

## Just “keeping the peace”

### A reluctance to respond to male partner sexual violence

MELANIE HEENAN

Just two decades ago in most Australian states and territories, men were able to rape their wives with immunity. Rape in marriage was quite simply not a crime. While state legislatures have enacted laws that now address men’s licence to rape<sup>1</sup> women with whom they share marital or established relationships, our understanding of whether this resulted in effectively changing the social, cultural and legal responses to sexual violence by male intimate partners is surprisingly limited.

Over the past decade, women’s groups around the world have combined to ensure that the issue of male partner violence<sup>2</sup> receives global attention. There is now little dispute that when studies attend to the context in which women experience violence, the extent to which women are “more likely to be raped, beaten, stalked, or killed by their intimate/romantic partners than by strangers or any other type of assailant” is revealed (Mahoney, Williams and West 2001: 143). In 2002, the World Report on Violence and Health identified intimate partner violence as having a significant impact on public health worldwide (Krug et al. 2002). Studies undertaken here and overseas consistently and reliably point to the relationship between intimate partner violence and its negative effects on women’s physical, reproductive and mental health (Roberts et al. 1998; Coker et al. 2000; Campbell 2002; Taft 2003).

Amnesty International has dedicated the next two years to raising the bar on violence against women as a human rights issue. Violence committed by intimate partners, both sexual and physical, is a key feature of their campaign.<sup>3</sup>

However, according to Diana Russell, writer and researcher of one of the original landmark studies on rape in marriage in the United States in the late 1970s, there is “little public interest in wife rape today” (1990: xvii). Russell is particularly critical of the cursory consideration that is now given to the issue by feminists

“I didn’t know what rape was, [what] was classed as rape. I just didn’t like the way he was treating me, how he was hitting me and doing what he was doing to me. But I didn’t class it as rape.” (Partner was convicted at trial for rapes and assaults 1998)



## Australian Government

### Australian Institute of Family Studies

Australian Centre for the  
Study of Sexual Assault

The Australian Centre for the Study of Sexual Assault aims to improve access to current information on sexual assault in order to assist policy makers and other interested in this area to develop evidence-based strategies to prevent, respond to, and ultimately reduce the incidence of sexual assault.

The Australian Centre for the Study of Sexual Assault is funded by the Office of the Status of Women, through the National Initiative to Combat Sexual Assault. The Centre is hosted by the Australian Institute of Family Studies.

### Contents

The law and legal treatment	5
The reluctance to research male partner rape	10
Reluctance by women to recognise and disclose male partner rape	15
Impact on women's health and emotional wellbeing	19
A reluctance by service-providers to respond	21
Conclusion	26
Endnotes	28
References	33

### The author

**Melanie Heenan** is the coordinator of the Australian Centre for the Study of Sexual Assault at the Australian Institute of Family Studies.

### Acknowledgements

I would like to extend a warm thanks to Vanessa Swan (Director of Yarrow Place, Rape and Sexual Assault Service) and Dr Denise Lievore (Research Analyst at the Social Policy and Crime Program within the Australian Institute of Criminology) for their wise and considered comments in reviewing this paper.

© Australian Institute of Family Studies – Commonwealth of Australia 2004.

Views expressed in the Centre's publications are those of individual authors and may not necessarily reflect ACSSA or Institute policy.

ACSSA Coordinator: *Melanie Heenan*

Australian Institute of Family Studies  
300 Queen Street, Melbourne 3000 Australia  
Phone: (03) 9214 7888 Fax: (03) 9214 7839

Internet: [www.aifs.gov.au/acssa](http://www.aifs.gov.au/acssa)

ISBN 0 642 39510 1

Designed by Double Jay Graphic Design  
Printed by Impact Printing

and others who, in the 1980s, saw abolishing the spousal immunity as key to addressing women's inequality. Kersti Yllö (1999: 225) has also highlighted how at "the community level, as well as in the culture at large, efforts to challenge the taken-for-granted 'right' of husbands to coerce their wives sexually lag at least two decades behind our work on physical violence".

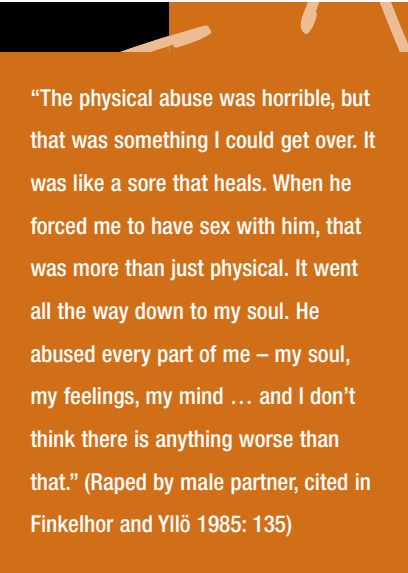
A community attitudes study conducted in Australia in 1995 showed that few respondents spontaneously identified sexual assault or rape as an element of domestic violence. Even when the more obvious forms were nominated, such as physical violence or battering, sexual violence was only identified by 12 per cent of respondents when further pressed about what "other forms" of domestic violence there might be. Ultimately, people surveyed were more inclined to describe domestic violence as being constituted by verbal abuse, mental abuse, and violence against children before they turned their minds to the possibility of sexual assault (OSW 1995: 71).

Most offender programs directed at intervention or prevention in the context of intimate partner violence similarly focus on men who have been physically violent with their partners (Carmody and Carrington 2000; Krug et al. 2002).<sup>4</sup> In Lesley Laing's detailed overview of both international and Australian approaches to structuring and evaluating perpetrator programs, there is nothing to suggest that any specific attention is devoted to men's sexual behaviour or conduct in the relationship (2002). Nor has its neglect been a subject of concern in evaluations that have seen men taking responsibility for offending behaviour as an important measure of the program's success. The research undertaken in Australia by Kerrie James and colleagues with the aim of "exploring men's experience of their violence towards women", asked perpetrators about the details of their physical and emotional use of violence, but neglected to ask them any questions about their use of sexual violence (2002: 1).<sup>5</sup>

"I was not physically battered because I always submitted. Mostly my husband jumped on me when I was asleep, pinned my arms down and clutched my legs with his so that I could not move. I was threatened and abused for thirteen years and finally left." (Raped and assaulted by de facto cited in Easta 1994: 54)

Despite the relative silence surrounding male partner sexual violence, there were 92 women in Victoria alone who reported an incident of rape to police by their current or former male partners (spouse or de facto) during the year July 2001 to June 2002. Annually, across Australia, thousands of women experience male partner sexual violence. According to a national survey undertaken in 1996, 29,000 women indicated that they had experienced sexual violence at the hands of their current or former partner within the previous 12 months (ABS 1996: 53). Further analysis of the survey revealed that “assault not involving injury and assault *perpetrated by a current partner* were less likely than other types of assault to be reported [to police] and to result in the use of victim services” (Coumarelos and Allen 1999: 1, emphasis added).

Yet we know so little about why this may be, and even less about how women, particularly in an Australian context, manage or understand their experience of male partner sexual violence. Nor do we know whether the emotional, familial, and health effects of intimate partner rape are similar for women who have experienced other forms of domestic abuse. So why have we been so slow, or *reluctant*, to consider the problem of rape by male partners? Is it that we presume law reform has adequately dealt with the issue? Is it that communities continue to set a contemporary place for honouring the sanctity of “family” that includes maintaining a version of the public/private divide? Or is it that, as service providers, researchers, police and law reformers, we have inadvertently created a hierarchy of abuses that ultimately serves to validate or legitimise only particular forms of male partner violence against women?



“The physical abuse was horrible, but that was something I could get over. It was like a sore that heals. When he forced me to have sex with him, that was more than just physical. It went all the way down to my soul. He abused every part of me – my soul, my feelings, my mind ... and I don’t think there is anything worse than that.” (Raped by male partner, cited in Finkelhor and Yllö 1985: 135)

This first *ACSSA Issues Paper* examines some of these concerns through identifying and discussing five key areas:

- the historical and contemporary legal treatment of male partner sexual violence;
- current gaps in researching the incidence and prevalence of male partner sexual violence;
- the difficulties women face in recognising or naming their experience of sexual violence by a male partner as rape;
- the impact and consequences of sexual violence on women’s physical health and emotional wellbeing; and
- the reluctance of support services to respond to the specific issue of sexual violence by male intimates.

The paper deals with the issue of sexual violence *by men against their female partners*. While there is some research to suggest that women’s violence can and does extend to their partners, this has been heavily critiqued and remains the subject of considerable debate.<sup>6</sup> Moreover, the extent to which women are *sexually* violent towards men is almost negligible (Campbell and Soeken 1999; Beckerman 2002).<sup>7</sup> The proportion of male victims of sexual assault, 18 years and over, published in the most recent Australian Crime and Safety Survey, is so small that prevalence estimates were considered too unreliable for general use (ABS 2003: 14). At the state level, a recent eight-year study of rapes reported to police in Victoria indicated that 23.2 per cent

(or 932) of women had been raped by a former or current partner or boyfriend compared with just 12 or 2.7 per cent of men (VLCR 2003: 69).

The paper will also restrict itself to the particular experience of sexual violence perpetrated by cohabiting male partners or where there has been an established relationship over a period of time. While studies have increasingly pointed to higher rates of sexual victimisation among young women (ABS 1999, 2002; Coumarelos and Allen 1999), particularly by their boyfriends, partners, friends and recent acquaintances<sup>8</sup>, there is also considerable evidence to suggest that women entering their thirties are at significant risk of violence perpetrated by the male partners with whom they live.

Figures from the Victorian state-wide Women's Domestic Violence Crisis Service (WDVCS) indicate that more than half of the 1683 women who required safe accommodation and support from their service during 2001-2002 were aged 30 years and over (2003a: 18). Seventy per cent (or 1050) of the total number of women seeking assistance were also living with their partner prior to contacting the service (2003a: 19). Hegarty's research with Taft (2001: 434) found that women who disclosed intimate partner violence to their general practitioners were almost twice as likely to be middle aged and to have experienced combined forms such as physical, sexual and emotional abuse. In the United States, Jones et al. (1999: 298) also found that women aged in their forties had the highest lifetime prevalence rates of intimate partner violence.

Other evidence suggests that research with mid-age women, who are reflecting on lifetime experiences, including any experiences of violence, allows for a deeper understanding about the nature of long-term or repeat victimisation that occurs in the context of women's established relationships with men. The rates of multiple assaults reported by women in a US survey prompted the researchers to conclude that "much of the violence perpetrated against women by intimates is chronic in nature" (Tjaden and Thoennes 2000: 39). Their findings indicated that just over half of the women raped by an intimate partner, and just on two-thirds of women physically assaulted by an intimate, spoke of multiple occasions on which they were victimised by the same partner.

In Australia, 50.2 per cent of women surveyed in 1996 (or an estimated 173,200) who had experienced violence by their current partner during the entire relationship said there had been more than one incident (ABS 1996: 54). In 2002, the National Crime Victim Survey showed that of the 28,000 women who reported experiencing a sexual assault in the past year, a third (33.9 per cent) had been victimised on two or more occasions, which represented almost 63 per cent of the total number of sexual assault incidents analysed by the survey (ABS 2003: 29).

Reports from Australian women and research findings overall suggest few inroads have been made in preventing male partner rape. The unspoken response to sexual violence in the home has much in common with a whispering campaign – known about by many, but with few willing to address it openly. It is important to place these impressions and the "silent knowing" in the context of a systematic examination of the issue and a broad assessment of Australia's efforts to protect women from what they say is a debilitating and soul destroying assault.

"See this asshole just doesn't think he's done anything wrong. I believe that. He just thinks in his eyes I was his partner, with his two kids – 'I can do whatever I want to you – even though when he was doing it I was bawling my eyes out and he was just getting off on it. Makes me sick.  
(Raped and assaulted by de facto partner, who was found not guilty at a trial in Victoria in 2002)

First, the legal response is examined as a point to begin this review, acknowledging that women campaigners two decades ago first turned to lawmakers for protection. The task for reformers was specific. Instead of creating new laws on sexual assault, the goal was to advocate for removing common law that protected men from crimes based on not what they did, but to whom they did it. One by one, states removed a husband's immunity from being prosecuted for rape in marriage, providing to married women the same legal status afforded to independent citizens.

However, the personal stories and the studies of legal practice that follow show the law's continuing reluctance to protect women. We find evidence of the gap between legislation and outcomes. We see that decades after the parliaments took action, the influence and authority of the abolished laws on rape continue to dominate.

## The law and legal treatment

### Judith's story

For 43 years Judith Arnott and her two children "lived in fear every day" of her husband's brutality. On 31 May 1996, she left him. During the marriage she had her nose broken several times, lost her sense of smell and was subjected to constant beatings, verbal abuse and threats to her life. Her sons were also physically abused and shot at. For most of the time, Judith thought "everybody lived the way we did". She heard differently from a domestic violence outreach worker who ultimately supported Judith through a court case that resulted in her husband being charged and convicted of several counts of physical assault. He served 15 months in prison.

For Judith the convictions for the physical assaults were significant – not only as a symbol of justice for herself and children, but as a call to other women, that they will survive, and that they will be believed. However, it was also a time of revelation. After the court case, Judith was exposed to more information about the law. And what she learned was that it was also a crime for a husband to rape his wife.

Judith made a police statement in 2001 detailing many episodes of rape and sexual assault that spanned her marriage. The police told her she should have disclosed the rapes earlier, preferably at the time of making her original statement in relation to the physical assaults that she and her sons endured. But like many women, Judith didn't identify her experience as rape:

*"I didn't know that [rape in marriage was illegal]. I thought that if they were married to you they could do what they liked."*

Judith's husband was interviewed in relation to the specific occasions where Judith could particularise an incident, nominate a date and year, or remember other details such as what she was wearing, or what else had happened on that day. Soon after, the police notified Judith that, given the historical nature of the offences, no charges would be laid. The Office of Public Prosecutions concurred after reviewing the decision, suggesting that a conviction would be unlikely, given the case depended entirely on Judith's "unsupported" testimony. Moreover, Judith learned that many of incidents she nominated occurred when husbands were immune from prosecution for raping their wives.<sup>9</sup>

Judith's story speaks to many features of the historical, social and legal fabric that have allowed few instances of male partner rape to be formally sanctioned or culturally recognised. The timeless right of men (or more particularly, husbands) to access their wives sexually has been traced by legal commentators to the centuries-old authority of British Chief Justice, Sir Matthew Hale, whose words on "wives as property" set the common law scene for the right to rape in marriage:

"But the husband cannot be guilty of a rape committed by himself upon his lawful wife, for by their matrimonial consent and contract the wife hath given herself up in this kind unto her husband which she cannot retract" (History of the Pleas of the Crown 1736: 629).

Brownmiller (1975) and others (Clark and Lewis 1977; Clark 1987; Bergen 1996) have detailed the historical context in which rape laws were originally enacted to protect men's property. The offence of rape lay in the damage caused to the investments of husbands and fathers who would otherwise have materially and socially benefited from bartering virginal daughters as prospective wives. Further, "once married, a wife's identity became legally merged with her husband's; she was not able to own property, have custody of children, or file charges against him" (1996: 3). According to Rathus (1995: 14): "In the same way that a person cannot be charged with the offence of wilful damage to their own property, a man could not be charged with violating his own woman."

The traditional importance of preserving the spousal immunity in rape law was twofold. Removing the exemption would either contribute to family breakdown in discouraging women from persevering with marriage "difficulties", or worse, would result in scores of women making false allegations against their husbands (Russell 1990). According to Scutt (1977), the position reflected how the prevailing culture, public policy and legal frameworks were more attuned to tolerating a husband's sexually aggressive behaviour towards his wife than they were to thinking about how to create a more equitable marriage or sexual relation between men and women, even if it meant accepting that the man, if he were not the husband, was engaging in a criminal act (Scutt 1977: 273).

Advocating for reforms that would abolish the marital rape exemption was therefore seen by many feminists as a critical step toward achieving women's equality (Smart 1989; Tarrant 1990). This would not only offer statutory protection to women who were raped by their husbands but would symbolically dismantle the traditional cultural and legal framework that viewed a woman's consent as perpetual if there had been a prior sexual, social, or intimate relationship with the accused man. However, according to MacKinnon (1983) and Harris (1996), the legacy left by Hale and his legal dictum meant the bar for distinguishing consenting from non-consenting sex was principally set by the nature of a woman's relationship to her offender, and by social norms that ensured an element of force and resistance continued to structure our understanding of normal sexual relations (or intimacy) between men and women.

The notorious remarks made by a South Australian Supreme Court judge in a rape trial held in 1992 provided the perfect case in point for those who had remained suspicious of the law's capacity to understand rape from a woman's (a wife's) point of view (MacKinnon 1983; 1987). In attempting to assist the jury to distinguish a true lack of consent from acts of mere "persuasion", Justice Bollen said:

"There is, of course, nothing wrong with a husband, faced with his wife's initial refusal to engage in intercourse, in attempting, in an acceptable

way, to persuade her to change her mind, and that may involve a measure of rougher than usual handling. It may be that handling and persuasion will persuade the wife to agree. Sometimes it is a fine line between not agreeing, then changing of the mind, and consenting ...” (*R v Johns*, Supreme Court, SA No. SCCRM/91/452, 26 August 1992).

According to Easteal (1998: 115), “the ability to construct rape within cohabitation will remain highly problematic” for the law unless the line between rape and acceptable levels of “rougher than usual handling” becomes less ambiguous. While state legislatures have now fully reversed the marital exemption<sup>10</sup>, the concept of rape in marriage or established intimate relationships, as far as the courts are concerned, remains virtually rhetorical. Very few prosecutions proceed where the victim and the offender are living in a marital or established relationship at the time of the offences.

The *Heroines of Fortitude* report produced by the New South Wales Department for Women (hereafter DFM) found that in their prosecution sample of 150 adult sexual assault cases<sup>11</sup>, 33 offenders were either current (10 per cent) or previous partners (12 per cent) of the woman-complainant (DFM 1996: 57).<sup>12</sup> As will become apparent in the next section, these figures appear negligible against what the true incidence of male violence against their women partners is likely to be. What these findings do indicate, however, is an increase in the *numbers of rape prosecutions* involving victims and offenders who have been in an established relationship. The study undertaken by the Law Reform Commission of Victoria (LRCV 1991: 66) examined eight cases involving current or former partners (spouses and de factos) which represented just 5 per cent of the total number of prosecutions that proceeded during 1989. By the early 1990s, the figure had increased to 26 or 9.3 per cent of Victorian cases (Heenan and McKelvie 1996: 36; see also Spohn and Holleran 2001 for a United States comparison).

Notwithstanding these increases, securing convictions in male partner rape cases remains difficult for prosecutors. Like most rape trials, the defence is likely to devote considerable attention to attacking the victim’s character and credibility. Where there has been a relationship history, the defence has a greater pool of information about the complainant to draw on in reconstructing a version of events set on undermining what she alleges happened. At best, the approach is designed to raise a reasonable doubt about her veracity in the minds of the jury. At worst, she will be exposed to a gruelling process of cross-examination that will remain transfixed on the detail of previous consensual sexual activity she once engaged in with her partner – the man she now accuses of rape (Adler 1987; Henning 1996; DFM 1996).

Case-file studies have shown how defence barristers often draw on a host of motives to explain why a woman might make such allegations against her partner (DFM 1996; Heenan and McKelvie 1996; Young 1998). Drawing on information provided by the accused, the defence may attribute the “falsity” of the charges to her wanting to ensure a favourable property settlement, to secure custody of the children, to continue an affair unobstructed, or as a method of wreaking revenge for her partner’s infidelity. Trying to eliminate any reasonable doubt in the minds of jurors under these circumstances, where the case rests almost entirely on the woman-complainant’s testimony, is a scenario most prosecutors are loathe to pursue.

While legislatures have attempted to curb the admission of sexual history evidence in trials where there has been some prior sexual contact between the

accused and the victim, barristers and judges have continued to thwart their effect (Heenan and McKelvie 1996; DFM 1996; Henning and Bronitt 1998). In my own study of 34 rape trials, I witnessed these tactics first-hand. The accused men in five of the trials I observed during 1996 to 1998 were the current or former partners of the women-complainants who had been living in established relationships either prior to or at the time of the offences (Heenan 2001). Without exception, these women were made to testify about aspects of their prior sexual relationships with the men they said had raped them. The aim of defence barristers in these cases was unashamedly directed at suggesting that consensual sex was more likely to have occurred on the occasion in question, just as it had in the past. Across the five trials, women were asked how often they had sex, when they started having sex, and whether they could speak to the general health of their sexual relationships. They were challenged about their versions of the regularity of sex, their alleged refusals to engage in sex, and their claims to often appease their male partners through submitting to sex.

"It's . . . like, to them it's just made out that it's only happened just the once, that it's just a one-off thing. And I feel – like, just because he was my partner, [the jury think] it hasn't happened either. It would be different if it was a stranger, but because we've been together for ten years, two kids – well, some people don't know much about marital rape or anything like that, so its really hard." ("Lara", raped and assaulted by her estranged de facto. In August 2002, a jury found him not guilty.)<sup>13</sup>

In this context, it seems unusual that each of the five accused in these cases were convicted. However, only two of the accused were actually convicted of rape. The three remaining accused were convicted of offences not involving sexual assault. Yet, the women in all five of these cases had reported being raped and physically assaulted. They had each sustained visible physical injuries and required at least some medical treatment, and all five women had reported the assaults quickly (three of them had notified police within 12 hours of the assaults).

That jurors were confident enough in these cases to convict male partners accused of assaulting, but not raping their partners, warrants some attention. According to Russell (1990) and Mahoney and Williams (1998), it is only the most extreme cases of marital rape that are likely to be prosecuted in the first place – for example, where the woman has been severely brutalised or there is other evidence of the offender subjecting her to humiliating or unusual sexual practices. However, in the cases I examined, it was the apparent inconsistency in jury verdicts that seemed difficult to explain. On the one hand, jurors in these cases seemed to accept that the women-complainants were physically harmed by their former or

current partners, but on the other hand, were unable to rule out the possibility of consensual sex still occurring in such circumstances.

It seems that the notion of women as autonomous agents, free to participate or decline to engage in sexual activity with the men with whom they live in intimate relationships, even physically violent ones, is a concept on which we have made little ground. That prosecutions involving intimates have increased in numbers may merely suggest that the public is less inclined to view men's use of physical violence in relationships as acceptable; that rape can also occur in such circumstances, remains much less palatable.

The reluctance of law, and of jurors, to criminalise men's sexually violent behaviour is further complicated by broader cultural conditions that allow for the majority of women's unwanted sexual experiences to be considered as *not* rape. The problem, as many commentators see it, is situated in our reluctance to apply a model of consent that is both communicative and mutually participatory

(Pineau 1989; Waye 1992; Harris 1996; McSherry 1998). According to Pineau (1989) and others (MacKinnon 1983, 1987; Gavey 1990; Naffine 1992; Pringle 1993), establishing the point at which rape should be distinguished from “wifely acquiescence” has proved so difficult for the courts and for women, precisely because coercion, pressure, aggression and “seduction” remain culturally acceptable expressions of male sexual behaviour.

Consider Lisa’s and Andrea’s experiences:

“I always gave in. He never forced me; he just expected it every weekend, and I just did it to keep the peace. I just did it to get it over with so he would go to sleep and leave me alone. Then I wouldn’t have to put up with him yelling at the kids and yelling at me.” (“Lisa”, cited in Bergen 1996: 14)

“If I had responded to a survey immediately after the rape I probably would have said I hadn’t been raped, because I wouldn’t have wanted to admit it to anyone else. Although this would have depended on my mood that day or week. If presented with a more behaviourally specific description of rape I may have been more likely to say yes I had been raped, but may not have. It would have depended on the state of relations between Craig and I at the time, and how I felt about that. This varied from hour to hour, day to day, week to week.” (“Andrea”, cited in Gavey 1990: 197)

Finkelhor and Yllö (1985) have distinguished varying levels of coercion and/or force that often characterise women’s experiences of male partner rape over the life of the relationship. These range from the use of social and interpersonal coercion to more direct threats, or use of actual physical force. At one end of this continuum<sup>14</sup>, the authors highlighted the cultural expectation of women to fulfil their “wifely duties” or the pressure to provide sexual services to their husbands regardless of their own desires. They also described the degree of emotional manipulation that comes with women feeling obliged to have sex after their partners have threatened to seek sexual satisfaction elsewhere, or more simply, to keep the peace. The use or threat of force women described ranged from being held down, being subjected to degrading, humiliating or painful sexual acts, to being raped in the context of other physical violence and battering.

The difficulty for women lies in trying to reconcile their experiences with a cultural consensus that understands rape as sex that occurs unambiguously without their consent. According to Mahoney and Williams (1998), women know that their rapes have occurred when they have lain silent, where they have “given in”, where they have just “gotten it over and done with”, when violence was no longer necessary. They blame themselves for it. They take responsibility for it. They feel complicit in it.

However, the failure of the law to protect women from rape in established relationships, to alleviate ambivalence and define rape, is a failure of our social institutions at large. It is not only in the legal context that we find a reluctance to act. Indeed, our reluctance is shown to be far more culturally entrenched by our failure to acknowledge the difficulties women face in naming their experience of rape, by services marginalising their responses to rape, and by not identifying the particular health and emotional impacts of rape.

It is this notion of reluctance that structures the remainder of this Issues Paper. First, we consider how little is known about the incidence of male partner rape in the context of survey research.

## The reluctance to research male partner rape

Since the 1970s, researchers and feminist commentators have successfully brought attention to the concept of date or acquaintance rape, increasing our understanding of how the danger posed by strangers is less pervasive than the risk of being assaulted by a friend, a colleague, a boyfriend, or while on a date. However, studies on intimate partner violence have tended to remain focused on this broad category of relationships, and relied on university or college students to determine rates of prevalence, or to consider the profiles and characteristics of likely offenders, victims and offences (Koss 1985; Warshaw 1988; Johnson and Sigler 1997<sup>15</sup>). Comparatively little attention, however, has been given to the notion of intimate partner violence – sexual violence – by men whom women love, with whom they share relationships, with whom they share their lives (Russell 1990; Mahoney and Williams 1998; Yllö 1999).

Efforts to better understand the size and scope of intimate partner violence in more established relationships gathered pace in Australia, and internationally, throughout the 1990s.<sup>16</sup> A watershed in Australian population based studies measuring the nature and extent of violence against women<sup>17</sup> was provided through the Women's Safety Survey in 1996 (ABS 1996). Approximately 6300 women aged 18 years and over participated in the survey with sensitively trained interviewers, allowing for the calculation of national estimates. Overall, an estimated 338,700 or 4.9 per cent of women experienced an incident of physical violence by a man in the 12 months prior to the survey, and 133,000 or 1.9 per cent of women experienced actual or threatened sexual violence (ABS 1996: 5-6).

A closer examination of the findings revealed the significant risk that men posed to women with whom they shared established relationships.<sup>18</sup> In the year prior to the survey, 12,400 women had experienced sexual violence by their current partner; 16,500 by a previous one. The corresponding disclosures around physical violence were higher – current partners were identified by 104,600 women (2.4 per cent), while 75,800 (3 per cent) nominated previous partners as the perpetrators (ABS 1996: 6).

When asked to reflect across their adult lives, an estimated 1.06 million women (41.6 per cent) in Australia experienced at least one incident of physical violence at some time during a previous relationship (ABS 1996: 51-52). Further, over half of the 7.6 per cent who had ever been subjected to violence by a current partner said there had been more than one incident. One in ten women who had ever been in a relationship also disclosed an incident of sexual violence. And over 40,000 (1 per cent) of women surveyed identified an incident of sexual violence by the man with whom they were currently sharing a relationship. In total, the Women's Safety Survey estimated a lifetime prevalence rate of 23 per cent, or nearly one in four women, likely to experience an incident of violence, either physical or sexual, by a former or current partner at some stage during or after a relationship (ABS 1996: 50).

Internationally, countries that are demographically and socially comparable to Australia have yielded similar estimates of male partner violence.<sup>19</sup> In Canada, the lifetime prevalence rate for married or cohabiting women 18 years and over, was 29 per cent (Johnson 1996); in 1996 in Britain, 26 per cent of women aged between 16 and 59 reported having been physically threatened or assaulted by a current or former partner at some stage of their lives (Mirrlees-Black 1999); in the

United States 22 per cent of women aged 18 years and over had at some time been physically assaulted by a current or former partner (Tjaden and Thoennes 2000: 9, 11); and in New Zealand in 2001 the rate for ever partnered women aged 15 years and over was 26 per cent (Morris et al. 2003: 139).

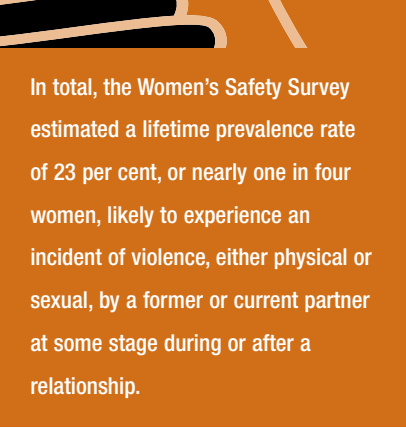
An important caveat to these large-scale population-based studies, however, is the extent to which many women are excluded from participating in the survey due to the research design and sampling methods employed. In Australia, for example, the experiences of women living in rural and remote regions, Indigenous women, women from non-English-speaking backgrounds<sup>20</sup>, women in prison and women in transitional housing (for example, in refugees<sup>21</sup>) are either grossly under-represented or absent entirely from the ABS findings. And yet there is strong evidence to suggest inclusion of these women would have substantially increased the proportions of women who identify having experienced male partner violence.<sup>22</sup>

For Indigenous women, the rates of physical and sexual violence consistently identified by communities and researchers are said to “have reached epidemic proportions” (Huggins 2003:5). Queensland police statistics from 1996-1997 show that Indigenous women in the far north regions were between 16 and 25 times more likely to be sexually assaulted than women (both Indigenous and non-Indigenous) who lived in the remainder of the state (Memmot et al. 2001). Ferrante and others (1996) suggested that Aboriginal women living in remote and regional areas are 45 times more likely to be victims of domestic violence than non-Aboriginal women, and 1.5 times more likely to experience violence in metropolitan areas. Earlier, Audrey Bolger (1991) estimated that one-third of the Indigenous women living in the Northern Territory were being assaulted each year by their spouse/partner. While Edie Carter’s research (1987) with Indigenous women identified most sexual assaults as having occurred in the home, with 7 per cent disclosing repeat sexual victimisation by intimate partners.

While the methodology used for the Women’s Safety Survey in 1996 did not allow for reliable estimates to be produced in relation to violence against Indigenous women, these broader population-based studies have nonetheless provided strong evidence of the pervasive nature of intimate partner violence against women.

Moreover, the estimated rates have repeatedly been supported, and strengthened, by research undertaken in more targeted studies (although again almost exclusively drawing on Anglo-Australian women), particularly in a primary health care setting. Studies have tended to focus on likely entry points for women living with violent male partners, such as accident and emergency departments, general practitioners, and pre- or neo-natal health clinics (that is, women’s reproductive health services). These community and clinically based studies rely on similar research definitions and design, and have tended to produce relatively consistent reports of annual and lifetime prevalence rates of intimate partner violence. Some of these will be briefly reviewed here.

In a study of over 2000 women attending 15 general practitioners in metropolitan Melbourne in 1993-1994, Danielle Mazza and colleagues (1996: 16) found that over a quarter (28 per cent) had been subjected to physical or emotional



In total, the Women’s Safety Survey estimated a lifetime prevalence rate of 23 per cent, or nearly one in four women, likely to experience an incident of violence, either physical or sexual, by a former or current partner at some stage during or after a relationship.

abuse by a male partner in the previous 12 months, with almost one in ten identifying severe physical violence. Thirteen per cent of women also identified being the victim of a rape or an attempted rape since the age of 16 (1996: 15). A comparison study undertaken in 1996, targeting mid-age women's experiences of intimate partner violence, found that 28.5 per cent identified some form of physical or emotional abuse throughout their lifetime (Mazza 2001: 201).

In two other Australian studies relying on patients attending hospital emergency departments, lifetime prevalence rates of domestic violence<sup>23</sup> were reported by approximately one in four (23.3 per cent in Roberts et al. 1993: 308; 25 per cent in Bates et al. 1995), and one in five (19.3 per cent in deVries Robbe et al. 1996: 366) women who participated in the surveys.

While these studies continue to add to a uniquely rich knowledge base on women's experiences of male partner violence, there has been comparatively little attention specifically given in Australia to women's *experience of sexual violence* by their former or current male partners. Studies either subsume sexual violence within wider definitions of domestic or family violence (Lee 2001), or ask broadly about women's experiences of sexual violence, particularly child sexual abuse (Mazza et al. 1996; Mazza et al. 2001), often without being specific about whether the intimate relationship refers to a partnered or a familial relationship (such was the case with Roberts et al. 1993: 307 and deVries Robbe et al. 1996).

#### Studies that fall short on targeting sexual violence

The longitudinal study undertaken by Mazza et al. (2001) that relied on face-to-face interviews with mid-age women, seemed well placed to ask participants about their sexual experiences within partnered relationships<sup>24</sup>, yet they appear to have avoided it. Instead, alongside questions about incidents of physical violence by partners, they asked women to distinguish their experiences of adult sexual assault or unwanted sexual experiences, adult rape and attempted rapes, and any incidents of childhood sexual abuse without asking them to specify their relationship to the offender (2001: 200).

Similarly, an important feature of the Australian Longitudinal Study on Women's Health, known widely as Women's Health Australia, is their focus on the implications of violence on women's health and wellbeing. In 1998, women in the mid-age cohort, who were aged between 45 and 50 in 1996, were asked specifically whether they "had ever experienced any form of physical, emotional or sexual abuse or violence, either as a child, in an adult relationship, or at any other time?" Over a third of these women (4270 or 35 per cent) identified at least one experience in this context (Parker 2001: 188).

A follow-up targeted survey sent to those who were willing to participate indicated that emotional abuse (such as name-calling, movements being restricted, threats, or having access to work or money refused) was the most frequently reported. However, almost 60 per cent of women in this age group also identified experiences of sexual abuse. Moreover, 73 per cent nominated the perpetrator of the physical, sexual or emotional abuse as a current or former partner. The survey was also able to discern that 20 per cent (one-fifth) of the women who agreed to be surveyed had experienced at least one form of abuse in childhood, adolescence and as an adult woman (Parker 2001: 189). However, the survey findings could not distinguish the particular health effects for women who specifically identified having experienced sexual violence as an adult by a male partner.<sup>25</sup>

Some studies, while attending to the specificity of women's experiences of sexual violence in asking about the nature of their sexual activities with husbands, boyfriends and partners, neglect to discuss the results in their analysis of the "findings". Jones and colleagues (1999) in their study of more than 1000 female health maintenance organisation enrollees asked whether they "had ever, as an adult, been forced into sexual activities by a husband, boyfriend, or female partner" without making any further reference to their responses as a discrete area of their inquiry.

More recently, despite a central aim of the Australian Study of Health and Relationships (ASHR) being to provide national estimates of the prevalence of sexual coercion amongst adults, the study did not ask participants to nominate *who* had been sexually coercive. And yet their findings were highly suggestive of repeat victimisation being experienced by many of the respondents. The study reported that 9.4 per cent of women identified six or more occasions upon which they had felt "forced or frightened into doing something sexually", while 10.4 per cent had said this had happened "too many times to count" (de Visser et al. 2003: 200). Establishing the proportion of respondents who were describing their sexual relationships with current or former partners in these contexts would have provided additional insights into understanding or measuring the "health" of intimate relationships.

Interestingly, Hegarty and Roberts (1998: 53) note important definitional and methodological differences across studies, both Australian and international, that sometimes obfuscate the fact that: "Partner abuse against women is a complex behavioural phenomenon, in which severity, frequency, meaning and intention are all important features of any physical, emotional and sexual act against a partner." Yet, they too overlook how the subject of sexual violence is all but absent from most leading studies on current or former male intimate partner violence.

These studies evidently fall short of taking adequate account of women's experiences of male partner rape, and are unable to meaningfully explore what women describe are the uniquely damaging and dehumanising effects upon them. Women speak about the particular impacts of sexual violence as soul-destroying; as long lasting; that it feels as if it doesn't heal; that its effects are complete, leaving nothing about them untouched; and, that for some women it's the worst of all they've been made to endure. Studies that have given more careful attention to these issues are therefore different in two important ways. First, they distinguish the experience of sexual violence. In other words, they have been influenced by what women say. And second, they have begun to address the challenge of how to speak with women about these deeply private, and traumatic experiences.

### Researching male partner rape

In Hegarty's own study, women were asked directly about their experience of sexual violence in current and past relationships (Hegarty and Bush 2002). While women participants nominated rates of abuse (physical, emotional and/or sexual) that were lower than the rates reported in other general practice studies (8 per cent over the past 12 months), the researchers saw the value in separating the findings that identified the forced sexual experiences of women in current relationships (2002: 439). They exposed a higher incidence rate than was reported by the ABS *Women's Safety Survey*, with 1.9 per cent (n=1344) identifying a rape or an attempted rape by their current partner within the past 12 months. In addition,

one in ten reported sexual abuse by a partner having occurred some time in a past relationship (Hegarty and Bush 2002: 437, 439).

Other exceptions can be found in the groundbreaking research published in the United States during the 1980s on rape in marriage, firstly by Diana Russell in 1982 (reprinted in 1990), and in the subsequent work of Kersti Yllö and David Finkelhor (1985). Both studies provided reliable indications of the hidden prevalence of marital rape while drawing on qualitative research in the form of first-hand accounts of women's experiences of male partner sexual violence, and its effects on their lives. Their surveys revealed victimisation rates of between approximately 10 per cent (Finkelhor and Yllö 1985: 6) and 14 per cent (Russell 1990: 57) which the authors believed to be serious underestimates given the narrow definitions of rape employed and the general reluctance of women to nominate their partners as offenders.

The results of Campbell's (1989) study on 193 women in the late 1980s was also attentive to the specific experience of women who were sexually as well as physically assaulted by their male partners. Of the 97 women who reported physical violence, half (51.5 per cent) had been raped at least once by their husbands or partners (1989: 340). Three women also spoke of ongoing sexual abuse as the sole form of violence being perpetrated (1989: 339).

In a more recent study by Coker and others (2000), 7.7 per cent of 1401 women seeking medical care through family practice clinics during 1997-1998 experienced sexual violence in their current relationship (2000: 558).<sup>26</sup> They also found that (his) substance use and violence in the women's family of origin were the strongest correlates of intimate partner violence. The survey further revealed that women who were experiencing extreme physical violence were likely to also be experiencing sexual assault (Coker et al. 2000: 558; see also Beckerman 2002: 41).

Amongst a sample of active duty military women, 30 per cent reported having experienced physical and/or sexual assault by an intimate partner at some stage during their lifetime (Campbell et al. 2003: 1077). When all forms of abuse were explored across the women's lifetime, including emotional abuse, the figure rose to 44.3 per cent (2003: 1077). Of the women who reported physical abuse, one-third had also experienced sexual assault by an intimate partner (Campbell et al 2003: 1079).

The World Health Organisation cites other studies that have examined the links between physical and other forms of violence that women experience by their male partners, and conclude that "physical violence is often accompanied by psychological abuse, and, in one-third to over one half of cases, by sexual abuse" (Krug et al. 2002: 89; see also their table on page 152 for summary of population-based studies on sexual violence in intimate relationships). They also note research in developing countries that indicates one of the most common reasons cited by women as prompting their being beaten by their husbands, is their refusal to engage in sex (2002: 95).

Though smaller in scale, studies undertaken by service providers themselves are unique in their ability to more powerfully represent what statistics often struggle to meaningfully convey. A New South Wales study of 21 women from non-English-speaking backgrounds who identified as victim/survivors of either current or former male partner violence revealed how rare it was for women to experience any one form of abuse in isolation. In addition to physical violence, the women spoke of psychological and emotional abuse, verbal abuse, economic abuse, and sexual abuse.

The report (Salumbides Echevarria and Johar 1996: 90-91) described a “typical disclosure” as one where a husband or partner “demanded sex from them without any regard for their feelings, physical state, and the appropriateness of the place or the time in which these demands were to be satisfied.” For some of these women, it was only in retrospect that they could reflect on this aspect of their relationships and begin to name their experiences as rape: “I didn’t see it at that time (as rape). I was doing an assignment at Uni two years after and I actually realised that it was rape, and that rape in marriage actually exists.”

Studies suggest that a reluctance to define male partner sexual violence as *rape* is common to many women. The next section considers the issue of self-reporting and disclosure alongside other factors that complicate women’s pathways to support and their feeling of being unable to “tell”.

### Reluctance by women to recognise and disclose male partner rape

Beckerman (2002: 44) and others before her (Bergen 1996; Russell 1990) have discussed the particular difficulties faced by women in recognising and disclosing sexual violence in the context of their intimate and long-term relationships with men.

Similar to other rape survivors, women describe their fears of retaliation, of being rejected or blamed by family members and friends; their fears of reporting to police, of revealing the details of what has remained secret; of having to reflect on the humiliation and degradation they have endured (Finkelhor and Yllö 1985; Hegarty and Taft 2001; Lievore 2003). They may also fear the loss of the relationship itself, of having shared a life, children, a house, friendships, some “good times” with the offender. Sadly, women also speak of a profound sense of shame they feel at having failed in their perceived duty as a wife, or in their failure to have made the relationship with their partner work (Russell 1990; Mahoney and Williams 1998; Beckerman 2002). Others have simply talked about the shame of having hoped things would change (Hegarty et al. 2000).

“Every time he did something I told myself that he still loves me, and that’s what women want to believe.” (Judith Arnott, survivor of long-term physical and sexual violence by her husband, *The Age* newspaper, 2 November 2003: 13).

The reality for many women is that they are also likely to be “emotionally involved with and economically dependent on [the very men] who victimise them” (Krug et al. 2002: 89). The personal, social, and economic costs of leaving the relationship, or of seeking police intervention, may simply weigh too heavily for some women, even if they accept that the violence is unlikely to stop.

In this sense, the issue of disclosing male partner violence is situated in some of the most complicated dimensions of our learnings in this area. We do know that the risks for women living with men who are sexually as well as physically violent can be extreme. Almost a quarter of the women (23.9 per cent) who experienced physical and/or sexual violence at the hands of a current male partner in the 12 months prior to the 1996 Women’s Safety Survey told researchers that they lived in fear of him (ABS 1996: 46). Research by Riggs and others (1992) on reported offences has suggested that the proportions of women who fear they will die during a rape is the same for incidents involving offenders who are

partners as it is for offenders who are completely unknown to them (between 36 per cent and 40 per cent).

Studies in Australia (Mouzos 1999a) and more globally (Krug et al. 2002) have indicated that the majority of circumstances in which men kill are in the context of their intimate, and presumably violent, relationships with women. In Mouzos's study, almost 61 per cent (n=499) of the 822 homicide victims of male perpetrators (between 1989 and 1998) were women with whom the offenders had been in intimate relationships. For women offenders, the equivalent figure for killing male partners was 9.4 per cent or 5 of the 53 cases in which women killed (Mouzos 1999a:10). There is also some evidence to suggest that women are more likely to be killed by male partners who are both physically and sexually violent (Campbell 1989).

However, studies have found that homicide rates "are higher for women who have separated than they are for women in intact relationships, and these tend to occur in the immediate aftermath of separation" (Mouzos 1999a; Johnson and Hotton 2003; see also Campbell et al. 2003). Similarly, Finkelhor and Yllö (1985)

found that women's risk of physical and sexual violence was significantly heightened when they attempted to leave their violent partner. Two-thirds of the women in their sample were sexually assaulted as the relationship ended. It may therefore be that for some women, staying with a violent partner is actually the result of a carefully calculated risk, that may represent the safest option, at least at that time, for themselves and their children (Carcach and Mukherjee 1999; Lievore 2003).

At the same time, a pervasive theme across studies of male partner rape, is the extent to which most women either minimise the seriousness of male partner violence, or struggle to find a language through which they can articulate or identify their experiences as

rape. Russell writes of how women in her study revealed their experiences of partner rape only "incidentally" or "unexpectedly" as they related other incidents of violence or trauma in their lives to researchers (1990: xxxi). Even then, she and others (Myhill and Allen 2002) have described how women often remain guarded or unwilling to name these experiences as "rape".

For example, when Heather Osland gave evidence in defence of killing her violent husband, she spoke of being subjected to sexual violence on a weekly basis, often after enduring episodes of physical violence.<sup>27</sup> In describing the nature of the assaults to the trial judge, Heather is clearly reluctant to adopt the language given to her by her counsellor who had renamed her experience as rape:

*Trial judge:* So . . . are you saying that a few times a week he forced you to have anal sex with him without your consent?

*Heather:* Yes, I – that's what they say, it's rape. I've talked to a counsellor and she says it's rape. I said it was forced.<sup>28</sup>

To some extent, women's inability to reconcile their partner's sexual violence with having been raped reflects the broader cultural landscape that has traditionally measured notions of "real rape" against the "degree of social distance between the offender and the victim" (Johnson and Sigler 1997: 79). Women therefore find it difficult to legitimise their experiences of rape in the same way that the law, police, and the wider community have struggled against it (Easteal 1998).

Studies in Australia and more globally have indicated that the majority of circumstances in which men kill are in the context of their intimate, and presumably violent, relationships with women.

Raquel Kennedy Bergen's (1996) first-hand interviews with 40 survivors of male partner rape reveal how for women the more acute struggle is finding ways to merely self-preserve. Many of the women Bergen spoke to had been raped on multiple occasions by their partners. After the assaults, they described their routine of bathing, of trying to distract themselves, or of finding ways to normalise other features of their lives. To survive, according to Bergen, women must "transform the social reality of their situation, so that they do not see themselves as victims or their husbands as rapists" (1996: 32). One woman described her response to managing the immediate aftermath of a rape: "He fell asleep and I got up and then I pretended that nothing happened. I thought about the kids coming over, and I just didn't deal with it [the rape]. I thought to myself, it wasn't that bad" (cited in Bergen 1996: 33).

Interestingly, the Women's Safety Survey reported that the two most common reasons cited by women for why they decided against reporting the violence they experienced during the previous 12 months was because they had either "dealt with it themselves" or felt the incident was not serious enough to warrant police intervention (ABS 1996: 32). So while some women may recognise the harm of the violence they are subjected to, or be aware that the experience was unwanted, they stop short of seeing it as criminal.

Recent focus groups undertaken with Aboriginal women living in communities in rural New South Wales revealed how Aboriginal women are dissuaded from accessing support or disclosing their experiences for some of the same reasons that operate against non-Indigenous women. Fear of reprisals from the offender, or repercussions from their community, shame, wanting to persevere with the relationship, and feeling the responsibilities of family override their own personal needs, have variously worked against Indigenous women being able to acknowledge the high prevalence of abuse, particularly sexual violence, within communities (Moore 2002; see also Laing and Greer 2001; Atkinson 1998, cited in Lievore 2002: 61; Thomas 1993).

However, the legacy left by the impact of colonisation, dispossession, and denial of Aboriginal culture, also uniquely impacts on Indigenous women to produce a profound mistrust – of police, of the law, of other state institutions – and has influenced the extent to which Indigenous women will feel able to seek outside intervention for crimes committed against them by Indigenous (and non-Indigenous) men (Moore 2002; Thomas 1993, Bell and Napurrla Nelson 1989). Bolger (1991) and Thomas (1993) have also described how police treatment of Indigenous women who have reported sexual violence is likely to dissuade others from doing the same. Their research detailed examples where women were subjected to highly sexist, and overtly racist, police attitudes, where reports were either treated with disbelief or not acted upon by police members (see also Cuneen 1996: 3).

Moreover, Indigenous women also fear the implications that reporting may have on their communities given the disproportionate rates of Aboriginal men in prison, the high rates of Aboriginal deaths in custody, and the historical treatment by state institutions in managing the "welfare" of Aboriginal children and families. Recently, Moore (2002: ix) found that Aboriginal women were unlikely to seek police intervention orders, or apprehended violence orders, because they were "reluctant to participate in a process through which they contribute, even indirectly, to the criminalisation of a violent partner." Tragically, the consequences for Aboriginal women carrying this burden may well be fatal. In the Australian homicide study carried out by Mouzos (1999b: 16) Aboriginal women

were found to be at greater risk of violence resulting in death by their intimate partners than non-Indigenous women.<sup>29</sup>

The testimonies of migrant women further attest to the range of cultural pressures that narrow the scope through which women will feel able to interpret their partner's/husband's abuse as rape: "I thought he had the right to do that. But I didn't feel good and I used to cry . . . I didn't feel that he honoured me. But I thought that as I was married to him it can't be rape" (cited in Easteal 1996: 160).

Studies in the United States of recently arrived immigrant women also strongly suggest that the isolation women feel from family and community, and from their country of origin, coupled with issues around language proficiency, and perhaps anxieties about their immigration status, significantly block any pathways migrant women may contemplate in gaining support (Ho 1990; Sorenson and Telles 1991). In support of this last point in particular, Loue and Faust (1998: 536) discuss the experiences of immigrant women in the United States who, prior to the introduction of more adequate immigration laws, were forced to stay with violent partners who threatened to thwart the process through which they could obtain permanent residency if they tried to leave.

A resounding theme across the stories of migrant women reported by Easteal (1996) and Thompson (1999) in Australia is the sense of deep isolation they feel at having so few options that they can rely on or trust for support. To take action under conditions of overwhelming isolation may be unimaginable for a woman who will be sanctioned for speaking publicly of her husband's treatment; or where the service she attends is unlikely to have the capacity to enable her to speak of her experience in her own language; or for a woman whose previous experience of police and other authority figures has left her frightened and distrustful.

While researchers also highlight the relationship between women's reluctance to report to police<sup>30</sup> and their fears of being treated unsympathetically or with suspicion (Lievore 2002; 2003), there is evidence to suggest that victims of male partner sexual violence are also particularly hesitant to access professional or counselling support (Mahoney and Williams 1998; Beckerman 2002). Arguably, if women cannot name their experiences as rape, then they are unlikely to consider what avenues might provide them with support or adequate intervention (Bergen 1999).

However, recalling the findings from the ABS Women's Safety Survey, it was the violence perpetrated by a current partner (and therefore behaviour that was identified as violent by the women surveyed) that was significantly less likely to be reported to police or to prompt women to access victim services, than violence in any other type of relationship (Coumarelos and Allen 1999: 1). Women in these circumstances were less likely to have disclosed their abuse to anyone. Of the women who indicated they had experienced sexual violence, and never told, over half (55.3 per cent) had been assaulted by their current partners (ABS 1996: 41).

In the focus groups conducted by Hegarty and Taft (2001) with women in general practice settings, many identified some of the same barriers previously outlined in this paper to explain their reluctance to disclose to general practitioners and other health professionals. Women saw the problem as something they should manage themselves, or as not serious enough to require support or intervention from their general practitioner. Further, women again spoke of the shame they felt, or of other personal and family and pressures that resulted in them keeping the peace and remaining silent.

Equally significant is how few women are ever asked by their GPs, and other service providers, about whether they are experiencing intimate partner violence, especially when women regularly present with the kinds of injuries or symptoms that are strongly suggestive of their being subjected to regular episodes of some form of violence. Heather Osland repeatedly visited her doctor with urinary infections, and vaginal and anal tearing as a result of her husband's violence and was never once asked about the injuries or about the chronic nature of her condition (Osland 1996: 967-968). Angela Taft (1999) chronicles the consistent failure of the medical profession to intervene appropriately to assist women like Heather and her children, and suggests it is symptomatic of a general reluctance by health professionals to adopt a more proactive role in supporting women who may be experiencing violence.

### Impact on women's health and emotional wellbeing

The impact and consequences of male partner violence on women's health and wellbeing have been described by the World Health Organisation (WHO) as "profound" (Krug et al. 2002: 100). An emerging and compelling body of literature and research continues to suggest there are strong links between women's histories of intimate partner violence and the state of their reproductive health, their mental and emotional health (including levels of post-traumatic stress, depression, eating disorders, and misuse of substances such as alcohol and other drugs), their physical health, and their rates of suicide.<sup>31</sup> A comprehensive review of this literature is beyond the scope of this paper<sup>32</sup>, but it is important to consider the implications of some of the more recent research that gives specific attention to the impact of sexual violence by male partners on women.

Emotionally, most women find it hard to heal. Contrary to popular belief, the effects are equivalent, if not more dramatic for women who may have been repeatedly raped by their partners than they are for those raped by strangers and acquaintances (Finkelhor and Yllö 1985; Riggs et al. 1992; Tjaden and Thoennes 2000; Bennice and Resick 2003). Alongside the constant fear and anxiety many women suffer at the thought of their violent partner returning, many of the women Bergen spoke to related their experiences of severe depression, of being hyper vigilant, of constant flashbacks and nightmares, and of feeling that their ability to trust, or to form new relationships and friendships had been irreparably damaged (1996: 59-60; see also Campbell and Soeken 1999).

Consistent with earlier research (Shields and Hanneke 1983; Finkelhor and Yllö 1985), Jacquelyn Campbell's (1989) study also revealed that women who were both raped and physically assaulted by their partner (51 per cent of her sample), experienced more severe forms of battering, were more severely injured, and were more likely to fit with profiles of women who were ultimately killed by their male partners, than women who experienced physical violence alone. The sexually and physically abused women were more likely to have been assaulted during pregnancy (1989: 341). Overall, Campbell notes the common "sequelae of marital rape can include sexually transmitted diseases, urinary tract infections, decreased sexual desire and pleasure, haemorrhoids, and other genito-urinary tract problems" (1989: 345).

A recent study by Bennice et al. (2003) has also distinguished the severity and higher levels of post-traumatic stress (PTSD) in women who have experienced both sexual and physical violence from women who have been traumatised by physical violence alone. They found that the severity of sexual violence that women who had been both raped and battered experienced resulted in more PTSD symptoms

being identified in self-reported surveys than for women who had been battered but not raped (2003). Even when the severity of physical violence was controlled, the results suggested that it was the severity of sexual violence that “accounted for the bulk of subsequent PTSD symptoms” (Bennice et al. 2003: 92).

Other studies have focused more closely on the relationship between women’s experiences of intimate partner violence and their reproductive health (Campbell and Alford 1989). The report by WHO suggests that women living with violent male partners may be forced to deal with “unwanted pregnancy or sexually transmitted infections, including HIV infection, through coerced sex, or else indirectly by interfering with a woman’s ability to use contraceptives, including condoms” (Krug et al. 2002: 101). The report also documents the findings from studies in Canada, Chile, Egypt and Nicaragua that reveal that anywhere between 6 per cent and 15 per cent of women who have ever been in a relationship have experienced physical or sexual violence during a pregnancy, usually by their male partners (2002: 101). In the United States, Goodwin et al. (2000) found that 12.6 per cent of women with “unwanted” or mistimed pregnancies reported violence from partners in the previous 12 months, while 15.3 per cent reported violence occurring some time throughout the pregnancy. However, the links between “unwanted” pregnancies and women’s experience of male partner rape must be directly explored.

Mahoney and Williams (1998) note studies that suggest the timing of male intimate partner rape often correlates with women having been in hospital, most often because of childbirth. Women in Bergen’s study (1996) described partners insisting on having intercourse soon after they have given birth in spite of doctor’s advice to abstain. Other studies have found an increase of violence during pregnancy that can lead to miscarriage, still- or premature births, low birth weights, or women delaying their contact with prenatal care health workers (Campbell 1989; Campbell and Soeken 1999).

Women who are raped and battered have also been found to experience lower self-esteem (Shields and Hanneke 1983; Campbell 1998), and suffer more significant damage to body image than women who experience physical violence from their male partners but are not raped (Campbell 1989). Campbell (1989: 344) notes that these outcomes held true even when women identified a single instance of rape, or when it had occurred early in the life of the relationship.

In Australia, researchers have increasingly been targeting their studies at general practitioner and other health settings to better establish the relationships between the prevalence of male partner violence and its impact on both women’s health and wellbeing, and their use of health services (Roberts et al. 1993; Bates et al. 1995; deVries Robbe et al. 1996). This follows overseas studies, such as that undertaken by Koss (1993) and Abbott et al. (1995). More recently, by Ann Coker and her colleagues (2000: 553) found that: “Women experiencing intimate partner violence use a disproportionate share of health care services, making more visits to emergency departments, primary care facilities, and mental health agencies than non-abused women.”

The research team involved in the Australian Longitudinal Study on Women’s Health, recognised the extent to which women’s experiences of violence must be explored as part of measuring the psychological, emotional, biological and social situational factors that impact on women’s physical health and well being and their perceptions of the treatment they received from health care services (Lee

2001). The study involves following three age cohorts or groupings of women (young, mid-age and older) over a 20-year period. The study is the first of its kind in Australia to be able to provide population based assessments of the impact of violence on women's health over time.<sup>33</sup>

The findings from the first series of surveys that addressed the issue of violence with the mid-age cohort have been reported by Parker (1999, 2001). As detailed earlier in this paper, approximately one-third of women in this age group identified having experienced intimate partner violence. Sixty percent of these women identified experiences of sexual abuse in particular, with 73 per cent of the total number of women identifying the perpetrator of the physical, sexual or emotional abuse as a current or former partner (Parker 2001: 188). While Parker (1999) does not distinguish the health consequences for women who were offended against by partners from other relationship types, the findings are consistent with studies that do. Women who were the subject of non-recent, but regular and ongoing abuse as adults, were likely to have poorer physical and mental health, be more prone to depression and have more negative self-perceptions.

There seems little doubt that as violence escalates, or as women are supported to re-define their experiences, they will increasingly look to health and other support services for assistance. Health care providers and general practitioners are therefore critical points of intervention in being able to initially screen, respond to, and possibly prevent women's revictimisation. At the local level the challenge remains for the health sector to develop best practice approaches, including professional training, that would facilitate sensitive and appropriate screening practices and responses to women who present with symptoms suggestive of intimate partner violence.

Encouragingly, women in Hegarty and Taft's study (2001) were twice as likely to disclose violence if they were *directly asked* about it by their GPs than if no enquiry was made (2001: 434). Hence, while women may feel uncertain about how to define their experiences, or question whether it may be just a "normal" consequence of relationship breakdown, researchers like Campbell (1989: 344-345) have concluded that "in whatever shelter or health care setting they are seen . . . women will not spontaneously discuss the violence in their sexual relationship and will need to be asked". And yet, commentators have consistently pointed to a reluctance by service providers, such as in the health care professions and women's counselling services, to respond to the specific issue of sexual violence by male partners, even though they are likely to be the first point of contact for women seeking support (Russell 1990; Bergen 1996; Yllö 1999).

The following section will examine these issues drawing on studies conducted with service providers and women survivors of male partner sexual violence in the United States. Their relevance in understanding service responses in the Australian context will also be considered.

## A reluctance by service-providers to respond

"I don't think battered women's shelters or rape crisis centres know how to deal with it [wife rape]. They've all been so segmented, and they can't deal with it as a whole. They say we'll deal with battering and then go there for rape. The women [the victims] who've been chopped up in so many pieces can't deal with being chopped up again." (Bergen 1996: 106)

There is a strong, though controversial, consensus among writers who have addressed the issue of rape by male intimate partners that services in both the domestic violence and rape crisis fields have failed to provide adequate support to women survivors of male partner rape. Researchers in the United States in particular have been unapologetic in their criticism of women's agencies, and what is said to be their reluctance to attend to the issue of marital or partner rape in the development of service approaches, agency frameworks, and in their service delivery: in other words, in their direct or face-to-face counselling work with women (Bennice and Resick 2003; Mahoney and Williams 1998; Russell 1990). Their concern is that the failure by services to take a leading role in dealing with male partner rape may inadvertently compound the already troubled capacity women have in defining their experiences as rape.

Raquel Kennedy Bergen's (1996) research with workers in domestic violence (battered women's shelters) and rape crisis services in the United States is revealing on this point. Bergen surveyed 621 services between 1994 and 1995 with the intention of obtaining a better understanding of how women experience "wife rape" and how service providers structure their responses to it. The surveys indicated that male partner rape was treated almost cursorily in terms of the key issues identified by agencies as occupying a focus of their core work, with only 4 per cent of workers specifically nominating marital rape as a concern within their mission statements (Bergen 1996: 96). She describes a lack of "ownership" taken by services across the violence against women sector in addressing the unique experience of women who are sexually abused during their established, and frequently long-term, relationships with violent men (1996: 96).

Workers in both contexts tended to suggest that wife rape was a different kind of problem, or that their service was not best equipped to assist women survivors – rape crisis workers identifying battered women's shelters as better suited to supporting women in these contexts, while workers in battered women's shelters were confident it was a sexual assault issue. According to Bergen (1996: 94): "The wife rape survivors whom I interviewed generally were dissatisfied by the responses they received and felt they did not 'fit' into the agenda of either agency."

Fewer than 5 per cent of the services surveyed by Bergen included specific reference to the issue of male partners as rape offenders in their training sessions with external agencies, and few had developed information and resources for victim/survivors that spoke to the particular experience of intimate partner rape. While Bergen acknowledged that sexual assault services were more likely than workers in battered women's shelters to provide in-house training to workers and volunteers that included the topic of marital rape, she noted how virtually no support groups were offered to women that would allow them to share their particular experience in a therapeutic context.

Apart from the written surveys with service-providers, Bergen's research also presented a closer examination of two services where she spoke directly to workers who staffed a rape crisis centre and one of the battered women's refuges. Workers from the refuge service tended to distinguish the impact or experience of rape as something requiring a specialist response, one that they felt inadequately equipped to deal with. Workers generally felt that a rape crisis service should respond to what they perceived was a more complex situation in terms of women's support needs than they for battered women.

In summary, Bergen (1996: 74-75) also found that refuge workers did not systematically ask women about experiences of sexual violence at intake. Workers would provide support with respect to finding women safe accommodation, finding employment, and assisting with the children's needs, but on issues of sexual violence, would advocate for sexual assault specific services to respond. Any legal information or advice given was in response to the physical violence that women may have been subjected to.

Kersti Yllö (1999: 224) is concerned to understand why, "in comparison to the tremendous research and tireless advocacy focused on battering, academics and activists alike have said little, and done less about wife rape". She recalls the work of Russell (1990: 91) who found that while 54 per cent of women primarily identified physical assaults as the sole form of violence they experienced, an additional 23 per cent of women experienced rape as the major form of abuse, and a further 22 per cent identified approximately equal experiences of both physical and sexual abuse.<sup>34</sup> Campbell's (1989: 340) study was even more compelling, with 51.1 per cent of women in her sample having been raped at least once by a male partner who was also physically violent.

For Yllö, it is these findings that most expose projects such as the Duluth Model to criticism for failing to account for the needs of one in five women who are not battered by their husbands but have been subjected to ongoing rapes throughout the lifetime of their relationships (1999: 229). The Duluth Domestic Abuse Intervention Programs (DAIP)<sup>35</sup>, or more simply the Duluth Model, has been internationally recognised as providing standards of best practice in responding to victims of domestic violence. Yllö traces the development of the model and the conceptual tools used to educate workers, both internal and external to the violence sector, about intimate partner violence against women. While the Duluth Model sees issues of power and control as central to why men perpetrate *both* physical and sexual violence, Yllö points out that none of the subsequent training packages developed for police, court officials or health professionals give emphasis to the issue of wife or intimate partner rape. According to Yllö (1999), the Duluth Model recognises its own neglect in devoting any serious attention to ensuring rape by male intimate partners is addressed, either through working directly with women on issues of safety or prevention, or in challenging systems' failures to hold offenders legally accountable.

According to Kersti Yllö: "In comparison to the tremendous research and tireless advocacy focused on battering, academics and activists alike have said little and done less about wife rape."

In the Australian context, there are probably some similarities. While there has been no research specifically addressing these questions with workers and services, some important observations can be made. Like the United States example, the sector primarily responsible for delivering services in response to violence against women in Australia has developed out of very different histories and frameworks, funding sources and political climates (Orr 1997; Laing 2002).

For the most part, domestic violence services have had to direct their core attentions to coordinating a crisis response to women escaping domestic violence. Finding safe housing for women and their children has therefore been paramount (McGregor and Hopkins 1991). The sector has also worked to effectively "publicise the private" by demanding that our systems, particularly the law and police, treat assaults in the home as criminal. However, the domestic violence movement

has had less capacity to treat face-to-face counselling for women as its core business, and has tended to refer women who identify sexual violence to sexual assault services.

Conversely, the focus for sexual assault services has been on developing a crisis response to victim/survivors of sexual assault that emphasises coordinating attempts to ensure women's emotional and support needs are prioritised alongside their rights to be informed about medical, legal and other service options. The National Standards of Practice for services against sexual violence emphasise the range of impacts that sexual assault is likely to have on women's health, safety, finances, accommodation, and support needs and the responsibility of services to try and advocate, refer or inform women about their options in these contexts (Dean, Hardiman and Draper 1998). Sexual assault services in Australia have also been tremendously adept at increasing public awareness about the realities of sexual assault. Campaigning has been firmly directed at dismantling the myriad of "rape myths" that have served to keep most women silent about their experiences, and to educate the law and communities about the proportions of women who are being assaulted by their friends, husbands, fathers, and boyfriends as distinct from the unidentified offender.

However, in terms of service delivery, the field is evenly divided according to whether the woman seeking support identifies as being a victim of sexual assault or whether she defines herself as having experienced domestic violence. In short, the service structures stand as silos, together but distinct in terms of their service delivery, and in the coordination of systems' responses to the issues women face.<sup>36</sup>

In an unpublished research paper, Lynn Thompson Haas reported on surveys that asked workers from rape crisis centres and battered women's shelters in the United States about how they were responding to the service needs of survivors of marital rape. She concluded that "many sexual assault programs see marital rape as a 'family violence problem', and many programs for battered women see it as a 'sexual assault issue'" (Thompson-Haas cited in Russell 1990: xxv). Some of these workers' responses dramatically illustrate how, under this framework, women victims of male partner violence are more than likely to have fallen through the grasp of most domestic abuse and rape crisis support systems: "Our services are for sexual assault' [as if wife rape is not sexual assault]." "We are a shelter. Our group is not involved with rape." "We are a family violence program. Domestic violence survivors are given priority at our centre." (Cited in Russell 1990: xxv)

Given the lack of equivalent research available in Australia, it is difficult to say with confidence how the advent of this service structure has impacted on women experiencing male partner rape. However, my personal communications with service providers in relation to this issue have been somewhat revealing. At a recent Domestic Violence and Sexual Assault conference, a woman who works at a men's behaviour change program, in providing support to the partners (the victims) of offenders of violence, was genuinely surprised and a little distressed to hear that research shows that women who experience physical violence by their partners may also be experiencing sexual violence. In discussions with a researcher involved in investigating appropriate training for health professionals, when asked about whether the training would include sexual violence, she responded "no, it's focusing solely on DV". While workers from domestic violence

services tended to express some concern about the ethics of initiating discussions with the women they worked with about sexual violence, they seemed confident that the proportion of service-users experiencing sexual violence is somewhere between “90 and 100 per cent”.<sup>37</sup>

While some of the previous analyses might tend to minimise or overlook the genuine difficulties many women face in self-disclosing rape in the context of their partnerships to anyone, including service providers, a corollary might also be that both sexual assault and domestic violence services have been reluctant to name the experience for women in their commitment to ensuring victim/survivors retain maximum “choice and control” over the issues they identify during counselling. However, the importance of balancing a woman’s right to exercise control over the issues that she raises in counselling, and the very real possibility that she will be struggling to find a language or a framework through which to express her broader experience of violence, including rape, is critical.

Fragmented service responses, between domestic violence and sexual assault services, may also perpetuate women feeling that male partner rape is either so unusual that women’s services aren’t sure how to deal with it, or that it is perhaps not serious enough to warrant a dedicated service response (Finkelhor and Yllö 1985). According to Russell (1990), if counsellors fail to speak to the issue of marital or intimate partner rape specifically, they fail to legitimise it as a serious social problem and effectively collude in “keeping the peace” on violence against women.

Bergen (1996) is in favour of workers asking women sensitively framed, but direct, questions about sexual violence. According to Bergen, “service providers [cannot] determine the extent of the problem [and presumably provide adequate support] if they do not ask questions about it” (1996: 98). Judith Arnott, 68 year old survivor of four decades of violence by her husband, on being asked directly by her support worker about the nature of the violence she experienced, was instrumental in providing a catalyst through which she felt able to articulate her abuse: “I was still in denial, I didn’t know how to approach it, and unless you get asked the right questions, you won’t be able to approach it.”

If male partner sexual violence is to be adequately addressed in Australia, separate service systems will need to consolidate their efforts in providing a coordinated service response to sexual violence in the context of male partner rape (Yllö 1999; Bennice and Resick 2003). In considering how service structures could more adequately respond, women have clearly identified the importance of services developing relevant and specific information on male partner rape and their need for a dedicated service response that includes one-on-one counselling and access to support groups for survivors of male partner sexual violence. The emphasis here is on developing effective partnerships to coordinate efforts between services, and to a lesser extent on ensuring workers in both sectors undertake consistent efforts to offer counselling support and information that speaks to the issues of male partner rape.

According to Bergen (1996), the process needs to begin with service providers taking a leadership role in naming the issue – not only in the counselling room with women, but also in their mission statements, in their approaches to public advocacy, and in presenting the challenge to other services, the law, policy-makers, and communities to better address the rights and needs of women raped by male intimate partners.

## Conclusion

Diana Russell dedicates the revised edition of her landmark dissertation of *Rape in Marriage* to imagining a social landscape free of male partner rape, which she believes is “the most neglected but the most prevalent form of rape in the United States, and probably throughout the world” (1990: xxx). While Russell is conscious of how radical an idea her plea might appear, she has been singularly unimpressed with how little has changed in terms of our knowledge, understanding and response to women experiencing male partner rape when so much early feminist agitation was dedicated to exposing the mythology surrounding the nature of the crime. She suggests a more critical stance may prompt action by researchers, lawmakers and service providers to take responsibility for intimate partner rape that takes account of the magnitude of the problem.

This paper has identified similar gaps in the Australian context. While the women’s movement can certainly be credited with demanding that the law provide women with protection from rape, regardless of their relationship with the offender, the campaign stopped short of driving an agenda that specifically attended to the problem, from both within and outside of legal structures.

A key message in this paper is how little we have progressed in developing avenues of support to women being subjected to male partner rape, beyond this largely symbolic change to the statute books. It is timely for us in Australia, as we consider models of integrating service responses and developing best practice approaches to responding to violence against women by intimate partners, to include and specifically name the experience of male partner rape when we consider the content of assessment tools for identifying violence, when we develop training manuals, when we provide support to women experiencing violence, when we ask them to divulge whether they are victims of violence.

More important is the extent to which services could work to coordinate their service responses to survivors of male partner rape across both the domestic violence and sexual assault sectors. This would require workers in both areas devoting some attention to the issue in their mission statements and having clear principles to guide practice for service delivery that includes identifying both sexual and other forms of intimate partner violence in their work with women survivors.

There are other immediate and proactive approaches that can be taken to address many of the problems identified. In particular, a key finding of the research reviewed in this paper is the critical role that support workers and other “gateway professionals” (such as general practitioners and other health carers) can play as points of early intervention in the context of male partner sexual violence. Not only would this assist women to define their experiences of sexual violence as rape, earlier in the relationship, it would provide women with clear and unambiguous messages about the serious and criminal nature of a partner’s sexually violent behaviour. Sensitive but direct questioning of women by health care and other medical professionals might also ensure women are able to access appropriate supports in responding to the impact of male partner violence as it affects their health, their emotional wellbeing, and their relationships (Hegarty et al. 2000).<sup>38</sup>

In the context of prevention, it is also incumbent on those working to develop men’s behaviour change programs that they direct specific attention to how men describe their sexual relationships with their partners. Their approaches must consider how to educate perpetrators to recognise the different contexts and

strategies through which they exercise power and control over women, and challenge men's methods of negotiating intimacy and sexual contact that rely on coercion, pressure, or being sexually aggressive towards their partners. Access to how their partners, or women more generally, describe their experiences of sexual violence within relationships would also help to keep programs accountable to victims, and to the goal of keeping women safe.

It seems almost certain that women would benefit from preventative approaches that specifically target their experiences of male partner sexual assault. Responses that fail to deal directly with sexual, as well as physical and emotional, violence as part of women's collective experience of male partner violence compound the struggle they already face in naming the violation of it. To this end, public education and information campaigns could play a critical role in communicating a message that speaks to women and the community about the realities of male partner rape.

Future research that aims to build on our knowledge of the incidence and prevalence of violence against women must distinguish the experience of women who are also sexually offended against by their partners. Current efforts such as the Australian Longitudinal Study on Women's Health and the proposed Personal Safety Survey<sup>39</sup> are particularly well placed to attend to this issue in ways that can provide reliable population-based indications of the extent and types of intimate partner violence experienced by women and the particular effects and impacts this has on their lives.

However, researchers must also work to design more appropriate and creative methodologies to ensure that the experiences of women who continue to remain almost invisible in these contexts – Indigenous women, women from non-English-speaking backgrounds, women with disabilities, with mental health issues, women in prison, are specifically targeted.

Offering advocacy to women who are interested in pursuing a criminal justice response is also critical in challenging the police and the courts to respond to male partner rape. Elizabeth Moore reminds us of the importance of providing support to women who have made the decision to report intimate partner violence. For Indigenous and non-Indigenous women alike, the event of delays and lack of information further feeds fears and uncertainties that the system is taking seriously the violence perpetrated against them.

Some reformist attention could also be redirected to how "consent" is positioned within the context of rape law. The issue of inconsistent jury verdicts in male partner rape cases involving physical violence illustrates the problem. Earlier attempts by law reformers to position the crime of rape as one of violence, not sex, meant that in cases where there was evidence of physical as well as sexual violence, the woman-complainant could not be cross-examined in relation to the issue of consent (Temkin 1987; Bonney 1987; Law Reform Commission of Victoria 1991). The efficacy of these provisions in fundamentally shifting the focus of rape trials away from consent has, in the past, been seriously questioned (Heald 1985). However, revisiting the underlying intention of these provisions in light of other more progressive changes to the legislative definition and meaning of consent, should be considered in future rape reform agendas.

The criminal justice system must also be held to account in keeping the prosecutorial window closed to all but the most extreme cases of male partner rape. Women who have been physically as well as sexually assaulted do not represent

the majority of women who are experiencing male partner rape on a regular basis. As Russell (1990) and Eastal (1998) note, the majority of offending husbands will be raping in far more “ordinary” ways.

Changes to consent laws in many states have widened the judicial scope through which women’s experiences of sexual violence can now legally constitute the offence of rape. Defining consent in terms of women’s “free agreement”, and naming the contexts in which women’s consent *cannot* be presumed, such as when they are asleep or motionless, have been important gains for law reformers, activists, and for women.<sup>40</sup> Nor, in Victoria or New South Wales, can consent be presumed simply because there was sexual contact, or a prior relationship, with the accused or another person. While there are a range of problems that continue to thwart the intent of many of these provisions, the shift to prosecuting a wider range of rape cases, that include cases where there is no physical supporting evidence, should be extended to cases of male partner rape. Even where the system does not deliver a conviction, the intervention of police, support workers, and ultimately the courts may provide a stop-gap for some women.

Lara’s reflections on the process capture this for us:

“Even though it was torture and a nightmare I’m glad I still did it [went through a criminal trial]. Because maybe this time he’s realised that I’m not going to put up with his crap. Because I feel like if I didn’t do it I’d still be god knows where. I mean, he could have killed me down the track. Who knows. He just thought he owned me. And even if I had a restraining order, he didn’t care. He kept saying to me ‘it’s just a stupid piece of paper – no-one’s stopping me’ . . . The support has helped me . . . my counsellor especially, and the police. A lot of self-talk too . . . I mean, I’ll be honest, I’m proud of myself.

This analysis of male partner sexual violence is a reminder to us that the benefits of law reform will continue to be limited when faced with strong cultural traditions that prefer to stand still. Reformers must question amendments that can barely raise their head above tradition – in this case, the tradition of men saying there are few limits on how, when and where sex takes place in a relationship. The challenge is not to abandon law reform in these situations but to be more persistent, and more thorough, in going about it. Policy makers must look to the full range of instruments within our reach to bring about the original intention of reforms in this area – to make sure male partner rape is recognised as a crime, and as a violation of women’s rights. The challenge should cross every policy boundary in influencing our agendas for research, our approaches to working with women, our calls for criminal justice reform, and our methods for developing training, screening, and other strategies for intervention.

This appears to be what women are telling us. We will know we have made inroads in preventing male partner sexual violence when more women tell us about how they have been supported rather than how they have been let down by the institutions designed to protect their rights.

## Endnotes

- 1 This phrase is taken from the title of the book written by David Finkelhor and Kersti Yllö in 1985, *Licence to Rape: Sexual Abuse of Wives*, providing a ground breaking contribution to our understanding of sexual violence in the context of marital or long-term established relationships.

- 2 Intimate partner violence is generally understood to encompass the different forms of violence – physical, emotional, sexual, economic – that some men use to harm women with whom they share a relationship. Spousal abuse, wife battering, domestic violence, family violence, are terms that have been variously used to describe the numbers of (mostly) women who experience violence at the hands of their current or former husbands, partners, or boyfriends.
- 3 See recently launched report by Amnesty International (2004) titled “It’s in our hands: Stop violence against women”. Visit their website for regular updates on the campaign: [www.amnesty.org](http://www.amnesty.org)
- 4 The philosophy and approach underpinning the social action campaigns and educational services offered by Men Against Sexual Assault in Victoria should be distinguished for the particular attention they give to the issue of male partners as sexual offenders. Their workshops address the issue of sexual violence in the context of cultures of masculinities, men’s sexuality, and “men and their partners” (see website: [www.borderlands.org.au/MASA/](http://www.borderlands.org.au/MASA/)).
- 5 Pease and Fisher (2001: 49) raise a number of broader concerns about the “policy landscape” and some important gaps in the development of men’s behaviour change programs.
- 6 Research that suggests greater symmetry exists between the sexes in heterosexual relationships where domestic violence is concerned has been criticised for its failure to differentiate and interpret the meaning and experience of violence for most women. For a detailed overview of the main arguments see articles by Roberts et al. (1993), Flood (1999), Taft et al. (2001), and Kimmel (2002). In brief, critics of research that suggests “women and men are equally violent” point to an unquestioning reliance by some studies on quantitative measures of incidence that distort the complex qualitative differences in how men and women generally experience and perpetrate violence (Dobash et al. 1992; Bagshaw and Chung 2000; Taft et al. 2001). In the Australian context, these writers are particularly critical of research undertaken by Heady et al. (1999) which claimed women were equally violent in their intimate relationships with men. According to Bagshaw and Chung (2000), research tools that cannot account for the situational context in which most violence occurs, nor recognise the influence of gender, power and the social conditions under which men and women culturally relate, are wholly inadequate for understanding the complexities of domestic violence. Interviews with male and female victims of domestic violence in South Australia in 1998 (Bagshaw et al. 1999) provide support for this view by demonstrating how the exercise of abusing power, and the resultant fear and intimidation felt by women, often on a daily basis, is significantly muted by quantitative techniques that focus on “a limited range of physical behaviours” (Bagshaw and Chung 2000: 12-13). Importantly, none of the male victims interviewed who identified as victims of domestic violence by their female partners had ever felt frightened of them (Bagshaw et al. 1999: 9). Earlier, Campbell (1993) discussed differences of intent in the context of men’s and women’s violence (see also James et al. 2002). Campbell suggests women rarely use violence as a means to an end, such as to instil fear, or to express power and control. On the contrary, their violence is often expressed out of frustration, as emotional outburst, and with no expectation that it will be effective. Men’s use of violence, however, is often described by them as likely to have an effect, or as allowing them to resume control. There is also evidence to suggest that the severity of violence perpetrated is significantly different for men. Statistics Canada’s 1999 General Social Survey on Victimization revealed that 8 per cent of women (690,000) and 7 per cent of men (550,000) had experienced violence by a “spousal partner” during the five years leading up to the survey (2003: 4). However, the survey also showed that women reported “more serious forms and more serious consequences” of spousal violence than did men, with women being three times more likely to be injured as a result of the violence, five times more likely to require medical attention or hospitalisation, and five times more likely to fear for their lives than men who reported intimate partner abuse (2003: 7).
- 7 See Struckman-Johnson, C. & Struckman-Johnson, D. (1994) “Men pressured and forced into sexual experiences”, *Archives of Sexual Behaviour*, vol. 23, no. 1, pp. 93-114. There is also an emerging body of literature that is beginning to

address the issue of sexual violence by women against their female partners. While not the focus of this paper, work by Lori Girshick (2002a, 2002b), Caroline Waterman and colleagues (1989), Janice Ristock (2002), and Steve Basile (2004) make significant contributions to the subject.

- 8 See also Donna Chung (2003) for an interesting paper on young women's views and experiences of negotiating heterosexuality in the context of their intimate relationships.
- 9 Judith Arnott made a submission to the Victorian Law Reform Commission in 2002. She agreed to have the details of her experience, as she had outlined that submission, reproduced for the purposes of this paper. The police have continued to refuse to lay charges against Judith's husband in relation to the many incidents of sexual assault she experienced post 1985 when the legislation in Victoria had been amended. She continues to advocate for charges to be laid and has approached the Attorney-General, Rob Hulls, and the Chief Commissioner of Victoria Police, Christine Nixon in a bid to secure their support for a prosecution to be initiated.
- 10 For Victoria, see s.62(2) of the Crimes Act 1958 (Vic) as amended in 1985; for Queensland, see s.347 of the Criminal Code 1899 (Qld); for West Australia, see s325 of the Criminal Code 1913 (WA), repealed by Act No 74 in 1985; for the ACT, see s92R in the Crimes Act 1900 (ACT) as amended in 1985; for Tasmania, see s185(1) of the Criminal Code 1924 (Tas) as amended in 1987; for NSW, see s61T of the Crimes Act 1900 (NSW) as amended in 1989; for Northern Territory, see s192 of the Criminal Code 1983 (NT) as amended in 1994; and for South Australia, see s73(3) of the Criminal Law Consolidation Act 1935 (SA) as amended in 1992. East-eal (1998: 112) has noted the staggered introduction of genuine legislative reform to abolish the marital exemption. Initially, most state jurisdictions only offered conditional protection where the parties were required to be estranged or to live separately before husbands could be prosecuted for rape.
- 11 The hearings involved offences of completed or attempted penetrative assaults that were heard between May 1994 and April 1995 in the District Court of New South Wales.
- 12 See *Heroines of Fortitude*, p. 28-29 for a discussion of their research design.
- 13 "Lara", not her real name, gave a submission to the Victorian Law Reform Commission in 2002. She agreed to portions of that submission being reproduced for the purposes of this paper.
- 14 Liz Kelly (1988: 74) was the first to use the notion of a "continuum" of sexual violence to describe both the extent and range of sexual violence that women she spoke to had experienced.
- 15 Johnson and Sigler (1997: 38-39) list an impressive array of studies conducted in the United States throughout the 1980's and 1990's showing that the vast majority of research has used college students to draw their survey samples.
- 16 Studies that attempt to measure or estimate the levels of violence against women adopt a range of research designs that draw on varying definitions, approaches and sample or population groups, making comparisons across studies difficult and unreliable. Studies drawn on throughout this section adopt the definitions used by the respective researchers themselves although care is taken to distinguish the type of methodology and sample employed.
- 17 Victimisation studies have tended to focus on estimating both annual incidence and lifetime prevalence of partner violence. Hence women are commonly asked whether they have experienced an incident of violence, variously defined, within the previous 12 months, followed by questions about whether they have ever been subjected to violence in childhood, or at some stage throughout their adult lives.
- 18 The survey defined current and former partners as those with whom women were married or in de facto relationships at the time of the incident (ABS 1996: 81).
- 19 The World Health Organisation's, *World Report on Violence and Health* (Krug et al. 2002) documents the main findings from population-based prevalence studies of intimate partner violence against women that have been undertaken across the world over the past two decades, from African nations, Asia and the Western Pacific, Latin America and the Caribbeans, Europe, the Middle East and

North America. See table on pages 90-91 for a summary of the methodologies and results.

- 20 At present there is no Australian state or territory that systematically collects and reliably reports on victims' cultural identity or background (VLRC 2003; Lievore 2003).
- 21 For example, the state-wide Women's Domestic Crisis Service in Victoria answered over 25,000 calls between July 2002 and June 2003 and referred over 1500 women to emergency accommodation (WDCVS 2003b: 3-4). These women will have been absent from any survey relying on people living in private residences.
- 22 Population-based studies are also least likely to allow for a research design that can adequately address the sensitivities required to facilitate disclosure of such an intimate nature. This may be particularly pronounced for Indigenous women or for women who may be culturally disinclined to discuss matters of a sexual nature.
- 23 The questionnaires were completed by both female and male respondents and asked about violence by intimate partners and other family member including siblings and parents (Roberts et al. 1993: 307).
- 24 The authors themselves note the extent to which research staff have "built up a degree of trust and comfort with these people", which "may facilitate disclosure of sensitive issues such as domestic violence and sexual abuse" (Mazza et al. 2001: 201).
- 25 There is no doubt that a relationship exists between funding constraints and research capacity. Longitudinal studies, in particular, labour under the weight of securing ongoing funding for research that inevitably includes setting parameters for research questions and analysis. My comments are not intended to be critical of the ground-breaking research being undertaken by those involved with the Australian Women's Health Survey. They are merely suggestive of further emphasis being given, wherever possible, to the particular experience of women who are assaulted by partners as distinct from other "known" offenders especially insofar as understanding the complex interplay of violence experienced by women in the home and its effects on their lives.
- 26 This figure was significantly higher than the rate reported by Tjaden and Thoennes (2000) amongst the findings of the 1996 US National Violence Against Women Survey. The survey prompted only 1.7 per cent of women to disclose having experienced rape by an intimate partner in the past 12 months (2000: 9).
- 27 Heather Osland was subjected to physical, sexual, and psychological abuse by her husband, Frank Osland, for more than 13 years. In 1996, Heather was found guilty of murder and sentenced to fourteen and a half years in prison. Heather's adult son, who struck the blow that killed Frank Osland, was acquitted. An appeal against Heather's conviction was dismissed by the High Court in 1998. An application for a Petition of Mercy to the Victorian Government was also denied. Heather remains in prison, having now served more than seven years of her sentence.
- 28 This excerpt was taken from the transcript of the trial proceedings against Heather Osland in the Supreme Court of Victoria in September 1996 at page 936. We are grateful to Dr Debbie Kirkwood for providing us with parts of the transcript, and to Heather Osland for her permission to refer to this part of her evidence. Reference to her trial will hereafter be cited as Osland trial 1996.
- 29 However, Moore (2002: vii) also pointed out that: "Despite the disincentives for using the formal justice system, there was agreement amongst practitioners and victims who participated in the focus group discussions that legal responses offer important protection to Aboriginal women seeking safety from family violence. Justifications for this view were publicly known local incidents of family violence of an extreme nature, *involving sexual violation*, extreme physical injury and death. It was held that prosecution of criminal violence could sometimes be the only appropriate way to respond" (emphasis added).
- 30 Only 4.4 per cent of women surveyed by the ABS in 1996 who had been assaulted by their current partner had reported to police (within the previous two years), compared to 38.1 per cent of women assaulted by a stranger (Coumarelos and Allen 1999: 13).

- 31 It is important to consider the limits of studies that measure individual forms of intimate partner violence. Some studies have confined their research to exploring the relationship between violence and negative health effects relying on women who identify physical violence as the sole form of abuse (Roberts et al. 1993; deVries Robbe et al. 1996). Others have looked more broadly at emotional and physical violence (Mazza et al. 1996; 2001), or considered all forms including physical, emotional and sexual (Coker et al. 2000). An obvious limitation of studies that restrict themselves to individual forms of violence is their inability to rule out that any health impacts identified may be the result of the unexplored and unmeasured forms of violence and not those that were the subject of the research.
- 32 For examples of international studies (mostly conducted in the United States), see Golding (1999) for the impact of intimate partner violence on women's mental and psychological health; for physical impacts, see Resnick et al. (1997); for the impact on women's reproductive health, see Campbell et al. (2002); for studies that have looked at the combined effects of intimate partner violence, see Coker et al. (2002) and Campbell et al. (2002). For Australian examples, see Mertin and Mohr (2000), Astbury and Cabral (2000) and Roberts et al. (1998) for the links between intimate partner violence and its impacts on women's psychological and mental wellbeing; for an exploration of the relationship between women's substance use and women's more general experience of physical and sexual victimisation, see Swift et al. (1996).
- 33 It should be noted however that the AWHIS is not intending to survey the older women's cohort about their experiences of violence. This is unfortunate given that studies of sexual assault against older women have found that carers, typically husbands and sons, are the most common offenders (Ramsey-Klawnsnik 1991; Holt 1993). The experiences of older women in light of the survey's aims, including their experiences of violence, would enrich our understanding of the extent to which women are subjected to revictimisation from partner offenders across life-times, as well as further our knowledge of the health burden of intimate partner violence across the duration of women lives.
- 34 Russell directs some of the blame towards rape crisis centre workers who she says have abandoned their roles as activists and campaigners around issues such as wife rape as they increasingly become more co-opted by political pressures to maintain funding sources. She suggests that "rape crisis work is in serious danger of becoming deradicalised, institutionalised, and pacified" (Russell 1990: xxiv).
- 35 The Duluth Domestic Abuse Intervention Project, commencing in 1980 in Minnesota, was the first community initiated project that succeeded in having key criminal justice agencies sign up to a series of protocols and guidelines that would standardise a co-ordinated, integrated response to domestic violence (see Pence & Shepard 1999 for a comprehensive overview of the history, aims, and components of the original Duluth project).
- 36 While some sexual assault services have developed working partnerships with domestic violence agencies in providing crisis care support and in organising emergency accommodation for women experiencing intimate partner violence, this is not mandated across the sector. However, with an ever-increasing demand on services to respond to a greater number of women seeking support services in response to violence, the reluctance of both sexual assault and domestic violence services to give distinct priority to male partner rape, or to raise awareness of the issue, may in fact present a resource impossibility. Funding constraints are very real considerations for services to manage, especially when resources may only allow for services to respond to women in crisis, such as those who have recently experienced violence, those who have never before disclosed, or those whose safety is at high or immediate risk.
- 37 Personal communication with domestic violence worker from West Australia, although a version of this response was common across most DV workers who I informally asked about the issue.
- 38 Hegarty and Taft caution against GPs being directed to take a more interventionist role in screening women for partner abuse in the absence of receiving adequate training and resourcing (2001: 437).

- 39 A replication of the Women's Safety Survey is proposed for 2005. The ABS is currently finalising the research design and interview schedule for what will be called the Personal Safety Survey that will involve surveying both women and men about their experiences of violence.
- 40 This is not to suggest that these reforms have been interpreted and applied to their intended effect. On the contrary, studies of rape trials attest to the provisions often being conservatively interpreted with respect to consent, leaving any potential for them to shift cultural expectations around sexual relations between men and women significantly muted (Heenan and McKelvie 1996; Young 1998; Heenan 2001).

## References

- Abbott, J., Johnson, R., Koziol-McLain, J. & Lowenstein S.R. (1995), "Domestic violence against women: Incidence and prevalence in an emergency department population", *Journal of the American Medical Association*, vol. 273, pp. 1763-1767.
- ABS (2003), *Crime and Safety, Australia 2002*, Catalogue no. 4509.0, Australian Bureau of Statistics, Canberra.
- ABS (2002), *Crime and Safety 2001, Australia*, Catalogue no. 4509.0, Australian Bureau of Statistics, Canberra.
- ABS (1999), *Crime and Safety, Australia 1998*, Catalogue no. 4509.0, Australian Bureau of Statistics, Canberra.
- ABS (1996), *Women's Safety Australia*, Catalogue no. 4128.0, Australian Bureau of Statistics, Canberra.
- Adler, Z. (1987), *Rape On Trial*, Routledge, London.
- Astbury, J. & Cabral, M. (2000), "Women's mental health: An evidence based review: Mental health determinants and populations", Department of Mental Health and Substance Dependence, World Health Organisation, Geneva.
- Bagshaw, D., Chung, D., Couch, M., Lilburn, S. & Wadham, B. (1999), *Reshaping Responses to Domestic Violence*, Office of the Status of Women, Department of Prime Minister and Cabinet, Canberra.
- Bagshaw, D. & Chung, D. (2000), "Gender politics and research: Male and female violence in intimate relationships", *Women Against Violence: An Australian Feminist Journal*, Issue 8, pp. 4-23.
- Basile, S. (2004), "Comparison of abuse alleged by same- and opposite-gender litigants as cited in requests for Abuse Prevention Orders", *Journal of Family Violence*, vol. 19, no. 1, pp. 59-68.
- Bates, L., Redman, S., Brown, W. & Hancock L (1995), "Domestic violence experienced by women attending an accident and emergency department", *Australian Journal of Public Health*, vol. 19, no. 3, pp. 293-299.
- Beckerman, N.L. (2002), "Intimate sexual violence in the United States: Social work and family therapy interventions", *The Journal of Sexual Aggression*, vol. 8, no. 1, pp. 39-50.
- Bell, D. & Napurrla Nelson, T. (1989), "Speaking about rape is everyone's business", *Women's Studies International Forum*, vol. 14, no. 5, pp. 385-412.
- Bennice, J.A. & Resick, P.A. (2003), "Marital rape: History, research, and practice", *Trauma, Violence, & Abuse*, vol. 4, no. 3, pp. 228-246.
- Bennice, J.A., Resick, P.A., Mechanic, M. & Astin, M. (2003), "The relative effects of intimate partner physical and sexual violence on post-traumatic stress disorder symptomatology", *Violence and Victims*, vol. 18, no. 1, pp. 87-94.
- Bergen, R.K. (1996), *Wife Rape: Understanding the Response of Survivors and Service Providers*, Sage Publications, Thousand Oaks, USA.
- Bergen, R.K. (1999), "Marital rape", Violence against women online resources, Applied Research Forum, <http://www.vaw.umn.edu/documents/vawnet/mrape.html>

- Bolger, Audrey (1991), *Aboriginal Women and Violence*, Australian National University, North Australia Research Unit, Darwin.
- Bonney, Roseanne (1987), *Crimes (Sexual Assault), Amendment Act 1981, Interim Report No. 3 – Court Procedures*, New South Wales Bureau of Crime Statistics and Research, Sydney.
- Brownmiller, Susan (1975), *Against Our Will: Men, Women and Rape*, Secker and Warburg, London.
- Campbell, A. (1993), *Out of Control: Men, Women and Aggression*, Pandora, London.
- Campbell, J.C. (1989), "Women's responses to sexual abuse in intimate relationships", *Health Care for Women International*, vol. 10, pp. 335-346.
- Campbell, J.C. & Alford, P. (1989), "The dark consequences of marital rape", *American Journal of Nursing*, vol. 89, pp. 946-949.
- Campbell, J.C. & Soeken, J. (1999), "Forced sex and intimate partners: Effects on women's risk and women's health", *Violence Against Women*, vol. 5, no. 9, pp. 17-35.
- Campbell, J.C. (2002), "Health consequences of intimate partner violence", *The Lancet*, vol. 359, no. 9314, pp. 331-336.
- Campbell, J.C., Garza, M., Carlson Gielen, A., O'Campo, P., Kub, J., Dienemann, J., Jones, A.S. & Jafar, E. (2003), "Intimate partner violence and abuse among active duty military women", *Violence Against Women*, vol. 9, no. 9, pp. 1072-1092.
- Carcach, C. & Mukherjee, S. (1999), *Women's Fear of Violence in the Community*, Trends and Issues in Crime and Criminal Justice No.135, Australian Institute of Criminology, Canberra.
- Carmody, M. & Carrington, K. (2000), "Preventing sexual violence?" *The Australian and New Zealand Journal of Criminology*, vol. 33, no. 3, pp. 341-361.
- Carter, E. (1987), *Aboriginal Women Speak Out About Rape and Child Sexual Abuse*, Adelaide Rape Crisis Centre, Adelaide.
- Chung, D. (2003), "Violence, control, romance and gender equality: Young women negotiating heterosexuality with a male gaze", Paper delivered at Sydney conference, (unpublished).
- Clark, Lorenne M. G. & Lewis, Debra J. (1977), *Rape: The Price of Coercive Sexuality*, Women's Press, Toronto.
- Clark, Anna (1987), *Women's Silence Men's Violence: Sexual Assault in England 1770-1845*, Pandora Press, London.
- Coker, A. L., Smith, P.H., McKeown, R.E. & King, M.J. (2000), "Frequency and correlates of intimate partner violence by type: Physical, sexual, and psychological battering", *American Journal of Public Health*, vol. 90, no. 4, pp. 553- 559.
- Coumarelos, C. & Allen, J. (1999), *Predicting Women's Responses to Violence: The 1996 Women's Safety Survey*, Crime and Justice Bulletin, Contemporary Issues in Crime and Justice no. 47, NSW Bureau of Crime Statistics and Research, Sydney.
- Cunneen, C. (1996), "Northern Territory Ombudsman Report on Police Responses to an Aboriginal Woman", *The Other Voice*, vol. 1, no. 1, pp. 1-4.
- Dean, C., Hardiman, A. & Draper, G. (1998), *National Standards of Practice Manual for Services Against Sexual Violence*, National Association of Services Against Sexual Violence Project Team, CASA House, Melbourne.
- Department For Women in New South Wales (1996), *Heroines of Fortitude: The Experiences of Women in Court as Victims of Sexual Assault*, Department for Women, New South Wales Government, Pirie Printers, Canberra.
- de Visser, R., Smith, A.M.A., Rissel, C.E., Richters, J. & Grulich, A.E. (2003), "Experiences of sexual coercion among a representative sample of adults", *Australian and New Zealand Journal of Public Health*, vol. 27, no. 2, pp. 198-203.
- de Vries Robbe, M., Vinen, J., Horner, D., Roberts, G. (1996), "Prevalence of domestic violence among patients attending a hospital emergency department", *Australian and New Zealand Journal of Public Health*, vol. 20, no. 4, pp. 364-368.

- Dobash, R.E., Dobash, R.P., Daly, M. & Wilson, M. (1992), "The myth of sexual symmetry in marital violence", *Social Problems*, vol. 39, no. 1, pp. 71-91.
- Easteal, P. (1994), *Voices of the Survivors*, Spinifex Press, Melbourne.
- Easteal, P. (1996), *Shattered Dreams: Marital Violence Against Overseas Born Women in Australia*, Bureau of Immigration and Multicultural Population Research, Melbourne.
- Easteal, P. (1998), "Rape in marriage: Has the licence lapsed?" in P. Easteal (ed.) *Balancing the Scales: Rape, Law Reform and Australian Culture*, Federation Press, Sydney.
- Ferrante, A., Morgan, F. Indermaur, D. & Harding, R. (1996), *Measuring the Extent of Domestic Violence*, The Hawkins Press, Sydney.
- Finkelhor, D. & Yllö, K. (1985), *License to Rape: Sexual Abuse of Wives*, Free Press, New York.
- Flood, M. (1999), "Claims about 'Husband Battering'", Domestic Violence and Incest Resource Centre (DVIRC), *Newsletter*, pp. 3-8.
- Gavey, Nicola (1990), "Rape and sexual coercion within heterosexual relationships: An intersection of psychological feminist and post-modern inquiries", Thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Psychology, University of Auckland, Auckland, New Zealand.
- Girshick, L.B. (2002a), *Woman-to-Woman Sexual Violence: Does She Call it Rape?* Northeastern University Press, Boston, Mass.
- Girshick, L.B. (2002b), "No sugar, no spice: Reflections on research on women-to-women sexual violence", *Violence Against Women*, vol. 8, no. 12, pp. 1500-1520.
- Golding, J.M. (1999), "Intimate partner violence as a risk factor for mental disorders: A meta-analysis", *Journal of Family Violence*, vol. 14, no. 2, pp. 99-132.
- Goodwin, M.M., Gazmararian, J.A., Johnson, C.H., Gilbert, B.C. & Saltzman, L.E. (2000), "Pregnancy intendedness and physical abuse around the time of pregnancy: Findings from the Pregnancy Risk Assessment Monitoring Service", *Maternal and Child Health Journal*, vol. 4, no. 2, pp. 85-92.
- Hale, Sir Matthew (1736), *History of the Pleas of the Crown*, Volume I, Professional Books, London.
- Harris, Angela P. (1996), "Forcible rape, date rape, and communicative sexuality: A legal perspective", in Leslie Francis (ed.) *Date Rape: Feminist Philosophy and the Law*, Pennsylvania State University Press, Pennsylvania.
- Heady, B., Scott, D. & de Vaus, D. (1999), *Domestic Violence in Australia: Are Women and Men Equally Violent?*, Melbourne Institute of Applied Economic Social Research, Melbourne.
- Heald, Susan (1985), "Social change and legal ideology: A critique of the new sexual assault legislation", *Canadian Criminology Forum*, vol. 7, pp. 117- 127.
- Heenan, M. (2001), "Trial and error: Rape, law reform and feminism", Unpublished thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Sociology, Monash University, Melbourne.
- Heenan, M. & McKelvie, H. (1996), *The Crimes (Rape) Act 1991: An Evaluation Report*, Rape Law Reform Evaluation Project, Report no. 2, Department of Justice, Melbourne.
- Hegarty, K. & Roberts, G. (1998), "How common is domestic violence against women? The definition of partner abuse in prevalence studies", *Australian and New Zealand Journal of Public Health*, vol. 22, no. 1, pp. 49-54.
- Hegarty, K., Hindmarsh, E.D. & Gilles, M. (2000), "Domestic violence in Australia: Definition, prevalence and nature of presentation in clinical practice", *Medical Journal of Australia*, vol. 173, pp. 363-367.
- Hegarty, K. & Taft, A. (2001), "Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice", *Australian and New Zealand Journal of Public Health*, vol. 25, no. 5, pp. 433- 437
- Hegarty, K. & Bush, R. (2002), "Prevalence and associations of partner abuse in women attending general practice: A cross-sectional survey", *Australian and New Zealand Journal of Public Health*, vol. 26, no. 5, pp. 437-442.

- Henning, T. (1996), *Sexual Reputation and Sexual Experience Evidence in Tasmanian Proceedings Relating to Sexual Offences*, Law Faculty, University of Tasmania, Hobart.
- Henning, T. & Bronitt, S. (1998), "Rape victims on trial: Regulating the use and abuse of sexual history evidence" in Patricia Eastaerl (ed.) *Balancing the Scales: Rape, Law Reform and Australian Culture*, Federation Press, Sydney,
- Ho, C.K. (1990), "An analysis of domestic violence in Asian-American communities: A multicultural approach to counselling", in L.S. Brown & M.P.P. Root (eds) *Diversity and Complexity in Feminist Therapy*, Haworth, New York.
- Holt, M. G. (1993), "Elder sexual abuse in Britain: Preliminary findings", *Journal of Elder Abuse and Neglect*, vol. 5, no. 2, pp. 63-71.
- Huggins, J. (2003), "It's now or never: Our chance to tackle Indigenous family violence", *ACSSA Aware, Newsletter* no. 2, Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies, Melbourne, pp. 5-7.
- James, K., Seddon, B. & Brown, J. (2002), "Using it or losing it: Men's constructions of their violence towards female partners", Research Paper 1, Australian Domestic and Family Violence Clearinghouse, University of New South Wales, Sydney.
- Johnson, H. & Hotton, T. (2003), "Losing control: Homicide risk in estranged and intact relationships", *Homicide Studies*, vol. 7, no. 1, pp. 58-84.
- Johnson, H. (1996), *Dangerous Domains: Violence Against Women in Canada*, Nelson, Ontario, Canada.
- Johnson, I.M. & Sigler, R.T. (1997), *Forced Sexual Intercourse in Intimates Relationships*, Dartmouth Publishing Company, Aldershot, UK.
- Johnson, I.M. & Sigler, R.T. (2000), "Forced sexual intercourse among intimates", *Journal of Family Violence*, vol. 15, no. 1, pp. 95-108.
- Jones, A.S., Carlson Gielen, A., Campbell, J.C., Schollenberger, J., Dienemann, J.A., Kub, J., O'Campo, P.J., Wynne, E.C. (1999), "Annual and lifetime prevalence of partner abuse in a sample of female HMO enrollees", *Women's Health Issues*, vol. 9, no. 6., pp. 295-305.
- Kelly, Liz (1988), *Surviving Sexual Violence*, Polity Press, Cambridge.
- Kimmel, M.S. (2002), "Gender symmetry in domestic violence: A substantive and methodological research review", *Violence Against Women, Special Issue: Women's Use of Violence in Intimate Relationships*, Part 1, vol. 8, no. 11, pp. 1332-1363.
- Koss, M. (1993), "The impact of crime victimisation on women's medical use", *Journal of Women's Health*, vol. 2, pp. 67-72.
- Koss, Mary (1985), "The hidden rape victim: Personality, attitudinal, and situational characteristics", *Psychology of Women Quarterly*, vol. 9, pp. 193-212.
- Krug, E.G., Dahlberg, L.L., Mercy, J., Zwi, A.B. and Lozano, R. (eds) (2002), *World Report on Violence and Health*, World Health Organisation, Geneva.
- Laing, L. (2002), "Responding to men who perpetrate domestic violence: Controversies, interventions and challenges", Issues Paper 7, Australian Domestic and Family Violence Clearinghouse, University of New South Wales, Sydney.
- Laing, L. & Greer, P. (2001), "An interview about Indigenous family violence with Pam Greer, Indigenous Training and Development Consultant", Issues Paper 5, Australian Domestic and Family Violence Clearinghouse, University of New South Wales, Sydney.
- Law Reform Commission of Victoria (1991), *Rape: Reform of Law and Procedure, Appendixes to Interim Report No.42*, Law Reform Commission of Victoria, Melbourne.
- Lee, C. (ed.) (2001), *Women's Health Australia: What do we Know? What do we Need to Know? Progress on the Australian Longitudinal Study on Women's Health 1995-2000*, Women's Health Australia, Australian Academic Press, Brisbane.
- Lievore, D. (2003), *Non-reporting and Hidden Recording of Sexual Assault: An International Review*, Report prepared by the Australian Institute of Criminology for the Commonwealth Office of the Status of Women, Commonwealth of Australia, Canberra.
- Lievore, D. (2002), *Intimate Partner Sexual Assault: The Impact of Competing Demands on Victims' Decisions to Seek Criminal Justice Solutions*, Paper prepared by the

Australian Institute of Criminology, funded by the Commonwealth Office of the Status of Women, Commonwealth of Australia, Canberra.

Loue, S. & Faust, M. (1998), "Intimate partner violence among immigrants", in Sana Loue(ed.) *Handbook of Immigrant Health*, Plenum Press, New York.

McGregor, H. & Hopkins, A. (1991), *Working for Change: The Movement Against Domestic Violence*, Allen & Unwin, Sydney.

MacKinnon, Catherine A. (1983), "Feminism, Marxism, Method and the State: Toward feminist jurisprudence", *Signs: Journal of Women in Culture and Society*, vol. 8, no. 4, pp. 635-658.

MacKinnon, Catherine A. (1987), *Feminism Unmodified: Discourses on Life and Law*, Harvard University Press, Cambridge.

McSherry, Bernadette (1998), "Constructing lack of consent" in Patricia Eastael (ed.) *Balancing the Scales: Rape, Law Reform and Australian Culture*, Federation Press, Leichhardt, NSW.

Mahoney, P., Williams, L.M. & West, C.M. (2001), "Violence against women by intimate relationship partners", in Claire M. Renzetti and Jeffrey L. Edleson et al. (eds) *Sourcebook on Violence Against Women*, Sage Publications, Thousand Oaks, USA.

Mahoney, P. & Williams, L.M. (1998), "Sexual assault in marriage: Prevalence, consequences, and treatment of wife rape", in Jana L. Jasinski & Linda M. Williams (eds) *Partner Violence: A Comprehensive Review of 20 Years of Research*, Sage Publications, Thousand Oaks, USA.

Mazza, D., Dennerstein, L. & Ryan, V. (1996), "Physical, sexual and emotional violence against women: A general practice-based prevalence study", *Medical Journal of Australia*, vol. 164, pp. 14-17.

Mazza, D., Dennerstein, L., Garamszegi, C.V. & Dudley, E.C. (2001), "The physical, sexual and emotional violence history of middle-aged women: A community-based prevalence study", *Medical Journal of Australia*, vol. 175, no. 4, pp. 199-201.

Memmot, P., Stacy, R., Chambers, C. & Keys, C. (2001), *Violence in Indigenous Communities*, Attorney-General's Department, Canberra.

Mertin, P. & Mohr, P.B. (2000), "Incidence and correlates of post-traumatic stress disorder in Australian victims of domestic violence", *Journal of Family Violence*, vol. 15, no. 4, pp. 411-421.

Mirrlees-Black, C. (1999), *Domestic Violence: Findings from a new British Crime Survey Self-completion Questionnaire*, Home Office Research Study 191, Home Office, London.

Moore, E. (2002), "Not just court: Family violence in rural New South Wales: Aboriginal women speak out", Centre for Rural Social Research,

[http://www.csu.edu.au/research/crsr/research/njc\\_moore.htm](http://www.csu.edu.au/research/crsr/research/njc_moore.htm)

Morris, A., Reilly, J., Berry, S. & Ransom, R. (2003), *New Zealand National Survey of Crime Victims 2001*, Ministry of Justice, Wellington, New Zealand.

Mouzos, J. (1999a), *Femicide: The Killing of Women in Australia 1989-1998*, Research and Public Policy Series, No.18, Australian Institute of Criminology, Canberra.

Mouzos, J. (1999b), "New statistics highlight high homicide rate for Indigenous women", *Indigenous Law Bulletin*, vol. 4, no. 25, pp. 16-17.

Myhill, A. & Allen, J. (2002), *Rape and Sexual Assault of Women: Findings from the British Crime Survey*, Findings 159, Home Office, London.

Naffine, Ngaire (1992), "Windows on the legal mind: The evocation of rape in legal writings", *Melbourne University Law Review*, vol. 18, pp. 741-767.

Office of the Status of Women (1995), *Community Attitudes to Violence Against Women: Detailed Report*, Department of the Prime Minister and Cabinet, AGPS, Canberra.

Orr, L. (1997), "The development of services against sexual assault in the state of Victoria 1970-1990", Unpublished Thesis, Master of Arts, Faculty of Social Sciences, La Trobe University, Melbourne.

- Parker, G. (1999), "Violence and abuse: An assessment of mid-aged women's experiences", Unpublished Thesis, Bachelor of Science (Honours), Department of Psychology, University of Newcastle, NSW.
- Parker, Glenys (2001), "Violence and abuse: Mid-age women's experiences", in Christina Lee (ed.) *Women's Health Australia, Progress on the Australian Longitudinal Study on Women's Health 1995-2000*, Research Centre for Gender and Health, University of Newcastle, Australian Academic Press, Brisbane.
- Pease, B. & Fisher, S. (2001), "Preventing men's violence: A response to the Victorian whole of government discussion paper on men's behaviour change programs", *Women Against Violence: An Australian Feminist Journal*, Issue 10, pp. 49-53.
- Pence, E.L. & Shepard, M. (1999), "An introduction: Developing a coordinated response", in M. Shepard & E.L. Pence (eds) *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*, Sage Publications, Thousand Oaks, USA.
- Pineau, Lois (1989), "Date rape: A feminist analysis", *Law and Philosophy*, vol. 8, pp. 217-243.
- Pringle, Helen (1993), "Acting like a man: Seduction and rape in the law", *Griffith Law Review*, vol. 2, no. 1, pp. 64-74.
- R v Johns*, Supreme Court, SA No. SCCRM/91/452, 26 August 1992.
- Ramsey-Klawnsnik, H. (1991), "Elder sexual abuse: Preliminary findings", *Journal of Elder Abuse and Neglect*, vol. 3, no. 3, pp. 73-90.
- Rathus, Z. (1995), *Rougher Than Usual Handling: Women and the Criminal Justice System*, Revised Second Edition, Womens Legal Service, Brisbane.
- Resnick, H., Acierno, R. & Kilpatrick, D.G. (1997), "Health impact of interpersonal violence II: Medical and mental health outcomes", *Behavioural Medicine*, vol. 23, no. 2, pp. 65-78.
- Riggs, D.S., Kilpatrick, D.G. & Resick, H.S. (1992), "Long-term psychological distress associated with marital rape and aggravated assault: A comparison to other crime victims", *Journal of Family Violence*, vol. 7, no. 4, pp. 283-296.
- Ristock, J.L. (2002), *No More Secrets: Violence in Lesbian Relationships*, Routledge. New York.
- Roberts, G., O'Toole, B., Lawrence, J. & Raphael, B. (1993), "Domestic violence victims in a hospital emergency department", *The Medical Journal of Australia*, vol. 159, pp. 307-310.
- Roberts, G., Lawrence, J., Williams, G. & Raphael, B. (1998), "The impact of violence on women's mental health", *Australian and New Zealand Journal of Public Health*, vol. 22, no. 7, pp. 796-801.
- Russell, D.E.H. (1990), *Rape in Marriage* (revised edn), Indiana University Press Bloomington.
- Salumbides Echevarria, E. & Johar, A. (1996), *Beyond Bitter Moments: Non-English-Speaking Background Women's Access to Support Services for Survivors of Domestic Violence*, Ettinger House Inc, New South Wales.
- Scutt, J. (1977), "Consent in rape: The problem of the marriage contract", *Monash University Law Review*, vol. 3, no. 4, pp. 255-288.
- Shields, N. & Hanneke, C. (1983), "Battered wives' reactions to marital rape", in Richard Gelles, Gerald Hotaling, Murray Straus & David Finkelhor (eds) *The Dark Side of Families*, Sage Publications, California.
- Smart, Carol (1989), *Feminism and the Power of Law*, Routledge and Kegan Paul, London.
- Sorenson, S.B. & Telles, C.A. (1991), "Self-reports of spousal violence in a Mexican-American and non-Hispanic white population", *Violence and Victims*, vol. 6, pp. 3-15.
- Spohn, C. & Holleran, D. (2001), "Prosecuting sexual assault: A comparison of charging decisions in sexual assault cases involving strangers, acquaintances, and intimate partners", *Justice Quarterly*, vol. 18, no. 3, pp. 651-688.

- Statistics Canada (2003), *Family Violence in Canada: A Statistical Profile 2003*, Statistics Canada, Canadian Centre for Justice Statistics, Ottawa, Ontario.
- Struckman-Johnson, C. & Struckman-Johnson, D. (1994), "Men pressured and forced into sexual experiences", *Archives of Sexual Behaviour*, vol. 23, no. 1, pp. 93-114.
- Swift, W., Copeland, J. & Hall, W. (1996), "Characteristics of women with alcohol and other drug problems: Findings of an Australian national survey", *Addiction*, vol. 91, pp. 1141-1150.
- Taft, A. (2003), "Promoting women's mental health: The challenges of intimate/domestic violence against women", Issues Paper 8, Australian Domestic and Family Violence Clearinghouse, University of New South Wales, Sydney.
- Taft, A., Hegarty, K. & Flood, M. (2001), "Are men and women equally violent to intimate partners?", *Australian and New Zealand Journal of Public Health*, vol. 25, no. 6, pp. 498-500.
- Taft, A. (1999), "The Osland 'family' doctor: Contemporary controversies in general practice and women abuse", *Women Against Violence: An Australian Feminist Journal*, Issue 6, pp. 64- 69.
- Tarrant, Stella (1990), "Something is pushing them to the side of their own lives: A feminist critique of law and laws", *Western Australian Law Review*, vol. 20, pp. 573-606.
- Temkin, Jennifer (1987), *Rape and the Legal Process*, Sweet & Maxwell, London.
- Thomas, C. (1993), "Sexual assault: Issues for Aboriginal women", in P. Easteal (ed.) *Without Consent: Confronting Adult Sexual Violence: Proceedings of a Conference held in October 27-29 October 1992*, Report No. 20, Australian Institute of Criminology, Canberra.
- Thompson, J. (1999), "A delicate issue: Perceptions of sexual assault in the Vietnamese community", in B. Ferguson & E. Pittaway (eds) *Nobody Wants to Talk About It: Refugee Women's Mental Health*, Transcultural Mental Health Centre, Sydney.
- Tjaden, P. & Thoennes, N. (2000), *Extent, Nature and Consequences of Intimate Partner Violence: Research Report: Findings from the National Violence Against Women Survey*, National Institute of Justice, US Department of Justice, Washington DC.
- Victorian Law Reform Commission (2003), *Sexual Offences Interim Report*, Victorian Law Reform Commission, Melbourne.
- Warshaw, Robin (1988), *I Never Called It Rape: The Ms Report on Recognising, Fighting, and Surviving Date and Acquaintance Rape*, Afterword by Mary P. Koss, Harper and Row, New York.
- Waterman, C.K., Dawson, L.J., Bologna, M.J. (1989), "Sexual coercion in gay male and lesbian relationships: Predictors and implications for support services", *Journal of Sex Research*, vol. 26, no. 1, pp. 118-124.
- Waye, Vicki (1992), "Rape and the unconscionable bargain", *Criminal Law Journal*, vol. 16, pp. 94-105.
- Women's Domestic Violence Crisis Service of Victoria (2003a), *What's love got to do with it?: Victorian Women Speak Out About Domestic Violence: Annual Report 2001-2002*, Women's Domestic Violence Crisis Service of Victoria, Melbourne.
- Women's Domestic Violence Crisis Service of Victoria (2003b), *Annual Report 2002-2003*, Women's Domestic Violence Crisis Service of Victoria, Melbourne.
- Yllö, K. (1999), "The silence surrounding sexual violence: The issue of marital rape and the challenge it poses for the Duluth model", in M. Shepard & E. Pence (eds) *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*, Sage Publications, Thousand Oaks, USA.
- Young, A. (1998), "The wasteland of law, the wordless song of the rape victim", *Monash University Law Review*, vol. 22, pp. 442-465.