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Sexual Victimization Among Intimates

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Prevalence of Sexual Violence Between Intimate Partners

Decades of research have demonstrated that intimate-partner violence, including sexual violence, is a pervasive problem (Tjaden & Thoennes, 2006). Although few studies have measured the prevalence of sexual violence between intimates separately from physical violence, the limited research has suggested that 40% to 50% of battered women also experience sexual assault (Bergen, 1996; Campbell & Soeken, 1999). Also, 18.3% of women in a recent nationally representative community sample reported rape, and 5.6% reported sexual assault victimization (other than rape; Black et al., 2011). Additionally, data from the National Violence Against Women survey indicate that 62% of adult women who reported being raped also reported that an intimate partner had perpetrated the rape (Tjaden & Thoennes).

Intimate-partner sexual violence may include a myriad of acts that may or may not involve physical force, such as completed or attempted forced vaginal, anal, or oral sex (rape or attempted rape), injury to the breasts or genitals, and coercive sexual acts (e.g., invoking "spousal duty," threatening to end the relationship) as well as noncontact acts such as forcing a partner to view pornographic material (Basile & Smith, 2011). In addition, some researchers have developed continuums to assist in understanding the breadth of intimate sexual violence. In their study of assaults between dating partners, Koss, Leonard, Beezeley, and Oras (1985) advanced a spectrum of sexual violence that included sexually nonaggressive, sexually coercive, sexually abusive, and sexually assaultive behaviors. Likewise, Finkelhor and Yllö (1985) identified four categorizations of sexual violence by husbands toward their wives ranging from social coercion (e.g., wifely duty), interpersonal coercion (e.g., threats of cheating or withholding money), threatened

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physical force, and use of physical force. Building upon these early studies, Basile (2002) utilized a nationally representative sample to determine the prevalence of coercive and physically forced sex among married women. Specifically, she examined seven circumstances surrounding the sexual coercion of women by their husbands or heterosexual partners (ranging from feeling that sex was expected after he had spent money on her to forcible rape). Basile determined that 34% of sampled women reported having unwanted sex with a current or former partner. Of the women who reported having unwanted sex, 48% reported having sex with a current husband/partner because they felt it was their duty, 29% after a romantic situation, 26% after he begged or pleaded with her, and 24% after he spent money on her. Additionally, 9% of women reported having unwanted sex with their current husband/partner after he bullied or humiliated her, 7% after he used physical force, and 3% after he threatened to physically hurt her. Overall, findings indicated that 13% of married women and 10% of all women sampled reported rape (physically forced sex) by an intimate partner.

Sexual violence between intimates often occurs alongside other forms of violence such as physical or emotional abuse. For example, Coker, Smith, McKeown, and King (2000) examined intimate-partner violence (IPV) in a large sample of adult women in South Carolina who reported ever being in a heterosexual relationship for 3 months or longer. Findings demonstrated that 5% of women reported experiencing only sexual violence in a current or former relationship while 18.1% reported sexual and physical violence and 17.3% reported sexual, physical, and emotional violence by a current or former partner. Additionally, research has demonstrated a significant relationship between intimate sexual violence and *more frequent and severe* physical abuse and psychological abuse, stalking, and intimate-partner homicide (Campbell et al., 2003; Coker et al.).

Sexual violence between intimates is often reoccurring within a relationship, with victims reporting ongoing sexual violence for the length of their relationship with their partner. Walker (1979), who developed the concept of a "cycle of violence," observed that these cycles may occur hundreds of times over the span of a relationship, with each cycle ranging from a few months to a year. The British Crime Survey found a high prevalence of repeat domestic-violence victimization over a year, with 56% of women reporting one repeat incident, 21% reporting two assaults, and 23% reporting three or more repeat assaults (Simmons & Dodd, 2004). Research from Tjaden and Thoennes (2006) examining 16,000 individuals (8,000 males and 8,000 females) in the National Violence Against Women Survey from 1995 to 1996 showed that women reported intimate sexual and physical violence occurring for an average of 3.8 years with an average of 7.1 assaults during the relationship, while men reported violence occurring over an average of 3.3 years with 4.7 assaults during the course of the relationship. Likewise, McFarlane and colleagues found that the majority of abused women in their sample had experienced four or more rapes during the course of their relationship with their abusive partner and that 55% reported that the second assault was perpetrated within 30 days of the first assault (McFarlane, Malecha, Watson, et al., 2005). In addition, individuals who have sexual victimization histories often have increased

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probabilities for sexual victimization in future relationships (Coker et al., 2000). Over the past 30 years, victimization self-reporting surveys have documented that a small proportion of respondents experience a disproportionate number of victimizations, with prior victimization experiences emerging as one of the most prominent predictors of future victimization (Cantor & Lynch, 2000).

Impact of Sexual IPV on Victims and Children

Intimate-partner sexual violence victimization has been linked with multiple mental problems. As Finkelhor and Yllö suggested, "A woman who is raped by a stranger lives with a memory of a horrible attack; a woman who is raped by her husband lives with her rapist" (Finkelhor & Yllö, as cited by Mahoney & Williams, 1998, p. 3). Victims of intimate sexual violence often experience depression and/or anxiety as a result of the attack(s). Research from McCauley and colleagues (1995) and Saunders, Hamberger, and Hovey (1993) and co-authors demonstrated that separate from physical assault, intimate sexual assault is associated with high rates of depression in victims. Intimate sexual abuse has also been linked to posttraumatic stress disorder (PTSD) among victims. Bennice, Resick, Mechanic, and Astin (2003) examined sexual abuse independently from physical abuse among victims of IPV and found that, even after controlling for the severity of physical abuse, victims of sexual abuse were significantly more likely to experience PTSD. Likewise, in a recent study of abused women, women who had been raped by an intimate partner reported significantly more symptoms of PTSD and an increased likelihood of having threatened or attempted suicide than did women who were physically but not sexually abused (McFarlane, Malecha, Watson, et al., 2005).

Intimate sexual violence victimization has also been linked to physical health problems. Research demonstrates that victims of sexual violence that is perpetrated by an intimate sustain greater rates of physical injury than do victims of non-intimate assault (Kilpatrick, Best, Saunders, & Veronen, 1988). Additionally, as mentioned above, women who are sexually assaulted by their intimate partner are also at a greater risk of experiencing extreme physical violence from their partner (Bergen, 1996; Campbell & Alford, 1989). Severe physical abuse may include being kicked, burned, or hit during sex (Campbell & Alford). Victims of intimate sexual abuse also report sustaining injuries at the hands of their partners such as broken bones, black eyes, and head wounds (Bergen); oftentimes, perpetrators will rape victims directly after a severe beating (Bergen; Campell & Alford; Russell, 1990). Victims may also suffer from sleeping and eating disorders and substance abuse (Goodman, Koss, & Russo, 1993; Kilpatrick et al.; McFarlane, Malecha, Gist, et al., 2005).

Intimate sexual violence has also been linked to a myriad of sexual health problems such as bladder infections, vaginal and anal tearing, sexual dysfunction, pelvic pain, urinary tract infections (Campbell & Alford, 1989), and sexually transmitted diseases (STDs) including HIV/AIDS (Campbell & Alford; Eby, Campbell, Sullivan,

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& Davidson, 1995). In addition, male perpetrators of intimate sexual violence often maintain sole control over the use of contraception, leading to unintended pregnancies. For example, McFarlane, Malecha, Watson, and colleagues' (2005) examination of women who had been abused by their intimate partners found that 26% of sampled women reported pregnancies as a result of wife rape. Unintended pregnancies are often associated with negative outcomes for both the mother and child, including increased complications during and after pregnancy (Conde-Agudelo & Belizan, 2000; King, 2003), and low birth weight and failure to thrive (Bustan & Coker, 1994; Gadow et al., 1998).

Extant research has also revealed a significant, negative impact of intimate-partner sexual abuse on children who are exposed to violence in their home. Prior studies have revealed that children who see or hear the sexual assault or rape of their mother demonstrate greater rates of depression, anxiety, and behavior problems than do children who witness their mothers being physically but not sexually abused (McFarlane & Malecha, 2005; McFarlane et al., 2007). Many children who witness the sexual abuse of their mother internalize trauma to the extent that they experience symptoms of posttraumatic risk disorder (Pynoos & Nader, 1988). In addition, children who are exposed to intimate-partner sexual violence may grow to adopt unhealthy views of sexual intimacy and violence and may demonstrate sexual aggression in their own intimate relationships. Finally, perpetrators of intimate-partner sexual violence are also more likely to sexually abuse children in the home.

Criminal Justice System Response to Intimate Sexual Violence: Marital Exemptions

For centuries, marital exemption laws, which precluded states from charging husbands for raping their wives, legitimized violence against married women (Schelong, 1994; Siegel, 1998). The origin of marital exemption laws is often linked to English Chief Justice Sir William Hale as well as to William Blackstone. According to Hale, upon marriage, a wife unequivocally submitted "herself" to her husband and thus forfeited her own right to autonomy in both person and property (Hale, 1736/1971). This ideal, which became known as the Hale doctrine, surmised that under the matrimonial contract, a husband had an undisputed right to his wife's paid and unpaid labor, her property, and her body. The Hale doctrine was utilized as precedent for the legal acceptance of marital exemptions in the United States in the case of *Commonwealth v. Fogerty* (1857, as cited in Bennice & Resick, 2003). Likewise, Blackstone espoused the "unities theory," which held that upon marriage, man and woman were joined as one and a woman's legal rights were suspended to her husband. Under the unities theory, the rape of a married woman by a man other than her husband was legally viewed as a crime against the husband's property—his wife.

During the mid-19th century, the women's movement advanced progressive ideals regarding the individual and autonomous rights of women. Then, with the

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passage of the Married Women's Property Acts in various states in the early 1900s, married women won the right to own property, the right to their wages, and the right to file legal suit and tort damages without their husband's consent (Siegel, 1998). However, it was not until the late 1970s and 1980s that the women's movement attained significant reforms regarding marital exemption laws. The first successful prosecution of a rape by a husband against his wife in the United States was *Commonwealth v. Chretien* in 1981 (Pagelow, 1988). In *Chretien*, the victim had filed for divorce from her husband (who was also living separately from his wife) prior to the rape. As such, the judge ruled that the divorce action nullified the perpetrator's right to marital exemption, and, therefore, the court convicted him of the forcible rape of his wife. Then, finally, in *People v. Liberta* (1984) the court ruled that allowing married men the right to rape their wife was a denial of equal protection. In effect, *People v. Liberta* was the first case to overturn marital exemption laws. The ruling judge argued that rape is "not simply a sexual act . . . Rather [it] is a degrading, violent act which violates the bodily integrity of the victim" (as cited in Ryan, 1995, p. 989). He denounced any "implied consent" to such an act based on marital status and argued that to justify wife rape as a private matter was to say that the law turns its face from violent and degrading acts that would be a contradiction to the very goals and purposes of our justice system (Ryan). Mahoney and Williams (1998) suggested that in *Liberta*, the court made clear the following regarding the rights and privileges of marriage and marital privacy:

> (1) Marital privacy is meant to provide privacy of acts that both husband and wife find agreeable; it is not meant to shield abuse; (2) labeling all wives potentially vindictive is a poor stereotype not supported by any evidence; (3) many crimes without witnesses are hard to prove, yet this is no reason for making a crime "unprosecutable"; (4) making rape in marriage a crime does not make marriage more difficult; it is rather a rape which would make a marriage more difficult. (p. 5)

People v. Liberta (1984) proved to be a major force of change regarding marital privilege, and by 1993, each state had revisited its marital exemption law; however, many states still allow some spousal exemptions under some circumstances. As of 2005, 30 states allowed for exemptions from prosecution for marital rape; allowances usually pertain to the degree of force that can be legally used and/or the ability of a wife to consent due to physical or mental impairment. In several states, such exemptions are also extended to cohabitating, nonmarried couples.

Victim Reporting

Evidence suggests that sexual victimization is a severely underreported crime. Examinations of data from the National Violence Against Women Survey found that

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only 19.1% of adult women who reported on the survey that they had been raped also reported the crime to law enforcement (Tjaden & Thoennes, 2006). Likewise, multiple analyses of the National Crime Victimization Survey (NCVS) have demonstrated that rape/sexual assault is the least reported of all violent crimes (BJS, 2003, 2007). Studies further indicate that sexual victimizations that involve strangers are more frequently reported to police than those that involve intimates, friends, or acquaintances (Chen & Ullman, 2010; Felson & Paré, 2005; Fisher, Daigle, Cullen, & Turner, 2003; Ruback & Ménard, 2001; Russell & Bolen, 2000).

Barriers to reporting sexual victimization are numerous, especially when the victimization is perpetrated by an intimate partner. Victims often report feeling ashamed and embarrassed by their assault. They fear negative reactions from law enforcement officers and prosecuting attorneys (Bachman, 1998) and feel trepidation about whether law enforcement officers will believe them (Campbell, 2005). Victims also fear retaliation from the perpetrator and are fearful about what a prosecution will do to their children and/or extended families. Furthermore, some victims are reluctant to label their assault as rape if they believe that physical force or a weapon are essential elements of a sexual assault (Fisher et al., 2003), and others may believe that their victimization is not serious enough to warrant police attention (Muehlenhard, Friedman, & Thomas, 1985). At the same time, victims who experience assaults that include physical force (Bachman, 1993; Russell & Bolen, 2000), the use of a weapon (Fisher et al.; Russell & Bolen), victim injuries (Bachman), and completed rapes (Bachman; Russell & Bolen) are more likely to report these crimes to law enforcement.

Law Enforcement Response

Given the legal history of intimate sexual violence, it is no surprise that service calls of a domestic nature were traditionally viewed as low priorities by law enforcement officers (Sparks, 1997). Across the United States, both formal and informal policies discouraged police involvement in disputes between intimate partners, which were seen as private family matters (Reuland, Morabito, Preston, & Cheney, 2006). For example, the 1975 Training Bulletin on Techniques of Dispute Intervention in California stated that in domestic situations, law enforcement officers should "act as a mediator rather than an enforcer of the law" (cited in Siegel, 1998, p. 39). Similarly, when restraining orders were issued to wives for protection against their husbands, law enforcement officers regularly failed to enforce them (Fagan, 1996).

The dismissive treatment of intimate-partner violence by law enforcement is especially problematic given that law enforcement officers serve as the "gatekeepers" to the criminal justice system. Although some strides have been made regarding law enforcement response to IPV in general, such as formal arrest and protection order policies (Sparks, 1997), evidence suggests that sexual violence between intimates is rarely treated as seriously as sexual victimization perpetrated by a stranger. Specifically, research reveals that sexual assaults perpetrated by

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strangers are more likely to be investigated thoroughly (Bachman, 1998; Spohn & Spears, 1996) and are less likely to be treated as unfounded by law enforcement (Bouffard, 2000; Kerstetter, 1990; Tellis & Spohn, 2008) than are cases including intimates. Such differential treatment is most likely related to stereotypical notions held by officers regarding what constitutes a "real rape." Real rapes are often defined as assaults that occur between strangers and that include the use of force and/or weapons by the perpetrator and the sustainment of injuries by the victim. Additionally, Martin, Taft, and Resick (2007) suggested that law enforcement officers often act in the interest of clearance rates, such that officers do not make an arrest in cases where there is no clear-cut evidence or where the victim may not be willing to cooperate in the future. Victims of intimate sexual crimes may unintentionally destroy evidence by immediately showering or washing clothing or sheets in an attempt to hide the assault from their children or other family members. Likewise, evidence suggests that law enforcement officers often question the victim's truthfulness in cases of sexual assault and are expressly concerned with verifying the credibility of sexual assault claims. Lord and Rassel's (2000) examination of nine North Carolina counties found that polygraph tests were still being utilized to prove victims' reports. Additionally, a victim may be reluctant to participate in the prosecution because of the inherent involvement of the perpetrator in her life. Perpetrators of intimate sexual violence are also victim's husbands and partners as well as the fathers of their children. Victims may depend on the perpetrator for financial support, or they may be pressured by other family members to forego criminal charges for the good of the family.

Prosecutorial Decision Making

As with law enforcement, prosecutors exercise great discretion in choosing the cases that will move forward in the criminal justice system as well as in allocating time and resources to specific cases. Prosecutorial decisions can have widespread consequences regarding the outcomes of cases of intimate-partner sexual violence as well as the way in which victims of such violence view the criminal justice system at large. Evidence suggests that historical views characterizing IPV as a private matter instead of as criminal activity worthy of legal intervention have not completely dissolved (Belknap & Potter, 2006). Research reveals that rape and sexual assault cases between strangers are more likely to proceed through the criminal justice system than are cases involving intimate partners and that they have greater rates of successful prosecutorial outcomes (Alderden & Ullman, 2012; Bouffard, 2000; Frazier & Haney, 1996; Spohn & Spears, 1996; but see also Spohn & Holleran, 2001). For example, Bouffard (2000) found that cases of sexual violence involving strangers were more likely to result in an arrest and were more heavily sanctioned than were cases involving intimate partners and acquaintances.

Decisions regarding whether or not to prosecute a case are influenced by the prosecutor's beliefs regarding the odds of securing a conviction for that case. Often

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beliefs about the likelihood of conviction are intrinsically tied to the credibility or believability of a victim. Victim credibility becomes even more important in cases of sexual assault, where the victim is either the key witness or the only witness as well as the literal crime scene. As such, the ability of the victim to articulate the details of the victimization in court and to do so in a convincing way is vital to the case. In cases of intimate sexual violence, where the victim and offender have had a previous intimate and/or sexual relationship, prosecutors may question whether the victim's story will "hold up" in court. In addition, victim credibility is influenced by personal characteristics, including whether the victim has a history of criminal activity or problems with drugs or alcohol or was engaging in other activities at the time of the assault that could be construed as contributing to his or her victimization. Evidence demonstrates that cases including "blameless" victims are more likely to be prosecuted than cases including victims who are seen as risky (Spohn & Spears, 1996). More specifically, research by Spohn and Holleran (2001) found that risky victim behavior negatively impacted the likelihood of prosecution for cases of sexual assault between intimates but not between strangers.

Moving Forward

In 2009, President Obama declared April as Sexual Assault Awareness Month (U.S. Department of Justice [U.S.DOJ], n.d.). In addition, evidence suggests that rates of reporting for sexual assault, especially assaults between known victims and offenders, has increased in recent years (Baumer, Felson, & Messner, 2003; Clay-Warner & Burt, 2005). Furthermore, all states now issue protective orders to victims of domestic violence that prohibit perpetrators from engaging in abusive behavior such as harassment, stalking, or showing up at a victim's home or place of work. Importantly, research indicates that women who contact the police, apply for a protective order, or seek medical help after an intimate sexual assault are less likely to be reassaulted than women who do not seek help (McFarlane, Malecha, Watson, et al., 2005).

At the same time, policies and practices for responding to victims of sexual victimization still fall short. Surveys demonstrate that law enforcement officers continue to significantly underestimate the level of distress their interactions cause victims (Campbell, 2005), and the limited research on sex crimes units does not provide evidence that such units produce more positive outcomes for victims than do to standard law enforcement units. Furthermore, Coker (2000) asserted that certain populations of victims, including women of color and poor victims, are at a greater disadvantage when seeking help than are their white, middle- or upper-class counterparts. Importantly, there must be adequate material resources—including available housing, food, money, and other resources such as job training and child care—to provide meaningful assistance to victims (Coker). Recognizing that some victims stay in an abusive relationship out of necessity communicates the

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grave need to make adequate state and county resources available to increase the likelihood of success for victims. According to a 2012 National Alliance to End Sexual Violence (NAESV) study of rape crisis centers around the country, 65% reported waiting lists for counseling, while 30% reported a waiting list for support groups (NAESV, 2012).

Finally, at present, there is a paucity of research examining the prosecution or the disposition of reported rape and sexual assault specifically between intimate partners (Bergen, 2004; Spohn & Tellis, 2012). Given the prevalence of intimate-partner violence that includes sexual victimization and the reported longevity and frequent brutality of such violence, it is imperative that we understand the contextual factors regarding when and how such cases are reported and processed through the criminal justice system. Specific work must include investigations of the different phases of the decision-making process and the multiple actors involved, including victims, law enforcement, prosecutors, judges, and juries as well as victims' advocates and medical personnel.

Conclusion

Despite public perception, research suggests that the majority of sexual violence victimizations are in fact perpetrated by intimates—husbands, partners, and boyfriends—not strangers (Schelong, 1994; Tjaden & Thoennes, 2006). In addition, existing studies have documented that intimate sexual violence is often more severe than sexual violence between strangers and is marked by repeat victimizations over the course of the intimate relationship. Victims are also at higher risks for victimization in future relationships. Short- and long-term consequences of intimate sexual violence include a myriad of physical health and mental health problems for victims (Bennice, Resick, Mechanic, & Austin, 2003; Bergen, 1996; Saunders, Hamberger, & Hover, 1993) as well as, many times, for their children (McFarlane & Malecha, 2005; McFarlane et al., 2007; Pynoos & Nader, 1988). Thus, rape and sexual assault among intimates is considered a grave public health issue worthy of social and political attention (Martin, Taft, & Resick, 2007).

This chapter provides a general explanation of the types of behaviors included in definitions of intimate sexual violence and presents the scope of the problem and the impact of such acts on victims and their children. A historical account of norms and laws pertaining to domestic violence illustrates, however, that marital rape specifically, and intimate sexual violence generally, was long considered unworthy of criminal justice system attention. It has only been since the mid-20th century that criminal justice system actors have treated this violence as criminal behavior. Although significant strides have been made to provide postassault services and improve criminal justice system response to victims of intimate sexual violence, increased efforts are still needed to ensure that we continue to advance both research and services for this historically underserved population.

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Discussion Questions

1. In what ways are children affected when their mother suffers intimate sexual violence victimization?
2. What "barriers" do victims experience when deciding whether to report intimate sexual violence?
3. What is a "real rape," and how do stereotypes regarding "real rape" affect the treatment of victims (and offenders) of intimate sexual violence in the criminal justice system?

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