RAPE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

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To the Dean of Graduate Studies and Research

I am submitting herewith a dissertation written by Pamela N. Schultz entitled "Rape in the Context of Intimate Partner Violence." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in nursing.

Judith McFarlane, DrPH, Major Professor

We have read this dissertation and
recommend its acceptance:

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RAPE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

ABSTRACT

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Violence against women has become a major social problem in the United States (Crowell & Burgess, 1996; Tjaden & Thoennes, 2000). While violence against women describes several violent acts, this study focused on intimate partner violence in which the violence was perpetrated against the woman in the form of rape.

The relationship between rape by an intimate partner and other forms of intimate partner abuse is unclear. This study examined the association of threats of physical abuse, actual physical abuse, danger of homicide and stalking to the reporting of intimate partner rape. The target population was all abused women presenting to either the police department or the district attorney's office for justice intervention during a one-month period. This sample included 306 physically abused English-speaking women, 18 years or older. The profile of the abused woman in this study who has been raped is different from the woman not raped by her intimate partner.

This study has shown the health effects of sexual violence, such as increased physical violence, increased risk of homicide, increased risk of suicide and other mental

health effects through association with suicidal behaviors. This study suggested that social factors such as a history of other types of violence and substance abuse may be associated with increased sexual abuse by male intimate partners. The health of women is undermined by this behavior. Society can not function well under the domination of abusive male behavior directed at women.

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CHAPTER 1

INTRODUCTION

Violence against women is a major social problem in the United States (Crowell & Burgess, 1996; Tjaden & Thoennes, 2000). Concern about this national problem is reflected in the enactment of The Violence Against Women Act of 1994. The study of the problem of violence against women crosses a wide spectrum of disciplines, including psychology, sociology, criminal justice, education and health care. Violence against women describes several violent acts, such as murder, rape, sexual assault, physical assault, emotional abuse, battering, stalking, genital mutilation, sexual harassment, and pornography (Crowell & Burgess, 1996).

This study focused on intimate partner violence in which the violence was perpetrated against the woman in the form of rape. Wife rape or intimate partner rape has received little attention throughout most of the history of the Western world (Bergen, 1998). It was not until 1993 that all 50 states passed laws making marital rape a crime. Studies have estimated that 14%-25% of wives are forced by their spouses to have sexual intercourse against their will at some time during the course of their marital relationship (Resnick, Kilpatrick, Walsh, & Vernonen, 1991; Russell, 1990). Russell (1990) found that marital rape is the most prevalent form of rape. Marital rape outnumbers both stranger and acquaintance rape. Langhinrichsen-Rohling & Monson (1998) have reported

that intimate partner rape is often minimized within the context of intimate partner violence. Other studies have reported that women who have been raped by their intimate partners are more likely to be blamed for their abuse, less likely to seek professional help, and less likely to disclose their abuse to others than are victims of sexual abuse by strangers (Allison & Wrightsman, 1993; Kanekar, Shaherwalla, Franco, Kunju, & Pinto, 1991). Russell (1990) asserts that marital rape should not become a subset of investigation within intimate partner violence, in that it deserves attention as its own unique problem.

In the National Violence Against Women Survey ([NVAW] Tjaden & Thoennes, 2000) found that 7.7% of the women surveyed had been raped by an intimate partner in their lifetime. The survey also found that 51.2% of women raped by an intimate partner reported that they were victimized multiple times by the same partner. An average of 4.5 rapes per female victim occurred over an average of 3.8 years per female victim.

The NVAW Survey also found that 36.2% of women who had been raped sustained another injury, other than the rape itself, during their most recent victimization. Results also indicated that women raped by an intimate partner were significantly more likely to be injured if they were Hispanic, if the perpetrator was a spouse or a cohabiting male, if the perpetrator was using drugs or alcohol and if the perpetrator threatened to harm or kill them or someone close to them.

The Third Annual Report to Congress under the Violence Against Women Act (1998) was concerned with stalking and domestic violence. This report found that males who stalked their intimate partners were four times more likely to physically assault and

six times more likely to sexually assault their female partners than intimate partners in the general population.

Problem of the Study

The relationship between rape by an intimate partner and other forms of intimate partner abuse is unclear. It is not known if threats of physical abuse, actual physical abuse, risk factors of homicide or stalking have any relationship to the occurrence of intimate partner rape. This study examined the association of threats of physical abuse, actual physical abuse, danger of homicide and stalking to the reporting of intimate partner rape.

Rationale for Study

According to the NVAW Survey (Tjaden & Thoennes, 2000) there are an estimated 1.5 million U.S. women raped and/or physically assaulted by an intimate partner annually. Many of these women suffer multiple victimizations. This same survey has shown that more than one-third of all rapes and physical assaults committed against women by intimates result in injuries. Few studies have systematically characterized rape between physically violent men and their women intimate partners.

Violence to women is a public health issue. Obvious physical injuries bring the woman into direct contact with nurses. In the absence of physical injuries the nurse may assess a woman victimized by violence and determine post traumatic stress disorder. Based on their study, Draucker and Madsen (1999) have emphasized that women who have experienced sexual abuse by their intimate partners are living in a "violent

lifeworld" which is similar to living in exile. They lived in a world that was inseparable from the violence that surrounded them.

Sexually abused women may have headaches, abdominal pains, atypical chest pains, and various other somatic complaints. Abused women become isolated. They may seek coping mechanisms that are not conducive to good health promotion. Stark and Flitcraft (1996) estimated that 45% of all female alcoholics begin alcohol consumption as a result of domestic violence. It is imperative that nurse researchers conduct studies aimed at understanding violence against women. Nurses have traditionally been advocates for their clients and as advocates we must study this public health problem.

Theoretical Framework

Jean Watson's theory of Human Caring and feminist theory guided this research.

Nursing: Human Science and Human Care

Watson proposes a philosophy of nursing and caring which is designed to reduce the dichotomy between theory and practice. Her theory proposes that caring is the most valuable attribute that nursing has to offer (Wesley 1992). Jean Watson states that nursing involves a covenant which is at the heart of the profession (Watson, 1994). One of the characteristics of this covenant is what she terms a "transpersonal relationship," a trusting, caring-healing relationship. She indicates that this relationship functions by potentiating health, well being, physical comfort, symptom management and pain control. Caring exemplifies a nurse's responsiveness to a client's problem. The nurse and the client collaborate to help the client gain control, knowledge, and health. Another

function of the transpersonal relationship is to promote meaning, growth and harmony between the provider and the other person.

Caring is the heart of nursing and the ethical and philosophical foundation for nursing acts (Watson, 1988). This caring involves a deep level of commitment to patients, families, communities, societies, and planet Earth. Watson characterizes her work on caring as a philosophy, a theory, and an ethic.

Watson (1988) acknowledges that her basic beliefs and values about human life provide a foundation for her theory and she lists them. A person's mind and emotions are windows to the soul. At the highest level of nursing, the nurse's human care responses, transactions and presence in the relationship transcend the physical and material world and make contact with the person's emotional and subjective world as the route to the inner self. A person's body is confined in time and space, but the mind and soul are not confined to the physical universe. A nurse may have access to a person's mind, emotions, and inner self indirectly through any sphere provided the physical body is not perceived or treated as separate. The spirit of a person exists in and for itself. People need each other in a caring, loving way. A person may have an illness that is completely hidden from the nurses' eyes. A person's human predicament may not be related to the external world as much as to the person's inner world as he or she experiences it. Finally, the totality of experience at any given moment constitutes a phenomenal field.

Watson (1990) claims that our values are the basis of our morality because they constitute a set of priorities and dictate our choices. For her theory, she claims five fundamental values (Watson, 1988). These are a deep respect for the wonder and

mysteries of life, a high regard and reverence for the spiritual-subjective center of the person, a non paternalistic approach to helping the individual regardless of the health-illness condition, caring as a moral ideal for nursing, and the concern of nursing with the preservation of humanity, dignity and fullness of self.

Watson indicates there is fundamental knowledge required in order to apply her theory (Watson, 1988). She describes the requirements as a knowledge of human behavior, a knowledge of human responses to actual or potential health problems and the understanding of individual needs, as well as a knowledge of how to respond to others. Additionally, self knowledge of strengths and limitations, knowledge of others, and knowledge of how to comfort, offer compassion and empathy are necessary.

Watson (1988) states that there are some common themes from nursing's heritage that she has adopted. Individuals are viewed as valued persons who are greater than and different from the sum of their parts. She emphasizes human relationships and how the environment affects healing and health, as well as the human-to-human care transaction between the nurse and the person and how that affects health and healing. There is an emphasis on the non-medical processes of human caring, and a concern for the promotion of health and well being. She maintains the proposition that nursing human care knowledge is distinct from, but complementary to, medical knowledge.

Nursing interventions (Watson, 1988) require an intention, a will, a relationship and actions. She asserts that this involves a commitment to caring that is directed toward the preservation of humanity. The caring process (intervention) affirms the subjectivity of persons and leads to positive change for the welfare of others.

Intimate partner violence, from a Watsonian perspective, could be viewed not only as a physical insult, but also as "subjective turmoil or disharmony within a person's inner self" (Watson, 1988). Watson states that a troubled inner soul can lead to illness and illness can produce disease. Therefore violence can lead to disease which affects health. Since the goal of nursing is to help persons gain a higher degree of harmony, violence becomes a legitimate issue for nursing inquiry.

Feminist Theory

Feminist theory is implicit to the theory of human caring (Watson, 1990). Watson reminds the reader that feminism and nursing are linked. She suggests that more than any other professional woman, the nurse is a metaphor for all women. Feminist theory supports the idea that the values of caring, compassion, and gentleness are characteristic of the feminine. Watson (1981) claims that medical norms are male norms and nursing has the sexual-social freedom to explore new options. Even though she makes no explicit claim that her theory is feminist, philosophically it is congruent with some feminist thought.

Feminism as a theoretical framework takes the position that women who have come to recognize and accept feminist assumptions about the world will practice science differently, hopefully in a world that legitimizes those assumptions (Wuest, 1994). Feminist approaches to science support the development of a nursing science based on the knowledge that nurses have gained through practice. Fonow and Cook (1991) have identified four common themes of feminist epistemology and methodology that are

applicable to nursing research. These themes are reflexivity, action orientation, attention to the affective components of the research act, and use of the situation at hand.

Reflexivity is the practice of reflecting upon, examining critically, and exploring analytically the research process to understand the underlying assumptions about gender relations. Collaboration between women researchers is inherent in the focus of reflexivity in that collaboration will bring about a deeper intellectual analysis to deal with the gendered context of research. The study of intimate partner violence against women requires an analytical approach to this problem by critically examining what constitutes and describes the acts of violence.

The theme of action orientation is toward social change, accomplished by attention to research with an action orientation. Feminist research embraces the affective dimension and uses it as a source of insight. When studying intimate partner violence the emphasis is placed on the subjective experience of the woman. She is not required to prove she has been physically changed in order for scholarly work to proceed. The final theme is the use of everyday, existing situations rather than those experimentally manipulated in a sterile environment. For nurses this involves the experiences of people in health and illness situations. When studying intimate partner violence against women the research must study the effect on women as they have experienced the violence. The researcher does not manipulate the situations; instead the researcher asks the women to describe the experience. The ultimate goal in the study of violence against women is for the violence to stop (social change).

The methods of traditional science have historically excluded any analysis of the social dimension in the study of women's lives (Miles, 1988). Miles (1988) suggests that the rules of science have been defined by traditionally held masculine traits such as objectivity, authority and emotional neutrality. From this model, women as objects of study have been defined by their lack of these historically masculine traits. Therefore, the traditional scientific approach to the study of violence against women would normally omit any analysis of the social dimension of family violence. Women, not the social dimension of family violence, would become the object of study.

Feminism definitions share three basic principles: a valuing of women and a validation of their experiences, ideas and needs; a recognition of the ideological, structural and interpersonal conditions that oppress women; and a desire to bring about social change (Sigsworth, 1995). Feminist thought explains violence against women in the context of the male-dominated social structure and socialization practices (Kantor & Jasinski, 1998). Gilligan (1982) showed that the female developmental focus is toward responsibility, relationship, and connectedness, whereas the male focus is on rights, independence, and separateness. Therefore when women struggle for self-fulfillment, men will read these struggles as a threat to their control (Stark & Flitcraft, 1996).

According to French (1992), as long as some men use physical force to subjugate women then all men need not. The knowledge that some men do suffices to threaten all women. Male violence to women could not be as epidemic as it is without the cooperation of the entire social system. The climate of violence against women harms all women.

Nursing is about caring, not just for women but for the family, community, and the whole Earth. Caring involves being in a relationship with another in order to promote health. Relationship is the basis for feminism. Feminist thought nurtures; it is inclusive and holistic, and does not discriminate or compartmentalize. If a healthy world is a goal then the needs of all the inhabitants must be addressed. Feminism is not exclusive nor is it competitive; it is collaborative.

Assumptions

Watson (1988) lists eleven assumptions in her theory.

1. Care and love are the most universal of cosmic forces.
2. Caring and loving are needs often overlooked.
3. Since nursing is a caring profession, its ability to sustain its caring ideal will affect the human development of civilization.
4. Nurses must treat themselves with gentleness and dignity before they can care for others.
5. Nursing has always held a human-care and caring stance in regard to people with health-illness concerns.
6. Caring is the essence of nursing and the most central and unifying focus for nursing practice.
7. Human care has received less and less emphasis in the health care delivery system.
8. Caring values of nurses and nursing have been submerged. The human care role is threatened by medical technology.

9. Preservation and advancement of human care is a significant epistemic and clinical issue for nursing today and in the future.

10. Human care can be effectively demonstrated and practiced only interpersonally. The intersubjective human process teaches us how to be human by identifying ourselves with others.

11. Nursing's social, moral, and scientific contributions to humankind and society lie in its commitment to human care ideals in theory, practice, and research.

Assumptions of feminist theory are compiled from several sources (Fonow & Cook, 1991; French, 1992; Kantor & Jasinski, 1998; Miles, 1988; Sigsworth, 1995; Stark & Flitcraft, 1996; Wuest, 1994) which are summarized in the following:

1. Women are at risk for violence by their intimate partners.
2. Women are in danger of homicide by their intimate partners.
3. Violence against women is a global health problem.
4. Violence against women is a feminist issue.

Research Questions

This research is part of an ongoing study measuring the differential effectiveness of justice interventions for abused women. The following research questions were derived from the existing database of this study. The three research questions that this study was designed to answer are the following.

(1) Is there a difference in the severity of violence, danger, and stalking between (a) women who do and do not report rape by an intimate partner, (b) women of different

ethnic groups, and/or (c) an interaction or relationship between women who report rape by an intimate partner and ethnicity?

(2) Is there a relationship between the abused women's reported rape by an intimate partner and the abused women's suicidality (threats of suicide or attempted suicide)?

(3) Is there a relationship between the abused women's reported rape by an intimate partner and the intimate partner's history of other violence or the intimate partner's illicit drug use?

Definitions of Terms

The following terms were defined for this study.

1. Intimate partner violence: violence that occurs between spouses, or individuals living together in a sexual manner.

2. Rape: vaginal, oral, or anal penetration against the woman's will. The American Heritage Desk Dictionary defines rape as the crime of forcing a female to submit to sexual intercourse (1981). The operational definition is an answer of "yes" to any one of the following five questions from the Severity of Violence Against Women Scale (Marshall, 1992; see Appendix A).

(a) "Made you have oral sex against your will; (b) Made you have sexual intercourse against your will; (c) Physically forced you to have sex; (d) Made you have anal sex against your will; (e) Used an object on you in a sexual way."

3. Danger: the conceptual definition is "liability or exposure to harm or to death; a thing that causes this" (Oxford American Dictionary, 1980). The operational definition is

a condition in which the abused woman is at risk for homicide. This will be measured by the 15-item Danger Assessment instrument (Campbell, 1986; see Appendix B).

4. Stalking: the definition of stalking used for this study is based on the model Antistalking Code for States (National Criminal Justice Associations, 1993) and is taken from a report by Tjaden & Thoennes (1998). Stalking is defined as "harassing or threatening behavior that an individual engages in repeatedly" (Tjaden &Thoennes, 1998, p.1). Stalking will be measured by the 17-item Stalking Victimization Survey (SVS) (McFarlane, 1999). The SVS is a 17-item survey used to document the frequency and type of stalking by the intimate partner perpetrator (see Appendix C).

5. Suicidality: the individual threatens or attempts suicide. Operationally this is an answer of "yes" to "you threatened or attempted suicide" of the DA instrument.

6. A history of violence is operationally defined as a "yes" to the question "has this person been violent outside of the home?" of the DA instrument.

7. Illicit drug use is operationally defined as a "yes" to "has this person used drugs?" of the DA instrument.

Limitations

The sample was all abused women applying for a protection order against their intimate partners or filing assault charges against their intimate partner in a large metropolitan area until 90 women were included from each group resulting in 180 women. Women applying for a protection order against their intimate partner from a third study were included which resulted in a total sample of 306 women. The study was limited to include only English-speaking women; women living in a major urban area;

and participants who were able to come to the District Attorney's Office in order to obtain a protective order or the police station to file assault charges. Data used in the study were based on the woman's self-report.

Summary

It is not known if threats of or actual physical abuse, risk factors of homicide or stalking have any relationship with the occurrence of intimate partner rape. This study proposed to describe those relationships within the context of Watson's nursing theory of Human Caring and feminist theory. Intimate partner rape may involve physical injuries and emotional injuries such as post traumatic stress disorder, and it may promote cultural disintegration by alienating and isolating one-half of its members. Nurses have traditionally been advocates for their clients and as advocates we must understand this public health problem in order to intervene.

CHAPTER 2

REVIEW OF THE LITERATURE

Intimate partner violence against women is a popular topic in the media and in professional literature. Much has been written and many studies have been published. This review will focus on the issue of rape against women by their intimate partners. Until the late 1970s the marital rape exemption existed which precluded a state from charging a husband with the crime of rape of his wife (Mahoney & Williams, 1998).

In order to study the problem of intimate partner rape, consideration must be given to the context within which the research has been conducted. Russell (1990) has studied marital rape as one end of a marital sex continuum. She contends that this approach allows for the woman who is not beaten or threatened with violence, but who is raped, to be studied. Finkelhor and Yllo (1985) in their study approached the subject of rape in marriage from the context of sexual abuse of children. These two studies are "classics" in the arena of marital rape. However, others have emphasized the co-existence of physical violence and rape between intimate partners (Bergen, 1998; Mahoney & Williams, 1998; Peacock, 1998). There is no consensus about where the issue of intimate partner rape fits. Should it be considered a form of intimate partner violence or a form of rape (Mahoney & Williams, 1998)? This review will be divided into the two main contexts: intimate partner rape as a form of rape and intimate partner rape as a component of intimate partner violence.

Intimate Partner Rape as a Form of Rape

Russell (1982) conducted a survey in San Francisco. The sample consisted of 3200 addresses selected by the Field Research Corporation by systematic randomizing procedure to arrive at 930 individuals to be interviewed by a team of trained interviewers. A mailed survey was followed by interviews in their homes. Refusal rate for participation was 19% (n = 176). The definition of rape in this study was forced vaginal, oral, anal, and/or digital penetration. The prevalence of marital rape in this study was 14% (n = 90). Twice as many women were raped by their husbands as by strangers. This study attempted to describe the relationship of physical abuse and rape. Fifty-four percent (n=95) of married women were physically abused, only twenty-three percent (n = 41) of married women were raped only, and twenty-two percent (n = 38) of married women were both physically abused and raped. The amount of force used in the incidences of rape were divided into three levels of violence: 58% (n = 102) minimal violence such as pushing and pinning down; 16% (n = 28) of moderate violence such as hitting, kicking, or slapping; and 19% (n = 33) of severe violence such as beating and slugging.

In describing ethnicity and wife rape, 3% (n = 2) of Asian married women reported rape, 13% (n = 7) of Hispanic married women reported rape, 14% (n = 61) of Caucasian married women and 18% (n = 11) of Black married women reported rape. The average age of married women that reported being raped was 25.5 years old at the time of the first rape.

Finkelhor and Yllo (1985) conducted their study as part of a larger survey about the problem of child sexual abuse. A survey research organization interviewed 600 parents

of children age six years to 14 years in the Boston metropolitan area. One question was added to the survey and 323 women were selected through an area-probability methodology ('Has your spouse ever used physical force or threat to try to have sex with you?'). This study found that 10% of the women interviewed responded positively. There was no difference in the prevalence of wife rape by ethnicity. This study found that the martial rapes were frightening and brutal and were usually in the context of an exploitative and destructive relationship. Fifty percent of women reported that they had been physically abused as well. Marital rape was not a single occurrence; 50% reported multiple incidences (> 20). This study suggested that the rapes occurred as an extension of the physical violence. However, the study also demonstrated, as did Russell (1990), that marital rape occurred in relationships in which there were no other reported instances of physical violence.

Peacock (1998) conducted a study in 1995 pertaining to acquaintance rape that identified 40 (14%) married women, from a sample of 278 women, who self-reported that their husbands had raped them. The average age of the women at the time of the rape was 24.5 years. Twenty-nine (73%) were Caucasian and nine (22%) were African-American. In this study rape was defined as any sexual activity that was performed or caused to be performed against the woman's consent. The sexual activities included vaginal, anal, oral intercourse and fondling by the woman or being fondled by the husband. Thirty-four (85%) of the women who reported marital rape indicated that it had occurred more than once. Three women reported the rape to the police. Six (15%) raped women sought medical attention. In this study, of the women raped twenty-two (55%) were threatened with

physical violence, twenty (50%) experienced "some physical roughness," eleven (28%) experienced "extreme physical roughness." These percentages are difficult to interpret because there was overlap with the types of force used.

Bergen (1998) conducted in-depth interviews with 40 women who had been raped by their husbands. The rape had occurred at least once, and the women had contacted a service provider (battered women's shelter, rape crisis center) for assistance. Twenty-four (60%) of the sample was Caucasian, nine (22%) were African American, and seven (18%) were Hispanic. The median age of the woman was 37 years. Bergen (1998) categorized the rape experiences of 40 women as "force-only," "battering rapes," and "sadistic rapes." All women had experienced physical violence of some kind. The force-only women were raped without any other physical violence at the time of the rape incident (10, 25%), the battering rapes included mild to severe physical violence in conjunction with the rape (21, 53%), and sadistic rapes included physical violence with "perverse or torturous acts" (9, 22%). In this sample 22 (55%) of the women were raped more than 20 times during their relationships. In this study rape and physical violence occurred frequently but did not always occur at the same times, but all the raped women had experienced physical violence at some time in their relationships.

Intimate Partner Rape as a Form of Intimate Partner Violence

Elliott and Johnson (1995) reported that eight (19%) of the women in their study reported sexual abuse and six (75%) of the sexually abused women also reported some type of physical abuse as well. The sample consisted of all women seen in a community-based family practice medical clinic during a three- week period. Women were eligible if they

were 18-65 years of age and English-speaking. Of the fifty women who qualified for the study 42 agreed to participate and were interviewed. An original questionnaire was developed and sexual abuse was defined as "forces you to have intercourse." Physical abuse was defined as either moderate or severe battery. Moderate battery included "pushes or slaps you" and severe battery included "punches you." This study found a high correlation ($r = 0.60$, $p < 0.001$) between sexual abuse and emotional abuse that was independent of physical abuse.

Campbell and Soeken (1999) reported on the effects of sexual assault on women's health in a sample of 159 battered women in which 73 (46%) women had been sexually assaulted. Sexual assault was determined by a "yes" response to the item on the Danger Assessment, which asks 'Has he ever forced you to have sex when you did not wish to?' These women had a mean age of 31.6 years. The sample was composed of 123 (76.6%) African American women and the African American women were significantly more likely to be sexually assaulted than the non-African American women ($p = 0.035$). This study also found that the sexually assaulted women scored significantly higher on the Danger Assessment than those not sexually assaulted (6.7 v. 4.5) as determined by directional univariate t test at adjusted 0.015. The sexually assaulted women also scored significantly higher on the Index of Spousal Abuse than did the non-sexually assaulted women (44.5 v. 31.2) as determined by directional univariate t test at adjusted 0.015.

Coker, Smith, McKeown, and King (2000) described four forms of intimate partner violence and distinguished between them: physical assault, sexual assault, battering, and emotional abuse. This was a cross-sectional study of 1443 women seeking

medical care in two university-associated family practice clinics in Columbia, South Carolina between February, 1997 through December, 1998. Inclusion criteria required that the women be 18-65 years of age and have had an intimate (sexual) relationship with a man that lasted at least 3 months. A total of 1401 eligible women were screened for intimate partner violence. Several instruments were used: the Index of Spouse Abuse, the Women's Experience with Battering Scale, and a modified Abuse Assessment Screen. This study found that 108 (7.7%) of women currently involved in a relationship and 248 (17.7%) in their most recent relationship experienced sexual violence. This study found that women who experienced both physical and sexual violence had higher physical violence scores and higher battering scores than do women who experienced physical violence and not sexual violence.

These studies offer evidence that women are raped by their intimate partners. Very often intimate partner rape is associated with an abusive family dynamic between intimate partners. It is apparent from the literature that rape occurs without other forms of physical violence and physical violence occurs without rape. The literature is unclear about almost everything else. There is some indication that sexual violence is associated with more physical violence. Samples are diverse and study designs are very different from each other. Demographics and how they correlate to the presence or absence of rape among intimate partners is not consistent. There are no studies that analyze stalking in the context of intimate partner rape. Nor is there any clear description or differentiation of threats of physical violence and actual physical violence and how they

correlate with intimate partner rape. Intimate partner rape is not well characterized within known intimate partner violence.

These studies indicate that women who are sexually abused by their intimate partners suffer physical and mental effects that are somewhat different from those incurred by physically abused women not sexually assaulted. It is well documented that there are increased rates of pelvic inflammatory disease, sexually transmitted diseases, and unexplained vaginal bleeding in women who have been battered (Campbell & Soeken, 1999). In addition, sexually assaulted women have described vaginal and anal tearing, bladder infections, dysmenorrhea, sexual dysfunction, pelvic pain, and urinary tract infections (Campbell & Alford, 1989). Mental health consequences of intimate partner violence is well documented. Studies have shown high rates of depression and anxiety; post traumatic stress disorder has been associated with intimate partner violence; and low self-esteem is another mental health outcome of violence against women (Campbell, 1989; Campbell & Soeken, 1999; Gleason, 1993; Kessler et al., 1994; Weissman & Klerman, 1992). Nurses are involved in all levels of care for women. It is important for holistic nursing care that nurses are not only aware of but also knowledgeable about the interconnections of violence with both physical and mental health. As a result of nurses' commitment to holistic care, research involving intimate partner violence is a logical and legitimate endeavor.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This is a descriptive correlational study designed to examine the association of intimate partner threats of physical abuse, actual physical assault, danger of homicide, and stalking and the reporting of marital rape. These descriptive data are part of an ongoing study to measure the differential effectiveness of justice interventions for abused women.

Setting

These descriptive data were collected at two justice agencies that assist abused women; city police department and the county District Attorney's office. Both justice agencies serve a urban population of 2.8 million. Each agency sees 200-300 abused women each month.

Population and Sample

The target population was all abused women presenting to either agency during a one-month period. Inclusion criteria were all women (a) seeking justice assistance for assault, stalking or harassment against an intimate partner; (b) 18 years or older; and (c) English speaking. A total of 306 consecutively selected women from three studies were enrolled in this study. Eleven women refused to participate, six from one agency and five from the other agency. The primary reason given for refusal was time restriction and/or pain from injury resulting from the violence. All women who met the criteria were

invited into the study. An independent sample was assured and no subjects were entered twice.

Data from these three studies were collected and recorded in a computerized database for each study. For this study the demographic elements and the scores from each instrument were merged into one computerized database which consisted of 306 women.

Protection of Human Subjects

The following protected the rights of the participants:

1. The study met the guidelines of the Human Subjects Review Committee at Texas Woman's University.
2. Informed signed consent was obtained from each woman. Each woman was informed that she could withdraw from the study at any time.

In order to protect the participant's right to confidentiality the interviews were conducted in private and any identifying variables were protected from unauthorized scrutiny. In this study population the participant's physical safety could be compromised by violation of this confidentiality.

Participants could have been at risk for increased psychological trauma due to the violence that had been perpetrated against them. The interview was in private and the participants were allowed sufficient time to ventilate their feelings if they so desired.

Instruments

The demographic data collected included the woman's self-defined ethnicity, age, relationship to the abuser, and the abuser's history of violence and illicit drug use. Three interview questionnaires were administered: (1) Danger Assessment (Campbell, 1995), Appendix A, (2) Severity of Violence Against Women Scale (Marshall, 1992), Appendix B, and (3) Stalking Victimization Survey (U.S. Department of Justice, 1998; Sheridan, 1998), Appendix C. The women were asked to report for the last three months.

Danger Assessment (DA)

The Danger Assessment instrument was administered to assess the danger experienced by the abused woman (Campbell, 1986). This is a 15-item scale that includes measurement of the presence of firearms, sexual abuse, perpetrator's use of illicit drugs as well as abuse toward the children and suicide attempts. Initial reliability of the instrument was 0.71 and ranged from 0.60 to 0.86 in five subsequent studies (Campbell, 1995). In this study reliability was 0.66.

Severity of Violence Against Women Scale (SVAWS)

The SVAWS is a 46 item questionnaire designed to measure two major dimensions: behaviors that threaten physical violence and actual physical violence (Marshall, 1992). Included are nine factors or sub-scales that have been demonstrated valid through factor analytic techniques: (1) Symbolic Violence and (2) Mild, (3) Moderate, and (4) Serious Threats (Threats of Violence Dimension) and (5) Mild, (6) Minor, (7) Moderate, (8) Serious, and (9) Sexual Violence (Actual Violence Dimension).

For this study the Total and Actual Violence Dimension does not include the six Sexual Violence items because this is how rape was determined..

For each behavior the woman responds using a 4-point scale to indicate how often the behavior occurred (1=never; 2=once; 3=few times [2-3 times]; 4=many times [>3]). Initial internal consistency reliability estimates ranged from .92 to .96 for a sample of 707 college female students and from .89 to .96 for a sample of 208 community women. Subsequent reliability for abused women was reported as .89 for the Threats dimension and .91 for the Actual Violence dimension (Wilst & McFarlane, 1998). For the present study, reliability (coefficient alpha) for the Threats of Violence dimension was .91 and for the Actual Violence dimension was .93. In this sample of 180 women, scores on the Threats of Abuse Dimension ranged from 19 to 74. On the Actual Abuse Dimension the scores ranged from 27 to 98.

Stalking Victimization Survey (SVS)

The SVS is a 17-item survey used to document the frequency and type of stalking by the intimate partner perpetrator. The stalking survey consisted of seven items developed by Tjaden and Thoennes (1998) as part of the Violence and Threats of Violence against Women in America Survey (U.S. Department of Justice, 1998). Examples of these items include being followed or spied on, sent unsolicited letters or written correspondence, or finding the perpetrator standing outside the victim's home, school, or workplace. A panel of experts established content validity. Ten items were added from the Sheridan (1998) HARASS instrument (designed to measure harassment) to form the 17-item survey used in the present study. Examples of items added include threats by the abuser to harm the

children or commit suicide if the woman left the relationship, leaving frightening notes on her car, or threatening her family. In this study reliability was .82 for the set of 17 questions. Scores ranged from 0 to 16 with higher scores indicating increased threats.

Data Collection

Following approval by the agencies and institutional review board for Human Subjects, a consecutive sample of all women from each agency and meeting study criteria were approached and invited to participate by a graduate registered nurse. If the woman agreed, informed consent was obtained and the interview completed. All interviews were completed in a private room. Each interview lasted approximately 30 minutes. Each woman was compensated $20 for her time.

Treatment of the Data

For the demographic data, descriptive statistics were applied. Frequencies and percentages were used to describe the extent of intimate partner rape experienced by women seeking interpersonal violence assistance from the criminal justice system. To respond to the first research question a two-way, between groups multivariate analysis of variance (MANOVA) was used to determine if there was a difference in the severity of violence between factor one (women who did or did not report rape by an intimate partner), factor two (women of different ethnic groups), and/or an interaction between the factors. Two-way, between groups analyses of variance (ANOVAs) were used to determine if there was a difference in the danger or stalking between factor one (women who did or did not report rape by an intimate partner, factor two (women of different ethnic groups), and/or an interaction between the factors.

A chi square test of association was used to determine if there was a relationship between the abused women's reported rape by an intimate partner and the abused women's suicidality. Chi square tests of association were also used to determine if there was a relationship between the abused women's reported rape by an intimate partner and the intimate partner's history of other violence or the intimate partner's illicit drug use.

CHAPTER 4

ANALYSIS OF DATA

The purpose of this study was to examine the relationship between rape by an intimate partner and other forms of intimate partner abuse among a cohort of physically abused women seeking intervention from the justice system. Other forms of abuse were threats of physical abuse, actual physical abuse, danger of homicide and stalking. The instruments used to measure intimate partner violence were the following: Danger Assessment (Campbell, 1995), Appendix A; Severity of Violence Against Women Scale (Marshall, 1992), Appendix B; and Stalking Victimization Survey, Appendix C, (U.S. Department of Justice, 1998; Sheridan, 1998).

Description of the Sample

The sample ($\underline{N}$ = 306) for this study included 90 (29%) women who presented themselves to the police department to file assault charges and 216 (71%) women who went to the District Attorney's Office to file for a protection order against their intimate partners. The mean age of the women was 31.7 years with a range of 17-63 years. There were 133 (43.5%) African-American women, 86 (28.1%) Latino/Hispanic women, 79 (25.8%) White women and 8 (2.6%) other ethnic/racial designations. One hundred thirty-seven (44.8%) women reported that their abuser was a spouse (married or common law); 38 (12.4%) were an ex-spouse; 31 (10.1%) were boyfriends and 100 (32.7%) were ex-boyfriends. The sample was divided into those who answered affirmatively to one or

more of the following items on the SVAWS, sexual abuse subscale: (a) "Made you have oral sex against your will; (b) Made you have sexual intercourse against your will; (c) Physically forced you to have sex; (d) Made you have anal sex against your will; (e) Used an object on you in a sexual way."

Women answering affirmatively were classified as "raped" and those who did not answer affirmatively were designated as "not raped." Henceforth the women will be referred to as "raped" or "not raped." There were 143 (46.7%) abused women classified as raped. There was no significant difference between the ages of the women who had been raped and those who had not ($t = 0.457$, $p = 0.75$). The mean age of the raped women was 31.2 $\pm$ 8.9 (S.D.) years and their age ranges were 18-59 years. For those not raped their mean age was 31.9 $\pm$ 8.6 (S.D.) years and their age ranges were 17-63 years. There were 139 women classified as raped who identified themselves as belonging to one of three racial/ethnic groups. The highest percentage of women classified as raped were Latino/Hispanic (47, 54.7%); additionally 67 (50.4%) of African American women classified as raped, and 25 (31.6%) of White women were classified as being raped. According to chi square analysis this distribution is significantly different, in that Hispanic and African American women had significantly higher incidences of rape than white women ($p = 0.006$). The eight women who classified their racial/ethnic group as "other" were eliminated from this specific analysis.

Findings

The findings of this study are all based on whether or not the women were raped or not raped as previously defined. The most common type of rape reported was sexual intercourse (135 women), 57 women reported being forced to have oral sex, 33 were forced to have anal sex and 6 women reported that an object had been used in a sexual manner. Most of these incidents were reported as occurring many times. Table 1 shows the type and frequency of rape.

Table 1

Type and Frequency of Sexual Abuse Reported by 143 Women

Item	Once		2-3 Times		≥4 Times		Total
	n	%	n	%	n	%	n
Intercourse	22	16	41	30	72	54	135
Oral sex	13	23	13	23	31	54	57
Anal sex	11	33	5	15	17	52	33
Object	1	17	1	17	4	66	6

The first research question was, "is there a difference in the severity of violence, danger, and stalking between (a) women who do and do not report rape by an intimate partner, (b) women of different ethnic groups, and/or (c) an interaction between women who report rape by an intimate partner and ethnicity?"

Severity of Violence

The SVAWS is divided into threats of abuse and actual abuse. These two divisions are further divided into symbolic, mild, moderate and serious. Table 2 shows the comparison of these subscales of threats of abuse between those women raped and those not raped. In every type of threat the raped women had a greater frequency of incidents. Using Chi-square, with a shared alpha of 0.003 (0.05/18) all of the symbolic and mild types of threats, three of the four types of moderate threats and four of the seven types of serious threats were significantly more frequent in the raped women ($p < 0.0001$).

Table 2

Frequency of Specific Types of Threats of Abuse by Women Raped and Not Raped

Type of Threat	Raped		Not Raped		P Value
	n	%	n	%	
Symbolic					
Kicked wall, door, furniture	123	86.0	86	52.8	<0.0001*
Threw, smashed, broke object	110	76.9	86	52.8	<0.0001*
Drove dangerously with her in car	98	68.5	59	36.2	<0.0001*
Threw object at her	94	65.7	56	34.4	<0.0001*
Mild					
Shook finger at her	113	79.0	98	60.1	<0.0001*
Made threatening gestures	138	96.5	125	76.7	<0.0001*

Shook fist at her	111	77.6	76	46.6	<0.0001*
Acted like bully toward her	140	97.9	135	82.8	<0.0001*
Moderate					
Destroyed her belongings	126	88.1	92	56.4	<0.0001*
Threatened to harm things she cares about	129	90.2	101	62.0	<0.0001*
Threatened to destroy property	119	83.2	92	56.4	<0.0001*
Threatened someone she cares about	93	65.0	93	57.1	0.1
Serious					
Threatened to hurt her	138	96.5	138	84.7	<0.0001*
Threatened to kill himself	75	52.4	60	36.8	0.004
Threatened to kill her	123	86.0	104	63.8	<0.0001*
Threatened her with weapon	65	45.5	49	30.1	0.004
Threatened her with club-like object	37	25.9	25	15.3	0.02
Acted like he wanted to kill her	124	86.7	112	68.7	<0.0001*
Threatened her with knife or gun	63	44.1	36	22.1	<0.0001*

*Statistically significant $p < 0.0003$

Similar results were found when analyzing the SVAWS by actual abuse. Table 3 shows the comparison of actual abuse between those women raped and those not raped. In every type of threat the raped women had a greater frequency of incidents. Using Chi-square, with a shared alpha of 0.003 (0.05/18) all of the symbolic and mild types of threats, three of the four types of moderate threats and four of the seven types of serious threats were significantly more frequent in the raped women ($p < 0.0001$).

Table 3

Frequency of Specific Types of Actual Abuse by Women Raped and Not Raped

Type of Actual Abuse	Raped		Not Raped		P Value
	n	%	n	%	
Symbolic					
Held her down	128	89.5	84	51.5	<0.0001*
Pushed her	141	98.6	114	70	<0.0001*
Grabbed her forcefully	141	98.6	108	66.3	<0.0001*
Shook her	130	90.9	98	60.1	<0.0001*
Mild					
Scratched her	85	59.4	50	30.7	<0.0001*
Pulled her	130	90.9	92	56.4	<0.0001*
Twisted her arm	93	65	52	31.9	<0.0001*
Spanked her	30	21	4	2.5	<0.0001*
Bit her	50	35	14	8.6	<0.0001*
Moderate					
Slapped her with palm of hand	90	62.9	46	28.2	<0.0001*
Slapped her with back of hand	48	33.6	23	14.1	<0.0001*
Slapped her face	98	68.5	64	39.3	<0.0001*
Serious					
Hit her with an object	71	49.7	35	21.5	<0.0001*

Punched her	102	71.3	58	35.6	<0.0001*
Kicked her	82	57.3	37	22.7	<0.0001*
Stomped on her	51	35.7	16	9.8	<0.0001*
Choked her	90	62.9	60	36.8	<0.0001*
Burned her	13	9.1	3	1.8	<0.0001*
Used club-like object on her	26	18.2	7	4.3	<0.0001*
Beat her up	98	68.5	66	40.5	<0.0001*
Used knife or gun on her	25	17.5	15	9.2	0.024

*Statistically significant, $p < 0.0003$

When the specific frequencies of abuse from the SVAWS were analyzed by the three racial/ethnic groups, no significantly different pattern could be identified among the African American, White or Latino/Hispanic groups.

A two-way, between groups multivariate analysis of variance (MANOVA) was used to determine if there was a difference in the severity of violence between factor one (women who did or did not report rape by an intimate partner), factor two (women of different racial/ethnic groups), and/or an interaction between the factors. Significant multivariate main effects were found between raped and not raped women with threats ($F(1,306) = 23.1$, $p < 0.0001$) and actual abuse ($F(1, 306) = 20.2$, $p < 0.0001$). Raped women had significantly higher scores using SVAWS (threats and actual abuse).

Racial/ethnic group also had significant multivariate main effects for threats of abuse, $F(3, 306) = 2.9$, $p = 0.03$. The other racial ethnic group had significantly higher threat scores than the African American ($p = 0.007$), White ($p = 0.04$), or Latino/Hispanic

($p = 0.01$) groups. There was no significant main effect for actual abuse among the racial/ethnic groups. However, there was no significant interaction with threats (F (3,306) = 1.7, $p = 0.2$) and actual (F (3,306) = 1.4, $p = 0.2$) abuse scores, racial/ethnic groups, and rape. Table 4 gives the mean SVAWS scores by racial/ethnic group and raped or not raped. Severity of violence scores were significantly higher for raped women, threat scores were higher in the other racial/ethnic group but there was no interaction between the racial/ethnic groups and rape. The severity of violence is independent of racial/ethnic group.

Table 4

Means and Standard Deviations (SD) for Violence Scores of the SVAWS, the Stalking Survey, and the Danger Assessment Scale by Rape Status and Racial/Ethnic Group in 306 Women

Racial/Ethnic Group	Raped			Not Raped		
	Mean	SD	n	Mean	SD	n
SVAWS						
Threats						
African American	54.9	11.0	67	38.0	12.1	66
White	53.7	12.0	25	44.3	14.9	54
Latino/Hispanic	52.8	11.5	47	40.8	11.6	39
Other	63.0	2.5	4	54.3	18.5	4
Total	54.2	11.3	143	41.1	13.5	163

Actual Abuse						
African American	51.5	13.1	67	33.5	12.7	66
White	46.9	16.0	25	35.2	13.5	54
Latino/Hispanic	48.1	14.3	47	33.5	11.6	39
Other	48.0	11.8	4	44.8	11.9	4
Stalking Survey Scores						
African American	8.3	3.6	67	6.1	3.5	66
White	9.2	3.6	25	7.2	4.7	54
Latino/Hispanic	8.5	3.4	47	5.7	3.5	39
Other	9.3	1.7	4	7.8	5.0	4
Total	8.5	3.5	143	6.4	4.0	163
Danger Assessment Scores						
African American	7.4	2.0	67	5.0	2.2	66
White	7.6	2.2	25	6.0	2.5	54
Latino/Hispanic	7.1	1.9	47	5.1	2.2	39
Other	8.3	1.5	4	5.8	2.8	4
Total	7.3	2.0	143	5.4	2.4	163

Stalking

Two-way, between groups analysis of variance was used to determine if there was a difference in stalking scores between raped and not raped women by racial/ethnic groups. Table 4 shows the mean stalking scores by raped, not raped and ethnic groups.

When stalking was analyzed, there was found to be a significant main effect between those raped and those not raped, F (1, 306) = 7.7, p = 0.006. There was no main effect for ethnic group, F (3, 306) = 1.7, p = 0.2. Raped women had significantly higher stalking scores that were independent of racial/ethnic group. Table 5 shows the frequency of each stalking item by raped or not raped women. According to Chi-square, there were 5 items that showed a statistically higher frequency of incidents in the raped women when compared with the not raped women ($p < 0.003$, 0.05/17). These items were "followed you; tried to communicate with you; vandalized your property; threatened to harm the kids; and destroyed property."

Table 5

Frequency of Stalking Behaviors in 143 Raped and 163 Not Raped Women

Stalking Behavior	Raped		Not Raped		P Value
	n	%	n	%	
Followed you	110	76.9	92	56.4	<0.0001*
Sent you unsolicited letters	22	15.3	31	19	0.2
Made unsolicited phone calls to you	107	74.8	111	68.1	0.1
Stood outside home, work, etc.	86	60.1	77	47.2	0.02
Sat in car outside home	78	54.5	69	42.3	0.02
Showed up at a place you were	83	58	75	46	0.02
Left unwanted items for you	49	34.3	39	23.9	0.03
Tried to communicate with you	99	69.2	82	50.3	0.001*

Vandalized your property	98	68.5	75	46	<0.0001*
Killed your pet	10	7.0	5	3.1	0.09
Threatened to harm the kids	36	25.2	13	8.0	<0.0001*
Threatened to kill himself	64	44.8	50	30.7	0.008
Destroyed your property	90	62.9	66	40.5	<0.0001*
Called you on phone and hung up	86	60.1	85	52.1	0.1
Threatened your family	58	40.6	71	43.6	0.009
Left notes on your car	17	11.9	13	8.0	0.2
Showed up without warning	112	78.3	106	65.0	0.007

*Statistically significant, $p < 0.003$

Danger

Two-way, between groups analysis of variance was used to determine if there was a difference in danger scores between raped and not raped women by racial/ethnic groups. Table 4 shows the mean danger scores by raped, not raped and ethnic groups. When danger was analyzed, there was found to be a significant main effect between those raped and those not raped, F (1, 306) = 24.2, p <0.0001. There was no main effect for ethnic group, F (3, 306) = 2.0, p = 0.1. Nor was there any interaction. Raped women had significantly higher danger scores than not raped women independent of racial/ethnic group. These results are summarized in Table 4. Since women who have been raped have higher danger assessment scores a chi square analysis was done by frequency of danger assessment items by raped status. Table 6 shows the results. The frequency of the following seven items are answered affirmatively statistically ($p < 0.004$, 0.05/12)

more often by the raped women. These items include: "physical violence has increased in frequency, physical violence has increased in severity, the abuser has tried to choke you, the abuser threatened to kill you, the abuser controls most of your daily activities, the abuser is violently or constantly jealous, and you have threatened or attempted suicide."

Table 6

Frequency of Danger Assessment Items in 143 Raped and 163 Not Raped Women

Danger Assessment Items	Raped		Not Raped		P Value
	n	%	n	%	
Physical violence increased in frequency	107	74.8	78	47.9	<0.0001*
Physical violence increased in severity	110	76.9	80	49.1	<0.0001*
Abuser tried to choke you	87	60.8	55	33.7	<0.0001*
Gun in your house	28	19.6	35	21.5	0.4
Abuser uses illicit drugs	81	56.6	69	42.3	0.008
Threatened to kill you	131	91.6	117	71.8	<0.0001*
Abuser drunk everyday	68	47.6	73	44.8	0.4
Controls most of your daily activities	124	86.7	85	52.1	<0.0001*
Violently or constantly jealous	131	91.6	129	79.1	0.002*

You threatened or attempted suicide	31	21.7	14	8.6	0.001*
Abuser threatened or attempted suicide	58	40.6	56	34.4	0.2
Abuser violent outside the home	94	65.7	83	50.9	0.006

*Statistically significant, $p < 0.004$

The second research question is there a relationship between the abused women's reported rape by an intimate partner and the abused women's suicidality (threats of suicide or attempted suicide)? These results are taken from one of the Danger Assessment items as described above. Of the women raped 21.7% self-reported that they threatened or attempted suicide and 8.6% of the not raped women reported similar threats or attempts. Chi square analysis showed that raped women were statistically more likely to threaten and/or attempt suicide. These results are found in Table 6.

The third research question was is there a relationship between the abused women's reported rape by an intimate partner and the intimate partner's history of other violence or the intimate partner's illicit drug use? Similarly, the items concerning the abuser's history of other violence and illicit drug use were taken from the Danger Assessment items. The abusers of the raped women more frequently had a history of other violence than those who did not rape their intimate partners but this was not statistically different (65.7% vs. 50.9%). Likewise, the abusers of the raped women more

frequently had a history of illicit drug use than those who did not rape their intimate partners, but this was not statistically different (56.6% vs. 42.3%). These results are summarized in Table 6.

Summary of the Findings

Women classified as raped by their intimate partners within the previous 90 days had significantly more incidents of threats of violence and actual violence than those women not classified as raped. In addition the threats and actual abuse scores of the raped women were significantly higher than in the not raped women ($p < 0.0001$). Therefore raped women had a greater frequency of violence and an increased severity of violence than those not raped by their intimate partners. Similarly the raped women had an increased frequency of stalking behaviors and higher stalking scores than those not raped. Likewise, women classified as raped had higher scores on the Danger Assessment Scale as well as more frequent incidence of risk of homicide items than those women not classified as raped. These results are independent of racial/ethnic group.

Women classified as raped by their intimate partners reported significantly more suicidal threats and/or attempts than women who were not classified as being raped. Even though the abusers of women classified as raped were more likely to have a history of violence outside the home and use illicit drugs, these findings were not statistically significant.

CHAPTER 5

SUMMARY OF THE STUDY

The purpose of this study was to examine the relationship between rape by an intimate partner and other forms of intimate partner abuse among a cohort of physically abused women seeking intervention from the criminal justice system. Other forms of abuse were threats of physical abuse, actual physical abuse, danger of homicide and stalking.

Summary

From a sample of 306 physically abused women seeking intervention from the criminal justice system, 46.7% were classified as being raped by their intimate partners within the previous 90 days. These raped women had experienced higher levels of threats of abuse, actual physical assault, stalking and risk factors of homicide than those not raped by their intimate partners within the last 90 days. The most common type of rape was forced sexual intercourse, followed by forced oral and anal sex. Rape incidences were not isolated. Over 50% of each type of rape had occurred in excess of four times.

Both threats of physical violence and the actual violence scores were significantly higher in the raped women. Similar findings were found for scores on danger of homicide and stalking. All significant findings of violence scores were independent of

racial/ethnic group. The raped women had higher incidences of threatened or attempted suicide than women not raped by their intimate partners. Abusers who raped had higher incidences of violence outside the home and higher incidences of illicit drug use than those abusers who did not rape their intimate partners.

Discussion of the Findings

There is a paucity of information about rape among violent intimate partners. The lack of information is probably due to the long-held myth that rape among intimate partners didn't occur. The resistance of governments to recognize that forced sexual intercourse between intimate partners is a crime has contributed to this lack of data. The few studies that exist have shown that marital rape crosses all socioeconomic boundaries, ages, races, and educational levels. This study found that 47% of women seeking intervention from the justice system also report having been raped by that intimate partner within the last 3 months. Others have reported intimate partner rape ranging from 14-50%. Russell (1990) and Peacock (1998) reported 14% and Resnick, et al. (1991) reported 25% of married women had experienced marital rape from their husbands at some point in their relationships. It is difficult to compare their incidences to this study since the samples were not necessarily physically abused women and the sample was restricted to married women. Studies more congruent with this study, in that the incidence of sexual abuse was determined from samples of physically abused women, were the following. Elliott and Johnson (1995) reported 50%, Campbell and Soeken (1999) reported 46% and Coker, et al. (2000) reported 41% of physically abused women

were sexually abused by their intimate partners. This study indicates that there is no difference in the ages of the abused or the abuser when analyzed according to whether the woman reports being raped by her intimate partner.

The impact of race of the abused women varies among the studies (Campbell & Soeken, 1999; Finkelhor & Yllo, 1985; Peacock, 1998; Russell, 1990). Russell (1990) and Campbell and Soeken (1999) have shown that there is a relationship between race and incidence of type of abuse among women. They report rape and wife beating is significantly higher among African-Americans compared to this study that found a significantly higher incidence of rape among African Americans and Latino/Hispanic racial/ethnic group when compared to the White racial/ethnic group of physically abused women. However this study found no difference in the violence severity among the racial/ethnic groups and no interaction between racial/ethnic groups and sexual abuse.

The study shows a significantly higher level of violence, as indicated by scores on the SVAWS, for women who report being raped compared with women not reporting rape. Others have reported an increase in the severity of violence associated with rape (Bergen, 1998; Campbell & Soeken, 1999; Coker, et al. 2000; Finkelhor & Yllo, 1985). This study has also shown that rape by an intimate partner is not an isolated event. Others have reported that intimate partner rape is not a single occurrence, but occurs multiple times (Bergen, 1998; Finkelhor & Yllo, 1985; Peacock, 1998). Even though others have found that rape occurs multiple times within a given relationship this study has shown that multiple rape events occur within a 90-day period.

The profile of the abused woman in this study who has been raped is different from the woman not raped by her intimate partner. This study has shown that the raped woman is exposed to a greater frequency and intensity of violence, she is in more danger of being killed by her abuser and she experiences more stalking behaviors by her intimate partner. Others have reported an increase in danger of homicide (Campbell & Soeken, 1999) and stalking (The Third Annual Report to Congress under the Violence Against Women Act, 1998) in intimate partners who are raped. This study also shows that women who have been raped are more likely to have either threatened or attempted suicide. In general, there has been found increasingly strong associations between intimate partner violence and mental health (Fischbach & Herbert, 1997). In a study of females who committed suicide, 25% had a history of intimate partner violence (Olson, et al., 1999). Other studies have shown high rates of depression and anxiety and post-traumatic stress disorder in women experiencing intimate partner violence (Campbell, 1989; Campbell & Soeken, 1999; Gleason, 1993; Kessler et al., 1994; Weissman & Klerman, 1992). The association of suicide, intimate partner sexual and physical abuse has not been systematically studied. Studies have shown an association of suicide and depression, and history of childhood sexual abuse (Mynatt, 2000; Oquendo, Ellis, et al., 2001; Statham, et al., 1998; van Egmond, Garnefski, Jonker, & Kerkhof, 1993). Danto (1978) and Brockington (2001) have reported on relationships between violent sex and suicide. Schwartz (1991) and Stepakoff (1998) have reported the long-term effects of acquaintance rape include depression and suicide attempts. Other studies have shown an

association between sexual abuse and post-traumatic stress disorder (Cloitre, Scarvalone, & Difede, 1997; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).

The profile of the abuser who rapes is different from the abuser who does not rape. This study shows that the abuser who rapes is more likely to have a history of violence outside the home and be involved with illicit drug use. Others have also established the link between a history of violence and substance abuse among abusers ((NVAW) Tjaden & Thoennes, 2000).

In the second report from the National Institute of Justice and Centers for Disease Control and Prevention the description of intimate partner violence combined incidences of rape and physical assault in most categories (Tjaden & Thoennes, 1998). Russell (1990) asserts that marital rape should not become a subset of investigation within intimate partner violence, in that it deserves attention as its own unique problem. The application of feminist theory further reinforces this premise by Russell. The process of feminist research emphasizes the subjective experience of the woman. This experience, which is the social dimension of intimate partner violence, is the subject/object of the research, not the woman herself. The experience of the rape is the subject/object of study, not the woman. The rape is not lost in the objectivity of the description of violence. The study of the experience of the rape places value on the woman's perception of her experience, objectifying the experience, objectifies her. Furthermore this study has shown that the experience of the raped women and the non-raped women is different. This difference suggests interpersonal differences that lead to further oppression of women. This study supports the premise that rape is not just another

form of violence, it has its own unique properties which validate it as a separate dimension of violence against women.. It must not be hidden in the physical assault data. The silence of intimate partner rape must be broken and studied as a separate phenomenon. It is clear from this study that women are not viewed as equal to men. Of this there is no doubt. To further denigrate women into an "all alike" group is contrary to these research findings. Society is biased and operates out of a paternalistic and patriarchal stance which creates a clear need for a voice or advocate for women. The medical establishment and the justice system are certainly patriarchal institutions. Nursing care and research aimed at this public health issue is congruent with the feminist approach.

The findings of this study underscore the physical, mental, and emotional tragedy of violence against women. This study has shown the health effects of sexual violence, such as increased physical violence, increased risk of homicide, increased risk of suicide and other mental health effects through association with suicidal behaviors. This study has suggested that social factors such as a history of other types of violence and substance abuse may be associated with increased sexual abuse by male intimate partners. Male perpetuated violence against their intimate partners has vast social consequences. In fact, the social system contributes to the subjugation of women; consequently if some men abuse women then all men do not need to. The health of women is undermined by this behavior. Society can not function well under the domination of abusive male behavior.

Conclusions and Implications

Based upon the findings of this study, the following conclusions were derived.

1. Generally women who are raped by their intimate partners are more at risk for threatened and actual violence including physical violence, stalking and femicide.
2. Ethnicity influences rape prevalence.
3. Women who are raped report they are more likely to report suicide threats or attempts than those not raped.
4. Abusers with a history of violence and illicit drug use are more likely to perpetrate rape on their intimate partners.

From the conclusions of this study, the following implications were determined.

1. Rape has unique properties apart from other forms of violence. Generally rape in an intimate partner relationship magnifies the seriousness of the health effects resulting from that type of violence. The increase in the intensity and frequency of the physical violence puts the woman at higher risk of trauma. The trauma is not restricted to the physical but also the psychological. The cultural differences in rape prevalence increase the social trauma of this violence.
2. The profile of the intimate partner relationship that includes rape puts the family unit at increased risk for other types of violence and antisocial behavior. Nurses need to be aware that intimate partner violence has many dimensions, including the potential for greater violence when rape is part of the dynamic of the intimate relationship.

3. Since psychological sequelae, such as depression, and suicide are closely related women who are raped by their intimate partners experience more depression. Depression can permeate the woman's ability to make decisions and display good judgement in her everyday living. This influences her abilities to deal with an increasing level of violence within her relationship. This also has potentially profound effects on other family members and society as a whole. Women caught up in this turmoil should not be overly criticized for their inability to make timely prudent decisions about resolving the resulting violent intimate partner relationships.

4. Raped women are more at risk for post traumatic stress disorder. The most common cause of post traumatic stress disorder in women is sexual abuse. Unrecognized and untreated post traumatic stress disorder can become a chronic condition having ramifications for one's quality of life for many years.

Recommendations for Future Study

Based on the findings of this study, the following recommendations are made.

1. This study should be replicated and women who are Spanish-speaking should be included.
2. Prospective research should be done to further characterize how sexual abuse impacts chronic health conditions.
3. Prospective research should be done to test interventions aimed at alleviating the psychological impact of sexual abuse.

4. Further research should be done to understand the cultural differences suggested by this study. Racial/ethnic differences in the prevalence of rape need to be studied in the context of the cultural meaning of family interrelationships.

5. Prospective research is needed to explore temporal sequencing. For example what is the timing of rape to frequency and severity of violence, stalking, suicide, and history of violence and substance abuse by the abuser.

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APPENDIX A

Severity of Abuse

CODE#_____

B. **SEVERITY of ABUSE questions:**

During the **PAST 6 WEEKS**, which of the following behaviors has _____ done and how often?

1	2	3	4
NEVER	ONCE	A FEW TIMES (2-3 times)	MANY TIMES (4 or more times)

HOW OFTEN HAS THE PERSON WHO ABUSED YOU:

1. Hit or kicked a wall, door or furniture.....
2. Threw, smashed or broke an object.....
3. Drove dangerously with you in the car.....
4. Threw an object at you.....
5. Shook a finger at you.....
6. Made threatening gestures at you.....
7. Shook a fist at you.....
8. Acted like a bully towards you.....
9. Destroyed something belonging to you.....
10. Threatened to harm or damage things you care about.....
11. Threatened to destroy property.....
12. Threatened to hurt someone you care about.....
13. Threatened to hurt you.....
14. Threatened to kill themselves.....
15. Threatened to kill you.....
16. Threatened you with a weapon.....
17. Threatened you with a club-like object.....
18. Acted like they wanted to kill you.....
19. Threatened you with a knife or gun.....
20. Held you down, pinning you in place.....
21. Pushed or shoved you.....
22. Grabbed you suddenly or forcefully.....
23. Scratched you.....
24. Pulled you.....
25. Shook or roughly handled you.....
26. Twisted your arm.....
27. Spanked you.....
28. Bit you.....
29. Slapped you with the palm of their hand.....
30. Slapped you with the back of their hand.....
31. Slapped you around the face and head.....
32. Hit you with an object.....
33. Punched you.....
34. Kicked you.....
35. Stomped on you.....
36. Choked you.....
37. Burned you with something.....
38. Used a club-like object on you.....
39. Beat you up.....
40. Used a knife or gun on you.....
41. Demanded sex whether you wanted to or not.....
42. Made you have oral sex against your will.....
43. Made you have sexual intercourse against your will.....
44. Physically forced you to have sex.....
45. Made you have anal sex against you will.....
46. Used an object on you in a sexual way.....

APPENDIX B

Danger Assessment (DA)

CODE#_____

D. Danger Assessment

Please check **YES** or **NO** for each question below.

DURING THE PAST 6 Weeks:	Yes(1)	No(0)	
1. Has the physical violence increased in frequency?			
2. Has the physical violence increased in severity and/or has a weapon or threat with weapon been used?			
3. Has the person tried to choke you?			
4. Is there a gun in the home where you live?			
5. Has this person forced you into sex when you did not wish to do so?			
6. Has this person used drugs? 7. By drugs I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs, marijuana, heroin, or mixtures.**(CIRCLE DRUGS USED)**			
8. Has this person threatened to kill you and/or do you believe this person is capable of killing you?			
9. Has this person been drunk every day or almost every day? (In terms of quantity of alcohol)			
10.Does this person control most or all of your daily activities? For instance, does the person tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car?			
11. If pregnant, did this person beat you? (If victim not pregnant in past 3 mos, NA)			**NA(66)**
12. Has this person been violently and constantly jealous of you? (For instance, does this person say, "If I can't have you, no one can.")			
13. Have you threatened or tried to commit suicide?			
14. Has this person threatened or tried to commit suicide?			
15. Has this person been violent outside of the home?			

16. During the **PAST 6 weeks**, have you or someone else (neighbor, child) called the police about the abuse toward your from_____(abuser's name)? **YES (1) NO (0)**

17. If YES, what happened? (circle if NA)

18. Did you or the police file assault charges? YES (1) NO (0) (circle if NA)

19. IF YES, was the abuser arrested? YES (1) NO (0) (circle if NA)

E. **SUBSTANCE ABUSE questions:**

1. In the **PAST 6 WEEKS**, did _____(abuser) have a drink containing alcohol?

(DO NOT READ LIST. CHECK MOST APPROPRIATE)

(0) _____Never **(GO TO question 3)**
(1) _____Once per month
(2) _____2-4 times per month
(3) _____2-3 times per week
(4) _____4 times or more per week

APPENDIX C

Stalking Victimization Survey (SVS)

CODE#_____

C. **STALKING Questions:**
During the **PAST 6 WEEKS**, which of the following behaviors has _____ done:

	YES(1)	NO(0)	
Followed or spied on you			01
Sent you unsolicited letters or written correspondence			02
Made unsolicited phone calls to you			03
Stood outside your home, school or workplace			04
Sat in car outside your home, school or workplace			05
Showed up at places were you were even though they had no business there			06
Left unwanted items for you to find			07
Tried to communicate with you in other ways against your will			08
Vandalized your property or destroyed something you loved			09
Killed your pet			10
Threatened to harm the kids if you left			11
Threatened to kill themself if you left			12
Destroyed your property, including car parts			13
Called you on the phone and hung up			14
Followed you			15
Threatened your family			16
Left notes on your car			17
Showed up without warning			18

IF YES to any of the above questions:

19. **Would you say you were:**
(1) Very frightened (2) Somewhat frightened (3) Little frightened (4) Not frightened **(circle if NA)**
as a result of these stalking behaviors?

20. Did you believe that you or someone close to you would be seriously harmed or killed as a result of these stalking behaviors? **(1) YES (2) NO (circle if NA)**

21. Have you ever reported any of these behaviors? YES (1) NO (0)

22. If YES, to whom?_____
23. What happened?

24. Do you think the protection order will end the **stalking**? YES (1) NO (0) WHY?_____

25. Do you think the protection order will end the **threats of abuse** to you? YES (1) NO (0)
WHY?_____

26. Do you think the protection order will stop the **physical abuse**? YES (1) NO (0)
WHY?_____

APPENDIX D

Institutional Review Board Approval

RECEIVED

AUG 1 7 2001

TWU OFFICE OF RESEARCH

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON
INSTITUTIONAL REVIEW BOARD - HOUSTON CENTER

EXEMPT REVIEW
Application to the Institutional Review Board

This form must be completed if the research committee (for student research) or the department coordinator (for faculty research) decides that the proposed research is exempt from Full Review or Expedited Review by the IRB. A proposal may be eligible for Exempt Review if any of the following conditions is met:

1) only minimal risk to subjects, as described in the **Human Subjects in Research: Institutional Review Board Policies and Procedures**, pp. 11-12;

   and/or

2) the project will be completed at another institution or in collaboration with investigators at another institution, and that institution's IRB has provided written approval for the proposal as described. **To be eligible for this exemption a signed copy of the institution's current IRB approval form must be attached to this application. If applicable, attach a memo indicating the student's role in the approved study;**

   and/or

3) **the project involves an analysis of a data set generated from a currently approved project.**

For **Exempt Review** by the TWU Institutional Review Board, submit three copies of this form, any relevant Informed Consent Forms, surveys, questionnaires, and (if applicable) the collaborating institution's signed IRB approval form. Approval is required prior to the initiation of the research project. The investigator will be notified if the Institutional Review Board requires additional information.

To complete this form electronically, type information into the blanks provided. If your typing fills the blank, text will wrap automatically. Print out, secure appropriate signatures, and submit three copies (along with accompanying documents) to the Office of Research, MJG 913. Paper clip each of the copies—**no staples, please.**

Principal Investigator(s) Pamela N. Schultz SS# 460-74-3927

SS#

Faculty Advisor (if applicable) Judith McFarlane Dept. Nursing

Title of Study Rape in the Context of Intimate Partner Violence

Justification for Exempt Review status The project involves an analysis of a data set generated from a currently approved project

Estimated beginning date of the study N/A

Estimated duration of the study N/A

Research being conducted for (place an X in the appropriate blank):

____ Professional Paper	__X__ Dissertation	____ Pilot Study
____ Thesis	____ Class Project	____ Faculty

The purpose of this study is to describe any association among rape, interpersonal violence level, stalking, and risk of homicide in women experiencing intimate partner violence.

IRB-H 2000-10

Is this research being conducted for a non-university sponsor?

_____ Yes; Name of Sponsor _____

_X_ No

If you are using an electronic form, fill in the blanks provided below. Text will wrap automatically. If you are completing a hardcopy form, attach additional typed page(s) as needed.

1. Give a brief description of the study.
   First, describe the subjects, i.e., # of subjects, age, gender, race/ethnicity, institutional affilliation; how Will they be recruited? Any exclusion criteria?
   Secondly, describe the procedures that relate to their participation, i.e.,
   What will the subjects do? What will be d9one to them? Where will the study be conducted?
   What is the time involvement?

   This is a secondary analysis of data from 3 previously approved projects. The data resides in a database in which the participants are not identifiable. This database research will include data from 304 women who were interviewed about intimate partner violence and were help-seeking at 2 criminal justice institutions, the county District Attorney's Office and the Police Department.

2. What are the potential risks to the human subjects involved in this research or investigation?

   This is database research and the participants can not be identified.

SIGNATURE REQUIREMENTS

I attest that this is an accurate description of the proposed research protocol.

Signed Pamela Scruff 8-9-01
Principal Investigator Date

1. For students

The research protocol and the IRB application have been read and approved by the members of the student's research committee:

Names of Committee Members	Signatures	Date
Judith McFarlane, DrPH	Judith McFarlane	8-10-01
Peggy Landrum, Ph.D.	Peggy Landrum	8.9.01
Anne Young, Ed.D.	Anne Young	8/13/01

2. For faculty

The research protocol and the IRB application have been read and approved by the academic administrator:

Name of Academic Administrator	Signature	Date

Approved by IRB Chair Hazel Hawe Date 8/29/01