood sexual abuse, partner rape, and rape outside the marriage) is significantly correlated with reported depressive symptomatology (Campbell & Soeken, 1999).

Overall, these descriptive studies indicate that the victims of marital rape often experience severe posttrauma symptomatology similar to that experienced by stranger and acquaintance rape victims. In addition, difficulties in the areas of trust and intimacy may be even more severe in women raped by intimate partners. These findings lend further support to the stance that marital rape is a traumatic experience with severe medical, emotional, and mental health consequences for its victims.

Comparison Studies

Because the topic of marital rape crosses the domains of rape and domestic violence, comparison studies have been able to capitalize on this overlap by comparing marital rape victims to victims of other forms of rape and domestic violence. A handful of studies have compared marital rape to stranger and acquaintance rape. Despite the cultural stereotype that stranger rape is real rape, marital rape is actually the most common type of rape (Finkelhor & Yllö, 1985; Russell, 1990). Because the perpetrator in marital rape is, by definition, an intimate partner or ex-intimate partner, there is easier access for the perpetrator to marital rape victims, primarily due to increased trust and proximity. Not only does this account for the higher prevalence rates of marital rape, but it also helps to explain the findings that marital rape is more likely to result in multiple rapes than those perpetrated by strangers or acquaintances

(Finkelhor & Yllö, 1988; Mahoney, 1999; Weingourt, 1990). In addition, this easier access also seems to lead to marital attacks being more likely to result in completed rapes (Mahoney, 1999).

Finkelhor and Yllö (1988) suggested that marital rape victims tend to experience greater perceived negative implications following a rape than acquaintance or stranger rape victims. This is not surprising considering that a rape in marriage may realistically be followed by additional abuse in the future if the woman feels unable to leave the relationship. On the other hand, if she considers leaving following a rape, this too may have serious implications in terms of potential loss of income, housing, or children. In addition to greater perceived negative implications, similar types and levels of posttrauma distress have been found empirically when comparing marital, date, and stranger rape victims (Kilpatrick et al., 1988; Riggs, Kilpatrick, & Resnick, 1992). Finally, the results of a large-scale national telephone survey suggest that women who are assaulted by an intimate partner are significantly more likely to report assault-related injuries than women assaulted by other perpetrator types (Tjaden & Thoennes, 2000). Taken together, these findings suggest that marital rape is at least as serious a problem as stranger and acquaintance rape.

Several studies also compared marital rape victims to battered wives who have experienced physical violence alone. These studies found that wives who have experienced physical and sexual abuse tend to have higher levels of PTSD, depression, anxiety, fear, and sexual dysfunction than battered-only women (Bennice, Resick, Mechanic, & Astin, 2003; Russell, 1990; Shields & Hanneke, 1983; Shields, Resick, & Hanneke, 1990; Whatley, 1993). In addition, Campbell (1989) found battered and raped wives to have poorer body image and lower self-esteem than battered-only wives.

There are a few possible explanations for this pattern of battered and raped wives being worse off than battered-only wives. Relationships in which marital rape has occurred tend to also be more severely physically violent (Bennice et al., 2003; Frieze, 1983; Kilpatrick et al., 1988; Meyer et al., 1998; Shields & Hanneke, 1983), including significantly higher risk for homicide (Campbell & Soeken, 1999). However, the more severe physical violence does not seem to be the most salient factor in terms of predicting severity of posttrauma distress. Bennice et al. (2003) found that marital rape continued to significantly predict PTSD even after controlling for the severity of physical violence. As a result, it seems that the act of rape itself is most predictive of subsequent distress in battered women. Nonetheless, it is possible that the implicit threat of violence in these more severe violent relationships may be used by the perpetrator to gain sexual access to his wife more often, thus increasing the frequency of abuse overall in these relationships. In addition, battered and raped wives have been found to be significantly more likely to have been raped outside of the marriage than battered-only wives (Campbell & Soeken, 1999; Frieze, 1983). Again, the accumulation of multiple traumatic experiences may result in these women suffering from more severe posttrauma distress than their battered-only counterparts. Overall, these findings clearly suggest that battered and raped wives tend to endure more severe physical violence and suffer more severe posttrauma distress than battered-only women.

In sum, the results of comparison studies across types of rape and domestic violence suggest that marital rape victims may be more at risk for multiple victimizations and may suffer from more severe posttrauma distress than women who have been raped by strangers or suffered physical abuse alone. These data clearly contradict the long-held assumptions that marital rape is a less serious crime and results in less severe posttrauma difficulties than other traumatic experiences.

TREATMENT RECOMMENDATIONS

Professional Invalidation

Some marital rape victims are able to overcome the legal and cultural biases that often dissuade them from seeking help, and they, in fact, do seek assistance from medical, mental health, or social service agencies. However, these vic-

tims may very well encounter additional forms of invalidation from service providers. For instance, medical personnel may ignore the signs of marital rape, not take the problem seriously, or feel too embarrassed to inquire about marital rape (Renshaw, 1989). In addition, some medical professionals may not recognize marital rape as a potential problem; therefore, it may not occur to them to ask female patients. Moreover, mental health professionals have largely minimized marital rape as a serious precipitant in the treatment of depressed and anxious women (Carmen & Ricker, 1984; Weingourt, 1985).

In general, less than one fifth of rape survivors in representative samples seek medical or police help (George, Winfield, & Blazer, 1992; Kilpatrick, Edmunds, & Seymour, 1992). Thus, regardless of perpetrator type, the experience of being raped seems to serve as a barrier to seeking assistance.

Among social service advocates, the issue seems to be less of recognizing marital rape as a problem, but rather a diffusion of responsibility in terms of providing the necessary services to victims. Domestic violence shelters may believe marital rape is the responsibility of rape crisis centers, may feel unprepared to handle marital rape cases, or fear that inquiring about marital rape may be too invasive or upsetting for a battered woman to discuss (Campbell & Alford, 1989). Only half of the domestic violence shelters in Bergen's (1996) sample routinely assessed for marital rape. On the other hand, rape crisis centers may not define marital rape as falling under their purview and, thus, believe it is the responsibility of domestic violence shelters. In addition, rape crisis centers work with individuals who have already labeled themselves as rape victims; this may not be the case for many marital rape victims. Bergen (1996) found that only 17% of surveyed rape crisis centers routinely asked about marital rape. Finally, only 4% of the 621 rape crisis and domestic violence providers in Bergen's (1996) sample specifically mentioned marital rape in their mission statements.

In sum, victims of marital rape do not receive the services they need to address posttrauma difficulties, including medical, mental health, and social service assistance. Because these agencies do not specifically consider marital rape victims in their mission statements, outreach efforts, and interventions, these women may be sent the indirect message that their posttrauma reactions are not serious enough to require treatment or that professionals do not consider marital rape a trauma at all. Regardless of the form the invalidation takes, the end result is that marital rape victims are often left isolated and without adequate coping resources in the wake of incredible trauma.

Barriers to Treatment

In general, less than one fifth of rape survivors in representative samples seek medical or police help (George, Winfield, & Blazer, 1992; Kilpatrick, Ed- munds, & Seymour, 1992). Thus, regardless of perpetrator type, the experience of being raped seems to serve as a barrier to seeking assistance. In addition, women sexually assaulted by known offenders are less likely to seek help than those assaulted by strangers (Koss, Dinero, Seibel, & Cox, 1988; Mahoney, 1999; Ullman & Siegel, 1993; Williams, 1984). This finding suggests that barriers to treatment may be even more salient for marital rape victims.

In addition, there seem to be some barriers that may be linked more specifically to the experience of being raped by an intimate partner, usually within the context of ongoing domestic violence. First, because the typical marital rape victim has been exposed to lengthy abuse and control within her intimate relationship, she may feel even more helpless to seek assistance following a rape than other types of rape victims (Frieze, 1983). Second, because an implicit threat of violence often looms over battered women, raped wives may fear retaliation by their abusers if they do seek help (Frieze, 1983; Hanneke & Shields, 1985). Third, because the widespread cultural stereotype exists that marital rape is not real rape, some marital rape victims may question whether their experiences

"qualify" as rape or are "serious enough" to justify help (Bergen, 1996; Frieze, 1983; Hanneke & Shields, 1985).

In addition, feelings of shame and the fear of being blamed by friends, relatives, and service providers may dissuade marital rape victims from seeking help (Hanneke & Shields, 1985; Kilpatrick et al., 1992). It seems that this fear of being blamed may be valid, as it has been supported in empirical studies. As the victim-offender relationship becomes more intimate, others tend to blame the victim more (Monson et al., 1996; Shotland & Goodstein, 1992; Sullivan & Mosher, 1990). Therefore, those raped by intimate partners will tend to be blamed more often than other rape victims. In addition, if a marital rape victim has experienced being belittled or blamed in the past by clergy, police, or others, then she may decide not to disclose the abuse or seek help in the future (Mahoney, 1999). Overall, there are a multitude of factors (including cultural and professional invalidation) that have served to decrease the likelihood that marital rape victims will seek help.

Recommendations for Professionals

Although there exists many factors that serve as barriers to treatment for marital rape victims, there are also several strategies that professionals can enact to minimize the effects of these barriers. In general, face-to-face interviewing that does not solely rely on the term *rape* is better than self-administered questionnaires in assessing for marital rape (Renshaw, 1989; Russell, 1990). Because many marital rape victims will not define their experiences as rape, more cases will be identified through the use of behavioral descriptions (e.g., Has an intimate partner ever forced you to have sex when you didn't want to?). In addition, the actual process of face-to-face interviewing to gather a woman's trauma history may result in several benefits for the victim. First, sensitive interviewing may afford the victim the first opportunity to reflect on her painful feelings in a safe environment. Second, she may be given a sense that others have had similar difficulties, and her feelings are valid. Third, such an experience can offer hope that help is available and convey that she deserves to be helped (Renshaw, 1989).

In addition to these general guidelines, there are also specific recommendations for each type of professional who may encounter marital rape victims. Medical doctors (especially gynecologists) should assess for marital rape during routine medical histories of all adolescent and adult female patients (Finkelhor & Yllö, 1988). In addition, medical doctors and nurses should examine genitalia for genitourinary infection or trauma (Campbell & Alford, 1989). Given the high risk of unplanned pregnancies, STDs and HIV/AIDS among battered women (Maman et al., 2000), it seems imperative for programs targeting these issues to routinely assess for forced partner sex and provide relevant information to patients (Wingood & DiClemente, 1997). Finally, standard rape protocol should be followed in marital rape cases, including careful documentation and referrals to appropriate medical, legal, emotional, and social assistance resources (Campbell & Alford, 1989; Renshaw, 1989).

Psychologists, psychiatrists, social workers, and marriage counselors should assess for marital rape during routine histories of all adolescent and adult female clients, particularly those presenting with anxiety, depression, and sexual and relationship difficulties (Finkelhor & Yllö, 1988). If the marital rape victim is still in the abusive relationship, then therapy should focus on safety planning, helping the woman accept the reality of the relationship, and gently challenging self-blame attributions (Shields et al., 1990). When the woman has left the abusive relationship, therapy can address her traumatic reactions, including chronic difficulties that may have developed due to ongoing violence and/or multiple rapes (Hanneke & Shields, 1985; Shields et al., 1990). Cognitive-behavioral therapies that have been shown to be effective for rape victims may also be helpful in symptom reduction for marital rape victims. These include stress inoculation therapy (Foa et al., 1999; Foa, Rothbaum, Riggs, & Murdock, 1991), systematic desensitization (Frank, Anderson, Stewart, Dancu, Hughes, & West, 1988), prolonged exposure therapy (Foa et al., 1999; Foa et al., 1991), cognitive therapy (Frank et al., 1988), and cogni-

tive processing therapy (Resick, Nishith, Weaver, Astin, & Feuer, 2000). These therapies incorporate relaxation and anxiety management techniques, exposure to conditioned fear cues, modification of faulty thinking patterns and attributions leading to self-blame, and disruption of avoidance patterns.

In addition, those who research the topic of marital rape should be aware of challenges that are unique to studying this population. For example, because marital rape often coincides with physical abuse, recruiting participants who have experienced marital rape only will most likely result in small sample sizes. Within these constraints of low statistical power, only the most pressing of questions can be examined. The alternative is to plan research questions and statistical analyses so that marital rape can be examined within the context of physical violence. In addition, researchers should consider how marital rape is defined in their studies, opting for a more conservative legal definition of rape so that data can be compared to other types of rape. Finally, those who study marital rape need to be mindful of the tendency for victims to underreport such experiences. By inquiring about marital rape in a sensitive manner and providing victims with validating responses, researchers may increase the likelihood of collecting reliable data.

Clergy should also assess for the possibility of marital rape in all women presenting with marital difficulties (Finkelhor & Yllö, 1988; Yllö & LeClerc, 1988). Historically, battered women have ranked clergy as the least helpful (Bowker, 1983). Because many women turn to spiritual strength and guidance first, it becomes especially important for clergy to validate the feelings of marital rape victims (Yllö & LeClerc, 1988). Therefore, it seems necessary for clergy to challenge victim-blaming beliefs that may have emerged from traditional interpretations of religious doctrine.

Criminal justice and legal professionals are also in a position to assist marital rape victims. It seems that the majority of those who have reported their assaults have found the police to be unresponsive (Bergen, 1996; Frieze, 1983; Russell, 1990). Police officers who respond to domestic violence calls should be aware of the high prevalence of marital rape in the context of physical abuse and be trained to respond in a validating and appropriate manner. If a woman discloses a marital rape, then police officers should offer to transport the woman to the hospital for a rape kit. Lawyers may also encounter marital rape victims in couples seeking divorce and, thus, should be sensitive to this issue and help make appropriate referrals. Educating divorce lawyers, in particular, might be helpful so that they too may provide the marital rape victim with a validating response as well as consider any additional legal issues that may arise in subsequent proceedings. Finally, judges could also benefit from being knowledgeable about marital rape, particularly the association between marital rape and homicide risk (Campbell & Soeken, 1999), so that they might appropriately consider this issue when making decisions about orders of protection.

In terms of social service recommendations, domestic violence shelter advocates need to ask specifically about sexual abuse for all shelter residents (Campbell & Alford, 1989). Because it is estimated that one third to one half of all battered women have also suffered a marital rape (Frieze, 1983; Pagelow, 1981; Shields & Hanneke, 1983; Walker, 1984), shelters become a likely place to identify victims in need of help. In addition, domestic violence shelters and rape crisis centers must acknowledge the significance of marital rape, extend their services to victims of marital rape, include marital rape victims in their efforts to educate the community, and specifically target outreach efforts to marital rape victims (Bergen, 1996; Mahoney, 1999; Russell, 1990). For social services to improve for marital rape victims, the existing diffusion of responsibility must be replaced with collaboration and commitment.

To counteract the long-standing invalidation and silencing of marital rape victims, medical, legal, spiritual, and mental health professionals need, at the very least, to routinely assess for marital rape. This will serve as the first crucial step in improving services for these women. In addition, it is imperative that professionals validate the feelings of victims and provide a safe, nonjudgmental environment in which victims can disclose their experiences. The majority of

marital rape victims do not seek help, but for those who do, it is crucial that they are supported in their courageous efforts; otherwise they may not feel safe enough to continue help seeking and may never receive the services they need to cope with such a profoundly traumatic experience.

CONCLUSIONS

Because of this critical review of the existing literature on marital rape, several conclusions can be drawn. First, marital rape is an endemic problem among women because it has been found to be the most prevalent form of rape in the United States. Second, marital rape victims endure numerous posttrauma consequences, which rival other forms of rape in terms of seriousness. Third, marital rape victims often experience additional forms of trauma, such as physical partner violence, adult stranger rape, and childhood sexual abuse. These additional traumas, coupled with the high probability that marital rape victims have experienced multiple rapes within their marriages, suggests that these victims may be at greater risk for severe posttrauma distress. Fourth, the widespread legal, cultural and professional invalidation of marital rape has served to limit the identification and treatment of its victims as well as research that might help to improve services.

If marital rape victims are to be better helped in the future, then efforts to understand, research, educate, validate, and treat the victims of this heinous crime must be seriously undertaken by medical, mental health, social service, legal, religious professionals, and our culture at large. Only then will this often silent and underserved population begin receiving the compassion and help it so greatly deserves.

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- Professionals should receive increased education regarding the prevalence, criminalization, and posttrauma consequences of marital rape so that they can better identify and educate victims.
- It is imperative that marital rape be included in the mission statements of rape crisis centers and domestic violence shelters to better identify and serve victims.
- More research is needed to evaluate the effectiveness of current assessment and treatment strategies, identify potential therapeutic issues unique to this population, and evaluate the possible effects of recent legal reforms to the identification and perception of marital rape.

NOTE

1. The term *marital rape* has been defined differently throughout the literature, sometimes including unmarried cohabiting partners and/or divorced or separated partners. Varying definitions across studies are highlighted as well as implications for the interpretation and generalization of research findings.

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Jennifer A. Bennice, M.A., earned her B.A. with honors in psychology and medical anthropology at Case Western Reserve University in 1996. She earned her M.A. from the clinical psychology doctoral program at the University of Missouri–St. Louis in 2000. Her master's thesis developed the relative effects of physical and sexual intimate partner violence on PTSD symptomatology. As a part of her doctoral training, she has worked with Dr. Patricia Resick at the Center for Trauma Recovery for the past 4 years, gaining clinical and research experience in the area of physical and sexual assault. She is currently working on her doctoral dissertation, which focuses on marital rape.

Patricia A. Resick, Ph.D., received her doctorate in clinical psychology from the University of Georgia. After being on the faculties of the University of South Dakota and the Medical University of South Carolina, she joined the faculty of the University of Missouri–St. Louis. She is currently a professor of psychology and director of the Center for Trauma Recovery. She is also codirector of the National Violence Against Women Prevention Research Center, funded by the Centers for Disease Control and the Greater St. Louis Child Traumatic Stress Program funded by Substance Abuse Mental Health Services Administration. She has received nearly $8 million in grants to conduct research projects. One current project is a dismantling study of cognitive processing therapy for rape or assault victims with PTSD. She has published two books and 100 scientific articles and book chapters. She has served on the board of directors of the Association for the Advancement of Behavior Therapy (AABT) and the International Society for Traumatic Stress. She is currently president-elect of the AABT. In 1988, she was the recipient of an award by the National Organization for Victim Assistance for outstanding research contributions to the victims' assistance field. In 1995, she was the recipient of the Chancellor's Award for Excellence in Research from the University of Missouri–St. Louis. In 1998, She was presented the President's Award for Research and Creativity for the University of Missouri system. In 2000, she was named Curators' Professor by the Board of Curators of the University of Missouri system.