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Comparing the Psychological Impact of Battering, Marital Rape and Stranger Rape*

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ABSTRACT

This study compares the psychological impact of battering, marital rape, and stranger rape. Women who have experienced battering or marital rape as a form of battering are compared with victims of stranger rape victims in terms of their psychological functioning after victimization, as measured by the Derogatis Brief Symptom Inventory (BSI). The BSI measures somatization, obsessive-compulsive disorders, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The sexual functioning of victims is also compared. Overall, the marital rape victims scored higher on the BSI than victims of battering or stranger rape. Marital rape victims scored significantly higher than stranger rape victims on paranoid ideation and psychoticism.

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and significantly higher than battering victims on most dimensions. The scores of victims of battering were similar to those of victims of stranger rape. Victims of marital rape and battering showed levels of sexual activity similar to victims of stranger rape, but significantly lower levels of sexual enjoyment. The findings are discussed from a sociological perspective concerning the relative impact of battering, marital rape and stranger rape.

Introduction

The study of the psychological impact of stranger rape has been a concern of clinical psychologists for some time (Burgess & Holstrom, 1974). Victims of stranger rape have been found to experience disruption of family relationships (especially when the victim is married), guilt, and self-blame, as well as the typical crisis reactions of crime victims such as changes in eating habits, disturbed sleep patterns, general problems with social interaction, and feelings of unattractiveness. (Scheryl & Sutherland, 1970; McCahill, Meyer & Fischman, 1979). Fear and anxiety have been shown to be common reactions to stranger rape (Kilpatrick, et al., 1979a, 1979b, 1988). Depression and somatic complaints have also been shown to be specific psychological reactions to stranger rape (Burgess & Holstrom, 1974; Kilpatrick, Veronen, & Resick, 1979a, 1979b; Ellis, Atkeson, & Calhoun, 1981).

Likewise, the study of the psychological reactions of marital rape victims has become a growing concern of family violence researchers (Finkelhor & Yllo 1985; Frieze, 1983; Hanneke & Shields, 1983; Russell 1984). Depression, humiliation, anger and somatic complaints (Finkelhor & Yllo, 1985), fear and anxiety (Russell, 1984), low self-esteem, dislike of men in general, and problems with sexual functioning (Finkelhor and Yllo, 1985; Shields & Hanneke, 1983) have all been found to be common in the aftermath of marital rape. As with battered women in general, guilt and self-blame are also characteristic reactions of marital rape victims (Finkelhor & Yllo, 1985). Resnik, et al. (1991) provide a recent review of research related to reactions of marital rape victims.

Although there appear to be similarities in the responses of marital rape and stranger rape victims, such as guilt and self-blame, fear and anxiety, negative feelings toward men, and depression and somatic complaints, there have been few attempts to systematically compare the relative impact of marital and stranger rape. In fact, the findings from the studies which have attempted such a comparison are unclear and inconsistent.

Bart's (1975) study of 1,070 responses to a magazine survey on rape found that victims of marital rape have more extreme psychological reac-

tions than victims of stranger rape. This study showed that women raped by husbands and lovers were much more likely to be sexually dysfunctional than those raped by dates and strangers. They were also more likely to have experienced a loss of self respect.

Several other studies have found that victims of marital rape seem to have the same psychological reactions as victims of stranger rape. Frank, Turner, and Stewart (1980) studied the immediate reactions of depression, fear, anxiety, and interpersonal functioning in 50 victims. They found that the victim's relationship to the perpetrator was unrelated to depression or social adjustment. Kilpatrick, et al. (1988) compared 391 marital, stranger, and date rape victims. They found that there were no differences in depression, obsessive-compulsive disorder, sexual dysfunction or social phobias among these three groups.

Koss, et al. (1988) administered a self-report questionnaire to 3,187 female students at 32 colleges and universities. The responses showed that 489 respondents had been rape victims, and that 44 had been raped by their husbands. The researchers assessed depression, anxiety, satisfaction with relationships and sexual satisfaction among the victims. They found that stranger and non-stranger rape victims did not differ in the types of psychological problems which they experienced. However, when victims of marital rape were compared with victims of acquaintance rape, differences emerged. Victims of marital rape rated themselves as more angry and depressed than victims of acquaintance rape. They also rated their assailants as more aggressive and saw themselves as less responsible for victimization. The findings also indicated that marital rape was often recurrent.

The variations in findings from these studies are complex and may be related to methodological issues. Some studies assessed long term effects, while others focused on immediate or intermediate reactions. Some of the studies placed primary emphasis on stranger rape, with the result that the samples of marital rape victims were very small. Most of the studies were highly empirical in nature, and did not provide a theoretical or conceptual basis for interpreting the results.

For example, from a psychological perspective one might argue that stranger rape will produce more serious psychological reactions in victims. Several cultural stereotypes concerning sexual intimacy support this prediction. Since, by definition, the perpetrator of stranger rape does not have an intimate sexual relationship with the victim, the victim may experience a more serious violation of physical privacy when raped by a stranger than when raped by a spouse or lover. The victim of stranger rape may have a greater fear of pregnancy, and if pregnancy does result, the social and psychological consequences may be more devastating. The victim may be

more fearful of how her victimization will affect her relationships with family and friends. If the rape becomes public, the victim may fear (perhaps accurately) that others will see her as responsible for her own victimization.

On the other hand, from a sociological perspective, there are reasons to predict that victims of marital rape will react more severely than victims of stranger rape. This prediction is rooted in the notion that people define their own identities in terms of on-going social relationships (McCall & Simmons, 1982). The marital relationship is particularly important in our society, since it functions as a "master status," which individuals use to organize and define their perceptions of others. For this reason, the act of marital rape is likely to have a dramatic impact on the relationship between the perpetrator and the victim. At the very least, it brings into question the victim's ability to trust her spouse, issues of power and dominance, and questions relating to the meaning of marital sex. Furthermore, the victim is likely to continue to face the perpetrator in daily interaction and to be subjected to recurrent, often brutal victimization (Black, 1979; Finkelhor & Yllo, 1985; Koss, et al., 1988).

Because of this on-going, socially and psychologically important relationship between the victim of marital rape and the perpetrator, we hypothesized that the experience of marital rape would produce psychological distress equal to or greater than that experienced by victims of stranger rape. We also predicted that the victim's ability to enjoy a sexual relationship would be more greatly affected by marital than by stranger rape.

Methods

The Marital Rape Sample

As part of a larger project on marital rape and battering, 142 standardized interviews were conducted by the authors with 44 "raped and battered" victims (women who had experienced both sexual and non-sexual violence), 48 "battered only" victims (women who had experienced non-sexual violence only), 45 non-victims (women who had experienced minimal or no levels of sexual or nonsexual violence) and 5 "marital rape only" victims (women who had experienced sexual violence only). The women were classified on the basis of very detailed questions concerning experiences with sexual and non-sexual violence. They were classified as victims of battering if they had experienced moderate or severe violence on two or

more occasions. They were classified as marital rape victims if they had experienced moderate or severe sexual violence on two or more occasions.

The classification procedures produced a sample of marital rape and battering victims who had experienced sexual and non-sexual violence in an ongoing, intimate, heterosexual relationship. Only sexual acts that were physically forced or were performed under threat of physical force were considered sexual violence. Because so few "raped only" victims were interviewed in spite of extensive case finding efforts (see Hanneke, Shields & McCall, 1986 for a discussion of the rarity of marital rape apart from battering), these cases were deleted from the statistical analyses, leaving a sample size of 137.

All respondents had lived with their partners for at least 6 months, and none had been separated from their partners for more than 3 years. Respondents were recruited from 14 different referral sources—local shelters for battered and homeless women (58); self help groups and programs (33); social service and public agencies, including court referrals of women who had filed for restraining orders (30); and advertising and "snowballing" (referrals from interviewees) (16). Approximately equal numbers of "battered only," "raped and battered," and non-victimized women were referred from each source, unless a particular group or agency did not serve a certain type of victim.

At the time of the interview, 29% of the women were living in shelters, 30% were still living with their partners, and 40% were living alone, with their children, or with other family members. Both types of victims were significantly more likely to be separated from their partners than the non-victims, and were more likely to be living in shelters. These are all factors that might produce higher stress levels for victims. Accordingly, relationships between reactions and type of victimization were examined, controlling for such factors as living arrangements, marital status, and current stress level (as measured by a scale developed by the researchers). Overall, although a few variables were found to be related to separation from the partner (independent of victimization), most psychological reactions were found to be unrelated to living arrangements or current stress level.

Of the 137 respondents interviewed, 56% (77) were white and 44% (60) were black. Respondents ranged in age from 17 to 63, and the average age was 31.4. Seventy-one percent (97) of the respondents were or had been married to their partners, and 29% (24) had cohabited. Respondents had been married or had cohabited for an average of 8.9 years, with a range from 6 months to 43 years. Only 30% (41) of the respondents had been

employed full-time during the last year of their relationship with their partner.

Educational levels ranged from 2 to 19 years of schooling, with a mean of 12.2 years. Type of victimization was unrelated to whether the respondent had been married or had cohabited, or to the victim's race, employment, or educational level. However, type of victimization was related to age and the length of the relationship. Non-victims generally cohabited or had been married longer, while the "raped and battered" victims were usually younger than either "battered only" victims or non-victims. However, there is some evidence that the relationship between age and victimization is spurious, and mainly due to the fact that younger women were being referred by the shelters, who also referred more "raped and battered" victims (see Hanneke, Shields & McCall, 1986).

Responses of the marital rape victims were compared with two studies of stranger rape victims. The first was a study of rape victims conducted in South Carolina (Kilpatrick, Resick, & Veronen, 1981). Twenty adult (age 16 or over) rape victims and twenty demographically matched non-victims were assessed at 1 month, 6 months, and 1 year post crime. Other than to note that there were no significant differences between victims and non-victims, demographic characteristics of the two samples were not reported.

A second study conducted in Atlanta provided an additional basis for comparison (Ellis, Calhoun, & Atkeson, 1981). In this study, victims of stranger rape were asked about sexual functioning 4, 16, and 48 weeks post crime. The sample consisted of 101 rape victims, 15 years of age or older. Most were in their late teens and twenties, lived in an urban area, were single or divorced, and were black. Respondents were equally distributed across middle class, lower- middle class, and lower class socioeconomic levels. One hundred and one women were assessed at 4 weeks post crime, 95 were assessed at 16 weeks post crime, and 66 were assessed at 48 weeks post crime.

Results

Derogatis Brief Symptom Inventory (BSI)

The BSI has been used by stranger rape researchers to measure depression and somatic disorders. It was chosen for use in this study because of the availability of published norms and the possibility of comparing the scores of marital rape victims with the scores of stranger rape victims. We

anticipated that the "raped and battered" group would exhibit the highest levels of depression and somatic complaints, followed by the "battered only" group, and that non-victims would exhibit the lowest levels of depression and somatic complaints. We expected that the scores of the comparison group would approximate a "normal" population. We also anticipated that the "raped and battered" group would score as high or higher than the stranger rape victims. There was no expectation about how the "battered only" victims would score in relation to stranger rape victims.

The BSI consists of 53 items designed to measure the psychological symptom patterns of individuals on 9 primary symptom dimensions, including physical somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism (Derogatis & Spencer, 1982). There are also three global indices (2 of which will be discussed) which are helpful in the overall assessment of an individual's psychological status. The BSI is the brief form of the SCL-90-R and measures the same 9 dimensions and global indices (Derogatis & Spencer, 1982). Responses of the marital rape study respondents were compared with the norms for the BSI scale, as well as with the responses of rape victims and non-victims from the South Carolina study (Kilpatrick, et al. 1981). Because the norms for the BSI scale and the results from the comparison study are reported in different forms, each comparison will be discussed separately.

Comparisons with the BSI Norm Group

The BSI norm group consists of 341 female non-patients who were considered normal by the developers of the scale (Derogatis & Spencer, 1982). The total normal sample consisted of 974 non-patient males and females, of which 86% were white, 14% were minorities and the mean age was 46. In order to compare the marital rape study respondents with the norm group, the group raw mean scores were converted to standardized T-scores based on the conversion tables for female non-patients. Table 1 shows the standardized scores for all 9 symptom dimensions, and the two global scores of interest.

The first symptom dimension listed in table 1 is "Somatization," which consists of 7 items reflecting distress from perceptions of bodily functions (e.g., faintness, dizziness, nausea, or upset stomach). The scores for this dimension ranged from 57 to 63 with the "raped and battered" group scoring the highest, and the non-victims the lowest.

Table 1. Standardized T-Scores on the SCL-53 for Marital Rape Study Respondents

	<u>Standardized T-Scores</u>		
	Nonvictims	Battered Only	Raped and Battered
1. Somatization	57	61	63
2. Obsessive/Compulsive	59	64	67
3. Interpersonal Sensitivity	57	64	67
4. Depression	60	64	68
5. Anxiety	59	66	68
6. Hostility	56	63	67
7. Phobic Anxiety	57	64	65
8. Paranoid Ideation	59	65	71
9. Psychoticism	63	66	75
10. GSI	59	66	71
11. PST	57	62	65
Group N's	45	48	44

The "Obsessive-Compulsive" dimension consists of 6 items, which include thoughts, impulses and actions which are unwanted by the individual but are experienced as unremitting and compelling (e.g., having to check and double check actions, having one's mind go blank). Again, the "raped and battered" group scored the highest, with a 67, and the non-victims scored the lowest, with a 59.

The third dimension of the BSI measures "Interpersonal Sensitivity" and consists of 4 items centering on feelings of personal inadequacy and inferiority in comparison with others (e.g., feeling very self conscious with others). The same pattern emerges on this dimension, with non-victims having fewer symptoms (a score of 57) than either the "battered only" group (64) or the "raped and battered" group (67).

The "Depression" dimension consists of 6 items indicative of clinical depression (e.g., feeling lonely, having no interest in things). The "raped and battered" group scored the highest on this dimension, with a score of 68, followed by the "battered only" group, with a score of 64, and the non-victims, with a score of 60.

The fifth dimension contains 6 symptoms and signs of anxiety (e. g., nervousness, feeling fearful, panic spells, suddenly feeling scared for no appar-

The fifth dimension contains 6 symptoms and signs of anxiety (e. g., nervousness, feeling fearful, panic spells, suddenly feeling scared for no apparent reason, restlessness, and feeling tense or "keyed up"). Again, the "raped and battered" group, with a score of 68, exhibited higher levels of anxiety than either the "battered only" group (66) or the non-victims (59).

The "Hostility" dimension contains 5 items that reflect thoughts, feelings, or actions that are characteristic of anger (e.g., uncontrollable temper outbursts, and frequent arguments). The non-victims appear to be the least hostile of the three groups, with a score of 56, the "raped and battered" group (67) appear to be the most hostile, and the "battered only" group (63) scored between the other two groups.

The seventh dimension, "Phobic Anxiety," consists of 5 items designed to measure fear responses to specific people, places, objects or situations which are persistent, irrational and lead to avoidance (e.g., feeling afraid in open spaces or in the street). The "raped and battered" group (65) was the most phobic, followed by the "battered only" group (64), and finally by the non-victims (57).

"Paranoid Ideation" consists of 5 symptoms representing a disordered mode of thinking (e.g., feeling others can't be trusted, feeling watched or talked about by others, not receiving credit for your achievements, feeling others are taking advantage of you, or feeling others are to blame for most of your troubles). The "raped and battered" group exhibited the highest levels of paranoid ideation, with a score of 71, followed by the "battered only" group (65) and the non-victims (59).

The final dimension, "Psychoticism," consists of 5 symptoms indicative of interpersonal alienation and psychosis (e. g. feeling something is wrong with your mind, feeling that someone else can control your thoughts, feeling lonely when with others, feeling that you should be punished, or never feeling close to another person). Again, the "raped and battered" group scored the highest, with a score of 75, followed by the "battered only" group (66) and the non-victims (63).

The two global measures of interest are the General Severity Index (GSI) and the Positive Symptom Total (PST). The GSI is the mean score of all 53 items. The PST is the number of items responded to positively (i.e., an indication of having experienced the symptom at any level). As Table 1 indicates, the "raped and battered" group scored higher than either of the other groups on both the GSI (71) and the PST (65), followed by the "battered only" group (66 and 62), with the non-victims exhibiting the lowest levels (59 and 57).

To determine if a particular score indicated that the individual had a psychological problem, an operational definition was devised by Derogatis and

Spencer (1982). According to this definition, a GSI score equal to or greater than 63 was indicative of a positive diagnosis. Both the "raped and battered" and the "battered only" groups scored over the cut off point, and therefore appeared to be experiencing psychological distress. The non-victims as a group scored below the cut off. Examining the individual dimensions, the "raped and battered" group scored at or above the cut off point on all 9 dimensions, and the "battered only" group scored at or above the cut off point on every dimension except "Somatization" and the PST. The non-victims scored at 63 on only one dimension, psychoticism. In summary, the results indicate that in comparison with female non-patient normals, "raped and battered" victims suffered extreme psychological distress in all nine areas, "battered only" victims suffered extreme distress in 8 areas, and non-victims were, for the most part, free of psychological distress except in the area of psychoticism. Overall, the non-victims were very similar to the normal population.

Comparison of the BSI with Stranger Rape Victims

Besides the norms for the BSI, comparisons were also made with victims and non-victims from the South Carolina study. This study used the SCL-90-R, but because both versions of the scale were so highly correlated, the subscales could be compared (Derogatis & Spencer, 1982). The scores on the PST were impossible to compare across studies because the scores were based on the total number of positive responses, and therefore the scores were not comparable. Kilpatrick, et al. (1981) reported their results as raw mean scores for victim and non-victim groups, and therefore scores from the marital rape study will be reported in the same way. Ninety percent of the victims in the marital rape study had experienced some form of violence in the year prior to the interview. Since the exact length of time since victimization was unknown, 6 months was chosen as the comparison point for the South Carolina study. Table 2 presents the mean scores of the SCL-53 and SCL-90-R for participants in the respective studies.

First, analysis of variance was performed on the marital rape study data to identify significant group differences for that study. When significant overall differences were identified, Duncan's Multiple Range Test was performed to identify significant contrasts. T-tests were computed to determine significant differences between the two studies.

On all dimensions of the BSI, marital rape study non-victims scored consistently lower than the "battered only" and the "raped and battered" groups. They scored significantly lower than both groups on all dimensions, including the GSI, except Somatization; on this subscale they were

Table 2. SCL-53 Mean Raw Scores and Standard Deviations for Marital Rape Victims (MR), Battered Only Victims (B), Rape Victims (RV), and Non-Victims (NV) Groups

	Marital Rape Study				Rape Study					
	NV MN	SD	B MN	MR SD	NV MN	SD	MN	RV SD		
1. Somatization*	.49*	.59	.74	.79	1.01	.89	.50	.41	.80	.60
2. Obsessive-Compulsive ^b	.61*	.62	1.12	.97	1.50	.94	.56*	.50	1.07	.81
3. Interpersonal Sensitivity ^b	.67*	.73	1.05	1.10	1.63	1.04	.57*	.55	1.21	1.05
4. Depression ^b	.67*	.78	1.24	1.10	1.60	1.03	.69*	.68	1.32	.99
5. Anxiety ⁺⁺	.69*	.74	1.41	1.17	1.72	1.05	.45*	.56	1.19	.92
6. Hostility ^b	.44*	.48	.85	.97	1.22	1.07	.50	.48	.83	.73
7. Phobic Anxiety	.34*	.57	.72	.97	.98	.98	.19*	.29	.94	.88
8. Paranoid Ideation ^{bb}	.68*	.72	1.18	1.11	1.69	.93	.55*	.63	1.16	.93
9. Psychoticism ^{bb}	.47*	.58	.86	.82	1.41	.98	.36*	.47	.76	.77
10. GSP ^b	.57*	.52	1.03	.82	1.4	1.81	.52*	.46	1.07	.76
Group N's	45		48		44		20		20	

*T-test shows significant differences between Non-Victim Group and any Victim Group at .05 or beyond.
 ++T-test shows marital rape group is significantly different from the relevant rape study comparison group at .05 or beyond (non-victims are compared with non-victims and victims are compared with victims).
 ++Indicates significance at .10 level or beyond.
^b=Raped and battered group is significantly different from battered only group at .05 or beyond.
^{bb}=All three marital rape groups significantly different from one another at .05 or beyond.

not significantly lower than the "raped and battered" group. Generally, their scores were quite similar to the stranger rape study non-victims, and on several subscales they were almost identical (Somatization, Depression, and the GSI). Stranger rape study non-victims scored significantly lower than victims on all dimensions of the BSI except Somatization and Hostility.

The "battered only" group scored significantly lower than the "raped and battered" group on most dimensions of the BSI, including Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Hostility, Paranoid Ideation, and Psychoticism, as well as the GSI. There were no significant differences for Anxiety and Phobic Anxiety. Overall, the scores of the "battered only" group resembled the scores of the stranger rape victims. However, their scores on Interpersonal Sensitivity were somewhat lower ($B=1.05$; $RV=1.21$) and on Anxiety were significantly higher ($B=1.41$; $RV=1.19$) than those of the stranger rape victims.

Victims of marital rape scored consistently higher than stranger rape victims on all dimensions of the BSI, except Phobic Anxiety. On this subscale, their scores were almost identical ($MR=.98$; $RV=.94$). Marital rape victims scored significantly higher than stranger rape victims at or above the .05 level on the dimensions of Paranoid Ideation ($MR=1.69$; $RV=1.16$) and Psychoticism ($MR=1.41$; $RV=.76$). They were significantly higher on Anxiety at a .10 level ($MR=1.72$; $RV=1.19$).

In general, it appears that marital rape in the presence of battering produces higher levels of psychological distress than does battering alone. Further, marital rape appears to produce levels of distress equal to or greater than those caused by stranger rape. Victims of battering score at levels similar to those of stranger rape victims. This suggests that battering may be as psychologically traumatic as stranger rape. The combination of marital rape and battering produce significantly higher levels of Paranoid Ideation and Psychoticism, and to a lesser extent, Anxiety than either battering alone or stranger rape.

Compared with the norms, all victim groups experienced problematic psychological distress. The non-victims of either study did not experience abnormally high distress compared with the norms.

Sexual Functioning Assessment

In order to determine if sexual and non-sexual violence have an effect on sexual functioning, respondents were questioned about their sexual behavior and sexual functioning in the year prior to the interview. Again, it was anticipated that the marital rape victims would have experienced

tims or the non-victims, and at least as many problems as the stranger rape victims.

Responses of the marital rape victims were compared with the responses of stranger rape victims from the Atlanta study (Ellis, et al. 1981). Since marital rape study respondents were only asked about sexual functioning during the last year, comparisons with stranger rape victims were made at 48 weeks post crime. Table 3 presents the distribution of responses to the three questions that were compared.

The first question asked, "How often have you had sex lately (in the past year)?" Thirty-eight percent of the stranger rape victims were having sex twice a week or more, which was comparable to the non-victims in the marital rape study. Analysis of variance of the group means in the marital rape study indicated that there were no statistically significant differences between the three groups in frequency of intercourse. However, approximately 48% of each group of the marital rape study victims were having sex twice a week or more, which was a higher percentage than among either the marital rape study non-victims or the stranger rape victims.

Table 3 also indicates that 23% of the stranger rape victims were not having sex at all at 48 weeks post crime. However, this figure is somewhat misleading. Ellis, Calhoun, and Atkeson (1981) indicate that 14% of the victims in their study were not sexually active before the rape experience. Thus, the 23% figure represents only about 9% of "once sexually active" women who were no longer sexually active after the rape experience. This is only slightly higher than the 6-7% of any group in the marital rape study who indicated that they had not been sexually active in the past year. A T-test comparing victims of marital rape and battering and victims of stranger rape showed no significant differences between these two groups.

The remaining two questions pertained only to those women who had been sexually active "lately" or "in the past year." This reduced the number of respondents in the stranger rape study to 51, and in the marital rape study to 124. In the Ellis study, the women who had not been sexually active were included in the percentages given. For current purposes, these cases have been subtracted out of the sample to make comparisons with the marital rape study more straightforward.

The second question asked, "How much of the time have you enjoyed sex lately (in the past year)?" Table 3 indicates that 59% of the stranger rape victims had enjoyed sex "most of the time." This percentage was much higher than the 31% of "raped and battered" women, and the 44% of "battered only" victims who enjoyed sex most of the time. The marital rape study non-victims were the most likely of all groups to indicate that they

Table 3. Responses of Stranger Rape and Marital Rape Study Respondents to Sexual Functioning Questions

	MARITAL RAPE STUDY GROUP PERCENTAGES			STRANGER RAPE STUDY (48 WEEKS POST-CRIME) GROUP PERCENTAGES		
	NV	B	RB	NV	B	V
1. How often have you had sexual intercourse lately (in past year)?						
2/week or more	37.8%	47.9%	47.7%	3.91	3.79	3.95
2-4 times a month	35.6	18.8	20.5	higher score=greater frequency		
once a month/rarely	20.0	27.1	25.0			
not at all	6.7	6.3	6.8			
Group N's	45	48	44			66
2. If sexually active, how much of the time did you enjoy sex (in past year)?**						
most of the time	65.9%	43.9%	31.0%	4.46	4.10	3.64
about half the time	14.6	24.4	19.0	higher score=more enjoyment		
occasionally	19.5	29.3	38.1			
never	0.0	2.4	11.9			
Group N's	41	41	42			51
3. If sexually active, how much of the time have you been orgasmic (in past year)*						
most of the time	51.2%	34.1%	26.2%	4.24	3.83	3.69
about half the time	24.4	22.0	26.2	higher score=more enjoyment		
occasionally	22.0	36.6	38.1			
never	2.4	7.3	9.5			
Group N's	41	41	42			51

*=ANOVA p<.05 all three groups significantly different from one another (significant differences only indicated for differences between Non-Victim Group and any Victim Group)

**=T-test p<.01 (raped and battered group significantly different from stranger rape group) (non-victims significantly different from victims)

=T-test p<.05 (non-victims significantly different from victims)

enjoyed sex most of the time, and none of the non-victims indicated that they never enjoyed sex.

Examination of the group means indicates that all three marital rape study groups were significantly different from one another. Almost 12% of the "raped and battered" victims said they never enjoyed sex, as compared to 2.4% of the "battered only" victims, and 8% of the stranger rape victims. The majority of the stranger rape victims enjoyed sex most of the time, as did the non-victims and the "battered only" victims, whereas the majority of the "raped and battered" women enjoyed sex only occasionally. A T-test revealed that the stranger rape victims were significantly more likely than the "raped and battered" victims to enjoy sex.

The third question asked, "How much of the time (in the past year) were you orgasmic during sex with a partner (by whatever means)?" Forty-three percent of the stranger rape victims indicated that they were orgasmic most of the time, whereas only 26.2% of the "raped and battered" group and 34% of the "battered only" group were orgasmic most of the time. The non-victims were the most likely of all three groups to be orgasmic most of the time (51.2%). Analysis of group means indicates that the non-victims were significantly more orgasmic in the last year than either victim group. Only 2.4% of the non-victims were never orgasmic, followed by 7.3% of the "battered only" victims and 9.5% of the "raped and battered" victims. The stranger rape victims were the most likely never to be orgasmic (18%). However, the non-victims in the marital rape study were the most likely to be orgasmic most of the time, followed by the stranger rape victims. The majority of the "raped and battered" victims and the "battered only" victims were orgasmic only occasionally. The "raped and battered" group was not significantly different from the stranger rape victim group.

In general then, the type of victimization does not seem to predict the frequency of intercourse following victimization. However, there does seem to be a tendency for marital rape to affect how much the victim enjoys sex following victimization. Stranger rape victims were significantly more likely than "raped and battered" victims to enjoy sex. At 48 weeks post crime, the stranger rape victims enjoyed sex more often than the "battered only" victims, but not as much as the non-victims.

The relationship between violence and being orgasmic during sex is more complicated. It appears that for stranger rape victims, many are orgasmic again most of the time at 48 weeks post crime. However, as a group, they are almost twice as likely as marital rape victims never to be orgasmic. It appears that marital rape and battering combined, and battering alone make it less likely that a woman will be orgasmic as compared to non-victims. However, victims of marital rape and battering were not

significantly less likely than victims of stranger rape to be orgasmic, even though there was a clear tendency for them to be orgasmic most of the time, but on less frequent occasions.

Discussion

This study sought to assess differences in the psychological impact of battering, marital rape, and stranger rape, as measured by the Derogatis Brief Symptom Inventory and by questions regarding sexual functioning. Although comparisons between the victims of battering and marital rape are more straightforward, the differences which were found between the marital rape study and the stranger rape studies need to be interpreted with caution.

There are notable demographic differences between the samples. The respondents who participated in the marital rape study tended to be older, married and more frequently white than those studied by Ellis. Ruch and Chandler's (1983) findings may be relevant here. They found that older, married rape victims were the most highly traumatized, but non-white women were also highly traumatized. Since demographic characteristics were not reported in detail for the Kilpatrick study, it is difficult to determine differences in demographics with other studies. In addition, the sample size in the Kilpatrick study was quite small. However, although these differences need to be interpreted cautiously, the fact that non-victim scores from the stranger and marital rape studies were so similar on the BSI argues that the observed effects might well be due to actual variation in impact as a result of type of victimization, rather than to demographic characteristics alone.

The comparisons of the marital rape and battering victims on the BSI with a normal population clearly showed the psychological impairment of both groups of victims. The "raped and battered" group scores were particularly elevated in the Paranoid Ideation and Psychoticism subscales. When looking at the marital rape study groups, a clear progression of impact from victims of battering only to victims of both marital rape and battering can be seen. This pattern was most evident on the dimensions of Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Hostility, Paranoid Ideation, and Psychoticism, as well as on the General Severity Index. The data strongly suggest that marital rape has an impact above and beyond that of battering alone.

Overall, the "battered only" victims appear to be quite similar to victims of stranger rape in their psychological responses. This finding is interest-

ing in that different forms of violent victimization (sexual and non-sexual) produced a similar impact. Further research is needed on the ways in which sexual and non-sexual violent victimization is perceived by victims, in order to better understand the similarity of psychological impact.

The victims of marital rape experienced psychological distress equal to or greater than that experienced by stranger rape victims on all subscales. Although not statistically significant, there was a tendency for victims of marital rape to score higher on all the subscales except phobic anxiety, where they obtained scores almost identical to victims of stranger rape. This finding is also interesting, in that previous research on stranger rape victims has identified a marked tendency for these victims to react with phobic anxiety (Kilpatrick, et al. 1979a, 1979b). Relative to victims of marital rape and battering, phobic anxiety seems to be a particularly severe response in stranger rape victims.

The marital rape victim scores exceeded the stranger rape victim scores on Psychoticism and Paranoid Ideation at a statistically significant level. This is important in that these two subscales contain items that are directly related to the quality of one's intimate relationships. The Paranoid Ideation scale deals with an individual's inability to trust others, and their tendency to feel taken advantage of by others. The Psychoticism subscale contains items having to do with feeling one's thoughts are controlled by others and never feeling close to another person. During interviews, many victims of marital rape and battering spoke informally of feeling "controlled" by their partners. These findings are consistent with the sociological hypothesis that the greater psychological impact of marital rape has to do with the destruction of the marital relationship as well as with the violence itself.

The findings on sexual functioning also highlight the need to interpret the psychological functioning of victims in terms of their ongoing social relationships. Although the difference was not statistically significant, marital rape victims and battering victims had sexual intercourse more frequently than stranger rape victims in the year prior to the interview. Since many of the marital rape study victims were still continuing relationships with the perpetrator, this may indicate that norms regarding the frequency of intercourse in the relationship are maintained, regardless of victimization. However, stranger rape victims exhibited much higher levels of enjoyment of sexual intercourse than victims of battering or marital rape. Again, this may be due to the fact that many of the marital rape and battering victims were continuing relationships with the perpetrator. For those who had ended their relationships, the findings may indicate that victimization in an intimate relationship, especially sexual, reduces the chances of enjoyment in future sexual relationships. Although not statistically sig-

nificant, the same pattern was evident regarding the victim's ability to be orgasmic during sexual activity.

In conclusion, the findings from this study argue for more comparative work on the victimization of women in general. Due to the small number of respondents who were victims of marital rape only, we were unable to compare this group with victims of stranger rape. This is an obvious limitation of the present study, and a topic which might be pursued in future research. The findings also argue that a sociological perspective on psychological reactions of victims may be a fruitful approach for clinicians in the treatment of victims of sexual and non-sexual violence.

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