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**A THERAPEUTIC APPROACH FOR VICTIMS OF NON-BATTERING  
MARITAL RAPE**

**Wilna A. Coetzee**

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Promoter: Professor M. Poggenpoel

Co-promoter: Professor P.M. Heyns

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## CHAPTER 1

### OVERVIEW AND RATIONALE

#### 1.1 INTRODUCTION

In South Africa, silence regarding the topic of marital rape was broken with the promulgation of the *Prevention of Family Violence Act no. 133 of 1993*, which makes marital rape a criminal offence (South Africa(Republic), 1993): " *Notwithstanding anything to the contrary contained in any law or in the common law, a husband may be convicted of the rape of his wife.* " Hitherto, the problem of marital rape was considered a family or domestic problem and was largely ignored by the legal system and mental health services as they were unwilling to become involved in such matters. This law applies to a man and a woman presently married, or who were married to one another according to any legal system or custom, as well as a man and a woman living together or who had lived together as husband and wife, although not married to one another.

Russell (1975), an American sociologist, gave prominence to the issue of marital rape in her work, *Politics of Rape*, and has since written extensively on the issue. She also stated that although this type of rape is the most common of all types of rape (Russell,1990), it is the least addressed in the field of domestic violence. Women would rather speak about physical violence in marriage than about rape in marriage because they experience shame and self blame. This is because the community regards the success of a marital relationship as being the responsibility of the woman (Russell,1990).

Prominent overseas researchers in the field of marital rape, from Russell (1975), Gelles (1977), Finkelhor and Yllo (1985) to the more recent research of Peacock (1995) and Bergen (1996) stated that many women who are raped by their husbands do not regard themselves as victims. Gelles (1979, p. 122) made the following statement in this regard: " *Labeling sexual abuse, intercourse forced on a wife by a husband, marital rape implies a major value judgement by the labeler concerning the appropriate interpersonal relations between family members.* "

He said too that not to view intercourse forced on a wife by a husband as rape, would also be a value judgement. With regard to the above statement, Finkelhor and Yllo (1985) mentioned that it is difficult to investigate the issue of marital rape if the victims do not regard their husband's behaviour as rape. Women taking part in the study by Russell (1990), who did not regard their experience of forced sex as rape, indicated that they had experienced sexual abuse. With reference to this, Hall (1988) said that a woman who does not regard herself as a victim, has nothing to report. However, this does not preclude the issue from being researched.

Russell (1975) explained the women's disregarding of themselves as victims by stating that it is difficult for a woman to perceive her husband as a rapist and still to stay with him. It is easier for these women not to view forced sex as rape because many of them are financially, socially and psychologically over dependent on their husbands. However, other women in the same situation found it easier to give up their right to say "no" and therefore, irrespective of their true sexual needs, were always available for their husbands.

Should the woman choose to handle the situation in the latter way, her husband is technically not a rapist as she shows no resistance. Thus it can be concluded that such women would be too subservient to be raped in the true sense of the word.

Russell (1975, p.71) indicated the following: "*Many wives do not feel they have the right to say no any more than the law does. Others believe they have this right, but they find it more traumatic to resist and be defeated.*"

Internalized cultural myths, for example, that marital rape is a problem exclusive to battered women, also prevent women from perceiving themselves as victims. These women only reported rape if there was physical violence (Bowker, 1983; Freeman, 1981; Finkelhor, 1986). In regard to this Russell (1990, p.101) does not view marital rape as just another form of battering and states her point of view as follows:

*The tendency to see wife rape as the exclusive problem of battered women has led to an important segment of wife rape victims being over-looked - those who are never beaten, or those for whom wife-beating is a much less significant problem than sexual abuse.*

Russell (1990) further stressed that the importance of non-battering marital rape can be overlooked because most information on marital rape stems from studies concerning wife-battering. The other types of marital rape identified by Finkelhor and Yllo (1985) are referred to as *battering marital rape* and *obsessive marital rape*. Forced sexual activity involving severe violence fits the definition of battering marital rape. The sexual violence usually begins first and then carries over into sexual activity. Sexual activities like penetration of the anus or vagina with foreign objects, or forcing the women to have sex with an animal (bestiality), fit the definition of obsessive marital rape.

The probable impact on the psychological well-being of non-battering marital rape victims can be devastating. These women can be trapped in long-term damaging relationships because of perceptions in the community as well as their own perceptions that they are not victims. A study on non-battering marital rape could incorporate these women in the hope that they would be evaluated and assisted by health care services. This should improve their mental health and thereby enable them to function more positively within the community.

## 1.2 FORMULATION OF THE PROBLEM

To date there are no overseas or South African studies on marital rape that have focussed specifically on non-battering marital rape. Nor have any specific effects of non-battering marital rape been indicated by researchers in this field (Bergen, 1996; Finkelhor & Yllo, 1985; Peacock, 1995; Russell, 1990). Russell (1990), indicated that a number of battering marital rape victims reported being extremely upset as compared with those who experienced non-battering marital rape. Bergen (1996) expressed the view that non-battering marital rape victims were no less upset or

humiliated than other wife rape survivors, simply because these incidents were devoid of excessive force. Since legislation has been introduced to make marital rape a crime in overseas countries and in South Africa, no therapeutic approach has been established to support non-battering marital rape victims. Bergen's (1996) study, regarding service provision for marital rape victims in the United States, found that battered women's shelters and rape crisis centres are not adequately addressing this problem. Most staff members saw marital rape as a type of domestic violence and treated these women as battered women. The experience of sexual abuse, significant to the women, went largely unaddressed and was not even queried unless the women chose to mention it themselves. The social work agencies that were contacted by the researcher, as well as the shelter for abused women visited during the research, did not have support structures for victims of marital rape. They could not even identify marital rape victims on their list of clients.

There seems to be ignorance surrounding non-battering marital rape victims which could lead to fewer victims of non-battering marital rape being identified, and to its being viewed as a less damaging type of marital rape. Considering that victims of marital rape are mainly treated as battered women, it can be assumed that victims of non-battering marital rape will be regarded as even less of a priority in terms of treatment.

Determining the frame of reference of non-battering marital rape victims is essential for therapeutic intervention. With regard to the identification, eventual treatment and support for non-battering marital rape victims, the following questions needed to be answered:

- \* How does the victim of non-battering marital rape experience her life world?
- \* What is the effect of non-battering marital rape on the victim?
- \* What assessment guidelines can be formulated to assist in the identification of non-battering marital rape victims?

- \* What therapeutic approach can be generated for victims of non-battering marital rape?

### 1.3 RESEARCH OBJECTIVE

The primary objective of the study is the generation of a therapeutic approach for the treatment of victims of non-battering marital rape within a systemic perspective.

The secondary objectives are as follows:

- \* The description of multiple case studies concerning the life world of victims of non-battering marital rape.
- \* The generation of assessment guidelines for victims of non-battering marital rape.
- \* The description of guidelines to operationalise the assessment guidelines and therapeutic approach for victims of non-battering marital rape.

### 1.4 RESEARCH MODEL

The question relating to the life world of victims of non-battering marital rape places the research within the field of the social sciences, psychology in particular.

The research model selected should answer to the requirements of a psychological perspective. As a practice orientated science psychology usually focusses on the ordering of particulars relating to problems. During psychological research practical skills for solving problems can also be developed.

The research model to be used in this study is that of Botes (1990). This model is based on three levels: The first is the practical level. For the purpose of this research it would be the reality of the life world of victims of non-battering marital rape as it appears in practice (psychology).



The second level involves the researcher in research and theory development. There is constant interaction between the fields of these two levels. The objective of the research on the second level is to formulate a theory to guide the practice. As research into the field of non-battering marital rape is limited, exploratory and descriptive case studies will be used to describe the life world of the non-battering marital rape victim.

These multiple case studies will form the basis for the generation of a therapeutic approach for the treatment of victims of non-battering marital rape for psychological practice. Here evidence obtained from the first level will be processed in order to do this.

The third level relates to a paradigmatic perspective revealing the assumptions of the researcher. The researcher selects paradigmatic assumptions from the subject field (psychology), the research field (the life world of victims of non-battering marital rape), as well as research methodology. These assumptions will act as determinants for the research process.

#### **1.4.1 Paradigmatic perspective**

The paradigmatic perspective includes meta-theoretical, theoretical and methodological assumptions which are indicated as follows.

##### **1.4.1.1 Meta-theoretical assumptions**

The meta-theoretical assumptions relating to this study are based on systems theory. Systems theory is a meta-theory (a theory about theories) that has its origin in the physical sciences (Kwee & Lazarus, 1986). Its use is valid for several fields in which empirical research is done (Von Bertalanffy, 1968). This theory supposes the interdependency of all forms of life and thus emphasizes a holistic perception. Schoeman (1981) defines a system as a whole or unit consisting of different parts or subsystems. The parts are related to, and are interactive with one another.

The relationship between subsystems is determined by a circular rather than a linear causality. A change in a particular subsystem results in a change in the whole system. A system is more than the sum of the elements or other subsystems. There are therefore attributes present in the system that the separate subsystems lack.

In this research the life world of the non-battering marital rape victim will be studied within a systems theory approach. The victim is regarded as a system in interaction with other systems; namely, her husband, family and environment. A holistic perspective regarding the experience of the victim of non-battering marital rape will be formulated in order to generate a therapeutic approach for victims of non-battering marital rape.

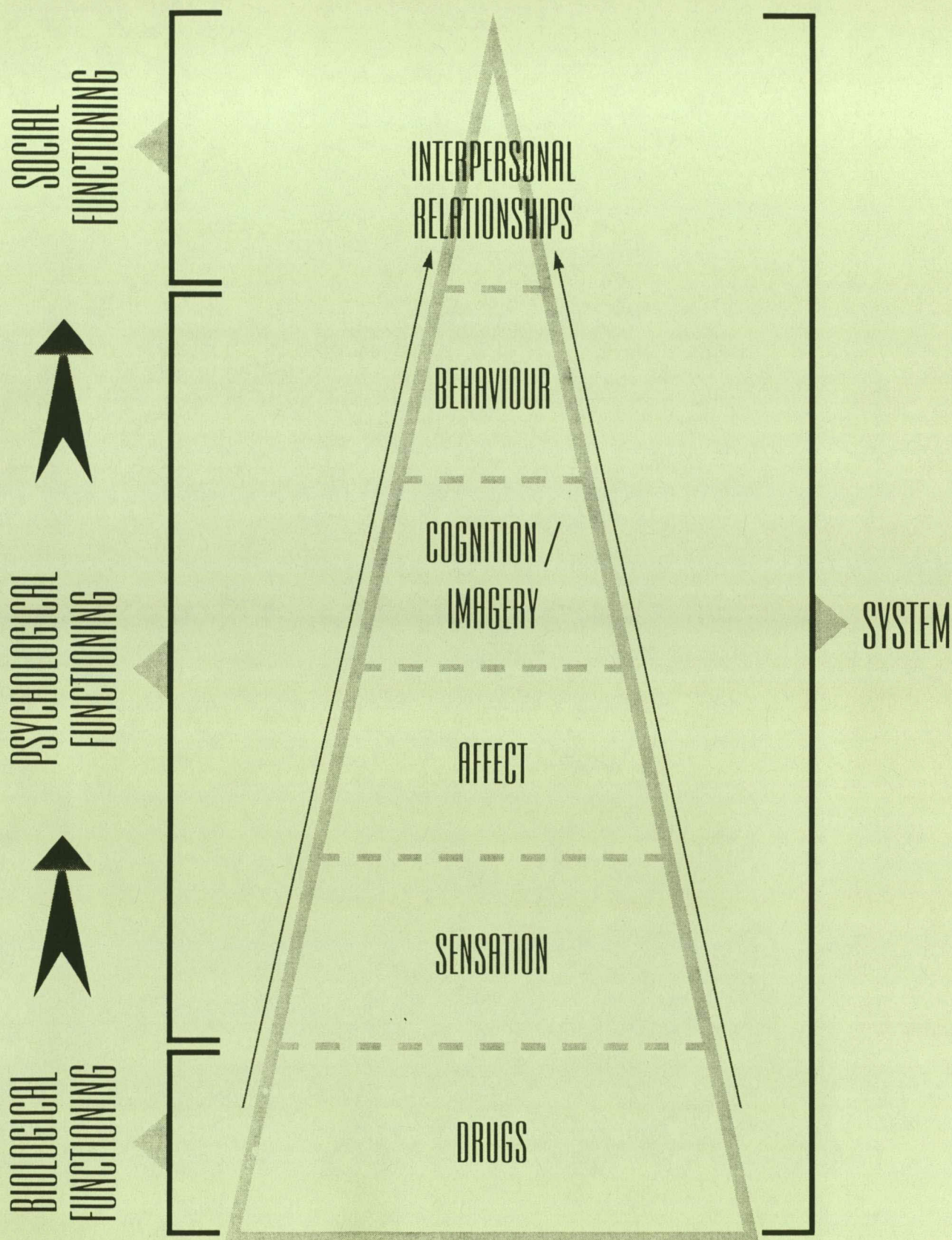
In order to clarify theoretical assumptions, a systems theoretical approach will be followed.

#### 1.4.1.2 Theoretical assumptions

According to the multimodal approach (Kwee & Lazarus, 1986) the human psyche consists of seven modalities; namely behaviour, affect, sensation, imagery, cognition, interpersonal relationships and biological and drug-related issues. The modalities are interrelated and function within a bio-psychosocial context. The joint modalities (human psyche) can be regarded as a system, and the various modalities as subsystems of the system (Kwee & Lazarus, 1986). A person's experiences and behaviour can affect all these subsystems.

A graphic representation (Figure 1.1) of the system contains borders that separate the modalities. These borders (indicated by dotted lines) are open and flexible and allow interaction between the modalities. The modalities are represented in hierarchical form and the relationship between the modalities is indicated. Biological functioning forms the basis for psychosocial functioning. It is indicated by the modality drugs. This modality includes the use of chemical substances and physical well-being as well as areas like general physical appearance, physiological complaints, diet and exercise.

Figure 1.1: Human Psyche (Bio-psychosocial system)



Sensory perception, including all aspects of sensation, is strongly biologically based and is placed second in the hierarchy. Considering the fact that all sensations are experienced physically, this "input" modality is closely linked to the drug (biological) modality. Emotional processes are produced or deducted from sensory perception and appear above sensory perception in the hierarchy. The relevant components concern those feelings and emotions with which we are in touch, as well as those which may exist beyond our level of awareness. Affect is the result of intervention of cognition and imagery. Imagery and cognition follow affect in the hierarchy. Imagery refers to various "mental pictures" that can have an influence upon our lives. Cognition has to do with the way the individual perceives the world. An individual may develop mistaken beliefs which may lead to emotional disturbance. The modality behaviour, is influenced by the modalities preceding it. Adjustment to society calls for a variety of modes of behaviour which enable the individual to cope. Inappropriate behavioural patterns can undermine effective living. Together the preceding modalities constitute the "throughput" modalities. The interpersonal modality is at the top of the hierarchy. Influenced by the other six modalities the latter may be considered the "output" modality as it is the most outwardly focused aspect of human functioning, according to the multi-modal framework. Interpersonal communication is a major human function and many problems can stem from the way we relate to other people and the manner in which they respond to us. Each modality can be regarded as a system consisting of subsystems.

The processes that occur within modalities are dynamic. Communication and transaction are two examples of such processes (Kwee, 1987). The victim of non-battering marital rape is in interaction with the external environment and other systems; for example, her husband or living-together partner. Information is absorbed leading to the above-mentioned exchange of information between modalities.

This exchange of information between modalities has an effect on the behaviour and interaction of the victim of non-battering marital rape. In order to understand the victim of non-battering marital rape, the joint modalities (subsystems) have to be

considered and how they are reflected in her life world.

Multiple exploratory case studies will be done in order to gain understanding concerning the life world of victims of non-battering marital rape. The results will be reported within a multimodal framework.

#### 1.4.1.3 Methodological assumptions

The functional thought approach of Botes (1991) will be followed. Knowledge gained from the research will be used to improve the practice of psychology and will thus further the psychological well-being of people. Research must meet the following requirements: it should be useful; and it should generate a stimulus to further knowledge.

The scientific method used in this research is functional in nature. The researcher will endeavour to use the knowledge gained through the research to determine constructs from which a therapeutic approach could be formulated for victims of non-battering marital rape.

### **1.5 DEFINITION OF CONCEPTS**

For the purpose of this study the following concepts will be clarified.

#### **1.5.1 Rape, marital rape and non-battering marital rape**

The following concepts are generally used in literature to refer to rape that takes place within a marital relationship: marital rape, spousal rape, wife rape, conjugal rape and intra-spousal rape (Klopper, 1994). For the purpose of this study the concept marital rape will be used.

Ellis (1989) alleges that the concept rape is mostly used in a legal sense. In South Africa the definition of rape is limited to forced penile-vaginal penetration. Rape refers



to illegal and intentional sexual intercourse with a woman without her consent (Bester, 1987; Drummond, 1991; Hansson, 1991). The legal definition of rape did not acknowledge the existence of marital rape until 1993.

Russell (1990) postulated that feminists and researchers in the field of marital rape propagated a more comprehensive definition because actions of violence and trauma are not limited to penile-vaginal intercourse. The acceptance of a narrow legal definition of marital rape may hamper the study of marital rape as a universal problem. Okun (1986) describes marital rape as forced sexual intercourse between two people married to one another which would have been regarded as rape if not for the existence of the marital or living-together relationship.

In an attempt to define marital rape, a compromise between the traditional legal definition of rape and the more feministically orientated definition of marital rape, has been formulated by researchers in this field. Some of these definitions or viewpoints are discussed below:

Barry (1979) and Frieze (1983) refer to marital rape as any form of sexual intercourse that takes place with force. Sexual intercourse includes anal sex (*sodomy*), oral sex (*cunnilingus and fellatio*) as well as digital penetration of the vagina. Brownmiller (1975) has also included forced fondling of the genitalia.

Based on a combination of research by Frieze (1983), Finkelhor and Yllo (1985), Groth and Gary (1981) and Russell (1990), Knopp (1994) established the following categories of forced sex:

- Rape by means of violence (physical coercion)
- Rape by means of threats of violence (sexual intercourse obtained through threats)
- Rape when the woman is not in a position to give consent (because she is for instance, heavily drugged)
- Rape by means of coercion (interpersonal coercion)

### **\* Physical coercion**

This type of coercion is related to different degrees of physical violence which could be used to force the victim during intercourse arising during marital rape. A minimal form of violence would for instance include the holding down of the woman's arms, or the placement of the man's weight on his wife in order to obtain sexual intercourse.

### **\* Threats of physical coercion**

The second type of sexual coercion includes threats of physical coercion during which a woman could be hurt, as well as references by her husband to prior incidents of physical violence. Women who are familiar with prior incidents of violence would rather give in to the demands of their husbands than experience further abuse.

### **\* Interpersonal sexual coercion**

The man may have a power advantage over his wife and she therefore agrees to sex in the light of threats that are non - violent in nature. He can, for example, threaten to withhold financial resources. Mention has also been made of men who threaten to engage in extra-marital affairs, or to leave their wives should they not agree to sex. The man may also isolate his wife from friends and/or family, use belittling language, accuse her of neglecting her duty and use blackmail and glib talk to obtain sexual intercourse. Women give in to their husbands' demands in order to keep the peace.

Although no violence is present, this type of coercion can be very traumatic. A great deal of anxiety can result from a husband's threatening to leave his wife or to engage in extra-marital affairs.

This type of coercion can be associated with verbal, psychological, financial and spiritual abuse (The National Clearinghouse on Family Violence, 1995).

Neither Finkelhor and Yllo (1985), nor Russell (1990), Peacock (1995) or Bergen (1996) included rape by coercion (interpersonal coercion) as part of their research on

marital rape. Rape by coercion was also disregarded in the South African study on marital rape by Klopper (1995). Finkelhor and Yllo (1985) stated that if partners are on an equal footing in a relationship, each partner is likely to compromise as part of the developing relationship, in the belief that the favour will be returned. In other relationships, the woman's bargaining position is undercut because of her dependency and powerlessness. The woman in this instance is always the one who compromises. It takes a great deal of knowledge about the dynamics of the marital relationship, and the history of the couple, to decide which type of coercion it is.

Knopp (1994) stated that forced sex is regarded as any unwelcome sexual contact between two people. According to him the presence or absence of consent is the primary difference between consensual and forced sex. Consent refers to the fact that the person has the freedom to choose between *yes* and *no* without any threats, or of the possibility of being injured.

In the case of social sexual coercion which is an outcome of social expectations the woman perceives having sexual intercourse with her husband as her duty (Finkelhor & Yllo, 1985). This type of woman is very aware of how others in the community may perceive her; as, for example, aloof, selfish or a bad wife. Social coercion is institutionalized in culture, legislation and religion, and women tend to internalize this as they mature. The woman in this type of relationship is not being put under pressure as such by her husband, but rather by her own perception of her duty and what she thinks might be expected from a married woman.

When physical, threats of physical, or interpersonal coercion is used, as well as when the woman is drugged, the woman is thus not in a position to give consent fully. In the case of interpersonal coercion the woman submits because of an implied or direct threat that she would suffer in one way or another. She co-operates because of intimidation or threat and not as a result of consent.

A definition of non-battering marital rape for the purpose of this study reads as follows:

**Any forced sexual activity that involves a minimal amount of physical violence, threats of violence, situations in which the woman is not in a position to give consent to sexual intercourse (because of the fact that she is, for instance, drugged); or when the woman experiences interpersonal coercion to engage in sexual activity. Also, for the purpose of this study, sexual activity includes: penile-vaginal intercourse, oral sex, anal sex and digital penetration as well as fondling of the genitals.**

### **1.5.2 Life world**

Life world relates to the environment of the individual as he or she constitutes or interprets it (Plug, Meyer, Louw & Gouws, 1987).

### **1.5.3 Assessment guidelines**

The purpose of assessment is to reach an individualized understanding of the problem situation and to identify and analyze the factors that maintain the problem as well as the resources that can be mobilized for change (Rauch, 1993). In this research, assessment guidelines refer to guidelines that encompass the following important dimensions relating to non-battering marital rape (Hepworth & Larson, 1986):

- 1) the nature of the client's problems, including special attention to the roles that significant others play in the difficulties;
- 2) the functioning (strength, limitations, personal assets, and deficiencies) of clients and significant others;
- 3) motivation of clients to work on the problems;
- 4) relevant environmental factors that contribute to the problems and;

5) resources that are available or are needed to ameliorate the clients' difficulties.

These guidelines will be presented within the framework of a multimodal perspective.

#### **1.5.4 Therapeutic approach**

The term, therapeutic, refers to something which is useful as an agent of therapy (Stratton & Hayes, 1993). The psychologist has to adopt a therapeutic approach towards victims of non-battering marital rape in order that psychological development and growth may take place. This type of approach involves a therapeutic action.

### **1.6 RESEARCH DESIGN AND METHOD**

A qualitative research design and method that is descriptive and explorative in nature (Mouton & Marais, 1990) will be followed in order to generate a therapeutic approach for victims of non-battering marital rape. The research will be conducted in two phases. Phase one will focus on the description of the life world of victims of non-battering marital rape, a cross validation report and literature control as well as assessment guidelines for victims of non-battering marital rape. In the second phase a therapeutic approach for victims of non-battering marital rape will be generated together with guidelines on how to operationalise the assessment guidelines and therapeutic approach.

In order to enhance the trustworthiness of the study, Guba's model (Lincoln & Guba, 1985), which consists of the following four aspects relating to trustworthiness, will be implemented: Truth value, applicability, consistency and neutrality.

The research design and method that include the above four aspects will be discussed in detail in chapter 2.



## 1.7 OUTLINE OF CHAPTERS

The contents of the research report is indicated as follows:

The first chapter gives a brief overview concerning the problem formulation of the research as well as the objectives. Chapter 2 entails a description of the research design and method. Chapter 3 contains multiple case studies reflecting the life world of the victims of non-battering marital rape. Chapter 4 indicates a cross validation report and literature control based on themes, categories and subcategories regarding the life world of victims of non-battering marital rape.

Chapter 5 contains a description of a therapeutic approach for victims of non-battering marital rape. In chapter 6 a summary is given of the research findings with emphasis on avenues for further research in the field.

## 1.8 SUMMARY

This chapter gave an overview of the planned research. A description of the research problem and objectives was formulated. The paradigmatic perspective regarding meta-theoretical, theoretical and methodological assumptions determining the research design and method, was stated. The second chapter will focus on the research design and method.

## **CHAPTER 2**

### **RESEARCH DESIGN AND METHOD**

#### **2.1 INTRODUCTION**

The research consisted of two phases. During phase one the researcher described the life world of the victim of non-battering marital rape by means of multiple explorative case studies. The researcher then had a better understanding of the reality of the life of the victim of non-battering marital rape. This was used as basis for the generation of a therapeutic approach.

The second phase focussed on the generation of a therapeutic approach for victims of non-battering marital rape.

#### **2.2 RATIONALE**

The researcher is of the opinion that most non-battering marital rape victims are not identified because of misconceptions within the community that marital rape is a problem exclusive to battered women. When victims do receive assistance it is for marital problems, and the sexual abuse element remains unidentified or ignored because sex is still a taboo subject in most societies. Sexual abuse is therefore not a focus of treatment. These victims continue to have mental health problems because of inadequate treatment which hampers the quality of their lives.

#### **2.3 OBJECTIVES**

The primary objective of the study was the description of a therapeutic approach for victims of non-battering marital rape in order to enhance their mental health.

Secondary objectives which were identified in order to reach the primary objective were as follows:

- The exploration and description of the life world of the non-battering marital rape victim by means of multiple case studies: phase 1.
- The description of assessment guidelines for victims of non-battering marital rape: phase 1.
- Guidelines to operationalise the assessment guidelines and the therapeutic approach for victims of non-battering marital rape : phase 2.

## **2.4 RESEARCH DESIGN**

The purpose of a research design is to plan and structure the research project in such a way that the final validity of the findings will be enhanced (Mouton & Marais, 1990).

The research design, for the purpose of this research, was qualitative, descriptive, explorative and contextual in nature:

### **2.4.1 Qualitative aspects**

During qualitative studies, the research task is perceived as gaining understanding of the respondents within a social context and how they give meaning to their world (Glesne & Peshkin, 1992; Marshall & Rossman, 1989; Patton, 1990).

Natural inquiry is used during qualitative research. It is a study of real situations as they unfold naturally, without preconceived ideas or variables. The researcher is flexible and describes a phenomenon as it manifests itself. As the research design is open and non-structured, there is room for change as understanding deepens and situations alter (Mouton & Marais, 1990). During this research the focus is on the understanding of the meaning that victims of non-battering marital rape give to their life world.

Qualitative studies are meaningful when small groups, communities and organizations are described, and theories developed concerning their functioning. During the cyclic process of elaborating scientific information this type of research could lead to an adjustment of original theories (Huysamen, 1993; Patton, 1990).

For the purpose of this study a qualitative design was appropriate. The research could not be done experimentally because of practical and ethical considerations. Non-battering marital rape is a highly sensitive issue that makes recruitment of respondents difficult. The confidentiality of the respondents may not be compromised; however, direct involvement is necessary in order to establish a trust relationship and to observe and study the phenomenon as it is (Mouton & Marais, 1990).

According to Marshall and Rossman (1989), qualitative studies are of value when dealing with research that is descriptive. They stress the importance of milieu, context and the frame of reference of respondents. The qualitative research method that supports flexibility and a holistic approach is appropriate for an in-depth study of non-battering marital rape.

#### **2.4.2 Descriptive and explorative aspects**

The aim of exploratory studies focusses on gaining insight and understanding into the reality of a specific phenomenon (Mouton & Marais, 1990). An open and flexible research strategy was followed. Concerning the relatively unknown field of non-battering marital rape, this study emphasized the exploration of the life world of the victims. This enabled the researcher to gain more understanding concerning its reality. New insights were gained as a result of the researcher's not having any preconceived ideas or hypotheses relating to the phenomenon.

The life world of victims of non-battering marital rape was scrutinised by means of descriptive case studies. The descriptive study aims to describe the situation which exists accurately and thoroughly (Mouton & Marais, 1990). During phase one the focus was on descriptive case studies of victims of non-battering marital rape. Phase

two will focus on the description of a therapeutic approach for victims of non-battering marital rape.

#### **2.4.3 Contextual aspects**

The nature of the study was contextual as it concentrated on the facets of the life world of non-battering marital rape victims in a specific sample group within the unique context of victims of non-battering marital rape. A contextual study is thus not representative of the total population (Mouton & Marais, 1988). The purpose of the contextual exploration and description of the life world of victims of non-battering marital rape was to generate a therapeutic approach for victims of non-battering marital rape.

### **2.5 RESEARCH METHOD**

The research was conducted in two phases and the research method of each phase will be described (see Figure 2.1).

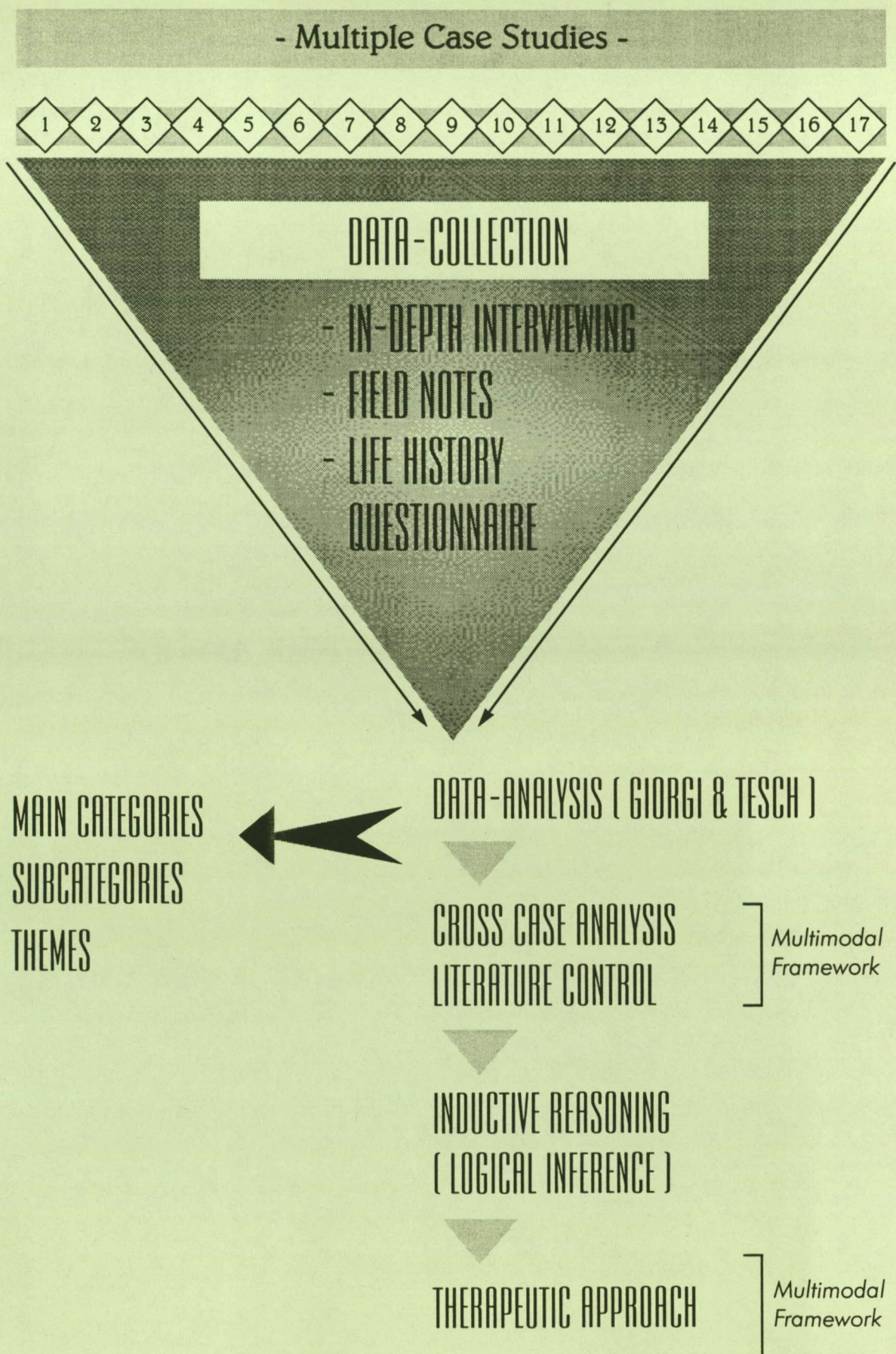
#### **2.5.1 Phase 1**

During this phase an explorative, descriptive multiple case study method was used to explore the life world of the victim of non-battering marital rape.

The case study is an intense and holistic description and analysis of a phenomenon (Merriam, 1991). It should be descriptive-didactical and include theoretical concepts pertaining to the phenomenon (Edwards, 1990). In the multiple-case design each case serves a specific purpose resulting in generalized and valid information regarding the theoretical framework that is developed. Evidence obtained from a multiple-case design is often accepted as more convincing and the complete study as more conclusive (Yin, 1994).

For the purpose of this study the use of multiple cases gave the researcher the

**Figure 2.1: The Research Method**





opportunity to convey a more holistic description of the life world of the victims. The same methodology, as described below, was used for each case. Individual case reports were written which were followed by a cross validation report.

#### 2.5.1.1 Data-collection

Data-collection used for the purpose of this study is described under the headings sampling and data-collection methods.

##### a) Sampling

##### **\* Method**

The researcher obtained a purposive sample based on guidelines obtained from the work of overseas researchers, namely Finkelhor and Yllo (1985), Kelly (1988) and Russell (1990) in the field of marital rape, in order to make the sample representative of the relevant population group, namely victims of non-battering marital rape.

Russell (1990) stated that, because some women do not perceive themselves as victims of marital rape, and/or do not realize that it is a criminal offence, as well as the fact that it is believed to be a topic that women would not readily discuss, a direct question on marital rape would be threatening. Overseas researchers in the field of marital rape, like Russell (1990) and Finkelhor and Yllo (1985), have used the terms forced sex or unwelcome sex, rather than marital rape, and questioned women further who answered positively to the above-mentioned wording.

Kelly (1988) stated that the first step in defining experiences of rape is having access to a name. Victims need to name their problem in order for abuse to stop. Considering the fact that marital rape has only been considered a form of criminal behaviour in South Africa since the end of 1993, and that non-battering marital rape may further be disguised because of marital rape being associated with the misconception of battering, the wording, *forced or unwelcome sex*, was also used instead of non-battering marital rape.

The 17 respondents in this study were identified through the following means:

### **-Advertising**

Advertisements were placed in Afrikaans and English local newspapers, as well as in the free bulletins published once a week (see Appendix 1.1). This made it accessible to all income groups.

The following are examples of the advertisements placed in the newspapers. Possible respondents were asked either to write to the researcher and supply details as to where they could be contacted, or to reach the researcher by telephone.

#### **1) Research Project: Relationship Dynamics**

Have you ever had any kind of forced or unwelcome sexual experience with your husband or live-in lover, or with your ex-husband(s)/ex-live-in lover(s)?

2) A psychologist is currently working on a research project concerning the living-together relationship between husband and wife. The psychologist would like to obtain more information from women who have ever experienced any type of forced or unwelcome sexual experience with their present husband/live-in lover or previous husband/live-in lover(s).

Answers to the following question, among others, will be studied:

Have you ever been placed under any kind of pressure by such a person to engage in sexual activity?

### **- A visit to a shelter for abused women**

A shelter for abused women in Cape Town, run by the Salvation Army, was visited. The name of the shelter and its location has not been published for safety and security reasons, as well as to protect the privacy of the women.



An application in writing had to be submitted to the chief officer before any visits to these shelters could be made.

**-Visits to the Court for Domestic Violence in Port Elizabeth.**

After presenting a letter from the researcher's study promotor stating that the researcher is a psychologist and a registered D.Phil. student, consent was obtained from the chief magistrate to visit the court (see Appendix 1.3). During these visits the researcher asked women who were applying for interdicts to consider having a short interview. During this interview it was determined whether they would qualify as possible respondents. Those identified as respondents were asked to come for a further interview.

**- A visit to a Child Welfare Society and referrals from social work agencies and rape crisis centres.**

The researcher visited the Child Welfare Society (Uitenhage) and interviewed new clients to determine whether they were possible candidates for the study. Possible respondents were also identified by social workers from the Christelike Maatskaplike Raad (CMR- Port Elizabeth) as well as social workers in private practice. A rape crisis centre also referred possible respondents to the researcher.

**- Referrals from people aware of the research**

Possible respondents were also referred by colleagues.

**- The initial interview as part of the sampling method**

During the initial interview of a possible respondent it was stated that the research focussed on relationship dynamics, and the question in the advertisement was put to the possible respondent. The intellectual level and/ or verbal comprehension of the respondents were considered and relationship dynamics was also referred to as was

the relationship between husband and wife, and/or problems between husband and wife. Those respondents who answered positively to the question in the advertisement were further interviewed to establish whether they met the definition for marital rape for the purpose of this study as discussed in paragraph 1.5.1.

If the woman was considered a suitable respondent, a further interview took place. At the shelter for abused women, all who consented were interviewed regardless of the level or degree of abuse in order not to expose any of them unduly as they were all living under one roof.

An appointment was made for a suitable time and place where the women from the respective shelters and social work agencies were seen. Two divorced women were interviewed at their homes while the others were seen at the researcher's office.

**\* Sampling criteria (see 1.5.1)**

The following criteria pertains to the respondents who should:

- be female, of any nationality, ethnical group or denomination, and able to converse in Afrikaans or English;
- be married, divorced or widowed and have experienced unwelcome or forced sex (non-battering marital rape); or
- be, or have been, involved in a living-together relationship and experienced unwelcome or forced sex (non-battering marital rape);
- the relationship dynamics in the relationship should be of such a nature that the women's bargaining position was undercut;
- be willing to take part in the research; and
- be able to read and write.

**\* Problems encountered during sampling**

The researcher encountered the following problems during sampling:

### - The attitude of agencies

Certain welfare agencies were more open than others. Some agencies were either unaware of any such cases, or only knew about possible respondents. There was no certainty as to whether the client could be a respondent. Others were concerned about confidentiality and the relationship between social worker and client.

Certain agencies never referred any clients, nor did they place the enlarged newspaper advertisements on their notice boards as had been agreed. An issue pertinent to this research is a statement made by a social worker; namely, that marital rape is part of wife battering. Another social worker stated that no one attending their agency had ever mentioned marital rape.

The researcher instructed social workers not to question clients directly as to whether they had been raped by their husbands. They were only to refer possible respondents who would be willing to take part in a research project concerning relationship dynamics, as the psychologist would screen the respondents for suitability. However, these instructions were not always adhered to and they often reported back that they had no clients who had been raped by their husbands.

The Salvation Army and Child Welfare Society were more open on the subject of marital rape, and allowed the researcher access to women who permitted themselves to be interviewed. Social workers accepted that the research needed to be conducted in a prescribed way; namely, not to ask women directly about marital rape, but to allow the researcher to do the screening.

### - Respondents' responses

Three people reacted to the advertisement in the newspaper, but only one followed through. One respondent's husband opened her mail and found the questionnaire. He forbade her to see the researcher, as, in his opinion, there was no problem.

Another respondent's husband found the questionnaire hidden under a carpet and hit her. The third respondent was divorced and made contact because she had a need for help.

Other possible respondents ended their involvement in the research when their husbands threatened them, or insisted that there was no problem. Most respondents referred by social work agencies, social workers in private practice, or contacted at shelters followed through with the research.

Those respondents who completed the research felt that they had had a positive experience, and most indicated that they had never shared their experiences of forced/unwelcome sex with anyone else.

#### b) Data-collection methods

Multiple data-collection methods were used, namely interviewing, field notes and a questionnaire. These enabled the researcher to compile multiple case studies for 17 victims of non-battering marital rape. A discussion of the different data-collection methods will follow.

#### **\* In-depth interviewing**

The in-depth interview can be described as an interview that is more like a conversation. During such a conversation the focus is on the perception of the respondent and the perspective of the researcher is of no consequence (Glesne & Peshkin, 1992; Huysamen, 1993; Marshall & Rossman, 1989).

According to Patton (1990) the structure of interviews can fluctuate. On a continuum, interviews range from totally unstructured, to those based on completely pre-arranged questioning. Positioned in the centre is the interview guide that was used for the purpose of this study (Patton, 1990). The interview guide consists of an unordered list of topics and subtopics. The interview guide can be regarded as a matrix, covering

the principle research questions and main areas to be studied, thus enhancing data reduction (Miles & Huberman, 1994). The researcher determines the wording and order of the questions. The questions should not be leading in nature nor contain assumptions (May, 1993). The purpose of the open ended questions used during interviewing was to determine which themes, images and words regarding the life world of non-battering marital rape victims were used in order to describe the feelings, thoughts and experiences of the respondents.

The advantages of the interview guide are that it guides the researcher in achieving the purpose of the interview; it ensures that the researcher uses the limited time at her disposal effectively; it increases the comprehensiveness of the interview; and it makes the collection of data more systematic (Patton, 1990). The identified topics and subtopics were founded on theoretical constructs related to the multimodal framework (see Figure 1.1). The following topics and subtopics were used as part of the interview guide:

- \* The nature of forced or unwelcome sex
- \* The type of coercion
- \* Motivation of the husband/partner in engaging in forced /unwelcome sex
- \* Reasons for women not wanting intercourse
- \* The presence of any type of woman abuse
  - Emotional
  - Verbal
  - Spiritual
  - Financial
  - Physical
- \* Sexual history of the woman
  - Childhood sexual trauma
  - Attitude towards sex before/after marriage
  - Sexual adjustment in marriage
- \* Psychological effect of forced/unwelcome sex on the woman
  - Drug modality

- Sensation modality
- Affect modality
- Cognitive modality
- Imagery modality
- Behaviour modality
- Interpersonal relationships modality
- \* Perception of marital rape
- \* Coping strategies

During the research the following features of effective interviewing (Glesne & Peshkin, 1992) were used:

- The researcher took on the role of a learner and any preconceived ideas were set aside. This also enhanced rapport.
- A psychologically favourable climate was created through reflection without changing the respondent's meaning. This conveyed understanding and empathy.
- Silences were allowed and non-verbal and verbal encouragement was used to motivate respondents to give clear and relevant responses in order to achieve the objective of the interview.

The interviews were tape-recorded and transcribed by the researcher.

#### **\* Observations and field notes**

Observation presupposes the personal involvement of the researcher within the natural environment of the respondents in order to attempt an understanding of their reality (Huysamen, 1993; Marshall & Rossman, 1989). The researcher relates the reality from the point of view of his/her theoretical assumptions during the process of observation (Mouton & Marais, 1988). By making field notes, all the observations, behaviour patterns and experiences within a specific context are recorded.

The four types of field notes that played a role in this research are indicated by Wilson

(1989) as follows:

- Observational notes: These notes are descriptive and indicate an accurate recording of occurrences without any evaluation (thus preventing hasty interpretation). Listening and observational skills play an important role.
- Theoretical notes: Theoretical notes are purposeful and allow the researcher the opportunity of developing meaning from observational notes. Interpretation and identification of problem areas follow. Patterns and themes that are observed are also elucidated.
- Methodological notes: The researcher can be guided by these notes as to the method to be followed; for example, not to interpret during interviewing.
- Personal notes: These notes concern the personal experiences and reactions of the researcher.

#### \* The questionnaire

In the discussion on data collection methods thus far, the role of the researcher's infiltrating into the research setting - making observation notes or making tape recordings - has been mentioned. The written words of respondents could also contain valuable information, for example, personal files and documents (May, 1993; Patton, 1990).

For the purpose of this study the *Multimodal Life History Questionnaire* (Lazarus, 1981) (see Appendix 1.4) was used as it is regarded as a personal document of the respondent. The questionnaire consists of questions relating to each of seven modalities: namely, behaviour, affect, physical sensation, imagery, cognition, interpersonal relationships and biological factors.

The face validity (Stratton & Hayes, 1993) of this questionnaire indicated how far the

measure seemed appropriate in describing the life world of victims of non-battering marital rape. By completing the questionnaire covering questions related to the different modalities, the researcher obtained a holistic understanding of the problem areas as well as the strengths in the lives of the respondents.

#### 2.5.1.2 Data-analysis

After the collection of all the data for phase one, data-analysis followed. The results of phase one determined the commencement of the next phase, namely, the generation of a therapeutic approach for victims of non-battering marital rape.

The tape recorded interviews were transcribed and, together with the field notes and respondents' responses on the multimodal questionnaire, were collated and analysed by an independent coder. The coder and the researcher analysed the data independently and then discussed the analysed data in order to reach consensus. After a sufficient time lapse the data was re-coded by the researcher in order to enhance the trustworthiness of the study.

For the purpose of this study the methods of Tesch (1990) and Giorgi (1985) were used for data-analysis and the following steps were considered:

- The coders identified the major categories represented in the universum. The universum in this research consisted of the transcribed interviews, field notes and multimodal questionnaire data.
- The coders then identified units of meaning that related to the identified major categories.
- The units of meaning were put into the major categories.
- Subcategories within the major categories were then identified.



- Relationships among major categories and subcategories were indicated and reflected as themes.

Using these data, certain conclusions were made through induction in order to write case studies and to do cross case analysis.

During the writing of case studies, concepts were grouped (convergence) and described in psychological terms. The units of meaning were decreased by means of elimination (reduction) of additional material which was redundant or superfluous. The units were extended (divergence) (Lincoln & Guba, 1985) by adding the findings of other data collection sources; for example, observation notes.

#### 2.5.1.3 Literature control

A literature control indicated the trustworthiness of the results concerning the life world of victims of non-battering marital rape. A comparison of the results of the study with the theory in literature enhances the trustworthiness of the research (Woods & Catanzaro, 1988). The literature control included information from various research disciplines; namely, psychiatry, clinical psychology, sociology, victimology, criminology and nursing.

Certain categories and themes as identified by the researcher during data-analysis were verified in literature. Similarities, differences and new data stemming from the results were noted.

The results of this phase were used as a basis to generate assessment guidelines for victims of non-battering marital rape. The generation of a therapeutic approach for victims of non-battering marital rape also followed from the results of phase one.

### 2.5.2 Phase 2

The objective of phase two of the study is the development of a therapeutic approach for victims of non-battering marital rape. Themes and categories identified through the multiple case studies as well as literature control were used to generate this approach within a multimodal framework.

The objective of the approach was to improve the mental health of the victims of non-battering marital rape.

#### 2.5.2.1. Data collection: Results of phase 1

The data obtained from phase 1 (transformed into psychological terminology) and the literature control formed the collected data. The data were used for the development of a therapeutic approach for helping victims of non-battering marital rape by means of logical inference (Copi, 1994). Inference can be indicated as a process in which an original proposition or statement leads to other propositions being formulated. The thought process from the original statement to the conclusion, is the inference.

#### 2.5.2.2 Data analysis

Data analysis involved the identification of themes in phase 1 which were used to generate the therapeutic approach for victims of non-battering marital rape by means of induction. When researchers begin with individual cases and then proceed to theory, an inductive approach is followed (Huysamen, 1993). A literature control verified the generated approach. Discussions with victims of non-battering marital rape, as well as professional people, took place in order to discuss the therapeutic approach and to make possible adjustments.

The worth of the generated approach was evaluated by using the evaluation criteria of Chinn and Kramer (1991). Their five criteria are as follows:

- Clarity: Clarity deals with consistency of presentation and lucidity of theory.
- Simplicity: The number of structural relationships and components within the theory should be simple.
- Generality: The scope of events covered in the theory should depict generality.
- Empirical applicability: The extent to which concepts within the theory are grounded in observed or observable phenomena, indicates empirical applicability.
- Consequences: Consequences refer to the extent to which theory guides psychological goals, namely goals that are important for practice, research, and education.

#### 2.5.2.3. Description of guidelines to operationalise the assessment guidelines and the therapeutic approach for victims of non-battering marital rape.

Guidelines were formulated to operationalise the assessment guidelines and the therapeutic approach by means of deductive and inductive reasoning (Mouton & Marais, 1990). In order to assess and adjust the guidelines, discussions with certain respondents as well as professional people followed.

#### **2.5.3 Ethical measures**

Ethical considerations (Huysamen, 1993) came to the fore during three stages of the research project; namely, during the recruitment of respondents, during data-collection to which the respondents were exposed, and during the stage at which the results were obtained.

For the purpose of this study ethical considerations relating to the above were addressed as follows: The consent of the respondents was obtained and they were informed as to the purpose and value of the research. Confidentiality and the right of the respondent to withdraw from the research at any stage were also addressed.

A debriefment interview in cases of excessive stress took place as soon as possible

after the initial interview. Respondents showing excessive stress during the initial contact, or respondents currently under psychiatric treatment, were asked to consider whether continuing with the interview would be advisable as it could be stressful. In certain cases where severe stress was observed, the researcher decided not to continue even though the respondent was willing to do so. The privacy of respondents was respected. Each respondent signed a consent form. The consent stated that the information would only be used for research purposes (see Appendix 1.2). In this specific research, treatment was not included. However, all respondents who felt they needed assistance were referred to professional agencies or persons for help. Consent was obtained to tape all interviews and to allow the taking of notes during the interview. The respondents were told that they were the experts in their field and that the purpose of the interview was not to evaluate them, but to understand their experiences and that there were no right or wrong answers to questions. The researcher transcribed all the interviews herself.

#### **2.5.4 Measures to ensure trustworthiness**

The trustworthiness of any research is measured according to certain criteria, standards and requirements. For the purpose of this study, trustworthiness will be described according to the model of Guba (Lincoln and Guba, 1985). Their four aspects relating to trustworthiness are as follows:

##### **2.5.4.1 Truth value**

In the process of qualitative research the researcher attempts to come to a deeper understanding of a certain phenomenon. Aspects of the phenomenon, thus aspects of the world of non-battering marital rape victims, can only be comprehended and described if the researcher identifies certain patterns, themes and values that surface repeatedly (Krefting, 1991). The researcher determines if he/ she has confidence in the truth of the findings of the respondents in the context within which the study takes place. The question as to whether the study generates accurate, true to reality findings regarding the specific domain of the phenomenon is asked.

Guba and Lincoln (1985) use the term truth value for internal validity and reason that it is based on the assumption that a single reality exists for the respondent. Truth value in qualitative research is obtained through credibility and only those criteria relevant to this study, will be discussed:

\* Triangulation refers to the use of multiple perspectives to ensure that all aspects of the phenomenon are studied for purposes of cross validation. Different data-collection methods were used, namely, in-depth interviewing, field notes, and a life history questionnaire. Multiple data resources were used, namely 17 respondents and literature sources.

During the data analysis phase, triangulation was enhanced through the use of an independent coder, literature control and discussion of the results with different professionals in the field of study in order to test the results. The independent coder for this research was a clinical social worker with 17 years experience and knowledge regarding qualitative research. The input of the professionals as well as the discussion of the findings with certain respondents could contribute to validation of the findings and to the adjustment of the proposed therapeutic approach for victims of non-battering marital rape.

\* Reflexivity refers to the assessment of the influence of the investigator's own background, perceptions, and interests on the qualitative research process.

The researcher is part of the research domain and is not neutral concerning what is being researched (Van Reenen, 1993). The researcher analyses and interprets from a specific frame of reference. He/she therefore needs to interpret the findings as objectively as possible. The researcher strove continually to remain in contact with her emotions, perception and background, thus not allowing the research process to be influenced by these.

The qualitative approach is reflexive in nature because the researcher takes part in the dynamics of the research situation and is not only the researcher *per se*.

Frustration and concerns were written down and analysed, as this led to awareness of preconceived ideas.

\* Accuracy of interviewing: The researcher should be facilitative of the dialogue, non-directive, non-judgemental, and should establish a climate of acceptance for the respondent. The researcher should be open to any unanticipated situations and information.

Reframing, repetition and/or expansion of questions at different stages were used to increase credibility.

\* The credibility of any argument is enhanced by the establishment of structural coherence, that is, the existence of no unexplained inconsistencies between the data and their interpretation. Although data may be conflicting, credibility was increased if the interpretation could explain the apparent contradictions.

\* Central to the credibility of qualitative research is the ability of respondents to recognize their experiences in the research findings. Member checking is a technique that consists of continually testing the researcher's data, analytic categories, interpretations and conclusions with respondents. The use of the strategy of revealing research materials to the informants ensured that the researcher had accurately translated the viewpoint of the respondents of the data.

#### 2.5.4.2 Applicability

Guba (Lincoln & Guba, 1985) refers to applicability as the degree to which findings can be generalized to the larger population. In qualitative research generalization cannot always take place because each situation is unique, within a natural context and with few controllable variables.

Guba and Lincoln (1985) refer to the quality of transferability in enhancing applicability in qualitative research. The strategy allows the study to be applied

outside the field being researched where there is a degree of resemblance between contexts. The above-mentioned authors are of the opinion that transferability is the responsibility of the researcher wanting to apply the findings to other situations or populations. The researcher needs to have descriptive data available to make comparisons possible.

The following criteria which enhanced applicability were used for the purpose of this study.

- \* A thorough and holistic description of that which was seen and experienced.
- \* Accurate sampling. The degree of applicability improved by purposive sampling. A key factor in the transferability of the data is the representativeness of the informants of a particular group.

#### 2.5.4.3 Consistency

Consistency refers to the degree of consistency of findings should the study be repeated within the same context. Consistency as traditionally referred to in quantitative research (reliability) is not possible in qualitative research. Here the uniqueness of the human situation is paramount and thus variation in experiences is important rather than identical repetition. Insight into the broad field of experiences of different respondents, where each specific experience is seen as important, is striven for. Consistency of findings will enhance the reliability of findings (Krefting, 1991). In qualitative research consistency is defined in terms of dependability.

The strategies of dependability followed in this study were as follows:

- \* Consistency was enhanced according to the degree that the research methodology (including data-collection and data-analysis) was explicit, justifiable and organized. The above-mentioned qualities were considered throughout the research process.

- \* Triangulation ensured a multiple perspective for the mutual confirmation of data. For the purpose of this study, multiple methods of data sources, data-collection and analysis were used.

- \* Coding and re-coding were used in the analysis. The process of analysis and re-coding were repeated after two weeks and then compared with the original findings.

#### 2.5.4.4 Neutrality

The fourth criterion of trustworthiness is neutrality and refers to freedom of bias in research procedures and results. It reflects the degree to which findings are based on information available and not on preconceived data. In qualitative research the value of the findings is strengthened by decreasing the distance between the researcher and the respondent. The following strategy of confirmability to enhance neutrality was used.

- \* An independent coder was used for data analysis and discussions with professionals in the field of study were held concerning the generated therapeutic approach for the victims of non-battering marital rape. Results were also discussed with certain respondents taking part in the study.

- \* Re-coding of data was done to confirm findings.

## **2.6 SUMMARY**

This chapter focussed on the research design and methods used during phases one and two in order to generate a therapeutic approach for victims of non-battering marital rape.

Measures to ensure trustworthiness were also dealt with. The next chapter will focus on the description of multiple case studies of the respondents.



## CHAPTER 3

## DISCUSSION AND PRESENTATION OF CASE STUDIES OF RESPONDENTS

## 3.1 INTRODUCTION

The individual case studies of the respondents will be presented in this chapter. Categories and subcategories will be described as well as underlying themes with the discussion of multiple case studies following thereon:

The **presenting problem** as indicated by the respondent is a category. **Background information** of the respondent was indicated by the following subcategories: family life, relationship dynamics, sexual history and current mental status of the respondent.

The **nature of forced or unwelcome sex** during such incidents comprised the following subcategories: minimal physical force occurring separately from physical violence, minimal physical force only and no physical force.

The **type of coercion relating** to incidents of forced or unwelcome sex presented the following subcategories: fear of physical abuse, threats of physical abuse, interpersonal coercion, minimal physical coercion, inability to give consent because of being intoxicated as well as combinations of the above.

**Motivation of the husband/partner in engaging in forced or unwelcome sex** as perceived by the respondent is a category on its own. This is followed by a discussion of the **reasons for the woman's not wanting sexual intercourse**.

The **effect of forced/unwelcome sex** on the life of the respondent is indicated in the different modalities according to the multimodal approach: drugs, sensation, affect, cognition, imagery, behaviour and interpersonal relationships. Interpersonal relationships are indicated by two subcategories, namely sexual relationships and

The perception of respondents regarding incidents of forced/unwelcome sex forms another category for discussion. This is followed by coping strategies used by the women during incidents of forced or unwelcome sex.

The field notes of the researcher for each respondent appear under observation notes, theoretical notes, methodological notes and personal notes.

Underlying themes linking the categories and subcategories are as follows: the start of sexual abuse in childhood or adolescence and carried over into adult life, the inequality in the marital relationship, the presence of various types of abuse, co-dependency between man and woman in the relationship, general inadequate communication between man and woman and, also relating to sexual matters, the insecurity and powerlessness of the woman and her inability to break the victim cycle.

### 3.2 DISCUSSION OF CASE STUDIES

#### RESPONDENT 1

Respondent one is a 40-year-old divorced saleswoman who had been married to her ex-husband for 18 years. At the time of the interview she had been divorced for six months. She was referred by a social worker.

#### Presenting problem

The presenting problem was stated as feelings of guilt, loneliness, sorrow and remorse after a marriage of 18 years. During the marriage she consulted various professionals ; for instance, psychologists, social workers and ministers of religion regarding marital problems. Her husband never took responsibility for their marital problems and she had continued working hard at the marriage, trying to change her husband.

## Background information

### -Family life

Contrary to her marital relationship, she had a happy and stable childhood with good relationships between parents and children. No history of psychological problems relating to the respondent or any family members was evident. The family had strong religious convictions.

### -Relationship dynamics

The respondent described her husband as asocial and suspicious, having a *split personality* and communication problems. Their marital relationship seemed to be a power struggle depicting him as the persecutor and her as the victim; thus it lacked equality. During her marriage she could not be herself and almost always experienced anxiety because of her husband's unpredictable violent behaviour, verbal abuse and manipulation. She had low self-esteem and tried not only to please her husband by always meeting his needs, but other people as well. Although she worked hard at meeting his needs and trying to prevent arguments (for instance by not being too friendly with family members), the abusive cycle continued. The respondent generally experienced the following types of abuse in the marriage and examples are given to stress their severity:

- **Verbal abuse:** " *You're a whore, a mother's whoring cunt, you're stupid, you're mad...* " [Afrikaans: " *Jy is 'n hoer, jy is 'n mother's whoring cunt, jy is stupid, jy is mal...* "]

- **Physical abuse:** " *He would grab me by the arms, push my head against the wall, pull my hair, spit in my face and again knock my head against the wall.* " [Afrikaans: " *Hy sou my aan my arms gegryp het, my kop teen die muur gestamp het, en my hare getrek het. Hy sou my spoeg in my gesig en my kop weer teen die muur gekap het.* "]

The respondent started doubting her sanity because of her husband's verbal abuse and his blaming her for marital problems. Even after the divorce she still doubted herself, felt rejected and wanted to solve her husband's problems.

### -Sexual history

The respondent mentioned that sexual issues were not discussed at home when she grew up and she obtained information in this area from friends. She fell pregnant when she was still at school, kept the child and did not get married. No negative childhood sexual experiences were reported, although she had a teenage pregnancy (17 years old). She described her teenage boyfriend and herself as *naughty* when they started sexual experimentation. It seems as if her sexual abuse started at this stage as her boyfriend used her and she took all the responsibility after her pregnancy.

She started her marital relationship with a positive attitude towards sex. From the start of her marriage sexual intercourse was difficult and unspontaneous because she felt the relationship was not right. She and her husband could never discuss the sexual part of their relationship:

*We basically had sex twice a month, sometimes three times, sometimes he felt he wanted it three evenings in a row, and that did not feel right to me, I felt he was unstable. We never spoke about it. When I wanted to talk he would say: "You're looking for shit..." Then we stopped talking.*

[Afrikaans: *Ons het basies twee keer 'n maand, somtyds drie keer seks gehad, somtyds het hy weer so gevoel dat hy sommer drie aande agtermekaar ... en dit het nie vir my reg gevoel nie. Dit het vir my gevoel asof hy maar onstabiel was. Ons het nooit daaroor gepraat nie. Wanneer ek sou praat, dan sê hy: "Jy soek weer vir kak..." Dan het ons opgehou praat.*]

Although she experienced sex as unwelcome from time to time, there were also good

sexual experiences. After the divorce there was still sexual contact between them, preventing her from finally breaking the relationship.

### **-Current mental status**

At the time of the interview the respondent seemed to be in a process of bereavement relating to her divorce. She experienced the typical symptoms of depression and anxiety pertaining to this state. For the past six months she had been on tranquillizers and experienced sleeping problems, heart palpitations and tiredness.

### **Nature of forced or unwelcome sex**

The respondent felt under pressure to have sex with her husband. These sexual encounters took place separately from extreme and unpredictable episodes of physical violence: "*Most of the time after such an assault, especially when he called me ugly things, I felt under pressure to have sex with him.*" [Afrikaans: "*En meeste van die tyd na die fisiese aanrandings, veral as hy my vreeslike dinge genoem het, dit is dan wanneer ek onder druk gevoel het om met hom te verkeer.*"]

There could be a period of hours, days or even weeks between physical assault and episodes of pressurized sex. No physical force was ever used during sex and physical assault never ended with sex, as in the case of battering marital rape.

### **Type of coercion**

The reason's for the woman's giving in to her husband's sexual advances seemed to be fear of physical assault and interpersonal coercion: "*I gave in spontaneously to prevent further arguments, fighting or possible assaults.*" [Afrikaans: "*Ek het gewoonlik spontaan toegegee, omdat ek nie verdere rusies, bakleiery of moontlik aanrandings wou gehad het nie.*"]

He sometimes punished her by rebuffing her sexual advances and when he then made

sexual advances towards her, she gave in to him under pressure to keep the peace.

Even during the sexual act she feared physical assault: " *...it also scared a person. When will the next outburst be, ... uh...won't he finish sex and then become like that? I never experienced that, but the fear remained.* " [Afrikaans: " *...dit het mens ook bang gemaak, wanneer sal die volgende uitbarsting kom, ... uh..., sal hy nie net seks klaar hê, en dan so word nie? Maar ek het nog nie so-iets ervaar nie, maar die vrees was tog daar.* " ]

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

Forced sex was seen by the respondent as her husband's way of solving problems, or making up. According to her, one of their problems in the marriage was a lack of communication on the part of her husband. He knew that sex was her vulnerable area and used it to get into her good books:

*One had to go to bed angry because he was not interested in making things right...in later years we would be angry with one another for 2 weeks and I feel that that is not right for me...then he would approach me sexually.*

[Afrikaans: *By hom moes 'n mens kwaad gaan slaap, hy het nie belang gestel om dit reg te maak nie...later jare het ons somer soos in 2 weke kwaad vir mekaar gebly en ek voel dat dit is nie vir my reg nie ...dan sou hy nou deur seks kom toenadering soek.* ]

He could not share his feelings with her on an intimate level: " *He always gave me the idea that, if he showed me love; if he did what I do, he would then be a weakling.* "

[Afrikaans: " *Hy het altyd vir my die idee gegee, as hy vir my liefde moet wys, as hy moet doen wat ek doen, dan sou hy 'n swakkeling wees.* " ]

### Woman's reason for not wanting intercourse

The respondent's reason for not wanting sex, although she had never refused him, was because of difficulties in the relationship:

*Uh...I feel, a person still feels hurt because we had a communication problem and we had not solved the problem or communicated about it. It was still there when he approached me sexually. I therefore did not want to have sex. I wanted first to solve the problem and then carry on with my life.*

[Afrikaans: *Uh...ek voel, 'n mens voel eintlik nog seergemaak, omdat ons 'n kommunikasieprobleem het, en ons het dan die probleem nog nie opgelos of uitgepraat nie, so die probleem is nog al die tyd daar wanneer hy nou toenadering soek. Ek sou eers die probleem wou oplos en dan weer verder aangaan met die lewe.*]

### Effect of forced/unwelcome sex as experienced by the respondent

**Sensation:** She reported painful sexual intercourse.

**Affect:** The respondent felt trapped and hopeless as she wanted her husband to change. She knew this would solve the problem, but she could not effect this change.

Although she had become hardened, she tried to suppress these feelings. Sadness was also experienced: " *He could be so cruel, and also go about matters so gently.* "

[Afrikaans: " *Hy kan so wreed wees, en tog so sagkens ook werk.* "]

**Cognition:** She changed her attitude in order to enjoy sex:

*I did not mention the pain, because I did not know if I should. When I did experience it, I knew that it was not good for both of us, so I*

*had to pull myself together and try to enjoy it.*

[Afrikaans: *Ek het nou nie die pyn bygenoem nie, want ek het nou nie gedink ek moet dit noem nie, maar wanneer ek dit ervaar, het ek geweet dit is nie goed vir albei van ons nie, so ek moet nou net myself regruk en dit probeer geniet.*]

**Behaviour:** She kept quiet about the incidents of forced or unwelcome sex.

**Interpersonal relationships:**

**Sexual relationships:**

During sex she was afraid and feared a possible outburst, but this never occurred. She had very seldom not reached a climax, sometimes faked orgasms and could enjoy sex if she focussed on enjoying it. She was not sure how she would feel about future sexual relations with a partner and stated that it all depended on how the person treated her: " *I decided to look for someone like myself.*" [Afrikaans: " *Ek het my voorgeneem, ek gaan iemand soek wat soos ek is.*" ]

**Perception of the respondent regarding marital rape**

The respondent stated that she thought marital rape was possible but that it never happened to her. She referred to the instances when she felt under pressure to have sex with her husband, as manipulation on his part to get into her good books again, and not as an expression of his love for her: " *No, I think manipulation. Not out of love. It was his way of getting into my good books when I was angry with him.*"

[Afrikaans: " *Nee, ek sou net dink dit is manipulasie. Ek sou dit nie regtig uit liefde sê nie. Dit is sy manier om in my goeie boekies te kom, wanneer ek nou baie kwaad was vir hom.*" ]



## Coping strategies

The respondent tolerated forced sex or unwelcome sex in order to improve the marital relationship. She also wanted to placate him: " ... *and to make him feel that I'm still there for him, and still love him..., to see if this could strengthen the relationship or make it better so that it could be calmer at home.*" [Afrikaans: " ... *om hom te laat voel ek is nog steeds daar vir hom en ek is nog steeds lief vir hom. Om te sien of dit die verhouding sou versterk of beter maak; dat dit kalmer by die huis kan wees.*"]

## Field notes

**Observation notes:** The researcher experienced the respondent as very friendly, but in need of assistance as she had not worked through her divorce and still felt insecure. She cried from time to time during the interview.

**Theoretical notes:** She was in a process of bereavement regarding her divorce, but remained a victim as she allowed her ex-husband to manipulate her even after the marriage by having sex with her. He was not willing to work through their problems in order to start all over again.

**Methodological notes:** None

**Personal notes:** It was difficult not to counsel her and to keep a distance.

## RESPONDENT 2

The second respondent, a 48-year-old married housewife was referred by a social worker. She had been married for 28 years.

**Presenting problem**

The respondent mentioned that her husband physically abused her and that he had an extra-marital affair three years ago. A few months ago she obtained an interdict against him because of the physical abuse. She consulted a counsellor regarding the affair, but her husband did not go for help.

**Background information****-Family life**

She reported a happy family life.

**- Relationship dynamics**

Physical abuse started after the birth of their son, when she started to give her opinion during arguments. He did not like it and he wanted her to be subservient to him and under his control. When under the influence of alcohol he physically abused her even more. The respondent's husband verbally and emotionally abused her as well by complaining about her appearance.

Three years ago he had an extra-marital affair and physical abuse increased when she referred to the affair. Since the affair she had lost trust in him and had never forgiven him. Even now she felt guilty as she felt it was her fault that he had an extra-marital affair. The affair still causes arguments and physical abuse and she felt herself to be a victim.

**-Sexual history**

The respondent reported no negative childhood experiences concerning sex and her first sexual relationship was with her husband. When they got married both of them were ignorant regarding sexual matters. Her husband bought books in order for them

to gain knowledge in this area. She enjoyed sex when their relationship was still good, but experienced it as unwelcome when her husband manipulated her into having sex as a way to solve problems, especially after his extra-marital affair.

### **- Current mental status**

The respondent had unresolved bereavement syndrome regarding her husband's affair.

### **Nature of forced or unwelcome sex**

Forced or unwelcome sex took place separately from physical abuse and without any degree of physical force.

### **Type of coercion**

Interpersonal coercion existed as the wife wanted to keep the peace and the husband had threatened not to approach her for sex but to look for it elsewhere:

*He said: "You refuse and I do not want to try again"; He does not want to approach me sexually again. Then we had sex, you know. Although I felt that it was not right. I gave in, because I did not want to hear accusations. I don't like to be accused.*

*[Afrikaans: Hy het gesê: Jy weier net, en ek wil nie weer probeer nie"; Hy wil nie weer toenadering soek nie. Dan het ons maar seks gehad jy weet, alhoewel ek maar net gevoel het, dit is nie vir my reg nie. Ek sal maar toegee, want ek wil nie weer daardie beskuldigings hoor nie, want ek hou nie daarvan om bekuldig te word nie.]*

She also wanted to prevent another extra-marital affair:

*He never forced me, but I felt as if he manipulated me. He once told me that if he did not get what he wanted at home, he would go to another woman. I always had that thought in my head.*

[Afrikaans: *Hy het my nooit gedwing nie, maar dit voel dan of hy my manipuleer. Hy het eenkeer vir my gesê, as hy nie by die huis kry wat hy wil hê nie, dan sal hy loop en na 'n ander vrou toe gaan en ek het maar altyd met die gedagte in my kop geloop.*]

#### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The reason for her husband's forcing her to have sex was seen as his way of solving problems. She twice refused him sex after his extra-marital affair. He blamed her afterwards: " *He told me he wanted to do well, tried to solve our problems.* "

[Afrikaans: " *Hy sê maar net vir my hy probeer nou goed doen, hy probeer nou opmaak.* "]

#### **Woman's reason for not wanting intercourse**

This woman did not want to have sex because of problems in the relationship. She did not trust her husband anymore. She felt used and had twice refused his advances after his extra-marital affair:

*I don't like it when we have an argument, and then go to bed; that he approaches me sexually. Sometimes we don't speak to one another for days after an argument. We sometimes only say the necessary. I felt a person should be able to talk to each other normally, and make peace and not directly do it in bed... The relationship must first be right.*



[Afrikaans: *Ek hou nie daarvan om as ons rusie gemaak het, en dan as ons gaan slaap, dat hy op daardie manier toenadering soek nie. As ons rusie maak, daarna, wat baie maal gebeur, dan is dit dan wat ons dae lank nie met mekaar praat nie, of net die nodigste praat. Ek het gevoel as 'n mens net kan normaal gesels, en op so 'n manier vrede maak en nie direk in die bed nie....Die verhouding moet eers reg wees.*]

### **Effect of forced/unwelcome sex as experienced by the respondent**

**Affect:** Feelings of her husband not liking her and using her were present: "*At that stage I felt that I had been used. I am only good enough for sex, and that is not acceptable to me.*" [Afrikaans: "*Dan voel dit vir my ek word misbruik. Ek is dan net goed daarvoor en dit is nie vir my goed nie.*"]

**Cognition:** She doubted herself: "*I suppose I am wrong, I don't know, I don't know how to deal with it.*" [Afrikaans: "*Ek is seker verkeerd, ek weet nie, ek weet nie hoe om dit te hanteer nie.*"]

### **Interpersonal relationships:**

#### **Sexual relationships:**

The respondent experienced neither enjoyment nor spontaneity regarding sex.

### **Perception of respondent regarding marital rape**

She was uncertain as to whether this could happen in a marriage. To her marital rape could occur if a woman totally refused sex and the man lost control: "*When it does occur, it has to be with total force.*" [Afrikaans: "*Maar as so-iets gebeur dan is dit net met totale krag wat so-iets kan gebeur.*"] She experienced only unwelcome sex between her husband and herself and not rape.

## Coping strategies

The respondent experienced guilt because of her husband's extra-marital affair and endured unwelcome sex in order to keep the peace and to prevent the possibility of another affair: *"You know I feel tremendously guilty about it. The counsellor said I should not, but still..."* [Afrikaans: *Jy weet, ek voel vreeslik skuldig daaroor. Die berader het vir my gesê, ek hoef nie skuldig te wees daaroor nie, maar steeds...*"]

## Field notes

**Observation notes:** The respondent was very uncomfortable when discussing sexual matters and appeared not to have worked through her feelings with regard to her husband's extra-marital affair. She seemed to be insecure.

**Theoretical notes:** She seemed to be in a state of unresolved bereavement regarding her husband's extra-marital affair. Unwelcome sex within the marriage had never been discussed before.

**Methodological notes:** More specific questions had to be asked as she kept on avoiding matters pertaining to sex. After the interview she did not complete the questionnaire.

**Personal notes:** The researcher seemed to have intruded on this respondent's privacy. Afterwards she had reservations about having discussed the intimacies of her marriage.

## RESPONDENT 3

Respondent three is a 34-year-old supervisor who at the time was married to her second husband. She was on the client list of a social work agency and agreed to be interviewed.

## **Presenting problem**

Her husband abused alcohol and then molested her sexually. He once assaulted her with a hammer and knife and was sentenced for 11 months correctional supervision.

## **Background information**

### **-Family life**

The respondent had a happy childhood. She described both parents as calm and helpful.

### **-Relationship dynamics**

The respondent described her second husband as nervous and aggressive. His aggression was, according to her, because of alcohol abuse. He wanted to be in a position of power in the marriage and expected her to listen and obey his commands.

Emotional abuse was evident as her husband would ask her to leave when his friends were visiting. She was in constant fear that he would be drunk or moody as she sometimes had to leave home because of his aggression towards her: " *He uses something to hit with, for instance a piece of wood or something, ... he always uses something to hit me with.* " [Afrikaans: " *Hy gebruik iets om mee te slaan, soos byvoorbeeld 'n stuk hout of iets, maar hy gebruik altyd iets om mee te slaan.* "] She applied for an interdict against him and was the victim in this unequal relationship.

### **-Sexual history**

She had no sex education as a child and reported no negative sexual experiences during childhood. She felt used when her second husband pressurized her to have sex with him when he was drunk. This can be seen as an extension of his position of power in their sexual relationship. When her husband was not drunk, she enjoyed their

sexual relationship. Although her first husband left her and treated her badly, he never forced sex on her.

### **-Current mental status**

The respondent presented with symptoms of anxiety and depression that could be part of a posttraumatic stress disorder at the time of the interview.

### **Nature of forced or unwelcome sex**

The forced or unwelcome sex took place separately from extreme physical abuse and she said: "*It was worst when he sexually forced me*", [Afrikaans: "*Dit was vir my die ergste toe hy my seksueel forseer het.*"] compared to when he physically assaulted her.

### **Type of coercion**

The respondent feared physical abuse during the times when he pressurized her to have sex and the one occasion when he forced her. He used minimal physical coercion during that time and was cruel:

*It actually is at times when my husband is under the influence of alcohol. Then he wants to have sex with me, but to be honest, then I am so afraid and then I do not want to give in, but because he continuously tries, then I give in so that it does not turn into violence.*

[Afrikaans: *Dit is eintlik die tye wanneer my man onder die invloed van drank is. Dan wil hy so graag met my gemeenskap hê, maar om eerlik te wees dan is ek so bang en dan wil ek nie eintlik toegee nie, maar omdat hy so aanhoudend probeer, dan gee ek maar toe laat dit nie later geweld raak nie.*]



### **Motivation of husband/partner in engaging in forced/unwelcome sex**

According to the respondent, her husband was under the influence of alcohol at the time. She felt that he had had an inferiority complex because she was married before: *" He was actually second best and that is why he acted like that. He regarded himself as inferior. "[Afrikaans: " Hy is eintlik maar tweede beste en dit is waarom hy so opgetree het. Hy beskou homself as minderwaardig. "]*

### **Woman's reason for not wanting intercourse**

She did not want to have sex with him because he was not loving towards her. He was drunk and once acted like an animal.

### **Effect of forced/unwelcome sex as experienced by the respondent**

**Drugs:** The respondent has problems with her weight (decreased).

**Sensation:** She felt anxious.

**Affect:** The respondent was upset. She was humiliated and scared. She stated that she had been hurt and degraded and her love for her husband had changed. She felt that he had used her: *" The time that my husband was cruel sexually, my feeling towards him died. From my side, I feel that I am being used. " [Afrikaans: " Die keer dat my man met my wreed seksueel gewees het, dit het die gevoel wat ek vir hom gehad het, dood gemaak. Van my kant af voel ek, ek word gebruik. "]*

She also feared that it would happen again and felt alone and down.

**Cognition:** The respondent's self-esteem suffered. She does not care about him anymore and does not look up to him. She has not forgiven him:

*A wound heals, but not if you were hurt on the inside. I now think about*

*how he would do it again; he would not accept no for an answer. Because when I told him no, he did not want to accept it.*

[Afrikaans: 'n Wond is geneesbaar, maar nie as jy binne seerkry nie. Ek dink nou, hoe dat die man dit weer doen; hy will nie nee aanvaar nie, want toe ek dit vir hom gesê het, toe wou hy nie.]

**Images:** *"It is only that one time in my head... what he did to me that evening. His face...it is not something that I will easily forget."* [Afrikaans: "Dit is maar net die een keer in my kop, hoe die man daardie aand gewees het. Daardie gesig... dit is nie iets wat ek kan vergeet nie."]

#### **Interpersonal relationships:**

**Sexual relationships:** *"He now treats me carefully. I try to adjust. It will take time before I will be able to look up to him as a person to respect."* [Afrikaans: "Hy behandel my nou versigtig. Ek probeer my aanpas. Dit sal 'n tydjie neem voordat ek weer na hom kan opsien as mens."]

**General relationships :** *"I am quiet; I used to laugh and talk."* [Afrikaans: "Ek is stil. Ek het altyd gelag en gesels."]

#### **Perception of respondent regarding marital rape**

According to the respondent marital rape is possible; it can happen to her. She regarded the incident that occurred when her husband was under the influence of alcohol as cruel sex: *"He did not treat me with love. He was like an animal. He only wanted to please himself. He did not think about my feelings."* [Afrikaans: "Hy het nie my met liefde behandel nie, hy was soos 'n dier. Hy wou net homself tevrede stel. Hy het nie aan my gevoelens gedink nie."]

## Coping strategies

The respondent blamed forced sex on the abuse of alcohol: " *Because my husband was under the influence of alcohol, I can say that he was cruel at the time.*" [Arikaans: " *Omdat my man onder die invloed van alkohol was, kan ek sê hy was wreed daardie tyd.* "]

## Field notes:

**Observation notes:** The respondent seemed very depressed, spoke very softly, and had images of the forced /unwelcome sex. She appeared subservient and talked about sex with difficulty.

**Theoretical notes:** It had not been easy for her to speak about sexual matters, as is the case with most marital rape victims. There is a possibility that she is suffering from posttraumatic stress disorder, that is related to rape trauma syndrome.

**Methodological notes:** The respondent did not speak easily and more direct questions had to be asked.

**Personal notes:** The respondent needed the opportunity to talk and felt relieved. It was difficult not to counsel her.

## RESPONDENT 4

The 34-year-old married saleswoman, respondent four, was interviewed at a shelter for abused women.

## Presenting problem

The respondent indicated emotional and financial problems. Her husband was very old

fashioned and disregarded her opinion when it came to making decisions. He was always very insulting and she retreated into her shell. She decided to leave him and go to a shelter when he wanted to control her life completely, and not allow her any say in their marital life.

## **Background information**

### **-Family life**

She experienced an unhappy childhood as her father was an alcoholic and physically abused her mother. She often went out as an adolescent in order to escape the unpleasantness.

### **-Relationship dynamics**

The respondent regarded her husband as a domineering and irresponsible man who could not work with money. There was a power inequality in the marriage as he wanted to control her life by not allowing her to have her own opinion. She was very dependent, insecure and had low self-esteem. Communication between the marital partners seemed poor, as she did not bother to give her opinions, because she knew that she would be disregarded. Emotional abuse seemed to be evident in this relationship. The respondent's husband put pressure on her by stating that she was immature or inexperienced.

Her lack of assertiveness was experienced in all areas of her life. The respondent regarded herself as a victim of circumstance and felt that life was treating her unfairly -external locus of control. Her family life seems to be repeated in her own marriage as she was also a victim of abuse.

### **-Sexual history**

Sexual matters were not discussed at home during the respondent's upbringing.

Sexual abuse started when she was date-raped at the age of 16 (first sexual experience) when her boyfriend forced himself on her. She was ashamed and did not share the incident with anyone: *" I didn't know what virginity was. This guy promised me something... I cannot remember. I said to him, OK, I will. But then I got hurt. I told him to stop. He refused to stop. "*

She felt that she had cheated her parents and felt guilty because they trusted her. When she started working sexual abuse occurred again when a man exposed himself to her. She felt that she was not a pure girl when she got married, and her feelings of guilt were carried over into her marital sexual relationship.

She described her sexual relationship with her husband as satisfying in the beginning before the birth of their daughter as he was then still understanding and did not force himself on her. After the birth of their daughter he started to force sex on her. His lack of regard for her feelings at that stage then also showed in their sexual relationship.

#### **-Current mental status**

At the time of the interview the respondent presented with symptoms of anxiety and depression related to relationship problems. As far as her hysterectomy and date-rape were concerned, she was still in a process of bereavement. She experienced the hysterectomy as a loss and felt bitter because she could not have children any more. She stated that this had a negative effect on their already poor relationship. However, she realised that having children could not solve the relationship problems between them: *" He always said that it is my punishment. I didn't want kids and now that I do want them, I cannot have them. In a joking way, but it does hurt. "*

#### **Nature of forced or unwelcome sex**

The forced sex took place in the absence of any physical violence and was described by the respondent as follows:

*When I was tired you know, and he wanted something. Then he gets angry with me. He will say things that I don't want to hear. I would explain to him why. I work, uh, uh during the day and I'm tired. There is a time when a woman just does not want to have an intimate relationship with a man. That is the time that he would force himself on me and I'd just give in; I just give in; but I'm not satisfied.*

### **Type of coercion**

The reasons why the respondent had given in to his advances relates to *interpersonal coercion*. She mentioned the following: " *One day he said to me if I don't give in to sex, he'll go to someone else because he has to fight to get sex and ... he 'll think I'm immature or inexperienced or something like that.* "

Her biggest fear was that he would go to another woman and commit adultery if he became frustrated: " *If you don't satisfy them, they become frustrated or they will go to another women. That was my biggest fear. They will commit adultery. Then you just have to give in and I had to.* "

Although she was not happy, she wanted to keep the relationship going because it was her security.

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent could not give a reason for her husband forcing himself on her, but replied in the affirmative to questions regarding the fact that they have different ideas concerning sex. Her husband had bought books concerning sex which she did not like: " *I don't like it. What they show is gross... to me it is dirty.* "

According to her a man should respect a woman when she says no to sex. However, she had never discussed this with him and personally regarded such discussion as a mistake.

### **Woman's reason for not wanting intercourse**

The reason why she did not want to have sex with her husband at certain times was because he did not always show her respect: "*During the intimate relationship he will be sweet and gentle, but afterwards, he will leave me... he will be a different person.*"

She also felt that she did not get support from her husband after the birth of their baby and she was physically tired being a mother and a wife. According to her, her husband did not want to have a child at that stage. She was scared of falling pregnant again (before she had a hysterectomy).

She mentioned that she only showed love if a person deserved it. She found it difficult to discuss matters with him: "*He has the idea that he already knows what I'm thinking and that is totally wrong. He does not realise I have a mind of my own. We think differently.*"

The relationship problem between them then mainly focussed on a lack of communication.

### **Effect of forced/unwelcome sex as experienced by the respondent**

#### **Sensation:**

The respondent experienced sexual intercourse as painful.

**Affect:** The respondent stated that she felt worthless and used: "*It makes me feel as if I'm used. I feel...I feel worthless.*"

After the birth of her child when her husband forced her to have sex, she stated she had feelings of bitterness towards him and was emotionally confused: "*Does he love me? He tries to hunt me down. He will say our love will make him feel good. Deep down, deep down I feel hurt.*"

She became scared at the prospect of venturing into life on her own.

**Imagery:** The respondent developed a negative self-image.

**Interpersonal relationships:**

**Sexual relationships:** This respondent found it difficult to climax. She also stated: "*I am too afraid to have a relationship with another person, because I'm not capable of satisfying the opposite sex. They make you feel that you are inexperienced or something.*"

**Perception of respondent regarding marital rape**

According to the respondent it is possible that marital rape can occur: "*That is when a woman has an intimate relationship without her consent.*"

The incidents of forced sex between her and her husband were not seen by her as marital rape, but as forced sex. She had however, related an incident of date-rape.

**Coping strategies**

The respondent wanted to placate her husband and gave up her right to say "no": "*Then you just have to give in; and I had to.*"

She was also looking to God for an answer and hoping that He would help her to change her feelings towards her husband.

**Field notes**

**Observation notes:** The respondent spoke so quietly that the researcher could hardly hear what she had to say. The respondent seemed to be anxious and depressed, but she had many unresolved issues in her life. She found it difficult to talk about sexual



issues and appeared embarrassed.

**Theoretical notes:** The reason for the anxiety and depression could not only be attributed to forced or unwelcome sex. As with many other marital rape victims, it appeared that she had never really spoken to anyone about it.

**Methodological notes:** The researcher had to make a point of not making any interpretations during the interview.

**Personal notes:** The respondent needed reassurance and it was difficult not to give this.

## RESPONDENT 5

Respondent 5, a 25-year-old computer programmer, had been involved in a living-together relationship with her ex-partner whose child she had. A rape crisis centre referred her.

### Presenting problem

The respondent mentioned feelings of depression since a recent incident of being raped by two men and also when she thought back to her past, relative to incidents of rejection by family and partners.

The recent rape incident occurred when she was the last passenger left in a taxi. The taxi driver and his co-driver drove off to a deserted spot near the beach and both raped her. They then drove off and left her without any transport.

She had to walk in her torn clothes, got into another taxi and did not tell any family member until a week after the incident.

## **Background information**

### **-Family life**

The respondent had an unhappy childhood and always felt that her parents gave her sister more attention. She described her mother as a cold person who did not show affection and her father as very withdrawn. They apparently told her on her 16th birthday that she was a mistake and that increased her feelings of rejection. The respondent then attempted suicide. She received psychological help.

### **-Relationship dynamics**

Her first boyfriend and living-together partner was described as irresponsible, not allowing her any say in the relationship. Emotional abuse seemed to be present as the respondent was not allowed to make decisions. Her partner always forced his will in arguments. She gave in to pre-marital sex so as not to lose him and always tried to please him.

The conditional love in the relationship was ended when she did not want to go for an abortion when she fell pregnant. She again experienced rejection when her second boyfriend left her for another woman. Her interpersonal relationships in general had always been unsatisfactory as she was an introvert, lonely and always tried to please others. The respondent had an external locus of control as she believed herself to be a victim of circumstance and that life treated her unfairly.

According to her people always left when she started to develop loving feelings for them. At the time of the interview she was involved in a relationship with a stable, caring person who loved her unconditionally. She however did not have very deep feelings for him. It was as if she could not be in a relationship where she was not a victim.

**-Sexual history**

The subject of sex was not openly discussed at home. Her first sexual experience was with her first boyfriend and painful. In order to keep his love, she always gave in to his wishes. Her unassertiveness was also present in her sexual relationship as she never expressed her wishes and faked orgasms. During her second relationship and current relationship, pre-marital sex was not expected of her.

**-Current mental status**

At the time of the interview, the respondent was suffering from major depression precipitated by a recent rape incident.

**Nature of forced or unwelcome sex**

The experiences of forced or unwelcome sex between the respondent and her living-together partner occurred in the presence of minimal physical violence in that he basically manipulated her physically to obtain sex: " *He pushed me a bit. He smacked me a bit, but did not beat me up.* "

**Type of coercion**

Minimal physical coercion and interpersonal coercion occurred. The respondent's living-together partner stayed away for three months when she did not want to have sex with him. She did not want to lose him so she had given in to keep the peace:

*And then three months he stayed away. Then the issue came up of sex so he said to me, another reason was that I did not give him sex. Well, I did not want to lose him so I had to give in.*

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent could not give any reason why her living-together partner forced her to have sex besides the fact that they had different ideas regarding sex.

### **Woman's reason for not wanting intercourse**

To the respondent sex was special and this was the reason why they did not have sex from the start of the relationship.

### **Effect of forced sex as experienced by the respondent**

**Sensation:** Sex with her child's father was always painful.

**Affect:** The respondent said: " *I felt cheap, because I'm weak and never said just no.* "

She felt rejected and her feelings of love disappeared.

**Behavior:** The respondent reported the following: " *I've become very withdrawn. I don't open up easily. I don't speak to anyone at work. I'm quieter.* "

### **Interpersonal relationships:**

### **Sexual relationships:**

During the relationship the respondent always lied about having a climax as she had never had one: " *He used to ask me, did you reach a climax, what did you feel. All I said was, ja[yes]... uh,uh, but till today I don't know what it is.* "

She never enjoyed sex.

**General relationships:**

She said: *"I don't have friends. Men's company I do not want."*

Even now she tends to compare men with her living-together partner and they do not compare favourably. She is not interested in men any more.

**Perception of respondent regarding marital rape**

The respondent asked how this was possible because one is living with that person:  
*"No, I don't know. Maybe they call it rape because maybe she said no and he took it. I don't think it is possible."*

The difference between her rape experience and the incidents of pressurized sex, was not clear: *"I had sex with my child's father because I had to do it and during the rape I was forced to do it."*

**Coping strategies**

Respondent 5 had given up her right to say no: *"I never enjoyed it. I just did it because he wanted it; I had to do it."* This statement emphasizes her unassertiveness.

**Field notes:**

**Observation notes:** The respondent appeared very unassertive and dependent. She experienced her first sexual encounter as negative and was negative towards sex.

**Theoretical notes:** The current rape incident reminded her of her first sexual relationship that was negative and one that she had never worked through.

**Methodological notes:** None

**Personal notes:** She needed a great deal of guidance. She had irrational ideas and it was difficult not to counsel her.

## **RESPONDENT 6**

Respondent 6, a 53-year-old pensioner, had a living-together relationship with her fiancé for one year. They had a child together. She had already served a sentence of six years for shooting and killing her fiancé under provocation. During their traumatic relationship she experienced emotional abuse and actually sat with the revolver against her own head out of desperation, but it turned out that she shot him the following day. At the time when she had murdered her fiancé, she was on medication for anxiety. She had not taken the medication regularly. A social worker referred her.

### **Presenting problem**

The respondent stated her problem as feelings of inferiority and intense guilt because she had murdered her fiancé 19 years ago. She found it difficult to communicate with people apart from professional people working at mental health clinics where she went for treatment for schizophrenia. After all these years she had never forgiven herself for his murder. Her daughter, born out of wedlock, a very intelligent student, wants nothing to do with her.

### **Background information**

#### **-Family life**

She had experienced emotional problems from an early age and claimed to be unwanted by her father who only wanted male children. He abused alcohol and later divorced her mother. Her father apparently died in a mental hospital. She spent part of her unhappy childhood with her grandmother who was very strict. Her biological mother was loving, but also very strict.

### **- Relationship dynamics**

A power struggle seemed to best describe the relationship between the respondent and her fiancé. The respondent was a very attractive and popular young lady and her fiancé had to work hard to win her love. After gaining her love, his affairs with various women started and she could not trust him any more. Her frustration was manifested in the form of aggression, and he withdrew from her. She had to go to a home for unmarried mothers when she fell pregnant and their child had to be looked after by her mother as the respondent could not cope emotionally. The respondent indicated emotional abuse as the only form of abuse present in the relationship. She referred to his affairs during their relationship and how he threatened to take their child away from her mother. Her fiancé would still contact her from time to time and have sex with her, and then withdraw again. She could not handle the situation emotionally and ended the relationship. When during a conflict situation he told her he was not going to have contact with her any longer, she shot him.

### **-Sexual history**

The respondent received sex education from her mother, but apparently did not show any interest at that time. When her mother was not at home she was sexually abused as a child by her older brother. She started pre-marital sexual relationships at the age of 26 with her first boyfriend and felt very guilty about it even though she enjoyed it. At first she enjoyed sex with her fiancé until he started emotionally abusing her. Although her first sexual experience (with her older brother) was negative, she did have positive sexual relationships with other men later in life.

### **-Current mental status**

The respondent was taking medication for schizophrenia (in remission) and aggression and used aspirin regularly for headaches.

She understood the questions during the interview and completed the questionnaire

giving a great deal of detail. The information she supplied was verified by a social worker.

### **Nature of forced or unwelcome sex**

Only minimal physical force occurred during incidents of forced or unwelcome sex.

### **Type of coercion**

Interpersonal coercion was present and minimal physical coercion. The respondent stated as follows:

*He had torn my panty off. He told me, that if he wants me, he will take me. For example, if I had crossed my legs, then he forced my legs apart. It was then that he tore my panty off and forced me to have sex with him.*

*[Afrikaans: Hy het my panty van my afgeskeur. Hy het vir my gesê, as hy my wil hê, sal hy my vat. Byvoorbeeld as ek my bene so oormekaar het, dan het hy my bene van mekaar geforseer, dit is toe hy my panty afgeskeur het en my gedwing het om met hom seks te hê.]*

According to the respondent she had also given in to sex because of his emotional abuse. He would tell her that he had been to a pretty woman and even showed her the woman's lingerie. She also recalled that he had said: " *I do not give him sex, he would take our child away from my mother, and that he has a woman who would look after her.*" *[Afrikaans: " As ek nie vir hom seks gee nie, gaan hy die kind by my mammie laat wegneem en hy het 'n vrou wat haar sal oppas."*]

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent's perception of why her fiancé forced her to have sex was to hurt her emotionally.



### **Woman's reason for not wanting intercourse**

The reasons for the respondent refusing his advances was because she had felt he only used her and did not love her: " *He only wanted to hurt me emotionally, that is why he did it.*" [Afrikaans: " *Hy wou my emosies seermaak, dit is waarom hy dit wou doen.*" ]

### **Effect of forced sex as experienced by the respondent**

**Sensation:** Painful sex.

**Affect:** The respondent reported experiencing emotional pain and cried when it happened. Sometimes when she thought back, she still cried: " Emotionally it damaged me. It made me feel bad. I don't know how to explain it, but I felt bad. I felt he was only using me...He abused my love." [Afrikaans: *Dit het my emosioneel baie afgetakel. Ek het sleg gevoel. Ek weet nie hoe om dit te verduidelik nie, maar ek het net vreeslik sleg gevoel. Dit het my gemaak voel hy misbruik my net. Hy het my liefde misbruik.* ]

**Behaviour:** The emotional abuse and forced sex caused the respondent to lose control and shoot him.

### **Interpersonal relationships**

**Sexual relationships:** The respondent did not enjoy the sexual act and could not climax. Since then she had developed a hatred towards sex and did not have any sexual feelings. She did not trust her fiancé anymore.

### **Perception of respondent regarding marital rape**

The respondent had indicated that marital rape was possible and that it occurred between her and her fiancé.

She also indicated her experience of forced sex as rape in the questionnaire.

### **Coping strategies**

The respondent wanted to please her fiancé by placating him.

### **Field notes**

**Observation notes:** The respondent seemed very suspicious and constantly heard someone outside the door. After all these years she still felt guilty and sad that she had murdered her fiancé. She had also not forgotten her childhood sexual abuse.

**Theoretical notes:** Unresolved childhood issues, for instance incest, are still affecting the respondent. Non-battering marital rape can also lead to homicide. The impact of this type of marital rape on the victim should not be underestimated.

**Methodological notes:** None.

**Personal notes:** The researcher felt pity for the respondent as she had never forgiven herself. It is a pity that the life of such a beautiful and intelligent woman turned out like this.

## **RESPONDENT 7**

The seventh respondent, a 21-year-old clerk, had a living-together relationship of three years and was also referred by a rape crisis centre.

### **Presenting problem**

The respondent stated her problem as her inability to accept and work through the fact that her innocence was taken away from her at the age of five when her cousin

sexually molested her. Although she had consulted professionals, she never worked through it. She had made a few unsuccessful suicide attempts because of the problem.

### **Background information**

#### **-Family life**

The respondent described her childhood as unhappy because of the sexual abuse. She could never share this with her parents although she had a reasonably good relationship with them. She blamed them for the sexual abuse, because they left her alone at home from time to time.

#### **- Relationship dynamics**

The respondent experienced physical closeness and love for the first time when she met her first boyfriend after matriculating. As she did not have friends or transportation, he also became her contact with the outside world. She became dependent on him and could not leave the relationship in which he emotionally and verbally abused her. Although the respondent had always been faithful he would ask her if there was someone else in her life and accused her of being a whore.

As she was more intelligent than he, he seemed to abuse her sexually as well in order to manipulate her. The respondent appeared to have an external locus of control and a low self-esteem as she regarded herself as a victim of circumstance and thought that no other man would ever be interested in her. She never committed herself as far as therapy was concerned and gave up after two or three sessions when breaking the victim cycle became evident.

#### **-Sexual history**

The respondent was sexually abused by her cousin at the age of five years. He

sexually exposed himself to her and fondled her on various occasions. He also wanted to penetrate her. She gained information regarding sex from friends. She had feelings of guilt concerning her first sexual experience with her boyfriend as she still feels this is for marriage. Her boyfriend manipulated her into having sex, and she never enjoyed it as she had never worked through the incidents of childhood sexual abuse and regarded his sexual advances as unwelcome and forced. Her childhood sexual abuse continued in adulthood.

### **-Current mental status**

At the time of the incident she was suffering from posttraumatic stress disorder and associated depression. She had nightmares and images regarding childhood sexual abuse. Present events also seemed to trigger the memory of past occurrences.

### **Nature of forced or unwelcome sex**

The forced or unwelcome sex was not accompanied by any form of physical force and began when the couple started dating. It occurred regularly and was not preceded by anything specific:

*He became very fond of touching and exposed himself to me. I told him not to touch me, I am scared... I still believe sex is for marriage... And it so happened that he pushed my underwear away... I was upset and said no..., I bled a bit and afterwards, he said I was not a virgin... When it happened again, it was also against my will... By that time I felt there is no stopping him. I didn't care anymore... What was done was done.*

*[Afrikaans: Hy het baie vatterig begin raak, en dit het so gebeur dat hy homself ontbloot het aan my. Ek het gesê hy moenie aan my vat nie, ek was bang... ek glo nog steeds dat seks bedoel is vir die huwelik. En dit het so gekom dat hy my onderklere weggeskuif het, en ek het gesê moenie en ek was baie ontsteld..., ek het 'n bietjie gebloei en hy het na die tyd gesê*

*ek is nie 'n maagd nie. En toe dit die tweede keer gebeur het was dit ook teen my sin gewees. Teen daardie tyd het ek gevoel die koeël is deur die kerk.]*

### **Type of coercion**

Interpersonal coercion occurred as a result of the respondent becoming very dependent on her partner as a source of contact with the outside world. He would often sulk when she objected to intercourse and she gave in to his demands to make him happy. He would ask if she did not love him or if there was someone else. As she was a very faithful person the latter caused a great deal of anxiety. He also coerced her by nagging until she eventually gave in: "*He would say, you neglect me, you do not love me and ask if I have another boyfriend. He hurt me because I'm not that type of person.*" [Afrikaans: "*Hy sal vir my sê, ek skeep hom af en ek is nie lief vir hom nie en hy sal vra of daar iemand anders is, en dit maak my seer want ek is nie daardie tipe meisie nie.*"]

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The reasons for forced sex as perceived by the respondent are as follows: She felt he had a complex and very little self-confidence, also that she never listened to his opinions. He always said that she wore the pants. She felt that forced sex placed him in a position of power: "*Forced sex put him in a position of power. It is one of the few times that he does feel in control.*" [Afrikaans: "*Dit sit hom in 'n magsposisie. Dit is seker een van die tye wanneer hy nou in beheer voel.*"]

### **Woman's reason for not wanting intercourse**

She indicated the reasons for not wanting intercourse as the fact that she had never enjoyed it and that it reminded her of the times when she had been sexually molested by her cousin: "*Yes, it is painful and I think back about it, when I am with L.*" [Afrikaans: "*Ja, dit is pynlik, en elke maal dink ek ook terug daaraan, wanneer ek by*

*L is.*" ] She had a negative attitude towards sex and regarded it as a sacrifice. Her partner did not always stimulate her adequately. She was more concerned about the physical closeness than the sexual act itself. Her partner was interested in pornography and this put her off.

She said that: "*L was still like a schoolboy who has discovered something new and for him everything has to do with the enjoyment of it. It is not about making the other person happy.*" [Afrikaans: "*L is nog soos 'n skoolkind, wat iets nuuts uitgevind het en dit gaan net om die lekker van dit. Dit gaan nie oor die ander persoon gelukkig maak nie.*"]

#### **Effect of forced/unwelcome sex as experienced by the respondent**

**Drugs:** The respondent reported that she suffered from sleeping problems and a poor appetite.

**Sensation:** The respondent reported painful sex.

**Affect:** She said: "*I feel resentment, towards the world, my cousin and my father and my boyfriend.*" [Afrikaans: "*Ek het woede, teenoor die wêreld, ...teenoor my pa, my nefie en L.*"]

At first the respondent was upset and tense and experienced each incident as a sacrifice. Her depression seemed to get worse and she became more tearful and irritable.

**Cognition:** When the respondent experienced forced sex she had recurring thoughts about her cousin: "*I want to put a knife through him. I find myself thinking about what happened to me with my cousin.*" [Afrikaans: "*Ek wil 'n mes deur hom druk. Dan dink ek aan dit wat met my gebeur het met my nefie.*"]

**Imagery:** The respondent said: "*I saw myself hurting L and I saw myself killing my*

*myself al gesien dat ek my nefie doodsteek met 'n mes. "]*

**Behaviour:** She reported: *" I am quiet and I wear black. I sleep more and I am more aggressive. "* [Afrikaans: *" Ek is baie stil, en dra swart klere. Ek slaap nou baie meer as wat ek geslaap het, en ek is meer aggressief. "*]

**Interpersonal relationships:**

**Sexual relationship:**

The respondent reported that she had never climaxed during intercourse and that she felt dead inside. She felt very confused and not sure about what love was, or if her partner actually loved her: *" I had enjoyed it once or twice when I was naughty. "* [Afrikaans: *"Daar was seker een of twee tye wat ek stout was en dit geniet het. "*]

**General relationships:**

The respondent reported:

*I am still withdrawn towards males. I hate men. It does not matter anymore...I will not give myself to any one else. I do not feel I could handle a relationship where the man could point a finger at me and tell me that I am bad without realising the circumstances.*

[Afrikaans: *Ek is nog steeds baie teruggetrokke vir mans. Ek haat mans. Dit maak nie meer saak nie...Ek sal myself in elk geval nie meer vir iemand anders gee nie. Ek sien nie kans vir 'n verhouding waar die man die hele tyd 'n vinger na my gaan wys en vir my sê ek is sleg en hy verstaan nie die omstandighede nie.*]

## Perception of respondent regarding marital rape

The respondent had thought marital rape possible :

*Because a woman says no, a man must respect her wishes. If he does anything against her wishes, it is rape. If he hits her or forces his will on her, and takes something away from her that she was not prepared to give at that moment, it is rape. It is possible.*

[Afrikaans: Omdat as 'n vrou nee gesê het, dan moet daai man haar wense respekteer. En as hy teen haar sin iets doen, is dit verkragting. Of hy haar nou slaan of sy wil op haar afdwing en iets van haar wegvat, wat sy nie bereid is om op daai oomblik aan hom te gee nie, dan is dit verkragting. Dit is moontlik.]

She then said that her partner had raped her, but only referred to their first sexual experience as rape.

## Coping strategies

When it happened she said:

*I usually thought that I am not at home; I am not anywhere near what was going to happen. I always thought about other things, I cannot remember it exactly now, but I was not there. When it happened the first time I was not ready and I am still not ready. During those times I felt as though I was dead inside.*

[Afrikaans: Ek dink gewoonlik ek is nie by die huis nie, ek is nie naby dit wat gebeur nie. Ek dink altyd aan ander dinge, ek kan nie nou presies dit noem nie, maar, ek is net nie daar nie. Die eerste keer toe dit gebeur het, toe was ek nie reg nie. En ek voel ek is nog steeds nie reg nie. Gedurende daai tye, dit is net asof ek dood is binne.]



The respondent dissociated during incidents of forced/unwelcome sex. The respondent had received psychiatric help, but did not experience this as useful. She hoped that her partner would mature in time and take her wishes into consideration.

She came to see the researcher for help, but it was felt that her depression should be dealt with before she would be susceptible to therapy. She did not consult a psychiatrist as agreed. She said that nobody could help her and her partner did not support her.

**Field notes:**

**Observation notes:** She appeared to be very intelligent, but seemed very depressed and had a strong external locus of control. She also appeared to be totally dependent on her partner. Present instances of forced or unwelcome sex reminded her of childhood sexual abuse. She seemed to cut herself off from reality during those instances.

**Theoretical notes:** She seemed to suffer from posttraumatic stress disorder. The respondent dissociated during instances of forced/unwelcome sex.

**Methodological notes:** None

**Personal notes:** The respondent appeared to be very dependent and the researcher had to guard against being drawn in to providing therapy. She once telephoned after overdosing and the researcher referred her to a psychiatrist.

## **RESPONDENT 8**

Respondent eight is a 32-year-old married nurse, who was referred by a rape crisis centre.

**Presenting problem**

The respondent mentioned that she had marital problems stemming from alcohol abuse by her husband and the fact that he wanted to suppress her personality. His aggression had also worsened as his alcohol intake increased. She reported to the crisis centre because she had recently been raped by her husband. She also reported the incident to the police, but they laughed about it, and she withdrew the case.

**Background information****-Family life**

The respondent had a happy childhood and a good relationship with both her parents. There was no history of family violence or alcohol abuse in her family of origin.

**-Relationship dynamics**

Her first marriage lasted two years during which alcohol abuse and physical assault played a major role. After a period of four years she married a bachelor aged 39. They decided to get married when she fell pregnant. Her present husband always felt that she had trapped him into the marriage. She felt inferior because of this viewpoint and always tried to prove the opposite. During the past two years he had increased his drinking because of stress at work. Their marital relationship seemed to be unequal, as she was not allowed to express her opinions, and clearly defined roles existed for male and female.

According to the respondent, her husband was rigid, self-centred and found it difficult to handle conflict. He also found it difficult to express love and appreciation and verbally abused her.

During a few arguments over the past few weeks the respondent's husband had pushed her and held her nose unnecessarily. During these episodes she was reminded

of her previous marriage. She seemed to be a very friendly and helpful person, whose initiative and personality were stifled by her husband who was very set in his ways. She took on the role as peacemaker at home whenever he was not happy about anything.

**-Sexual history:** The respondent received sex education from her mother when she started menstruating.

She mentioned no negative sexual experiences during her childhood. Her first sexual experience was pre-marital with her first husband. It was unpleasant and she felt guilty about it. Her first husband never forced sex on her and they had a good sexual relationship. Her present husband had different ideas regarding sex and she only enjoyed sex during their courting days.

#### **- Current mental status**

At the time of the interview the rape incident had happened two weeks previously and she experienced symptoms of anxiety.

#### **Nature of forced or unwelcome sex**

This usually took place after the respondent's husband had had a few drinks, or if they had had an argument. No physical abuse took place during incidents of forced or unwelcome sex:

*On that particular evening I cannot say that I partook in the sexual act, I lay still so that he could do his thing, and turned round in this position and that position as he had wanted... and I was totally dry, he then said that we should use conditioner...and I was not turned on by all that stuff, then I decided to get up and go to the kitchen. I told him that he could satisfy himself, but that I did not want to anymore. I went to the kitchen and smoked a cigarette. He said that I should lie on the*

*kitchen table and he smeared himself with margarine. I was scared and said that he should finish. At that stage I became frightened of him, especially when I saw his face, and the way he spoke to me in that sadistical way - he was going to rape me now, on the table. I said okay just get finished. He said: " You can phone the police, but tonight I am going to rape you. "*

[Afrikaans: *Daardie aand, ek kan nie sê ek het deelgeneem aan die aktiwiteite nie, ek het stil gelê en laat hy maar sy ding doen, en omgedraai in die posisie en daardie posisie soos hy wou... Ek was heeltemal droog en hy sê toe dat ons conditioner moet gebruik...toe dit later nou te lank raak en ek nou nie met al die dinge opgewerk raak nie, toe het ek besluit, nee, nou staan ek op en ek gaan kombuis toe en ek gaan 'n sigaret rook en ek sê, jy kan nou regtig waar jouself bevredig op die bed, maar ek wil nie meer nie. Ek het kombuis toe gegaan, en 'n sigaret gerook. Hy sê toe dat ek op die kombuistafel moet lê en het homself met margarine gesmeer. Op daardie stadium toe raak ek vir hom bang, veral toe ek na sy gesig kyk en die manier hoe hy met my gepraat het, daardie stil sadistiese manier, van hy gaan my nou rape, somer hier op die tafel. Ek sê, nou maar goed, kry nou net klaar. Dit is toe dat hy sê: " Jy kan nou maar die polisie bel, maar vanaand rape ek jou. "*]

### **Type of coercion**

Interpersonal coercion and fear of physical abuse were indicated by the respondent. Because of the fact that forced or unwelcome sex usually followed an argument or a bout of drinking, she had given in to keep the peace. On the particular occasion when she had (according to her) been raped, he had told her that he was going to rape her.

The respondent reported that she was scared as he had a murderous look in his eyes. After this incident there were periods when he did not communicate with her for a week.

### **Motivation of husband/partner to force**

The respondent and her husband had different views on sex. His idea of sex was that it was " *a frame of mind*" and that foreplay was not necessary.

### **Woman's reason for refusing intercourse**

According to the respondent her husband was very exacting as far as sex was concerned. Pornography also played a role. She did not enjoy sex and therefore did not want to engage in it because of the poor marital relationship that existed, as well as the fact that there was no foreplay and that her husband did not make her feel like a woman: "*Sex that started on a good footing, became a long and tiring session,*" [Afrikaans: "*Seks wat op 'n goeie voet begin het, het 'n lang uitgerekte sessie geword.*"] during which her husband did not perform well. She had become dry and was physically in pain:

*Then I would pretend that I enjoyed it, so that he could get finished, have a climax and leave me in peace. Later on I could not even get that right. Very little foreplay took place. Then sex took place after verbal degradation from my husband. That's when I lost any interest in sex.*

[Afrikaans: *Dan het ek maar gemaak asof ek dit geniet, dat hy maar 'n klimaks kan kry en kan klaarkry en my kan los in vrede. Later kon ek dit nie eers meer regkry nie. Daar was min voorspel. Dit was gewoonlik na afkrakings van hom. Dit is dan wat ek my belangstelling in seks verloor het.*]

### **Effect of forced/unwelcome sex as experienced by the respondent**

**Sensation:** The respondent experienced forced sex as physically painful. She was also tired.

**Affect:** She felt degraded and alone after the incident and as if she could not discuss it with anyone. She felt powerless because her husband had taken something away from her: "*I felt defenceless, and unable to pretend that I enjoyed the sex; fearful that he would physically hurt me if I did not give in. Powerless - he is doing something to me that I cannot stop.*" [Afrikaans: *Ek het weerloos gevoel, 'n onvermoë om selfs voor te gee dat ek die seks geniet; Vrees dat hy my fisies sal seermaak as ek nie toegee nie. Magteloosheid - hy is besig om iets aan my te doen wat ek nie kan keer nie.*]

**Behaviour:** The respondent reported that she smoked more.

**Images:** The respondent reported images of hopelessness.

### **Perception of the respondent regarding marital rape**

The fact that her husband's perception of sex was that her brain must just be in the right gear to enjoy it, is, according to her, rape of her womanhood. The fact that her husband further harassed her for sex after she did not want it on that particular evening, is, according to her, rape.

### **Coping strategies**

During incidents of forced sex she placated her husband: "*I have to force my brain in the right direction in order to enjoy sex.*" [Afrikaans: "*Ek moet my brein in die regte rigting dwing om seks te geniet.*"]

She went on her own to her minister of religion to discuss the issue as her husband's view of the matter was that there was not a problem. During the specific incident of forced sex described she phoned the police and sought help at a rape crisis centre. Eventually she felt it would be better for her to carry on on her own.

**Field notes:**

**Observation notes:** The respondent wanted help and was distressed as her husband did not want to discuss the issue. She spoke about the incidents of forced or unwelcome sex with difficulty. She and her first husband had no sexual problems.

**Theoretical notes:** Sex seemed a taboo subject and the respondent was at first not very comfortable with speaking about it as is usually the case with marital rape victims. The respondent did not experience forced or unwelcome sex in her first marriage and is perhaps sexually incompatible with her second husband.

**Methodological notes:** None

**Personal notes :** It was difficult for the researcher not to become therapeutically involved.

**Respondent 9**

Respondent 9 is a 46-year-old divorced manageress. At the time of the interview she had been divorced for 22 years. She responded to an advertisement about the research in a newspaper.

**Presenting problem**

The respondent stated her problem as an inability to relate to the opposite sex and said that she always felt threatened. She had always run away from the problem and did not want to face it.

## **Background information**

### **-Family life**

The respondent grew up in a large family and only found out later that her father was actually her foster father. She did not get on well with her mother and regarded her grandmother as her mother. She fell pregnant at the age of 15 and was asked to leave home. Soon after that her grandmother died.

### **-Relationship dynamics**

When she fell pregnant, the respondent was asked to leave home by her foster father. She felt rejected and was taken care of by her husband whom she loved at the beginning of their marriage. Because of the age difference between them and her lack of experience, he controlled her. They had nothing in common and she described him as self-centred, asocial and jealous. There was verbal abuse in the relationship. She had a relationship with his best friend and sometimes only saw this person once a year. This relationship helped her to cope with the abusive relationship with her husband. After nine and a half years, she broke the victim cycle by divorcing him, but had to give up her children.

### **-Sexual history**

The respondent reported that sex was not discussed at home and regarded as something dirty. She had experienced first-hand knowledge of sex from her cousins when playing house-house, and experienced feelings of guilt concerning these first sexual awarenesses.

An old man fondled her at the age of ten and ejaculated in her panties. Her foster father sexually abused her from the age of 12 to 14 years and she always tried not to be alone with him. Her ex-husband forced himself on her when she was 15 years old which resulted in pregnancy. This first sexual experience was a negative



experience and she afterwards had frightening images of the male sex organs. There was an age difference of seven years between her and her husband. The assumption can be made that she was sexually abused by an adult again, and the pattern continued in her marriage with this man. Her present sexual relationships were unsatisfactory as she becomes easily bored and leaves the man after one or two sexual encounters. She used men, did not climax and must feel pain to enjoy sex. In her present sexual relationship, she punishes men and shows them that she now takes the control.

### **-Current mental status**

This very obese respondent seemed to suffer from posttraumatic stress disorder and associated depression pertaining to childhood sexual abuse. She had not resolved many of the issues in her life; for example, rejection by her son and the sex problems.

### **Nature of forced or unwelcome sex**

The forced sex took place for the first time in the absence of physical violence when her husband (then boyfriend) went too far while he was comforting her when she was only 15 years old. He was seven years older than she. Forced sex carried on during their married life (in the absence of physical violence):

*When I think about it now, he was trying to comfort me, and he was seven years older than me; that is when that part took place. It went too far, my virginity was broken, I was horrified, I think I was raped...*

### **Type of coercion**

Interpersonal coercion took place as the respondent's husband always accused her of having an affair and she wanted to keep the peace: " *He liked to enter me from the back and things like that, which I did eventually give in to because I could not stand the fighting anymore.* "

He also threatened her with a knife. She feared physical sexual coercion, although this never occurred, neither was she battered during her marital life.

#### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent could give no reasons for the forced sex.

#### **Woman's reason for not wanting intercourse**

The reasons why she had refused his sexual advances was because she did not like his approach:

*I didn't like his approach... if I was ill or menstruating or anything like that. I could be in the kitchen, you know, in those days we used to have servants at home. It wasn't my style. I didn't want a man in the kitchen all over me. He liked that sort of thing and I could not tolerate it.*

#### **Effect of forced/unwelcome sex as experienced by the respondent**

**Health:** She was on medication for headaches (Grandpa Headache Powders).

**Physical sensation:** The respondent said: *"I used to tighten up; it used to hurt because I was so tense and I didn't want him near me, I was swollen inside. I got tight...dry."*

**Affect:** Regarding emotions the respondent said: *"I couldn't even cry. That anxiety and hatred was there. That mixture of: get it over and done with."*

**Cognition:** The respondent had negative thoughts about her husband:

*I thought that if I could take a knife and put it between his shoulder blades, I would have done so. In another way, I felt a passion for him and I felt it was a mixed up relationship because I had two beautiful children that I loved.*

**Images:** The respondent reported flashbacks:

*They come at the strangest times, when I'm alone; out in the dark. I have no control. They come to me and say: sex just for the joke, or a play for charity, and I will give a good performance.*

*I've tried to blank it out, but every now and then it comes out, when like it is a TV show. It upset me. I seem to go back to the funny feeling of my foster father. When I started developing he wanted to touch me. He'd teach me to drive and while teaching he had to fondle my bust. If he had his friends around, he would say go and dance with that person; it was a nice person. And I would also feel, well, he is an uncle why not, but when I danced with him, he'd also touch.*

**Behaviour:** She said that: " During my marriage I retreated; I became very quiet. "

After her divorce she had to have control as if she had a sex addiction:

*It was like a game. They [men] really meant nothing to me, but I... This is the way I would look for sex: I would go out and look for a person... good looking, a challenge, very sexy in appearance, a rough person and I would make the break. Everyone would say, how do you do it. I don't know; it is the drive that they could see in me as well. Maybe, I don't know. We used to get involved and then,... I cut them loose. It is like I was on a mission. It's more like a drive. How can I explain it - it is like a... after it is like... it is like an instrument, you know what I mean. Inside I'm sore and I know why I have done it. I've got nothing that I can say*

*is fantastic. It is like a violent act. Now when I have a relationship, after that, I feel it in myself, that it is something that I have to keep doing and doing, because I felt in a way I was punishing myself. After it was done, I did not feel happy in myself. I get physically sore, the men love it, they cannot believe that they can get a person like this. Think about it, it is like a person going into a convulsion and they cannot stop it. It's got to get done, there is no other way until it is finished.*

### **Interpersonal relationships:**

#### **Sexual relationships:**

Regarding men the respondent said: *" I told you I'll get to that stage when they have to go, and then funny enough, I don't hate them. "*

She did not enjoy sex; she felt dirty and distanced herself from her husband.

#### **Perception of respondent regarding marital rape**

According to her, marital rape could occur. She had been a victim of circumstance and was raped. This continued during the marital relationship.

#### **Coping strategies**

Respondent nine dissociated: *" I used to get switched off inside and I used to just lie there and hold my hands together, and I couldn't stand him. "*

She also had an affair during her marriage: *" I had an affair with his best friend. I got a lot of comfort from that person. We were perhaps together once a year. If I didn't have it, I would have gone mad. "*

The respondent wanted to go for psychological treatment.

**Field notes:**

**Observation notes:** The respondent appeared to be genuine and was 1 of 3 women who responded to an advertisement in a newspaper. She already had a negative attitude towards sex, when she first got married. She switched off during instances of forced or unwelcome sex.

**Theoretical notes:** Posttraumatic stress disorder and associated depression seemed evident because of childhood sexual abuse. She developed a sex addiction in adult life and seemed to punish men because of her childhood sexual abuse. She dissociated during instances of forced or unwelcome sex in order to cope with it.

**Methodological notes:** None

**Personal notes:** None

**RESPONDENT 10**

Respondent 10, a 28-year-old married packer at a supermarket, stayed at a shelter for abused women at the time of the interview.

**Presenting problem**

The respondent's problems were her husband's drug abuse and marital and financial difficulties. She was under constant tension because she had to earn money to supply him with drugs everyday. He was not motivated to go for help. She left him for the shelter after 6 years of marriage.

## **Background history**

### **-Family life**

The respondent indicated that she had a strict upbringing and that there was alcohol abuse at home. She always had to fight for herself and had nobody to turn to.

### **- Relationship dynamics**

The respondent described her husband as lazy and arrogant. She on the other hand was always trying to help others. He was dependent on her for money and drugs. In order to keep the peace she had to work hard to satisfy him and was always under tension. She did not always know if she would be able to get enough money for drugs on a specific day.

The respondent reported both verbal as well as emotional abuse occurring in the relationship. She had to go out in the street at night to obtain drugs for him and sometimes had to face gangsters and become involved in dangerous situations.

The same abusive cycle which started in her family life, continued in her marital life. She felt great relief when she was admitted to the shelter for abused woman as it was her first step in breaking the victim cycle.

### **-Sexual history**

She reported no negative childhood sexual experiences. The respondent had a good sexual relationship at the beginning of their living-together relationship when her husband smoked only dagga. When they got married six years ago he started using dagga and drugs and tremendous tension developed in their relationship. She then started bleeding profusely, as if always menstruating, probably because of tension in the marital relationship. The respondent then started experiencing sex as unwelcome.

### **- Current mental status**

The respondent presented with symptoms of anxiety and depression. She was still taking tranquillizers (that she was given by one of the other women in the shelter) but could already feel that there was a big difference in her emotional state.

### **Nature of forced or unwelcome sex**

The respondent indicated that forced or unwelcome sex occurred in the absence of any physical violence.

### **Type of coercion**

Interpersonal coercion took place as the respondent did not want an argument to develop as she could not stand her husband's verbal abuse:

*I was scared of him, therefore I gave in. When he wanted sex and I refused he was inclined to get angry with me and it frightened me. Then I gave in, even though I was not happy with the sex we had.*

[Afrikaans: *Ek was bang vir hom, ek moes dit maar gedoen het. As hy vir seks gevra het, en ek het dit geweier, dan was hy geneig om vir my te skel en dit het vir my bang gemaak. En dan het ek maar ingestem al was ek nie gelukkig met die seks wat ons het nie.*]

He would ask if she had another man and would get angry: " *Then his reaction is anger: Do you have another man? I went through all these things and then you still have to have sex with the man. It is not out of love, it is because I have to.* "

[Afrikaans: *Dan is sy reaksie, hy is kwaad: Het jy 'n ander man?, ek is al die dinge deur en dan moet jy nog seks hê met die man. Dit is nie van liefhê nie, dit is net omdat jy dit moet doen.*]

**Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent was unclear as to the reason for her husband's forcing sex on her.

**Woman's reason for not wanting intercourse**

She did not want sex because of the poor relationship between her husband and herself. She was always menstruating, probably because of the tension at home.

**Effect of forced/unwelcome sex as experienced by the respondent**

Affect: She was depressed and unhappy because she had to have sex against her will. She did it because she felt she had to do it. She was uncomfortable.

**Perception of respondent regarding marital rape**

The respondent felt that marital rape was possible. She had sex against her wishes from time to time only.

**Coping strategies**

Because of tension at home, the respondent was probably always menstruating, and because of this, managed to avoid sex. At other times she placated her husband by giving in to his sexual demands. Interestingly, her menstruation cycle normalized when she came to the shelter.

**Field notes**

Observation notes: The respondent appeared very honest and wanted to help others with the information she supplied. She was very uncomfortable about sharing the sexual issues.



**Theoretical notes:** Like many other abused women in general, she discussed the emotional abuse and relationship problems with the social worker, but the sexual aspects remained a taboo topic.

**Methodological notes:** The researcher had to ask more direct questions as the respondent was not very skilled verbally.

**Personal notes:** The researcher felt it was a positive step that the respondent finally left her husband.

## **RESPONDENT 11**

Respondent 11 is a 31-year-old bank clerk, who, after a marriage of 12 years, had only been divorced for a week.

She was referred by a social worker.

### **Presenting problem**

Communication problems and a love for one another that had changed were indicated as the presenting problems of the respondent. She was physically assaulted by her husband. He tried to put things right by forcing sex on her. She gave in to keep the peace but did not enjoy it.

### **Background information**

#### **-Family life**

The respondent grew up in a happy family environment and got on well with her parents. They still supported her a great deal.

### **- Relationship dynamics**

From the start of their marital relationship he wanted to be in a position of power and could not tolerate the fact that she had ideas of her own. He was suspicious, asocial and had a communication problem. He could not tolerate her being outgoing and friendly and suspected her of having affairs. She always had to monitor situations at home, to ensure that he would not be upset by anything and then take it out on her.

The atmosphere was always tense between them and she could not communicate her feelings to him. She stated that physical abuse began after nine years of marriage. Once he even threatened to commit a family murder: *"He said that he wanted to commit a family murder; he wanted to shoot me and the children."* [Afrikaans: *"Hy het al gesê dat hy gesinsmoord wil doen, hy wil my skiet en hy wil die kinders skiet."*] He also verbally abused her: *"You're a whore ... Go to hell..."* [Afrikaans: *"Jy is 'n hoer... Te hel met jou..."*]

### **-Sexual history**

The respondent received sex education from her parents and reported no negative sexual experiences during childhood.

She fell pregnant (her husband fathered the child) at the age of 15 and the baby was given up for adoption. She fell pregnant again during her matric year and married her husband. Her husband was 4 years older than she was and when she fell pregnant the first time at the age of 15. He already had a hold on her which could be regarded as sexual abuse. Even though the adoption was traumatic, she fell pregnant again with the same man's child as if she could not break the hold that he had on her. Her sexual relationship in marriage was unsatisfactory because of forced sex. Forced sex was his way of solving problems.

### **-Current mental status**

At the time of the interview the respondent had been divorced for a month and

presented with symptoms of posttraumatic stress disorder. She had recurring images of violent TV programmes which would also trigger feelings of anxiety. She still feared her husband although she was divorced from him and had recurring thoughts of physical abuse.

### **Nature of forced or unwelcome sex**

The incidents of forced or unwelcome sex occurred separately from extreme physical abuse - hours or even days afterwards. Sometimes no physical abuse occurred for long periods. Minimal physical force took place:

*He pinned me down and then I could see that he was serious about getting me into bed. I did not have a chance. For example, he held my arms and put his legs between my legs so that I would open them. I sometimes started to cry afterwards... He once told me: "You can get up now and tell the police. You can tell them that I raped you."*

[Afrikaans: *Hy het my vasgedruk en jy kan sien hy is nou ernstig om my in die bed te kry. Ek het nie 'n kans gehad nie. Hy het byvoorbeeld my arms vasgehou en dan natuurlik sy bene tussen my bene gesit dat ek moet oopmaak. Ek het soms na die tyd gehuil...Dit het al gebeur dat hy vir my gesê het: "Nou kan jy maar opstaan en jy kan vir die polisie gaan sê ek het jou verkrag."*]

### **Types of coercion**

The respondent indicated that minimal physical coercion, fear of physical abuse, as well as interpersonal coercion were reasons for her giving in to her husband's sexual demands. She wanted to prevent arguments as he accused her of having affairs: "*It seems to me you had men around you the whole day and got something from them.*"

[Afrikaans: "*Dit lyk my jy was weer tussen die mans en het iets gekry by die werk.*"]

Although he had told her that he would seek sexual satisfaction elsewhere, she did not believe him because of his poor social skills so it was not an issue.

### **Motivation on of husband/partner in engaging in forced/unwelcome sex**

The respondent's husband forced her to have sex in order to solve problems in their marriage, thereby suppressing them. His communication skills were poor in general and there was little communication between husband and wife.

### **Woman's reason for not wanting intercourse**

The respondent's reasons for not wanting to give in was because of relationship problems, especially verbal abuse: " *Why do I have to show love towards him, why do I... Why do I have to show my emotions if he tells me such ugly things; belittles me so.* [Afrikaans: " *Hoekom moet ek my liefde teenoor hom wys, hoekom moet ek ... my emosies vir hom wys as hy dan vir my sulke lelike dinge sê; my so verneder.*"]

He also wanted sex too often: " *He wants it every day, where I only want it once a month or once a week. He would mark it on a calendar - to indicate how many days we have skipped having sex.* " [Afrikaans: *Hy sal dit elke dag wil hê, waar ek dit byvoorbeeld een keer 'n maand of een keer per week wil hê. Hy het byvoorbeeld op 'n kalender gaan afmerk wanneer hy dit gedoen het en hoeveel dae geskip is.* " ]

Before forced sex started, she did not always enjoy intercourse because she was physically small and her husband was a large man. After the birth of their second child, she had a small vaginal operation which corrected this problem.

She had always been sexually shy and her husband took the lead. She was more interested in sharing emotions and intimacy than in the sexual act itself.

### **Effect of forced/unwelcome sex as experienced by the respondent**

**Sensation:** She had pain during sexual intercourse.

**Affect:** She felt hurt and cried sometimes and wondered why he did this to her, and

why something like this happened to her: *"Why should it happen to me? Why does he do it to me?"* [Afrikaans: *"Hoekom moet dit met my gebeur? Hoekom doen hy dit aan my?"*]

**Cognition:** The respondent had thoughts of leaving him.

**Interpersonal relationships:**

**Sexual relationships:**

The respondent had sex with her husband just to satisfy him as she did not derive any pleasure from the act: *"It was uncomfortable. He enjoys himself, I do not."* [Afrikaans: *"Dit is ongemaklik. Hy geniet hom, ek geniet my glad nie."*]

**Perception of respondent regarding marital rape**

According to the respondent this could occur between a man and a woman. She felt it did not occur between her and her husband and stated the following reason: *"He did not hurt me or carry on, or pressurize me to the extent where I became hysterical. I did cry sometimes."* [Afrikaans: *"Hy het my nie seergemaak of aangegaan nie, of my onder druk gebring dat ek voel of ek histeries raak nie. Ek het by tye gehuil."*]

What she experienced she would rather refer to as incidents of cruelty: *"Not cruel in the sense of rape. It was something cruel that he did to me. Cruel in the sexual area. Cruel to do that to a woman."* [Afrikaans: *"Nie wreed om my te verkrag nie, wreed dat hy dit aan my doen. Wreed in die opsig van seks. Dit is wreed om dit aan jou vrou te doen."*]

**Coping strategies**

The respondent avoided sex by watching TV until late, or by saying she was tired. Otherwise she had to placate him: *"...I felt as if I was only lying there... to please*

*him, I did not get pleasure from it...basically I only did it to satisfy him. " [Afrikaans: " Dit voel asof ek nou maar daar lê ...net om hom te plesier, want ek het glad nie plesier daaruit gekry nie...basies het ek dit maar net gedoen om hom te satisfy. "]*

**Field notes:**

**Observation notes:** The respondent was very reluctant to talk about sexual issues and was uncomfortable. She appeared to be relieved after the interview.

**Theoretical notes:** The respondent regarded sex as a taboo subject. This was the first time that she had spoken about the sexual relationship in her marriage, as was the case with most other marital rape victims.

**Methodological notes:** None

**Personal notes:** The researcher felt that she had intruded on the respondent's privacy as she was obviously very uncomfortable talking about sex.

## RESPONDENT 12

Respondent 12 was a 46-year-old shoe heel-cover worker who had been married for 26 years. She applied for an interdict against her husband at the court for domestic violence and agreed to be interviewed.

### Presenting problem

The presenting problem was that the husband of the respondent swore at her, criticised her and physically assaulted her, especially when drunk. She asked for help at her church, but after making many promises, her husband's behaviour was worse than ever.

**Background information****-Family life**

The respondent grew up in her grandmother's care as her biological mother died when she was very young. She reported having had a happy childhood.

**-Relationship dynamics**

The respondent said that their marital problems began 15 years ago when his drinking became worse. There was inequality in the relationship and physical abuse was a way of control. Her son, who died a year ago, was a police officer and usually tried to control her husband's aggression. According to the respondent her husband's personality changed because of the drinking. He had numerous affairs and was no longer someone to be proud of. Verbal abuse was also present in the relationship. She was hurt time and again when his promises to change remained empty. She still stayed with her husband as he was legally her husband but had started divorce proceedings.

**-Sexual history**

The respondent obtained sexual information from friends. She had no negative sexual experiences during childhood. The problem seemed to arise only when her husband forced her to have sex with him. When their relationship was still satisfying she did enjoy sex with him.

**-Current mental status**

The respondent experienced symptoms of anxiety and felt sad.

### **Nature of forced or unwelcome sex**

The forced sex took place separately from incidents of extreme physical violence. Only minimal physical force was used by her husband in order to obtain sex:

*He holds me down and pulls my panty off and carries on. It is then that I start talking loudly so that the kids can hear. They were then likely to shout back so that he could hear them, but he was usually in such a state that he did not take notice.*

[Afrikaans: *Dan druk hy my vas en trek my panty af en dan gaan hy aan. Dit is dan dat ek sommer kliphard praat dat die kinders kan hoor. Nou shout hulle miskien nou uit die kamer uit dat hy kan hoor, maar hy is op daardie stadium dat hy nie eers notice vat nie.*]

### **Type of coercion**

Minimal physical coercion, fear of physical coercion and interpersonal coercion played a role in incidents of forced or unwelcome sex.

The respondent's husband threatened to evict her from their home, but that had not yet happened. She would not like to be asked to leave home in the middle of the night. She also mentioned that he had assaulted her before: "*...I stay with that fear that he will hurt me, so I keep quiet so that he can finish.*" [Afrikaans: "*Nou is ek al in daardie vrees hy kan my seermaak, dan bly ek maar stil dat hy maar klaar kan maak.*"]

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent had mentioned that her husband forced her to have sex when he was under the influence of alcohol and that the latter played a major role in their marital problems: "*He is at that stage where he does not even take notice;... when he*



wants to lie down, he wants to lie with me. When he is under the influence of alcohol, he carries on like that." [Afrikaans: "Hy is op daardie stadium dat hy nie eers notice vat nie;...as hy wil lê, dan wil hy lê...wanneer hy onder die invloed is van drank dat hy so aangaan."]

### **Woman's reason for not wanting intercourse**

The reasons for the respondent not wanting to give in to her husband's advances were that she was too tired. Sexual intercourse occurred often. She could not keep up: "It can be day or night. If he is at the stage that he wants it, it must just happen." [Afrikaans: "Dit kan dag of nag is, as hy op daardie stadium is, dat dit moet gebeur, dan moet dit net gebeur."]

She felt that her needs and feelings were ignored. He sometimes would also require sex early in the morning or when she had her menstrual periods. Her feelings towards her husband had also changed because of his drinking.

### **Effect of forced/unwelcome sex as experienced by the respondent**

**Drugs:** The respondent complained about tiredness and said: "I am so tired on certain mornings. It is like I have to take a grandpa in order to help me get energy for the day." [Afrikans: "Ek is party môre as ek opstaan dan is ek so moeg. Ek is al sodat ek moet 'n grandpa drink laat hy my kan help om aan te gaan om krag te kan kry vir die dag."]

**Affect:** She seemed to remain emotionally tired, restless and irritable. She also felt sad because he had told her that he had no feelings for her. The fact that she wanted a release by welcoming his having an affair, indicates that she felt trapped.

**Behaviour:** She has also become more alone and has learned to cope with this problem on her own: "In the past I used to have a circle of friends." [Afrikaans: "Eers ek, ek was lief vir 'n vriendekring."]

### Interpersonal relationships:

#### -Sexual relationships:

She did not enjoy sexual intercourse and felt like his whore and not his wife. When the respondent's husband sexually forced her she reported: " *I have no feeling that time...* " [Afrikaans: " *Ek kry geen gevoel daai tyd nie.* "]

She lay and waited until it was over. She also has reported having no sexual feelings anymore: " *There comes a time in a woman's life when she also has needs, but not like always ...always.* " [Afrikaans: " *Daar kom 'n tyd in 'n vrou se lewe dat sy ook 'n gevoel kry, maar nie so nie...aanhou ...aanhou nie.* "]

She had enjoyed sex before when the relationship was good and when she had respect for her husband. She also stated: " *I will be glad if he finds another woman, because then I can rest (sexually)- it would be a relief.* " [Afrikaans: " *Ek sal bly wees as hy dan 'n ander vrou kry, want dan rus ek, dit sal my regtig verlos.* "]

#### **Perception of respondent regarding marital rape**

The respondent stated that she felt it could happen, but that she had never experienced it. She regarded her experience as forced sex: " *If he asked nicely, then it would be a different story...but not in such a way. And if you say no, he should understand, but not in such a way as, so to say to force you; it must just happen.* " [Afrikaans: " *As hy nou mooi vra, dan is dit 'n ander storie...maar nie op so 'n manier nie. En as ek sê nee, dan moet hy dit mos verstaan, maar nou nie op so 'n manier nie, so te sê hy forseer, dit moet gebeur.* "]

#### **Coping strategies**

The respondent wanted to get the forced sex over and lay and waited until it was over. She also said: " *I just do my job, because I'm legally his wife.* " [Afrikaans: " *Ek*

*doen maar net my job, want ek is wettig sy vrou."]*

### Field notes

**Observation notes:** The respondent appeared to be very sincere and was relieved to share her sexual experiences. She appeared tired and numb.

**Theoretical notes:** She had a need to talk about the sexual issues as such, but she never had, as is the case with so many other victims of marital rape.

**Methodological notes:** The respondent had to be asked more direct questions as she did not give full answers.

**Personal notes:** The researcher had to refrain from giving her guidance and from telling her to stop taking so many Grandpa Headache Powders.

## RESPONDENT 13

Respondent 13 was a 41-year-old jobless woman who had just been discharged from a rehabilitation programme for alcoholics. She was staying in a shelter for abused women, after her husband had threatened to abuse her physically. She had no one to turn to, and then came to the shelter.

### Presenting problem

The nature of the respondent's problem was that she was being mentally abused by her second husband who, like herself, abused alcohol. They were married for five months. She decided to take refuge at a shelter for abused woman to sort out her drinking problems.

## Background information

### -Family life

The respondent experienced a very unstable childhood with an alcoholic and self-centred father and a compromising mother. Her father was an aggressive man and had no time for her. The children were too strongly disciplined and hit with a belt.

The family was constantly on the move because of her father's alcoholic lifestyle. The respondent suffered a nervous breakdown and started drinking before the age of 20.

### -Relationship dynamics

The first husband of the respondent had an affair just after the birth of her daughter. He also drank too much and she could never really confide in him. Her living-together-partner physically and emotionally abused her and her drinking problem got so bad that her child was taken from her. Both she and her second husband were alcoholics. She could not trust him and he emotionally abused her. He also had an affair. The victim-cycle that started off during her family life, continued during her marital life.

### -Sexual history

She was raped by her father at the age of ten. He was sentenced to 15 years imprisonment. According to the respondent the rape incident damaged her sexual impulses as she never had a desire for sex: " *They say that what happened to me resulted in a psychological block.* "

She wanted a companion in marriage and not a sex partner. The sexual abuse that started in childhood continued into adulthood when she got married. Her first husband never forced her, but she experienced social sexual coercion as she felt it her duty to give in to his sexual advances. After her divorce she had a living-together-relationship with a person who took sexual advantage of her when she was inebriated. Her second

husband raped her when she was inebriated.

### **- Current mental status**

The respondent seemed to suffer from posttraumatic stress disorder as she still had flashbacks and recurring images relating to the rape incident by her father. She was an alcoholic and, at the time of the interview, she was suffering from alcohol withdrawal symptoms. She also seemed to be depressed; a fact which could be related to the alcohol withdrawal.

The respondent also had unresolved issues for instance losses pertaining to relationships, the deaths of her mother and brother; and she had four still-born babies before the birth of her daughter.

### **Nature of forced or unwelcome sex**

The incidents took place in the absence of extreme physical violence. Her living-together-partner forced her to have sex when she was inebriated, and so did her second husband, when both of them were drunk. Minimal physical abuse was present.

### **Types of coercion**

The types of coercion involved seemed to be interpersonal coercion (as she wanted to keep the peace); and fear of physical coercion. It should be noted that physical force was minimal and that she was usually unable to give consent as she was drunk.

Her second husband threatened to abuse her physically, but never did.

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The reasons for these men forcing themselves on her sexually seemed to be related to alcohol abuse and different sexual interests: " *My husband had too much to drink.*

*We got home and my husband requested sex from me. And I refused to give him sex, but he took the sex anyway, by force. And that is when I had had enough.*" Her living-together-partner was into pornography, and she did not approve.

### **Woman's reason for not wanting intercourse**

The reason for the respondent refusing sexual intercourse was that her-living together partner was very much into funky sex and varying positions and forced her to have oral sex. She did not want sex because: *"I'm a very old-fashioned type of person- I believe God intended women and man to have straightforward sexual relations with one another."*

After a few drinks, her second husband used to abuse her verbally. She found out that he was involved with a prostitute and since then did not want to have sexual intercourse with him. He also did not use adequate foreplay and never aroused her:

*He used to be quickly aroused, he climaxed quickly and he used to turn his back and that was over and done with within a matter of ten minutes. I would say to him, but what do I get out of this whole thing. You come, you did not try to work me up. Whether or not I get worked up is another story, but there was not even an effort.*

It thus seems that she had never enjoyed sex:

*To have sex, for a man to penetrate you ... maybe I'm small, I don't know... it is painful: it is dirty for me, and I do not enjoy it. Even with my first husband I used to give in; I felt it my duty as his wife to give him sexual pleasure.*

Her attitude has always been negative towards sex: *"I regard sex, which I believe is totally wrong, please believe me, if I could think any other way, I would, but I regard it as filthy. There is no cleanliness about it; no wholesomeness to a sexual*

relationship."

### **Effect of forced/unwelcome sex as experienced by the respondent**

**Drugs:** The respondent reported that she was an alcoholic: *"I just went and bought myself a bottle, and got drunk to forget."*

**Sensation:** The respondent experienced painful sex.

**Affect:** The respondent felt a great deal of anger towards men. She disliked them intensely and had no respect for them.

She experienced bitterness as well as rejection:

*For a woman to be forced against her will to have sex at any given time, hm!, it degrades her, it is very degrading for her, in every respect. She does not feel of any worth, or she feels used, or abused; nothing can clean her. It can happen to any woman.*

**Cognition:** She said:

*I don't take a man's word for law any more especially in a relationship. This is just because of my thinking of what men do to women physically, sexually and mentally. Men do not stand in very high esteem with me.*

**Imagery::** The respondent stated:

*The day I was raped... when I was small... I used to wake up screaming, I often had nightmares. Still today, my fears are based on what happened that day, because it happened in an isolated place. A lot of fears began there, for instance, my fear of the dark, my fear for my father- I used to fear my father... comes from that time.*

Forced sexual intercourse triggered the experience of rape at the age of 10:

*When forced by my husband- I just recalled my rape when I was 10, all the fears and tension- and I could not forgive my husband. My sex life was ruined at the age of 10. That is one thing one does not forget very easily. It stays with one for quite a while; even years. It doesn't go away.*

### **Interpersonal relationships**

#### **- Sexual relationships:**

Forced/unwelcome sex in marriage made her even more negative towards sex.

#### **Perception of respondent regarding marital rape**

Although the respondent was not aware of the new South African legislation concerning marital rape, she related incidents when she and her second husband were both under the influence of alcohol, when he forced himself on her after she had said no, as rape. She reported as follows:

*They call it sexual abuse by your husband...but I call it rape by your husband... When the woman does not want a sexual encounter, her opinion should be respected, as an individual. When her decision is over-ruled, then it is rape.*

#### **Coping strategies**

The respondent dissociated: " *I just seem to block out sex.* "



**Field notes:****Observation notes:**

She came across as a very intelligent woman who had a dislike of sex and suffered from other unresolved issues. She clearly still suffered from withdrawal symptoms and smoked a great deal.

**Theoretical notes:** Childhood sexual trauma resulted in a negative attitude towards sex, making this respondent more susceptible to marital rape. Although childhood sexual trauma precipitated posttraumatic stress disorder, one can conclude that alcoholism was maintained by many unresolved issues as well.

**Methodological notes:** None

**Personal notes:** The researcher felt sorry for her because she seemed to be a very intelligent woman who was still trapped in her past.

**RESPONDENT 14**

Respondent 14 is a 33-year-old fitter in a factory who was married for 14 years. At the time of the interview she was in a shelter for abused women.

**Presenting problem**

The respondent mentioned the following: forced sex, verbal abuse and that her husband threatened her over the telephone and sent threatening messages to her at work. She contacted the police as his threats continued when she had gone to the shelter but they could not help her. During her 14 years of marriage she was too afraid to discuss the situation with anyone. She now had definite plans for a divorce.

## **Background history**

### **-Family life**

The respondent came from a happy family and still had a good relationship with her parents.

### **-Relationship dynamics**

She described her husband as suspicious and demanding and someone who controlled her. He showed none of his abusive behaviour during their courting days. As her husband was a converted Christian and leader in church, it made it more difficult for her to discuss her hardships with anyone. She kept the peace for 14 years; and, besides the sexual abuse, matters worsened when during the last 6 months he also physically assaulted her. This never occurred during or immediately before sexual activity. He manipulated her by, for instance, telling her that he was going to involve the children when she did not give in to his sexual advances. The respondent's husband emotionally abused her and once said in front of other people: " *You do not bonk nicely.* " [Afrikaans: " *Jy dinges nie lekker nie.* "]. He threatened her once with a knife and gun.

The respondent had a poor self-image and always wanted to please others. She seems to have an external locus of control as, for instance, she believed she was a victim of circumstance.

### **-Sexual history**

The respondent was informed about sex by her parents. She had her first sexual experience with her husband and was pregnant before marriage. She became negative towards sex during marriage when he forced himself on her. He told her that she was not a warm person. At the time of the interview she hated sex. She mentioned in the questionnaire, as well as during the interview, that she was raped.

Even at times when it went well and when she did involve herself in the sexual act, there was always the fear that he would force her again. His forceful attitude in general continued in their sexual relationship.

### **-Current mental status**

At the time of the interview she was very anxious and was taking tranquillizers. She appeared to be in constant fear of her husband. She seemed to be suffering from posttraumatic stress disorder relating to the incidents of forced sex.

### **Nature of forced or unwelcome sex**

Minimal physical force was present: " ... *He sometimes tears my pyjamas from me and would sometimes even cut my panty with scissors...*" [Afrikaans: "*Hy skeur somtyds my nagklere van my af, my panty, hy sny dit sommer somtyds af met 'n skêr...*"]

### **Type of coercion**

Minimal physical coercion, threats of physical coercion, as well as interpersonal coercion were involved. She became afraid of him when he sometimes came home and said in a negative way that he wanted to fuck her the whole evening:

*Then I am scared to say no, because I take it this way-what is he going to do with me now, and so on. If I refused, he would say that he would wake the children and show them what he does with me.*

[Afrikaans: *Dan is ek vreesagtig om nee te sê, want ek vat dit so wat gaan die man nou met my aanvang en so...as ek nou nie vir hom ingee nie, dan sê hy vir my, ek maak sommer jou kinders vanaand wakker en wys vir hulle wat ek met jou doen.*]

She did not want to involve her children and wanted to keep the peace:

*One evening I was very upset, he wanted to put a knife up me because I did not want to give him sex. Do you understand, he forces me and I do not want to. I then thought, God, before he puts the knife in me, let me lie like a pumpkin or whatever, just that I do not have to endure this. Or he would say that he would push his whole fist in me or other things.*

[Afrikaans: *Ek was eenaand so ontsteld gewees, toe wou my man glad 'n mes op in my druk, want toe wou ek nie vir hom seks gee nie. Verstaan u? Hy forseer vir my en ek wil nie. Toe dink ek, Here, voordat hy die mes in my op het, laat ek maar lê soos 'n pampoen of whatever, net laat ek nie sulke dinge verduur nie. Of hy sê hy druk sommer sy hele vuur op in my, of goed op in my.*]

#### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The reason for the respondent's husband forcing himself on her was, according to her, because he had a girlfriend and because he had a patriarchal attitude. He said that according to the Bible: "*If a man and wife have intercourse and the woman does not feel like it, she has to give in to the man.*" [Afrikaans: "*Want as 'n man en 'n vrou gemeenskap hou, dan al het die vrou nie lus nie, dan moet die vrou vir die man gee.*"]

#### **Woman's reason for not wanting intercourse**

She did not want to have sex because the relationship was not right and also because he was sexually demanding: "*In the the night, he will wake me and force me to have sex.*" [Afrikaans: "*In die nagte word ek wakker geruk en geforseer vir seks.*"] She became negative towards sex: "*I do not actually like sex. It is this marriage that made me negative towards sex. Look... to threaten a person for sex or to force, that is wrong. I do not like force.*" [Afrikaans: "*Ek hou nie eintlik van seks nie. Dit is net in die huwelik in wat my so gekant gemaak het teen seks. Maar om te forseer om*

*seks te hê teen jou sin, dit is verkeerd. Ek hou nie van force nie."*]

***Effect of forced sex as experienced by the respondent***

**Drugs:** *She had taken sleeping tablets. She had a stroke two years ago and at the time of the interview was complaining of headaches: "I use tranquillizers, pain-killers and pick-me-ups." [Afrikaans: "Ek gebruik kalmeermiddels, versterkdruppels en pynstillers."]*

**Sensation:** Sex was experienced as painful especially when he wanted to push his whole fist into her.

**Affect:** The respondent had learned to lie there without having any feelings, almost as if she hated him: *"It hurts to lie there, you do not have a feeling. It is like hate, do you understand?" [Afrikaans: "Dit maak seer om daar te lê, jy het nie 'n gevoel nie. Dit is soos haat, verstaan?"]*

She was living in fear and hated him for what he did to her: *"I am angry with myself for not getting out earlier." [Afrikaans: "Ek is kwaad vir myself dat ek nie al vroeër opgestaan het nie."]*

She had felt too nervous to fall asleep. She felt helpless and afraid:

*I think to be sexually abused is worse than to be hit. Do you understand?  
A slap, perhaps a blue mark in the face, but I think to be forced to have  
sex is worse, it makes you hard. It makes you feel more hurt.*

*[Afrikaans: Ek dink om seksueel te misbruik te word, is baie erger as  
slaan. 'n Klap, miskien, 'n blou merk in die gesig, maar ek dink om te  
forseer, om seks te hê, is meer, dit maak jou meer hard. Dit laat jou meer  
seer voel en so.]*

**- Cognition:** The respondent said that thoughts of killing her husband had crossed her mind, but she did not know what to say to people as she had never shared this with anyone: "*I only think, what am I going to tell the people, why is he dead, why?.*" [Afrikaans: "*Ek dink net, wat gaan ek sê vir die mense, hoekom is hy dood, waarom?*"]

She had suicidal thoughts: "*I had thought of taking pills or...you must excuse me, or whatever... [cries] but I only thought of my children. In the mornings when I walked with them to school, I said to them that I had it in mind to throw myself in front of a car.*" [Afrikaans: *Ek het al gedink, ek gaan miskien pille drink of...[huil] maar ek het net gedink aan my kinders. In die oggend as ek saam met hulle skool toe loop, dan sê ek vir hulle ek het dit op my mind en gooi my onder 'n kar.*]

The children however, talked her out of it and she remembered that she was the breadwinner.

**Imagery:** The respondent had nightmares as well as recurring images about the episodes of forced sex. She would wake up early in the morning at about the time he usually started with her:

*I cannot fall asleep. It is like a film that plays; a movie that runs on and on and I cannot get it out of my head. It is for that, that I take the sleeping tablets. Even though I took a sleeping tablet, I would wake up at the time that he would usually pester me at night ... three o' clock, four o' clock. That is the time you would want to rest. I was on a stronger sleeping pill. I wanted to take more, but I wondered how I would feel the next morning. Still the film had run in my mind. I prayed and thought of my children and then I would be able to sleep.*  
[Afrikaans: *Ek kan nie aan die slaap raak nie, dit is amper soos 'n film wat speel. 'n Rolprent wat oor en oor speel en ek kan dit nie uit my kop uit kry nie. Dit is daarvoor dat ek nou die slaappille vat. Al het ek 'n slaappil in, die die tyd dat hy my so bewerk in die nag, three o' clock...*

*Ek was al op 'n sterker slaappil. En wou al twee of drie gevat het, dan wonder ek hoe gaan ek dan môre oggend wees... en altyd het die toneel in my mind ingespeel. Dan het ek altyd maar gebid en so. En gedink aan my kinders...Dan begin ek slaap te kry.]*

**Behaviour:** She was too scared to talk to the church body after her husband's conversion as he was the head of the house. She always pretended that everything was fine.

### **Interpersonal relationships:**

**-General relationships:** The respondent said: " *I do not believe that I would be able to love another man, the way he treated me and abused me and what he did...the only thing that I want is peace for me and my children.* " [Afrikaans: *Ek glo nie ek sal nog vir 'n ander man lief kan kry of so nie, die way die man my klaar gebruik nie en so, en wat hy doen en so nie...ek wil vrede hê vir my en my kinders, dit is al wat ek wil hê.*]

### **Perception of respondent regarding marital rape**

The respondent enquired from social workers and lawyers what constituted marital rape. They told her marital rape occurred when a man forced his wife to have sex against her will. She shared this information with her husband. He said that the Bible did not state this and that a woman should give in to her husband's demands even if she did not want to. The social workers and lawyers had to tell him in person that forcing his wife to have sex against her will constituted rape.

### **Coping strategies**

The respondent gave up her right to say *no*. She wanted her husband to finish and get it over with. The respondent wanted to end her marriage. She had remained silent for years but was not going to do so any longer. She was not going to take responsibility

for him any more. She had coped by keeping quiet and thinking of her children.

**Field notes:**

**Observation notes:** The respondent was extremely emotional and relieved to share the information. She was very much affected by the recurring images of the sexual abuse and afraid of her husband.

**Theoretical notes:** She seemed to suffer from rape trauma syndrome that is related to posttraumatic stress disorder because of incidents of forced/unwelcome sex.

**Methodological notes:** None

**Personal notes:** The respondent seemed to be very neat and well turned out. It was difficult not to become involved and be sympathetic towards her.

**RESPONDENT 15**

Respondent 15, a 43-year-old secretary was in the process of divorce proceedings when interviewed. She was married for less than a year. A colleague referred her.

**Presenting problem**

The respondent stated the problem as her husband's not wanting to accept their divorce and forcing her to carry on with their sexual relationship. The reason for the divorce was his extreme emotional abuse and suspicion concerning imagined extra-marital affairs. She wanted to apply for an interdict against him.



## Background information

### - Family life

She grew up in a happy family with strong religious convictions. She still had contact with her family and was one of 12 children.

### -Relationship dynamics

She described her husband of 7 months as aggressive (verbally), domineering and suspicious. He wanted total control of her and monitored her comings and goings. She was isolated from friends and family.

Emotional abuse was evident. The respondent's husband questioned her comings and goings and wrote down the mileage on her car everyday. He phoned her daily at work to check on her and isolated her from her friends and family as he did not see the need for this contact. He had various methods of finding out if she was having an affair and would sometimes wake her in the early hours of the morning to find out if she was telling the truth. For example, he would press a cross in her face and ask her to swear that she was telling the truth.

He was obsessed with her:

*He has a way of waking me at 12 o' clock at night and interrogating me. I must swear on the Bible that I do not have a man... One morning, at twenty-past-two, he pushed the crucifix in my face. I had to swear on the crucifix that I do not have a man.*

[Afrikaans: *Hy het 'n manier om my twaalfuur in die nag wakker te maak en te interrogate... Ek moet nou op die Bybel sweer, ek het nie 'n mansmens nie... een oggend, twintig oor twee, toe druk hy daardie kruis binne-in my gesig. Ek moet nou weer op die kruis sweer dat ek nie 'n man het nie.*]

When he was asked to leave home, he manipulated her by asking for a loan, and then he would leave. The respondent felt trapped and a victim in this situation over which she had no control. In the process, she had no friends; her family, however, supported her.

### -Sexual history

According to the respondent she obtained sexual information at school as the topic was not discussed at home. She had no negative experiences with sex as a child and her sexual relationship with her first husband had been satisfactory.

Her present sexual relationship was unsatisfactory as sex was forced on her. Her husband forced sex on her as a way of control in the relationship. At the start of the divorce proceedings, he forced her more often as a means of saving the relationship.

### - Current mental status

She suffered from major depression and sleeplessness for which she was taking medication prescribed by the doctor: "*I did not realise that I was depressed, I was tired and only wanted to sleep.*" [Afrikaans: "*Ek het nie geweet ek was depressief daardie tyd gewees nie ek was moeg en wou net slaap.*"]

She reported that she had never been on as much medication as she was since the start of her marriage.

### **Nature of forced or unwelcome sex**

The forced sex took place with a minimal amount of physical force: "*He is too strong for me, he pushed me on to the bed and pushed my legs open to have sex with me. Sometimes I held my legs tightly together. How he gets them open and pulls my clothes off, I don't know.*" [Afrikaans: "*Hy is te sterk vir my, hy druk my eenvoudig op*"]

*die bed neer en stoot my bene oop om seks te hê. En jy weet daar is partykeer dat ek my bene so styf hou en ek sê vir jou hoe hy dit loskry en goete en dan my klere aftrek en goete, is eenvoudig net, ek weet nie.]*

### **Type of coercion**

The reason why the respondent gave in to his advances was because of interpersonal coercion and minimal physical force.

He always suspected her of having an affair. She had to swear on the Bible that this was not the case. The respondent also wanted to keep the peace and did not want to involve her children. She was not sure how her eldest son would handle it if he knew.

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

Her perception of her husband's reason for forced sex was that he was over-sexed. He did not want to lose her when divorce was imminent and wanted to find out if she was having an affair:

*For a man of his age, he is very keen on sex. He believes that he must have sex every day. One day I asked him about it and he said he wanted to see if I had not been with another man.*

[Afrikaans: *Vir 'n man van sy ouderdom, is hy vreeslik oor seks. Hy glo, hy moet elke dag seks hê... Eendag toe vra ek hom uit daaroor toe sê hy, hy wil net sien of ek nie eintlik met 'n ander man was nie.*]

He also had a patriarchal attitude and said that she would stay his wife until the end of the marriage.

### **Woman's reason for not wanting intercourse.**

She did not want to have sex with her husband as, once they were married, he showed his true colours which resulted in relationship problems. Once divorce proceedings began she believed that they should not share the same bedroom. However, according to her, he was over-sexed and he wanted sex every day: "*He has a high sex-drive. I am just a normal person. If I have sex twice a week, I am satisfied. He can't understand that I am 43 years old and not interested in sex everyday.*" [Afrikaans: *Hy het 'n high sex-drive. Ek is maar net 'n normale persoon. As ek twee keer 'n week kan seks hê, dan is ek tevrede daarmee. Hy kan nie verstaan nie, ek is 43 jaar oud en ek stel nie belang in seks elke dag nie.*"]

### **Effect of forced sex as experienced by the respondent**

**Drugs:** The respondent was constantly tired.

**Affect:** According to the respondent she hated her husband. Her love for him had disappeared: "*I only tolerate him.*" [Afrikaans: "*Ek verdra hom maar net.*"]

She felt trapped in the relationship.

### **Interpersonal relationships:**

#### **-General relationships:**

The respondent had developed a dislike for her husband and did not want to have anything to do with any man: "*I said they must shoot me if I ever look at a man again. Except for my family, I have no one.*" [Afrikaans: "*Ek het gesê hulle moet my skiet as ek ooit weer na 'n man kyk. Ek het buiten my familie niemand nie.*"]

He actually isolated her as he mistrusted everyone: " *At the moment I am too scared to form any new friendships as I will not be able to visit people. I feel I want a new friend, but what do I say? I am too scared.* " [Afrikaans: *Op die oomblik is ek te bang om enige nuwe vriendskapsverhoudinge aan te knoop, want ek weet ek sal nie vir mense kan gaan kuier nie. Ek voel ek wil 'n nuwe vriendin hê, maar ek is te bang, want wat sê ek?*]

### **Perception of respondent regarding marital rape**

The respondent felt that this could occur, but that it did not happen to her. She referred to her experience as sexual abuse, and said that her husband was a pervert. She felt he was insane because the more she said no, the more he demanded it.

### **Coping strategies**

The respondent doubted herself as was indicated by her stating that his behaviour could have been normal, and that she was not used to a man because she had been alone for some time. Later in the marriage she gave in because they were still married.

### **Field notes:**

**Observation notes:** The respondent was a very private person, but felt that she had to share her experience in order to help other women. She did not experience sex problems during her first marriage.

**Theoretical notes:** Like many other marital rape victims she had never discussed the sexual abuse in her relationship. She was not sexually compatible with her second husband.

**Methodological notes:** None

**Personal notes:** The respondent appeared to be well on her way to recovery and was eager to have the marriage dissolved. The researcher felt at peace because she seemed to be able to break free.

## **RESPONDENT 16**

Respondent 16 is a 28-year-old married secretary. A colleague, aware of the research, referred her.

### **Presenting problem**

The respondent complained that she was married to a misogynist who controlled her life and that of her child. According to her she could never do anything right and was always tense, never knowing when the next explosion (argument or physical assault) would occur.

### **Background information**

#### **-Family life**

She experienced an unhappy childhood as her father was an alcoholic and rejected her. She experienced emotional abuse from her father in whose eyes she did nothing right. She had learning problems at school, and her sister, who was good at schoolwork, was her father's favourite. She always tried to please her father but never succeeded.

#### **- Relationship dynamics**

Her first husband emotionally and physically abused her. He did not want to marry her when she fell pregnant before marriage. The respondent said she needed security and

wanted someone to see her as a worthy human being. She married for the second time three years ago.

After the engagement, her second husband started physically abusing her. He had unpredictable outbursts of anger which resulted in her not being herself. The relationship was a power struggle, and he abused her in order to gain control. She became quiet and withdrawn in order to keep the peace. She felt worthless, trapped, disillusioned and frustrated. She never knew how he would react in any given situation.

In addition to severe physical abuse, he also abused her verbally and emotionally. On one occasion he had threatened to shoot both her and her daughter. He accused her of affairs and isolated her from friends. She gave an example of his verbal and emotional abuse as follows: "*He said to me because I'm so ugly, and because I'm such a bitch, I cause him to lose his temper and to lose control. It is because I'm so bad.*" The respondent began to doubt herself and developed even lower self-esteem. The victim-cycle that was started during her family life continued during marital life. She desperately wanted security but could not find it, no matter how hard she tried to please her partners.

### -Sexual history

The respondent received sex education from her parents. She was sexually abused by her father who fondled her on various occasions. When she complained to her mother, he withdrew all affection towards her. At the age of fifteen she had been raped but was unable to share the experience with anyone. At the age of 20/21 she had sex with men in order to get back at them and to hurt them. Her sexual relationship with her first husband was not very satisfactory as he was not interested in her sexually and had affairs. She had to get married to her first husband, as she was pregnant. She regarded her sexual relationship with her second husband as very loving and only feared the sexual fantasies that he wanted her to live out. She however gave in to his sexual wishes, to please him and to keep the relationship

going.

### **Current mental status**

The respondent had taken anti-depressants. She now took tranquillizers. She seemed to be suffering from posttraumatic stress disorder in that she regularly had nightmares and flashbacks about incidents of physical abuse. She showed avoidance behaviour and stress reactions in situations that were related to abuse: " *Everytime he gets sort of angry with me, the whole incident comes to mind. And I'm expecting this to happen. And when he grabs me around my neck, I can't breathe.* "

The respondent seemed always to try to please others and had an external locus of control. She had suffered through various traumatic incidents in her life that she had never resolved.

### **Nature of forced or unwelcome sex**

No physical abuse was present during incidents of unwelcome sex which occurred under the following circumstances:

*K keeps on talking about wanting to live out a sexual fantasy with another person...and uh, I don't like that. He just talks about, for example, my best friend. He would ask questions like what kind of person she is and ...we are very close, my best friend and I. I will tell him things about her; how close we were and then he'll say to me, why don't you pretend you're X tonight. And then I'll say okay and then he calls me X the whole time, and he says to me: There T[respondent] is sitting and she's watching us and T[respondent] is enjoying it. And X is supposed to say, yes, I can see T [respondent] is enjoying it. It is like forming a threesome, you know.*

Once he also persuaded her to phone her friend in another city who was soon to visit to ask how she would feel about a threesome in bed. She was relieved when the



friend was not at home.

### **Type of coercion**

The respondent experienced interpersonal coercion and wanted to keep the peace by giving in to his sexual advances:

*I do it because I want to make him happy and I know that if I say no he's going to ask me why and I'll have to try and explain why. But he will get upset with me. So to avoid that, I do it.*

Even when she felt sexual intercourse occurred too often, she gave in although she did not always feel like it:

*I never said I didn't want it, because it would cause a problem. He'll get upset, uhm, he'll ask me why not? Don't I like him? Doesn't he turn me on enough? Then I've got to say, no, I don't feel up to it. But why don't you feel up to it? Is there someone at work? So to avoid all the questions, I say yes, I want it.*

On the two occasions when she did say no, he was angry and it caused a great deal of tension. He did not speak to her the next day. She feared his fantasies.

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent felt that her husband was highly sexed, or that there was some other reason that she was unaware of that made him force sex on her.

### **Woman's reason for not wanting intercourse**

The respondent wanted to deny her husband's advances because she did not like the type of sex that he expected to have with her and because it happened too often. She

did not want to fantasize a threesome as he would question her about her thoughts at the time and if the person really existed in her life:

*He wanted to phone an escort agency concerning massages. The women would massage him, and he would massage me. He kept on saying: Why don't we do it, why don't we do it? So I said: I don't feel comfortable about it. He doesn't want to force me into it, it is just that, he keeps asking and I say to myself wouldn't it be nice to have that fantasy and to lie and to have a massage, and not to think of the sexual side at all. It could be so nice, but I know that I would allow it to happen, the minute it ended he [partner], he'd say to me: who were you thinking about? Is he there? Then all the accusations would start all over again. want to force me into it, it is just that, he keeps asking and I say to myself wouldn't it be nice to have that fantasy and to lie and to have a massage, and not to think of the sexual side at all. It could be so nice, but I know that if I would allow it to happen, the minute it ended he [partner], he'd say to me: Who were you thinking about? Is he there? Then all the accusations would start all over again.*

#### **Effect of forced/unwanted sex as experienced by the respondent**

**Affect:** She had felt awkward and that she had no control over the matter. During the incidents of forced sex she felt as if a part of her was being ripped out.

Afterwards she felt angry, bitter, unloved and very insecure.

#### **Perception of respondent regarding marital rape**

The respondent agreed that this could occur but had not happened in her case:

*"When he gets angry and calls me names, I think at that stage maybe, it could go over into marital rape. I do think that at that stage, if he tried to get sex, it would be considered rape."*

According to her she had experienced unwelcome sex.

### **Coping strategies**

The respondent wanted to placate her husband: " *Also to make him feel wanted because he often said he didn't feel wanted or loved.* "

### **Field notes:**

**Observation notes:** The respondent was very emotional during the interview and appeared to be very insecure and dependent. It was hard for her to admit that she did not like certain of her husband's sexual advances.

**Theoretical notes:** The respondent seemed to find security in sex and it kept the relationship going.

**Methodological notes:** None

### **Personal notes:**

The researcher would like to help the respondent and tell her to stop blaming herself.

### **Respondent 17**

Respondent 17 is a 45-year-old married housewife. She was on the client list at a social work agency and agreed to be interviewed.

### **Presenting problem**

The respondent indicated her problem in writing as her husband is in the habit of assaulting her physically, and swearing at her, usually in order to obtain money to buy

alcohol and dagga. Part of the problem was also stated as her husband's forcing sex on her at night. She applied for an interdict against him because of physical assault. They were married for 12 years and the assaults were present from the start.

## **Background information**

### **-Family life**

The respondent reported a happy childhood and a good relationships with her parents. She was neither a drinker nor a smoker. She was happy and had good interpersonal relationships until the start of her marriage.

### **-Relationship dynamics**

From the start of their marital relationship there was a power struggle and she had to obey his wishes to keep the peace. After seven years of marriage he also started affairs and seemed to fall under the influence of friends.

The respondent experienced physical, verbal and financial abuse during the course of her marriage. Her husband would call her names in front of his friends, thus degrading her. He would use his money to purchase alcohol, dagga and to please his company.

Verbal abuse: " *My husband always goes to the sjebeens. When he returns-he is still on his way back - then he swears at us in the street:... I hate you, I hate you and the children...Fuck my wife, never mind her.* " [Afrikaans: "*My man het altyd uitgegaan na die sjebene toe. As hy terugkom, hy kom nog daar aan in die straat, dan vloek en skel hy vir ons ... Ek haat jou, Ek haat jou en die kinders...Fok die vrou, never mind haar.*]

Physical abuse: " *On Mother's Day he hit me, my whole arm went purple-blue, he then said: This is your Mother's Day present.* " [Afrikaans: "*Op Moedersdag toe slaan hy vir my so, ... my hele arm potblou, toe sê hy vir my: jou Mother' Day present.*"]

She felt trapped in this relationship as she had nowhere to go.

### **- Sexual history**

The respondent was ignorant regarding sexual matters as these were never discussed at home. She learned more about sex at the age of 19 when she had sex with the father of her first child (born out of wedlock). She described the incident as unpleasant. She did not experience any incidents of sexual abuse during childhood. Her sexual relationship with her husband was pleasant except for forced sex which took place when he was drunk.

### **-Current mental status**

At the time of the interview she presented with major depression and associated anxiety, characterised by daily headaches for which she was taking aspirin.

She feared the occurrence of the presenting problems as she did not know what to expect.

### **Nature of forced or unwelcome sex**

Minimal physical force was present when the respondent's husband forced her to have sex. This occurred separately from physical violence: "*He does not really do something different or strange. He uses force to get to me; he grabs me and then he pulls my panty off. Sometimes the panty will tear.*" [Afrikaans: *Hy doen nie eintlik iets anders wat snaaks is nie. Hy forseer om by my uit te kom. Hy gryp my en dan trek hy my pantie af. Somtyds dan skeur die pantie ook.* " ]

### **Type of coercion**

The type of coercion was indicated as fear of physical abuse, minimal physical force and interpersonal coercion. She wanted to keep the peace and prevent arguments as

they were sharing a room with their children. She also gave in because he accused her of having an affair when she did not want to have sex: "*It would result in a fight and I did not want that. He will fight: you have another man-that is what he will say.*" [Afrikaans: "*Dit sal 'n lelike bakleiery afgee en ek wil dit nie hê nie. Hulle skel mos: Jy het 'n ander man - dit is wat hy sê.*" ]

### **Motivation of husband/partner in engaging in forced/unwelcome sex**

The respondent stated that her husband forced her to have sex because he was under the influence of alcohol and dagga and because he also has a very patriarchal attitude: "*Then he will say, you are my wife. He is high on dagga and he is drunk. It seems as if his brains do not function at the time.*" [Afrikaans: "*Dan sal hy sê: Jy is my vrou. Hy is gerook van die dagga en hy is dronk. Dit lyk my sy breins vat nie elke keer nie.*" ]

### **Woman's reason for not wanting intercourse**

The respondent said that the reason for not wanting intercourse stemmed from the problems in their relationship relating to verbal and alcohol abuse: "*You cannot have sex with a man who is drunk. It is a time when he is nasty to me and I do not want to have sex with him.*" [Afrikaans: "*Jy kan nie gemeenskap hê met 'n man wat dronk is nie. Dit is tye wanneer hy my so lelik uitskel en dan wil ek nie met hom gemeenskap hê nie.*" ]

### **Effect of forced/unwelcome sex as experienced by the respondent**

#### **Affect:**

The respondent experienced shock and disbelief:

*Sometimes when you think of these things you cannot think that it can be like this. What is the matter that he carries on like that at those times?  
In other words, as though he is not the same man.*

[Afrikaans: *Somtyds as jy dink aan die goeters dan kan jy nie dink dat dit so kan wees nie. Wat makeer dan dat hy daardie tyd so aangaan. Met ander woorde asof dit nie dieselfde man is nie.*"]

She felt powerless and feared what could happen if she did not give in to sex. She also experienced rejection as she felt that he did not have any feelings left for her. She felt trapped and she said: *"I feel as if I should leave the man; take my children and leave, but then I think, where to?"* [Afrikaans: *"Ek voel sommer ek moet maar die man los en my kinders vat en loop, maar dan dink ek waarheen."*]

**Cognition:** The respondent tried to avoid thinking of the incidents of forced sex.

### **Interpersonal relationships:**

#### **-Sexual relationships:**

The respondent stated that sexual intercourse was unpleasant during times of forced sex.

### **Perception of respondent regarding marital rape**

Although the respondent did not know about the change of South African legislation regarding marital rape, she indicated that she thought marital rape could occur: *"This is the time when the woman does not consent to it. When he takes for himself and so on."* [Afrikaans: *"Dit is mos daardie tyd wanneer die vrou nie toegee nie, wanneer hy self vat en al."*]

According to her, she experienced rape on those occasions and stated: *"...The times when he amused himself; sexually assaulted me. It must be, because when a person grabs you in the street and rapes you, then you did not consent to it."* [Afrikaans: *"...Dit is mos die kere dat hy self sommer hom verlustig het, my seksueel aangeval"*

*het. Dit moet so wees, want as mens jou op straat gryp en verkrag, dan het jy mos nie toestemming gegee vir dit nie. "]*

She did not indicate any rape experiences in the questionnaire.

### **Coping strategies**

Respondent 17 had blamed her husband's behaviour on alcohol: "*I must just endure it.*" [Afrikaans: "*Ek moet maar net uithou.*"]

### **Field notes:**

**Observation notes:** The respondent spoke very little and her answers were not spontaneous. She appeared emotionally blunt and distressed concerning incidents of forced sex. She was very concerned about the confidentiality of the information supplied.

**Theoretical notes:** She experienced isolation and had never discussed the forced/unwelcome sex with anyone. The researcher felt that she was afraid that the information would get to her husband, and of the possible consequences that this would have.

**Methodological notes:** The respondent had to be asked very direct questions as she was not very forthcoming.

**Personal notes:** The researcher felt pity for the respondent because of the extent of the physical abuse.



### 3.2 SUMMARY

This chapter focussed on the presentation of multiple case studies to reflect the life world of victims of non-battering marital rape. A cross validation report and literature control will be discussed in the next chapter.

## CHAPTER 4

### CROSS VALIDATION REPORT AND LITERATURE CONTROL

#### 4.1 INTRODUCTION

The life world of the victim of non-battering marital rape was described in the previous chapter by using multiple case studies.

In this chapter the categories, subcategories and identified underlying themes that relate to the life world of the victim of non-battering marital rape will be presented in a cross case validation report. This report will also reflect findings from literature obtained from a literature control study. The cross validation report and literature control will be reflected within a multimodal perspective and will therefore represent a systemic approach (see 1.4.1.2). The effect of non-battering marital rape on the victim will be reflected in a second-order BASIC I.D. profile. The second-order BASIC I.D. is an acronym for the different modalities (Lazarus & Louw, 1989). The effect of non-battering marital rape on the victim will be indicated by involving all the modalities (BASIC I.D.).

New insight gained will be discussed by comparing the identified categories, subcategories and themes with findings in literature.

#### 4.2 CROSS CASE VALIDATION AND LITERATURE CONTROL

The theoretical framework of the multimodal perspective indicates the biopsychosocial functioning of the human being (Kwee, 1987). The social functioning pertains to the interpersonal relationship modality of the framework.

Psychological functioning is described, using the following modalities: sensation, imagery, affect, behaviour and cognition.

Biological functioning is indicated, using the modality drugs.

The discussion of the categories, subcategories and themes resulting from the multiple case studies and literature control will take place within the theoretical framework of the multimodal perspective.

#### **4.2.1 Social functioning**

##### **4.2.1.1 Interpersonal relationships**

###### **(a) Family relationships**

A number of respondents indicated an unhappy family life because of their parents' drinking problems. There was physical or mental abuse of one of the parents by the other; or one of the parents showed more affection to one or the other children in the family. Certain respondents were also sexually abused, or raped during childhood: some of them by their father or brother, thus indicating the presence of incest.

It thus seemed that a number of respondents were already exposed to an abusive cycle, either mental or sexual abuse, during their family life. Russell (1990) also indicated in her study that the victims of marital rape as a group, reported more instances of unwanted sexual intercourse in childhood; unwanted sexual experiences with a relative, an authority figure or a female; as well as experiences that they perceived as rape as compared with wives who were only physically abused but not raped, or wives who reported no such abuse by a husband.

Certain of the respondents who reported incest came from alcoholic families. Barnard (1990) indicated that incest is likely to occur in the family where one or both of the parents are alcoholics.

**(b) Marital relationship**

The *presenting problem* was indicated by three of the respondents as *forced sex*. Two other respondents, respectively, used the words *sexually molested* and *forced to continue with their sexual relationship* instead of *forced sex*. One respondent indicated that she was *raped*.

Although they had indicated the above, it was not indicated as the only problem by any one of the respondents. Some other marital problems such as physical abuse, verbal abuse, threats of violence, alcohol abuse, drug abuse, extra-marital affairs, suppression of personality, communication problems, non-acceptance of divorce, inability to relate to the opposite sex, mental abuse, emotional problems, feelings of guilt after a divorce, murder of spouse, financial problems, childhood sexual trauma and a recent stranger-rape were also indicated.

In conjunction with the above, Frieze (1983) stated that victims of marital rape would rather seek help for marital problems than for marital rape. Okun (1986) stated that marital rape is a very sensitive issue, and that even at shelters for abused women, the victims would rather talk about physical abuse than marital rape. Non-battering marital rape may be even more of a hidden issue because of the fact that the name for this type of sexual abuse is not well known in the community (Kelly, 1988). Women are more likely to seek help for battering marital rape than they are for this problem.

The *relationship dynamics* in all cases seemed to be that of inequality and of the husband or living-together partner exercising power over the woman. In certain cases the woman fell pregnant pre-maritally and the hold that the man (usually a few years

older than she) obtained over her then was carried over into the marital relationship. The abusive cycle that some of the women were used to during their family life, continued in their own marital life. All the respondents encountered emotional abuse and/or verbal abuse. Seven respondents indicated severe episodes of physical abuse, occurring separately from incidents of forced or unwelcome sex. Certain respondents also indicated financial abuse.

Literature indicates that battering, which in the case of this study, occurred in certain cases separately from non-battering marital rape, is mostly linked with verbal and psychological abuse of the victim (Okun, 1986; Walker, 1979). Non-battering marital rape, as it occurred in this study, involved interpersonal coercion in all but one case; from this one can deduce that non-battering marital rape occurs within the framework of woman abuse. Although not indicated specifically in literature on marital rape (Bergen, 1996; Russell, 1990), the relationship dynamics resemble that of co-dependency in certain cases (Zimberoff, 1992). According to her, co-dependent victims feel helpless and sorry for themselves and blame other people for their problems. Conversely, the rescuer is the person who takes care of everybody else. It is usually a person who, as a child grew up in a dysfunctional home and who thought that he or she was responsible for everybody's problems. Beneath their helpful exterior, rescuers feel like victims, and, in order to stop feeling like the victim, they find someone to rescue. Co-dependency emerges as each person becomes dependent on the other to satisfy emotional needs. As the rescuer keeps on trying to help the victim, so the victim feels more helpless and becomes resentful because his/her power is being taken away. The victim could then shift and become the persecutor - a sexual abuser or another type of abuser.

The harsh reality is that waiting and wishing their partners will change is easier and more comfortable for these women than changing themselves and their own lives (Kuper, 1993).

### (c) Sexual relationship

(1) The sexual history of the respondents indicated that a number of them had also been raped or sexually molested during childhood or adolescence; some of them more than once by different people. Some cases were suggestive that rape was combined with incest, the sexual abuser being a father or brother. One respondent was date-raped, and later a man exposed himself to her. Another was sexually abused by her cousin. One respondent did not experience childhood sexual trauma, but was raped by strangers years after incidents of forced or unwelcome sex by her partner.

Russell (1990) found in her study that the average number of experiences of sexual abuse during childhood was 3.01 for victims of marital rape. It is twice as high as the figure for women who only experienced non-sexual violence in marriage, and more than three times higher than that for all married women.

Most of the respondents indicated that they had enjoyed their sexual relationship before the incidents of forced or unwelcome sex. Only three respondents never enjoyed sex. This was stated as the reason why they wanted to refuse the sexual advances of their husbands/partners. Two of these respondents were adult survivors of childhood sexual abuse. This negative attitude towards sex corresponds with the findings of Frieze (1983), that the long term impact of sexual abuse results in women disliking sex, which leads to their refusal of sex, resulting in a greater likelihood of their being raped by their husbands/partners.

It is speculated by Finkelhor and Yllo (1985) that female adult survivors of childhood sexual trauma discriminate less regarding marital partners and they are easy prey for men looking for someone to dominate. The studies of Rosenbaum and O'Leary (1981) as well as that of Doron (1980) support this cyclical pattern.

Doron (1980) reported that 45% of women in her study who experienced marital rape, had also been raped by men outside the marriage. In support of the above

statement, Russell (1990) reported on women who encountered incidents of rape with other men prior to the rape by their husbands. Russell (1990) stated that these women were viewed by their husbands/partners as *used goods* because they had prior *sexual experiences*.

(2) It is the nature of the *non-battering marital rapes* that have been reported in this study that they took place without extreme physical assault being present during incidents. If extreme physical assault did take place, it occurred separately from the incident of non-battering marital rape; if physical force did take place, it was minimal. Physical violence occurring separately from non-battering marital rape was indicated by a period of hours, days or even weeks separating the incidents of physical violence and non-battering marital rape. The extreme physical assault thus never resulted in marital rape or occurred during episodes of marital rape, as would be the case in battering marital rape.

Researchers such as Browne (1987), Campbell and Faan (1989), and Shields and Hanneke (1983) indicated that wife rape is more likely to occur in marriages where the wife is exposed to extreme violence, but they did not specifically indicate that incidents of severe physical assault could occur separately from instances of non-battering marital rape. Bergen (1996) stated that all force-only victims (non-battering marital rape victims) in her study had, at a certain time during their marriage, experienced physical assault, but that this did not occur during incidents of sexual abuse. The National Clearinghouse on Family Violence (1995) referred to the honeymoon phase during which couples experienced a period of closeness after aggressive episodes in the cycle of violence. It is possible that women experience forced or unwelcome sex after such periods of violence when the husband uses sex to resolve their disagreements.

(3) The *type of coercion* that played a role in instances of forced or unwelcome sex falls into the following subcategories.

- Certain respondents experienced only interpersonal coercion during incidents of forced or unwelcome sex. One of these respondents also experienced threats of violence once when her husband told her that he was going to rape her.

- The majority of the respondents indicated a combination of interpersonal coercion, minimal physical coercion, threats of physical coercion, fear of physical coercion and inability to give consent. Threats of physical coercion only occurred in two cases but the husbands of the respondents did not carry out the threats. The other respondents who feared physical coercion were never threatened by their husbands/partners before sexual intercourse, but most of them experienced separate incidents of physical violence.

- The experiences of one of the respondents in this study fell into the category of forced sex where the woman was unconscious, drugged, intoxicated, asleep, tied up, or in some way unable to give consent (Knopp, 1994). She also experienced minimal physical coercion and interpersonal coercion.

- One respondent indicated *fear of physical abuse* as the only type of coercion. Although she had experienced severe incidents of physical abuse, her husband never threatened her before incidents of forced/unwelcome sex.

Based on a combination of research by Finkelhor and Yllo (1985), Frieze (1983), Groth and Gary (1981) and Russell (1990), Knopp (1994) indicated categories of forced sex by the type of coercion involved:

- Rape by means of physical coercion;

- rape by means of threats of violence;

- rape when the woman is not in a position to give consent because she is severely drugged; and



- rape by means of interpersonal coercion.

The outcome of the present study supports the division into these categories but suggests that one further category could be added: that of the *fear of physical coercion*, which is not specifically mentioned by the above-mentioned researchers. Fear of physical coercion could occur in cases when there were separate instances of severe violence (without threats) or threats of violence (that were never carried out). The present findings also show that women can be exposed to more than one type of coercion during incidents of forced or unwelcome sex. Knopp (1994) was however the only overseas researcher to include the category rape by coercion, although no statistical evidence was given regarding this category.

This type of rape is acknowledged by certain men, as some of them have indicated that rape can also imply enticement and pressure placed on the woman to have sex against her wishes. Withholding of financial support can be used against the woman if she refuses to have sex (Hite, 1981, p. 740) :

*When I was married, I accomplished that by laying down some heavy guilt games. Wifely duty, and that sort of thing. It made some of the worse sex I've ever had. That is one factor that helped form the philosophy I adhere to now. First, both parties have the right to say no! Without any bullshit coming from the other. Secondly, I will say no if I don't think the lady really wants to.*

(4) The motivation of the husband/partner in engaging in forced/unwelcome sex

- The respondents stated the following as reasons why their husbands forced themselves on them: Certain husbands/partners were viewed as *over-sexed*; there being a *difference in sexual interest and views on marital sex between partners*; the husband/partner *attempting to discover whether the respondent had been with another man*; *of hiding affairs*;, *seeking a position of power to abuse the respondent*

*emotionally; and an inferiority complex.* The above-mentioned reasons were directly related to the sexual relationship and power inequality in the relationship.

In support of the above findings, sexual conflict has been stated as the reason for non-battering marital rape, in the literature on the subject. This type of rape is referred to as force-only rape (Finkelhor & Yllo, 1985). It is similar to the so-called power rape as described by Groth (1979). The conflict could involve long-standing differences over sexual issues; for example, the frequency of sexual intercourse as well as the adequacy of sexual activities (Whatley, 1993). The man usually feels unjustly treated and frustrated. He therefore obtains what he wants by means of force. When sexual conflict passes a certain point it becomes force. The degree of physical force in this type of marital rape is only enough to rape the woman and not to hurt her.

Motivation for the action is power. Sexually it is thus a way of compensating for profound feelings of inferiority. It is also an expression of control, power, authority, identity and skill.

Although some men may have a subjective sense of sexual deprivation, they do not force their wives to have sex." *Those that do have something else going on besides sexual frustration... the key then is power and control rather than sexual deprivation.*" (Finkelhor & Yllo, 1985, p. 96). The issue of sexual deprivation can, in some instances, be a problem. When sex is accompanied by force, the emotional needs of one or both partners are not met. This can lead to a compulsive search for more sex because what the man is receiving from his partner is unsatisfactory and does not fulfill his basic needs of intimacy. Sexual problems can develop or increase in the case of the husband or partner.

According to Russell (1990) the power rapist often denies that he has used force to obtain sex. He has the need to believe that his victim wants sexual intimacy with him and also enjoys the experience. Confirmation of feelings of value, identity and control can therefore be obtained by means of the sexual act.

To support the above, the following is an excerpt from an interview with a husband who had raped his wife (Finkelhor & Yllo, 1985, p. 66): *"You could say, I suppose, that I raped her. But I was reduced to a situation in the marriage where it was absolutely the only power I had over her."*

What initially began as sexual conflict, could result in a power rape should the women deny the sexual advances of the man.

In her study, Russell (1990) referred to a woman who was sexually cold initially, but later gave in to the advances of her husband. The result was that he stopped raping her and turned to their daughter for sexual gratification. It would appear that he wanted an unwilling partner because he enjoyed the power he experienced by sexually abusing the child. Goode (1971) also referred to the power dynamics within the family when investigating marital rape. He stated that all social systems are dependent on power, or the threat of it. It was theorized that the more resources available to a person, the more power he or she has, and the less the power will be misused. Contrary to this, individuals who have fewer resources, will have less power, but in reality exercise more power. The theory exists that men who have limited resources to fulfill the socially accepted dominant role in the family, will use physical power to compensate for the shortage of resources.

If Goode's theory concerning resources and family violence is accepted, a man with limited social, psychological and verbal resources would be more inclined to use marital rape to intimidate or dominate his wife (Gelles, 1972). The rape of a woman can occur because of a man's lack of verbal skills and his inability to compete with his wife on an equal level. It is a way of dominating her and, in some cases, to make up for a lack of education or joblessness.

Marital rape can therefore also be associated with certain masculine convictions rather than sexual conflict. The key is power and control rather than sexual deprivation.

Russell (1990) compiled the following five categories of men concerning marital rape:

- Men who would rather rape their wives than have consensual sex with them.
- Men who enjoy both rape and consensual sex with their wives. They do not care which. Either is acceptable.
- Men who would prefer to have consensual sex with their wives, but who would rape (or try to rape) when their sexual advances were denied.
- Men who would like to rape their wives but who would not give in to these desires.
- Men who have no need to rape their wives.

According to these categories it seems that men can control their sexual needs and that the main issue is not always the satisfaction of a sexual need. Conversely, it seems that marital rape is also motivated by sex, and that it is not only accompanied by anger and power as is usually the case in rape by a stranger. The latter is confirmed by the fact that certain men would rape their wives when their sexual advances were denied, although the men would prefer their wives to give consent.

It can be concluded that should a woman then deny the sexual advances of her husband or the type of sex that he wants (for example fellatio), he can turn to non-battering marital rape because of a sexual need. Conversely, not all types of marital rape are sexually motivated. It seems that rape as an expression of power could be a common motivation for non-battering marital rape.

Other reasons mentioned by the respondents were:

- *Inadequate communication; sex as a way of solving problems; and an inability to share intimate feelings.* These indicate possible problems with interaction between the couple.

According to Finkelhor and Yllo (1985) sexual desires of women seem to be affected by the emotional climate and degree of trust in the relationship (Finkelhor & Yllo, 1985). The sexual interest of women seems to be negatively affected by tension and unresolved conflict with their partners. On the other hand, many men often want sex regardless of the climate in the relationship. Men often tend to re-establish intimacy by having sex because of, or in spite of, conflict.

Men find it more difficult than women to express personal feelings, and sexual intercourse is one of the permissible ways of expressing a need for intimacy or closeness.

In support of the respondents who indicated that their husbands/partners could not communicate satisfactorily about problems, and that there was a lack of intimacy in the marriage, Groth (1979) and Groth and Gary (1981) alleged that men who rape their wives but not other women, and those who rape their wives and also rape other women, have certain personality traits. The following personality characteristics have been identified:

The quality of their sexual relationships seems impersonal although they experience sexual satisfaction. For them emotional intimacy is not a comfortable experience, as they usually associate it with other issues in their lives. They have not developed ways to show emotional intimacy in a non-sexual way and they perceive sex as equal to emotional intimacy or love.

Emotional intimacy scares them and they tend to be loners who can be psychologically distant from their partners. Levine (1992) defines psychological intimacy that appears to be the same as emotional intimacy as a simultaneous two-person combination of solace and pleasure. The solace results from sharing the inner self, being understood and listened to by the partner. The pleasure of the other partner results from hearing about the speaker's inner experiences. Psychological intimacy thus lays the groundwork for sexual intimacy. Women who deny their advances are perceived as uncontrollable because it makes them feel worthless. A

fear that no one cares or they may develop. These marriages indicate a lack of equality. They regard their wives as possessions, or as opponents to control and dominate. These men are poor candidates for marriage because of their insecurity, self-centredness and immaturity.

Sex is regarded as the only solution for marital problems, as well as a way to show who is the boss. There exists a possibility that the experience of sexual trauma has disrupted the development of sexuality in such a way that they now feel they have to punish and control others.

Although the above-mentioned qualities are usually common, not only to men who rape their wives, but sometimes also to other men, it can contribute to a better understanding of men who rape their wives.

The following reasons for engaging in forced/unwelcome sex were also indicated by some respondents: *something that they just wanted, as well as a patriarchal attitude towards women*. The fact that certain men had a sense of entitlement to sex was also revealed in the research of Finkelhor and Yllo (1985). They did not regard forced sex as rape because of their sense of entitlement to their wives' bodies (conjugal right).

This entitlement stems from the traditional patriarchal family structure, emphasizing the dominant position of the male and subordinate position of the female (Brownmiller, 1975). The abuse of women and marital rape has, for years, not been acknowledged because of the right of the family to privacy, based on a historical patriarchal legal system (Pagelow, 1988). The dominant position is given to the husband on the grounds of his gender. The sense of entitlement and the fact that wives are their property seems to continue even after a divorce or separation.

Women seem to be particularly at risk regarding marital rape after a divorce or separation (Finkelhor & Yllo, 1985; Russell, 1990). Two of the respondents in this study were particularly at risk at the time when divorce proceedings were in progress.

- \* An interest in *pornography* by the husband/partner.

As far as pornography is concerned, Russell (1990) believes it has some effect on marital rape, although a causal relationship cannot be justified. Often men interested in pornography need forced sex or structured rituals to become aroused (Whatley, 1993).

- \* Being *under the influence of alcohol and drugs*.

Alcohol abuse in the family has also been indicated by researchers as a factor related to marital rape (Barnard, 1990; Genmill, 1982). Russell (1990) also reported on the relationship between marital rape and alcohol or drug abuse.

Barnard (1990) alleged that alcohol consumption can often increase the possibility of male aggression against women. It does not necessarily result in violence, but can result in the lowering of the man's inhibitions and subsequent violence against his wife, which would not have occurred under normal circumstances. In conjunction with the above, Gelles (1972) stated that arguments in marriage often focus on the couple's weak points. Taking into consideration that a poor self-image is a general problem pertaining to male alcoholics, it is understandable that a man would easily feel threatened by his wife when under the influence of alcohol. A woman then stands the chance of experiencing aggression from her husband/partner - which could also result in sexual aggression.

Alcohol abuse can lead to a substance-induced sexual dysfunction (DSM 1V, 1995). The chronic use of alcohol can result in a decrease in interest in sex as well as problems with both genders experiencing sexual arousal.

It seems that alcoholics and their wives can have feelings of sexual inadequacy and failure. Lo Piccolo and Lo Piccolo (1978) stated the 3 A's in the etiology of

impotence: alcohol, anxiety and anger.

Anxiety and anger are related to the sympathetic nervous system. When activated, there is a short-circuit in the parasympathic nervous system responsible for the relaxation response. The relaxation response is important for sexual functioning (Lo Piccolo & Lo Piccolo, 1978). Excessive anxiety and anger that can lead to sexual dysfunction are typical where both partners are alcoholics.

A pervasive etiological factor concerning sexual problems with the alcoholic couple is their inability to form and maintain intimate relationships. In the absence of trust and the ability to share on an intimate level, it is unrealistic to assume that a good sexual relationship can develop.

Barnard (1990) indicated that marital sexual dysfunction among couples should be expected when it is proved that one or both partners are alcoholics. Inhibited options for expressing one's sexuality in the marital subsystem is one ingredient that can serve to fuel incestuous relationships.

(5) *The women's reasons for not wanting intercourse* were stated by the majority of respondents as *relationship problems* in the marriage. Others specifically mentioned *too much sex, a disagreement regarding the type of sex* (the role of pornography, no foreplay and the formation of a threesome), *an affair with a prostitute, fear of falling pregnant, drunk husbands/partners and the recollection, at the time, of childhood sexual traumas*. Three respondents stated that they had a *negative attitude regarding sex* and never enjoyed it from the beginning of their sexual relationships. One respondent indicated that because *divorce proceedings* had begun the time for sex was not right.

Except for relationship problems, extra-marital affairs, a fear of falling pregnant, inebriated husbands and the recollection at the time of childhood sexual traumas, reasons stated by Russell (1990) for the wives not wanting intercourse with their



husbands support the findings of this research. The following was also indicated in her research:

- It seems that sex itself can be a problem in the relationship. Women reported that sex was different in previous relationships. The conclusion therefore is that some women are not sexually compatible with certain men.
- Sometimes there has been a temporary difference in sexual needs because of illness, tiredness and pain.

#### **4.2.2 Psychological functioning**

##### **4.2.2.1 Behaviour**

The coping strategies of respondents in this study during episodes of forced or unwelcome sex fall within this modality. Kelly (1988, p. 160) defined coping as:

*The actions taken to avoid or control distress. Women's coping responses are active, constructive adaptations to the experiences of abuse. The responses of any particular woman will depend on how she defines her experiences, the context within which it occurs, and the resources which are available to her at the time and subsequently.*

As indicated under the category perception, the women taking part in this study contributed meaning to forced or unwelcome sex that could have influenced their coping strategies. Mills (1985) has supported the above theory through her work on abused women and Bergen (1996) mentioned that survivors of marital rape also develop strategies to cope with their experiences.

The following coping strategies were indicated by the respondents.

### **(1) Ending the relationship**

The respondent who reported marital rape after only experiencing marital rape once, was seriously considering a divorce. However, she had experienced other forced or unwelcome sex experiences that she did not consider rape. This can be linked to the fact that, according to Bergen (1996), in most cases it was an ongoing process and women had to develop strategies to cope with the continuing abuse.

The women in this research who divorced their husbands have indicated forced or unwelcome sex as part of the marital problem. Therefore it cannot be said that forced or unwelcome sex solely contributed to divorce. Other respondents in the research study were considering divorce, but had nowhere to go. In this regard Russell (1990) stated that economic factors are important in understanding why women leave, or remain with the men who rape them. Bowker (1983) indicated that the quality of the marital relationship is usually so poor when marital rape and physical abuse occur that it is better for the therapists to help the partners separate than to help them solve their problems.

### **(2) Seeking help**

One respondent taking part in this study sought help for marital rape specifically. She reported at a rape crisis centre and later also spoke to her minister of religion. She was also the only respondent to contact the police to report marital rape specifically. She reported that she was laughed at by them. She also mentioned the marital rape to her mother. Another respondent was looking to God for an answer.

Others left their husbands and sought help at a shelter for abused women. The issue of sexual abuse was never discussed as they sought help for marital problems. They

also did not discuss the issue of sexual abuse with friends or family members.

The literature indicates that women usually sought help from religious advisers, family members, the police and shelters (Bergen, 1996). Compared to battered women Bowker (1983) found that victims of marital rape are less inclined to contact friends and family. They were concerned about the possible consequences should their partners find out that they had shared personal details. Others were too embarrassed to share these sexual details.

### **(3) Avoidance behaviour**

Certain respondents also felt that avoiding their husbands in certain situations was the best way to safeguard themselves; for example, pretending that they were asleep, staying up late and staying out of their husband's/partner's way when he was drunk. Bergen (1996) indicated avoidance behaviour as a way of minimizing the risk of the violence. She also mentioned active resistance that was noted by some of the respondents in the present study. Russell (1990) also indicated a case of a woman who effectively fought violence with violence after the first incident. By being aggressive towards her husband, she ended the sexual abuse.

### **(4) Placating their partners**

It was found that respondents in the research study placated their husbands as a coping strategy in order to endure or end the unwelcome or forced sex. Certain respondents even hoped that it would strengthen the marital relationship and make their husbands feel that they cared about them.

According to Kelly (1988) these women did not only try to live up to the expectations of their husbands by being good wives and mothers, but used placating techniques as a coping strategy for sexual violence. The methods of placation were varied; for

example, always having dinner ready on time; not mixing with family or friends whom the husband did not approve of; or keeping the children quiet.

#### **(5) Minimizing possible injuries once abuse had begun**

One respondent was threatened by her ex-husband with a knife although he never actually used the knife on her. She gave in to anal sex in order to keep the peace and also for her own safety. Another respondent's husband threatened to put a knife in her vagina should she not have sex with him. These women realised that they could not always avoid sexual abuse.

Bergen (1996) mentioned that women wanted to safeguard themselves from injury. The women's non-resistance should not be viewed as a free choice to have sex. They knew the boundaries between non-violence and violence, and that it was safer not to overstep these boundaries by saying no to sex.

#### **(6) Dissociation during incidents of forced or unwelcome sex.**

Incidents of dissociative behaviour were reported by a number of respondents during the incidents of forced or unwelcome sex.

This coping strategy seems to be supported in the literature (Bergen, 1996), as many women who are victims of sexual assault resort to psychological measures to minimize the trauma. These measures include altering their time perception and sensory perception. They dissociate themselves from their experience, or visualize it as if it is happening to somebody else (Hawkins, 1991). Kelly (1988) defines this process as cutting off and perceives it to be not only a coping strategy, but also an act of resistance. By employing these strategies women refuse to let their partners control their minds and feelings.

**(7) Remaining in the relationship and discounting the trauma**

Other strategies used by the respondents in this research study were: self-blame; shared patriarchal attitudes which led to an obligation to give up their right to say no; alcohol and drugs were also blamed for changing the men and thus relieving them from responsibility for their deeds.

Kelly (1990) stated in support of the above that women have to transform the social reality of their situation so that they do not see themselves as victims, or their husbands as rapists. They thus rationalize the abuse and redefine their experiences in ways that are acceptable to them. They develop coping strategies for day to day living.

Other strategies used that were not specifically indicated in literature:

**(8) Extra-marital affair**

One of the respondents in the research study mentioned that she had a good sexual relationship with the best friend of her husband and that it helped her to endure the forced sex with her own husband. Although she had only seen this man during holidays, it had helped her.

**(9) Almost continuous menstruation**

One respondent had the problem of menstruating most days of the month when tension began in the marital relationship. Indirectly it helped her to cope as she had said that, if this had not occurred, there was no knowing to what extent her husband would have used her.

#### 4.2.2.2 Cognition

The perception of the respondents concerning marital rape indicated that, although all the women taking part in this research study agreed that they experienced unwelcome or forced sex, all did not perceive it as marital rape. During the interview only seven respondents indicated their experiences as marital rape. However, not all these seven respondents indicated it on the questionnaire. Four of the seven respondents had either been sexually abused or raped during childhood. There is a possibility that they had been exposed to many more incidents of sexual abuse involving more people, and were suffering the consequences to such an extent that their coping strategies were no longer efficient.

The ten respondents who did not regard incidents of forced or unwelcome sex as rape, indicated it as: unwelcome sex, manipulation to get into the respondent's good books, forced sex, sexual abuse by a pervert and cruel sex.

Researchers such as Finkelhor and Yllo (1985), Gelles (1977) and Russell (1990) mentioned that many wives who had been raped by their husbands, did not perceive themselves as victims of rape.

Certain internalized cultural myths exist, for example, that women are only raped by strangers. These can result in women not perceiving forced sex as rape, and in women only reporting rape if there has been physical violence (Bowker, 1983; Finkelhor, 1986; Freeman, 1981). On the other hand Kelly (1990) stated that the first step in defining experiences of rape is having access to a name. Victims need to name their world in order for abuse to stop. Considering the fact that marital rape was only recognized as a crime in South Africa at the end of 1993, and non-battering marital rape is a hidden issue, the lack of a *name* could have influenced the perception of the women.

The following aspect mentioned by Russell (1990) can also have an effect on the

perception of women regarding marital rape. One of the most important aspects of dominance is that a person in a subordinate position often perceives experiences from the perspective of the dominant person. It thus means that women in many marriages are influenced by their husband's attitude.

Since many women do not accuse their husbands of rape, forced sexual intercourse becomes an unsanctioned method by which husbands establish dominance in their marriages (Gelles, 1977). Women who do not believe that they have the right to refuse the sexual advances of their husbands are, in essence, unrapeable (Weingourt, 1985).

As far as cognition is concerned, it was also found that the respondents in the research study had an external locus of control and were not assertive. According to the interview data and questionnaire most respondents regarded themselves as victims of circumstance, felt that they had no control in their lives and that other people were happier than they were.

#### 4.2.2.3 Imagery

The women in the research study almost all had a low self-image and other people's opinion of them was of great importance to them. According to Russell (1990) being raped or beaten by a husband is likely to lower a wife's sense of self-worth progressively as the abuse continues. The lower the self-image, the more difficult it is to stop the abuse or leave the marriage. Hanneke and Shields (1985) also indicated the low self-image of marital rape victims.

#### 4.2.2.4 Affect

The respondents indicated feelings of depression, anxiety, insecurity and hurt. Symptoms of anxiety and depression can relate to bereavement as they experienced

losses relating to the presenting problems which they had to work through. Some of the losses that can be indicated are divorce, still-born babies, hysterectomies, and the extra-marital affairs of their husbands.

#### 4.2.2.5 Sensation

Certain respondents complained about headaches and fatigue.

#### **4.2.3 Biological functioning**

General health and drugs fall into this category. Since 1980, the *Diagnostic and Statistical Manual of Mental Disorders* system, has become the major basis for diagnosing patients for assignment to medication treatment (Klerman *et al.*, 1994). According to the medical model, medication and psychotherapy are regarded as treatment modalities in the context of mental illness. The mental disorders recognized by the DSM-1V (1995) that respondents presented with, will therefore be indicated under biological functioning.

Four of the women were treated for major depression and were on medication. Posttraumatic stress disorder was evident in certain cases, but not all were precipitated by incidents of forced/unwelcome sex.

One of the respondents suffered from schizophrenia that was in remission. Others were on various types of medication; for example, tranquillizers, aspirin, sleeping tablets and Grandpa Headache Powders. Certain respondents got their tranquillizers from friends. One respondent was receiving treatment for alcoholism and, at the time of the interview, was suffering from withdrawal symptoms.

As far as marital rape and physical factors are concerned, Campbell and Faan (1989)



mentioned sexually transmitted diseases, urinary infections and piles. It cannot be concluded that the current biological functioning of the respondents was a result of forced or unwelcome sex only.

#### **4.2.4. The effect of non-battering marital rape on the victim**

To date, no study has specifically focussed on the effect of non-battering marital rape on the victim and it has always been incorporated into the effect of marital rape in general.

Finkelhor and Yllo (1985) stated that the women they had interviewed reported a number of long-lasting effects of an abusive marriage, and it was not always easy to allocate responsibility for these effects; for instance, whether the effects were attributable to the marital rape itself or to other marital issues.

The researcher was faced with the same issue. Only certain respondents indicated forced sex as part of their presenting problem. All had other marital issues relating to abuse; for example, divorce as well as childhood issues. Therefore the researcher specifically asked the respondents how they had been affected by forced sex or unwelcome sex relating to the following modalities: affect, cognition, imagery, sensation, behavior, interpersonal relationships and drugs (second-order multimodal profile). The evidence relied on was their own assessments and perceptions, as is relevant to qualitative research.

##### **4.2.4.1 Social functioning**

Social functioning will be discussed under interpersonal relationships. The two components of interpersonal relationships are sexual relationships and general

relationships.

### **(1) Interpersonal relationships**

#### **- Sexual relationships**

The sexual relationship seemed to suffer the most as a result of forced or unwelcome sex. All the respondents except one reported sex to be unpleasant during forced sex. However, this one respondent specifically stated that she had to change her attitude in order to enjoy the sex although she sometimes experienced painful sex. Some of the respondents seldom reached a climax, while others never climaxed. A negative attitude towards sex developed as respondents started hating sex. Others had no sexual feelings any more and one respondent feared an outburst of anger from her husband during sex.

One respondent also welcomed her husband becoming sexually involved with another women so that she could rest at night. After her divorce, one of the women would subconsciously punish men in general by enticing them and then dropping them. She developed obsessive behaviour regarding sex.

#### **- General relationships**

Certain women reported a hatred towards men in general and had also reported becoming quiet and too afraid to form new friendships.

Campbell and Faan (1989), Finkelhor and Yllo (1985), Kilpatrick, Best, Saunders and Veronen (1988) and Russell (1990) supported the above-mentioned effects on the sexual relationship and general relationship within a marriage. They also indicated sexual dysfunction and obsessive compulsive behaviour as an important long-term

consequence.

Sexual problems in the majority of cases developed after initial experience of incidents of forced/unwelcome sex. However, a diagnosis of sexual dysfunction cannot be made as some of the respondents specifically noted the absence, or inadequacy, of foreplay (sexual stimulation). This excludes the diagnosis of sexual dysfunction according to the Diagnostic and Statistical Manual of Mental Disorders (DSM - IV) (1995).

#### 4.2.4.2 Psychological functioning

The effect on the psychological functioning of the respondent will be indicated under the following modalities:

##### **- Behaviour**

The following behavioural responses were indicated by the respondents: they could not share their experiences with anyone, were more quiet and alone, wore more black, smoked more, became more aggressive and became scared of life. One respondent lost control and shot her fiancé. Finkelhor and Yllo (1985) also indicated the isolation of the victim of marital rape as having a far-reaching effect. Women usually do not discuss marital rape with other people. It is not discussed at home because the rapist is her own husband and the trauma therefore continues. Distancing from social situations also occurs.

Browne (1987) and Russell (1990) stated the occurrence of homicide as occurring mostly in women experiencing far more severe forms of marital rape; for example, survivors of anger and sadistic rape, as well as forced oral and anal sex, and bestiality.

### - Imagery

The following imagery was reported by some of the respondents: flashbacks of the rape and abuse that occurred during childhood or recently; nightmares of recent forced sex that were like a film depicting the forced sex; images of hopelessness, images of hurting the abuser; and a negative self-image.

Almost all the the above-mentioned imagery was also indicated by Campbell and Faan (1989); Finkelhor and Yllo (1985); Shields and Hanneke (1983) and Yllo and Le Clerc (1988).

### - Cognition

Some of the respondents experienced the following:

Thoughts of harming the other person, recurring thoughts of sexual abuse, suicidal thoughts, forced sex viewed as a sacrifice, avoidance of thoughts relating to incidents of forced sex, thoughts of ending the marital relationship and a change of attitude in order to enjoy sex.

Thoughts of harming the partner and suicidal thoughts were indicated by Finkelhor and Yllo (1985).

### - Affect

Immediate responses were indicated as:

Shock, disbelief, distress, confusion, sadness, emotional pain, hurt, feeling used or dirty and cheap; powerlessness, hopelessness, being out of control, discomfort, and in the case of one respondent, as if part of her had been *ripped out*.

Long-term emotional responses were:

Feelings of degradation, worthlessness, rejection, insecurity, anxiety, fear of the incident being repeated, feeling trapped, hatred, being hardened, bitterness, anger, resentment, loss of love for partner, anger because of not leaving sooner, more depressed, irritability, suppression of feelings and loss of trust.

Most of the above-mentioned feelings were supported in literature by Campbell and Faan (1989), Finkelhor and Yllo (1985), Kilpatrick *et al.* (1988), Kloppe (1995), Russell (1990) and Yllo and Le Clerc (1988). The more far-reaching effects of marital rape; namely betrayal, when the woman loses trust in the person whom she loves and knows intimately, also the feeling of entrapment, as she is constantly in fear of the next incident, have also been indicated by Finkelhor and Yllo (1985).

**- Sensation**

Most of the respondents reported painful sex. Others indicated tightening up during incidents of forced or unwelcome sex, swollen genitals, dryness of the genitalia during sex and headaches.

Campbell and Faan (1989) and Russell (1990) mentioned in particular the painful sexual experiences of the victims.

4.2.4.3 Biological functioning

**-Drugs**

Medication such as tranquillizers, sleeping tablets and aspirin were taken by some of

the respondents. One of the respondents suffered from alcoholism and specifically drowned her sorrows in alcohol after forced sex. Certain respondents were treated for major depression or suffered from posttraumatic stress disorder.

Excessive coffee intake, decrease in weight and loss of appetite were also mentioned. Kilpatrick *et al.* (1988) mentioned the continued presence of major depression and obsessive compulsive disorder 15 years after marital rape occurred. Barnard (1990) stated alcoholism as a factor in marital rape. Hansson (1993) and Schurink (1990) described rape trauma syndrome that seemed to be common amongst victims of rape and abused women. According to Pagelow (1988) it can thus be expected that the same syndrome would be applicable to marital rape victims, except for the fact that the stress was incessant and the fear of the next incident omnipresent.

Rape trauma syndrome is not indicated in the DSM-1V (1995) but can be applicable to post-traumatic stress disorder. This syndrome is generally recognized as a specific form of PTSD, because certain of the symptoms set it apart from the trauma resulting from trauma other than rape, in particular impairment in sexual functioning, specific fears of men and of being touched. Resnick, Kilpatrick and Lipovsky (1991) indicated the presence of rape related posttraumatic stress disorder even 17 years after the incident, but did not mention marital rape as such. Three of the respondents in this study suffered from posttraumatic stress disorder because of childhood sexual trauma; two because of incidents of forced/ unwelcome sex in marriage and two because of severe incidents of physical violence occurring separately from incidents of forced or unwelcome sex.

Adult sexual abuse is indicated in the DSM-1V (1995) as a category, should it be the focus of attention during treatment.

#### 4.2.5 Field notes

The field notes that were made during the study are described as follows:

##### 4.2.5.1 Observation notes (see Theoretical notes:4.2.5.2)

- (1) Certain respondents appeared emotionally blunt, non- communicative, depressed, insecure, withdrawn and dependent. Others had flashbacks regarding childhood sexual abuse or were reminded of childhood sexual abuse in their present sexual relationship in which forced or unwelcome sex occurred or had other unresolved issues.
- (2) Suspicion concerning confidentiality was evident.
- (3) Some were embarrassed about sharing sexual issues.
- (4) A sense of relief was noted after sharing personal issues, and for many of the victims, it was the first time they had discussed sexual issues. One woman specifically said that she wanted to tell the truth and not hide anything any more.
- (5) Certain women blamed themselves and felt extremely guilty about sharing the information. It was almost as if their privacy was being invaded. It was hard to admit that the sexual encounters with their husbands were sometimes forced or unwelcome.
- (6) Three women who were previously married did not experience forced sex in their previous marriages.

(7) Certain respondents thought about other issues, or pretended to be somewhere else during episodes of forced or unwelcome sex.

#### 4.2.5.2 Theoretical notes (see Observation notes:4.2.5.1)

(1) Finkelhor and Yllo (1985) and other researchers indicated these symptoms as the effects of marital rape. Marital rape victims who took part in the study of Finkelhor and Yllo (1985) indicated that they also experienced other trauma. Some of the victims had posttraumatic stress disorder because of childhood sexual abuse or had unresolved grief because of losses experienced. The non- communicative nature of some respondents could be linked to the fact that some women were already that way inclined, and also that it was difficult to share the information.

(2) Women do not share the experience of marital rape with friends or family because they fear the consequences should their husbands find out about it (Bergen, 1996).

(3) According to Bergen (1996) women also felt that the matter was too intimate to share with friends and family. Sex is still very much a taboo topic in certain societies.

(4) Okun (1986) stated that marital rape is a very sensitive issue, and that even at shelters for abused women, the victims would rather talk about physical abuse than marital rape. Only after they had been at a shelter and had built up a trusting relationship with staff members could they talk about the issue of marital rape.

(5) Women felt responsible for the marital relationship and blamed themselves for the marital rape (Russell, 1990). Cermak (1986) indicated in his work on co-dependency



that the latter subjectively lessens the degree of violence in a relationship, as the victim often takes the blame and decides that he/she caused the violence, or deserved it. The co-dependent woman is thus inclined to stay in a relationship and remain a victim. Forced or unwelcome sex sometimes kept the relationship going.

(6) Women and certain men are not always compatible, and intra-individual qualities of these specific men could also lead to marital rape (Russell, 1990).

(7) Dissociation was used by certain victims of marital rape as an emotional coping strategy (Bergen, 1996).

#### 4.2.5.3 Methodological notes

More direct questions had to be asked in cases where the respondents were not willing to verbalize or were too embarrassed to share sexual issues. The researcher also had to guard against interpretation.

#### 4.2.5.4 Personal notes

It was not always easy to maintain a distance, as some women were looking for guidance and help. Some were also abusing medication. The researcher felt relieved when certain respondents stopped the abusive cycle after many years and had the courage to separate from their husbands and go to a shelter; or who, at the time of the interview, were in the process of a divorce or who had been just divorced.

#### 4.3 NEW INSIGHT GAINED FROM THE RESEARCH

According to the literature control which comprised mainly literature from research done in the United States, non-battering marital rape seems to be a relevant type of marital rape in South Africa. The following can be indicated as new insight gained from the research:

The category *rape by coercion* and the fact that interpersonal coercion does play a major role in this type of marital rape has been a focal point in this research study. Different types of coercion can play a role in the life of the victim of non-battering marital rape. Extreme physical violence can occur separately from occurrences of non-battering marital rape.

According to this study, non-battering marital rape occurs within the framework of woman abuse, and mostly together with emotional and verbal abuse. Emotional and verbal abuse can be associated with interpersonal coercion. Except for the presence of abuse in these relationships, the relationship dynamics in certain cases indicated co-dependency.

The name non-battering marital rape is not known, although the name marital rape was positively responded to in some cases. Sexual abuse, cruel sex, unwelcome sex, forced sex and manipulation were also used to indicate this type of sexual abuse for which the women did not have a name. It is therefore possible that this type of marital rape can be under-reported and is more of a hidden issue than marital rape in general. Most of the respondents in this research indicated a number of other marital problems, but only one respondent reported her particular problem as marital rape.

Non-battering marital rape victims, as well as those belonging to the category *rape by coercion*, seem to suffer the same trauma as victims of other types of marital rape. This supports the fact that non-battering marital rape is not a less harmful type of

marital rape.

Control strategies also seem to be similar to other types of marital rape, with more women who have had childhood sexual traumas perceiving forced or unwelcome sex as rape. The possibility exists that, because of the continual sexual abuse in their lives, involving more people, the effect of the sexual abuse was so extensive that their coping strategies were no longer efficient. Posttraumatic stress disorder seems to be relevant in cases of non-battering marital rape. In some cases the major etiological factor was childhood sexual abuse (stressor) that was re-experienced during incidents of forced or unwelcome sex in the adult relationship.

However, it cannot be concluded that non-battering marital rape leads to sexual dysfunction as some women are already negative towards sex due to the experience of childhood sexual abuse that has not been worked through. Others, who reported developing sexual problems after incidents of forced or unwelcome sex, noted the inadequacy or absence of foreplay (sexual stimulation), and thus their experience does not justify the diagnosis of sexual dysfunction (DSM-1V, 1995).

As the effect of non-battering marital rape relating to the different modalities has been described during this research study, a more comprehensive picture can be derived as to how such incidents of forced/unwelcome sex affect the lives of women. The results reflected within the theoretical framework of a multimodal perspective can also be implemented as assessment guidelines for probable victims of non-battering marital rape.

#### 4.4 SUMMARY

This chapter has focussed on a cross validation report and literature control concerning non-battering marital rape, and new insight gained through the research

has been indicated.

In the next chapter a therapeutic approach for victims of non-battering marital rape will be discussed.

## CHAPTER 5

### A THERAPEUTIC APPROACH FOR VICTIMS OF NON-BATTERING MARITAL RAPE

#### 5.1 INTRODUCTION

During phase one of the research, the life world of victims of non-battering marital rape was explored through multiple case studies and a literature control followed. The main categories, subcategories and themes identified during phase one of the research have been reflected within a multimodal perspective, thus underscoring a systemic approach. New insight gained from the multiple case studies has also been stated. The results reflected within the multimodal framework can also be used as assessment guidelines for non-battering marital rape victims.

From logical inference (inductive reasoning) (Copi, 1994) and a literature control, an approach for the therapeutic management of victims of non-battering marital rape will be generated within a multimodal framework during the second phase of the research. However, there is very little literature on the treatment of the marital rape victim, and none could be located specifically for the non-battering marital rape victim. The operationalisation of the assessment guidelines and therapeutic approach for victims of non-battering marital rape will also be discussed and evaluated during this phase.

#### 5.2 A THERAPEUTIC APPROACH FOR VICTIMS OF NON-BATTERING MARITAL RAPE

The approach will be discussed in different phases. A possible overlap could exist between the phases. The different phases focus on the subsystems of the multimodal framework representing the psyche of the victim. Although the approach focusses on the different phases and specific subsystems, all the subsystems (human psyche), are always in interaction. A change in a modality (subsystem) will cause a change in other subsystems, that is not necessarily the focal point of treatment. The interpersonal modalities of the client and psychologist will specifically interact throughout all the

phases and are of paramount importance.

### **5.2.1 Phase 1 of the therapeutic approach for victims of non-battering marital rape (see Figure 5.1)**

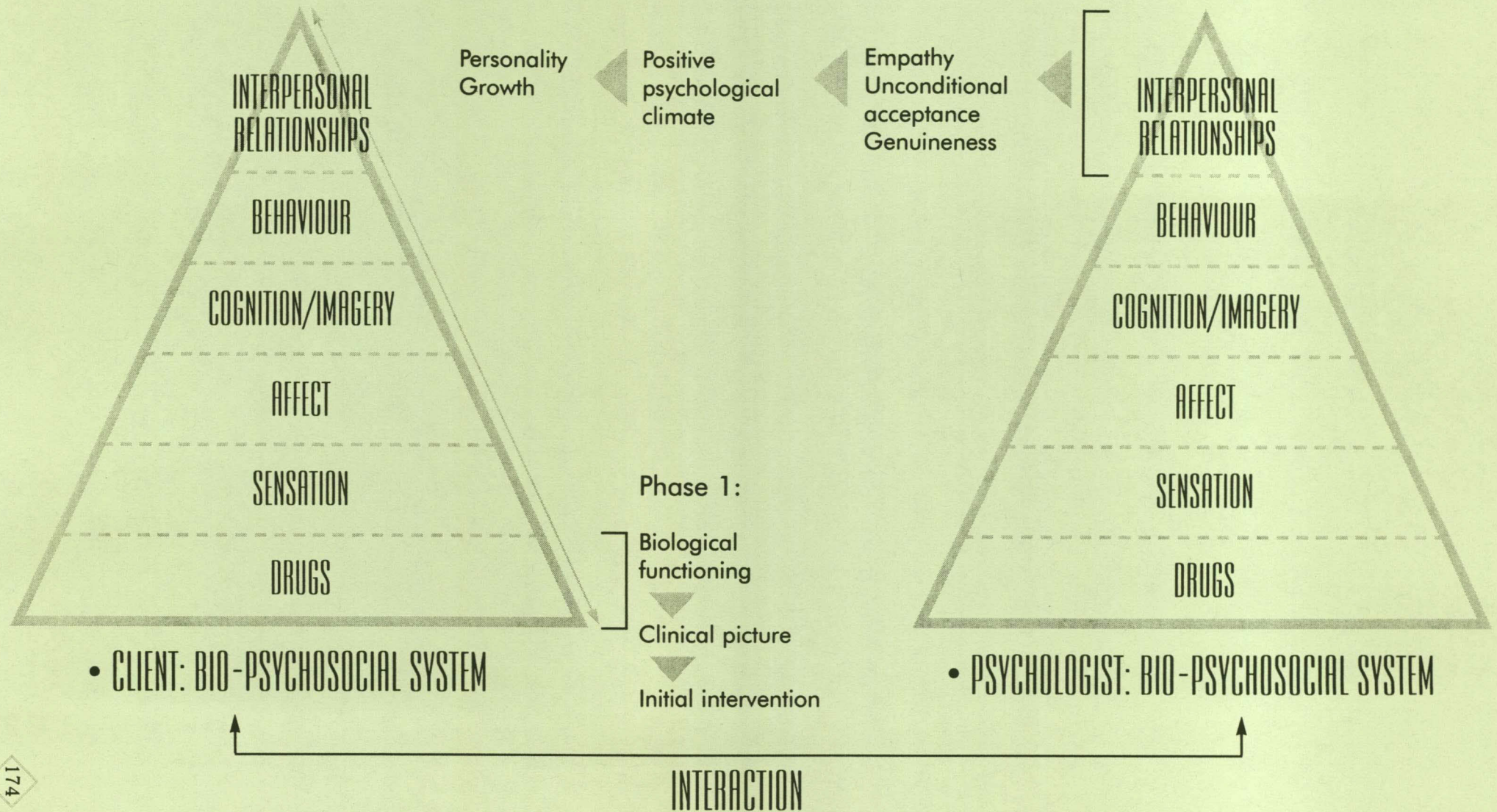
#### **- Biological functioning**

The objective of the first phase (see Figure 5.1) is the completion of a clinical picture with specific focus on the biological subsystem and the initial intervention. Certain respondents were on medication and others presented with mental disorders classified in the DSM-1V.

Biological functioning is the basis of bio-psychosocial functioning and a clinical picture should be formed to determine the presence of any mental disorder (DSM-1V) that requires medication or medical intervention. As sensory perception is biologically based, this modality is also of significance during this phase. The assessment guidelines within a multimodal framework could form part of this clinical picture. The following could arise after completion of the clinical picture and should be determined:

\* Sexual problems may have a biological base. Certain realities may block sexual desire in men and women: pain (general or genital), local pelvic inflammation, physical fatigue, endocrine conditions such as thyroid imbalance, chemicals such as alcohol, hypnotics, tranquillizers and antihypertensive medication, may all affect libido. A clinical depression or marked anxiety (regarding sex as sinful or abhorrent) may lower all appetites including that for sex (Renshaw, 1991; Spence, 1991). The necessary referral to a professional person in the relevant medical field should be made.

**Figure 5.1: Phase 1 of the therapeutic approach for victims of non-battering marital rape**



\* Should the person be suffering from a mental disorder, for example, major depression requiring medication, the necessary referral to a psychiatrist should be made. Medication can have a good effect on the broad treatment structure of the clients which may make them more susceptible to psychotherapy (Louw & Gagliano, 1989; Schildkraut & Klein, 1989).

Should the person be a suicide risk, the necessary referral to a psychiatrist should be made (Prinsloo & Louw, 1989).

\* Should the person be abusing tranquillizers or other self-prescribed medication, or be an alcoholic, the necessary planning regarding withdrawal should be made. A person is not ready to become involved in therapy when still abusing tranquillizers or self-prescribed medication (Kaplan & Sadock, 1991; Trauer, 1990). Re-assessment by a psychiatrist is important after withdrawal to determine the existence of a mental disorder and the medication required.

\* The psychologist should explain to the client the pathogenesis of any existing mental disorder involved or the V-Code (DSM-IV, 1995) for example adult sex abuse (Kaplan & Sadock, 1991). The reason for the referral to a psychiatrist, and the necessity for taking medication, should also be explained. The client should be allowed to ask questions as understanding of pathogenesis is very important for the client in becoming therapeutically involved.

Should the client suffer from posttraumatic stress disorder, maintained because of childhood sexual abuse, the client should be informed how it could influence her present bio-psychosocial functioning, especially in their sexual relationship (Levine, 1992).



### 5.2.2 Phase 2 of the therapeutic approach for victims of non-battering marital rape (see Figure 5.2)

#### - Psychosocial functioning

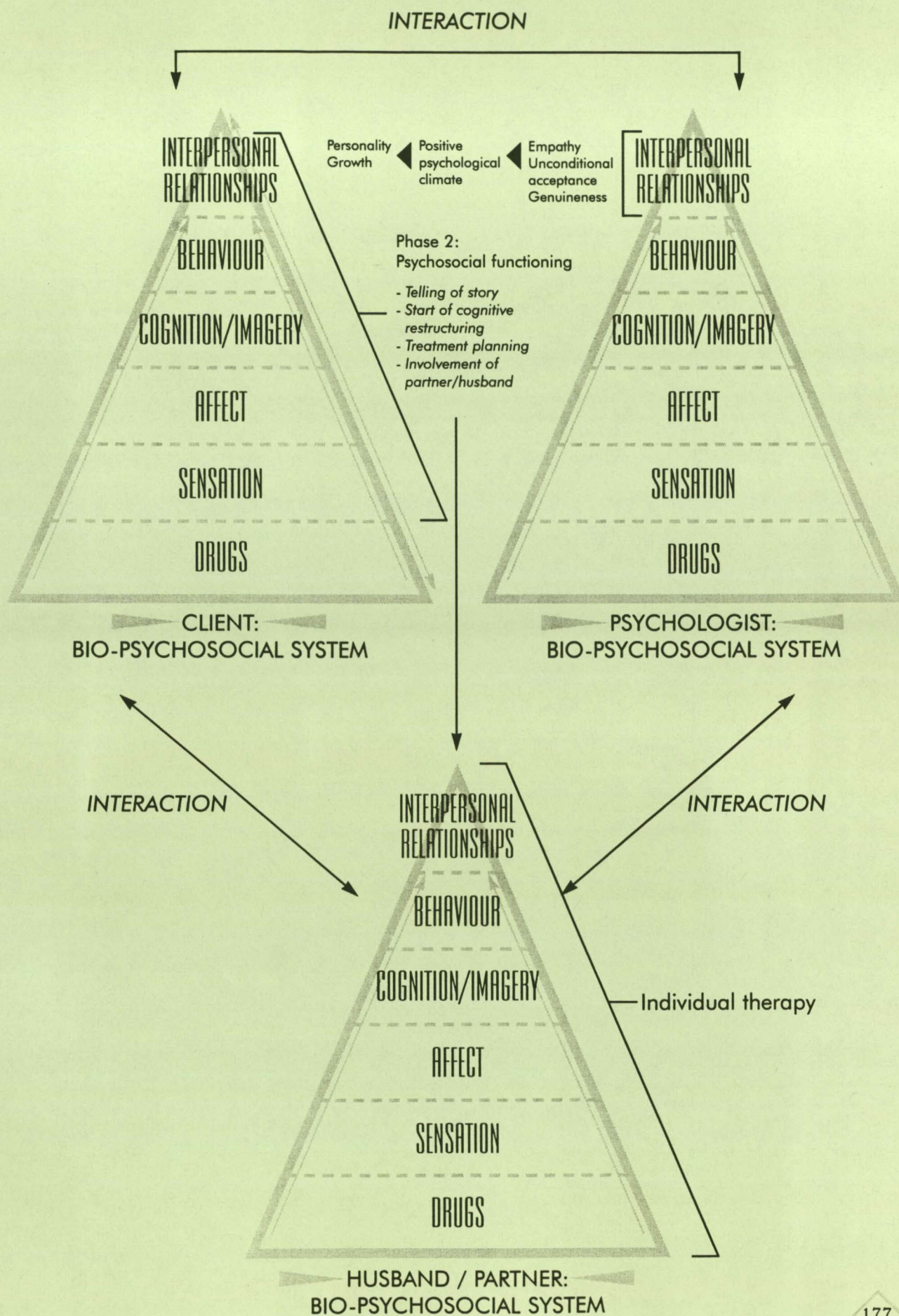
The aim of the second phase (see Figure 5.2) is to listen to the story of the client, to convey information regarding her situation and to formulate treatment-planning with the help of the client (involving or not involving her husband/partner). This phase is similar to that of the Egan model (stage 1) (Egan, 1986), but is more directive. As most of the respondents have been in damaging relationships for years and have lost faith in themselves, a more directive approach is necessary.

Respondents who took part in the study had mostly never discussed the issue of forced or unwelcome sex, but felt relieved after having spoken about it. It thus seems important to allow them to tell their stories while conveying an unbiased attitude, reflecting feelings, to be genuine and to show respect and thereby conveying Roger's principles of client-centred therapy (Pieters, 1989). The telling of a story can be time consuming and involve more than one session, but it is very important as it takes courage and it is a big step forward for these clients to become involved in therapy. Taking the time to listen to them, can also convey to them that what they have to say is regarded as important and also conveying respect to the client as a person. With the permission of the client an audio tape can be made of her story that she can take home and listen to. This can give her a sense of empowerment, listening to herself sharing personal information perhaps for the first time.

- As most women who experience marital rape do not perceive it as rape, this could have an effect on their behaviour, and therefore on their coping skills such as putting an end to the incidents, becoming involved in therapy, or avoiding the issue.

After telling her story, a client may also feel that she has been disloyal or that her privacy has been invaded, as was the case with some of the respondents. When doing

**Figure 5.2: Phase 2 of the therapeutic approach for victims of non-battering marital rape**



the member-checking with certain respondents, they felt relieved to hear that there are other women in the same situation. Watching a video tape of a victim of non-battering marital rape (with the victim's permission) with the client and discussing afterwards how it differs from and is similar to her situation can basically indicate that there are other women like her. Pamphlets (see Appendix 1.5) on the issue of non-battering marital rape with excerpts of victims (with their permission) can also at this stage be used to indicate the existence of such an issue as non-battering marital rape. The following basic rights of all women should also be indicated on the pamphlet (Knopp, 1994; Sacks, 1990):

- Every woman has the right to have control over her own body and make decisions concerning sex, the use of contraceptives, pregnancy and having children. When she marries, she does not lose these rights.
- No one, including the husband of the woman, has the right to force her to have sex through violence or threats of violence. That is, the woman, her children or another person may not be hurt.
- There is no marital licence that gives a man the right to force his wife to have sex with him. Although sex is part of marriage, women do not give up their right to say *yes* or *no* when they marry.
- The woman does not become the property of the man when she marries.
- When a woman and her partner have different ideas concerning sex, they can solve it by talking about the matter or by going for therapy. Very severe differences could lead to divorce between the man and the women. When there are differences concerning sex, it does not give the man the right to rape his wife.
- When a man rapes his wife, it is often not a sexual matter. It is usually a deed of anger aimed at degrading, humiliating or punishing the woman.

- In many countries it is a criminal offence when a man forces his wife to have sex with him physically or by threats of violence.

Having a discussion about it is however important so that the client can ask questions and clear up uncertainties. The therapist needs to find out what the opinion of the respondent is regarding non-battering marital rape and basic rights.

The video-recording and pamphlets should also indicate that help is available. After the telling of the story, the sense of disloyalty usually creeps in and the woman can easily withdraw from help. It is therefore important that a contact address and telephone number be printed on the pamphlet so that she can reach the therapist again. If she then does decide to withdraw, she has an audio-tape and a pamphlet, reminding her that help is available. The pamphlet and audio-tape can be seen as bibliotherapy - the use of printed or non-printed material, aiding the therapeutic process (Stutterheim & Pretorius, 1993).

Bergen (1996) stated that the process of coping with, defining and ending the abuse are all inter-connected. A woman who immediately identifies her forced sexual experience as rape, is more likely to end the relationship. Naming the violence is thus important. If the subjective experiences of women who are raped by their partners do not always meet the definition of wife-rape by experts, it has implications for rendering a service to the group under discussion.

According to Kelly (1990) women *must define the incident as lying outside the normal, acceptable or inevitable behavior and also as abusive* in order to seek help. Bergen (1996) stated that regardless of how the women defined their experiences of wife rape, all felt empowered by doing so, because the power of naming is the power of self-authorization.

The researcher, however, wants to stress the fact that it is not necessary for clients to name their experiences of forced/unwelcome sex as *rape*. A therapist could actually distance clients by forcing this value judgement on them. However, it is important

that clients should define these experiences of forced/unwelcome sex as at least unacceptable.

At this stage cognitive restructuring could begin in order for women at least to accept that they have certain rights. The right is to say *no* when they do not want to become sexually involved. They also have the right to become involved in therapy. The central issue surrounding cognitive restructuring is that emotional problems could be the consequence of a woman's way of thinking about herself, circumstances and others, and not reality as such (Möller, 1989). Changing women's irrational thinking about their abusive relationships, could result in women taking responsibility for themselves and becoming involved in therapy.

The psychologist and the client should discuss the treatment plan. The psychologist should be given an indication of the main problem as it would not be meaningful to begin a treatment plan on forced/unwelcome sex if the client is physically or mentally abused by her husband/partner to an extent that the incidents of forced or unwelcome sex do not seem a priority at this stage. Hanneke and Shields (1985) stated that the patient's problem relating to sexual violence should not be handled in a vacuum, but that her other problems should also be taken into consideration, as well as the important people in her life who were influenced by the rape.

According to research (Bowker, 1983), relationships in which marital rape occur are usually very damaged and it would possibly be better for the therapist to help the couple separate than to start therapy. Should the client not be divorced at this stage, she should determine whether she wants to involve her partner. With the consent of the client, the pathogenesis of her illness, her reason for therapy and the reason why he should also become involved in therapy can be explained to the husband/partner. The very few husbands of respondents who did go for therapy, went once, and then gave the women the responsibility. Others refused, or the women were already divorced or in the process of divorce.

As the husband/partner is a system within the relationship with the woman, who also

represents a system, he has to be assessed and treated individually before becoming involved in marital therapy. A second psychologist should be involved with him, and, when he is ready for marital therapy, the two psychologists involved could be co-therapists. Knopp (1994) stressed the importance of therapy for the husband or partner in dealing also with his past hurts. Men who sexually abuse their wives usually have emotional and behavioural problems in more than just the sexual aspects of their lives. The outcome of the therapeutic intervention should improve male sexual health in marriage as the equality between the partners is stressed during therapy. Bennun (1994) stated that certain clinical problems could respond more favourably to unilateral therapy, and seeing one partner alone can be used in preparation for later conjoint sessions.

Should the partner not want to become involved, the woman has to decide if she wants to continue on her own as a change in one subsystem can bring about a change in other subsystems, and the therapist could influence the wife/husband subsystem through intervention with the attending partner (Bennun, 1994).

The therapist should thus supply the woman with the necessary information and the options and direct her towards the planning of her treatment.

### **5.2.3 Phase 3 of the therapeutic approach for victims of non-battering marital rape (see Figure 5.3)**

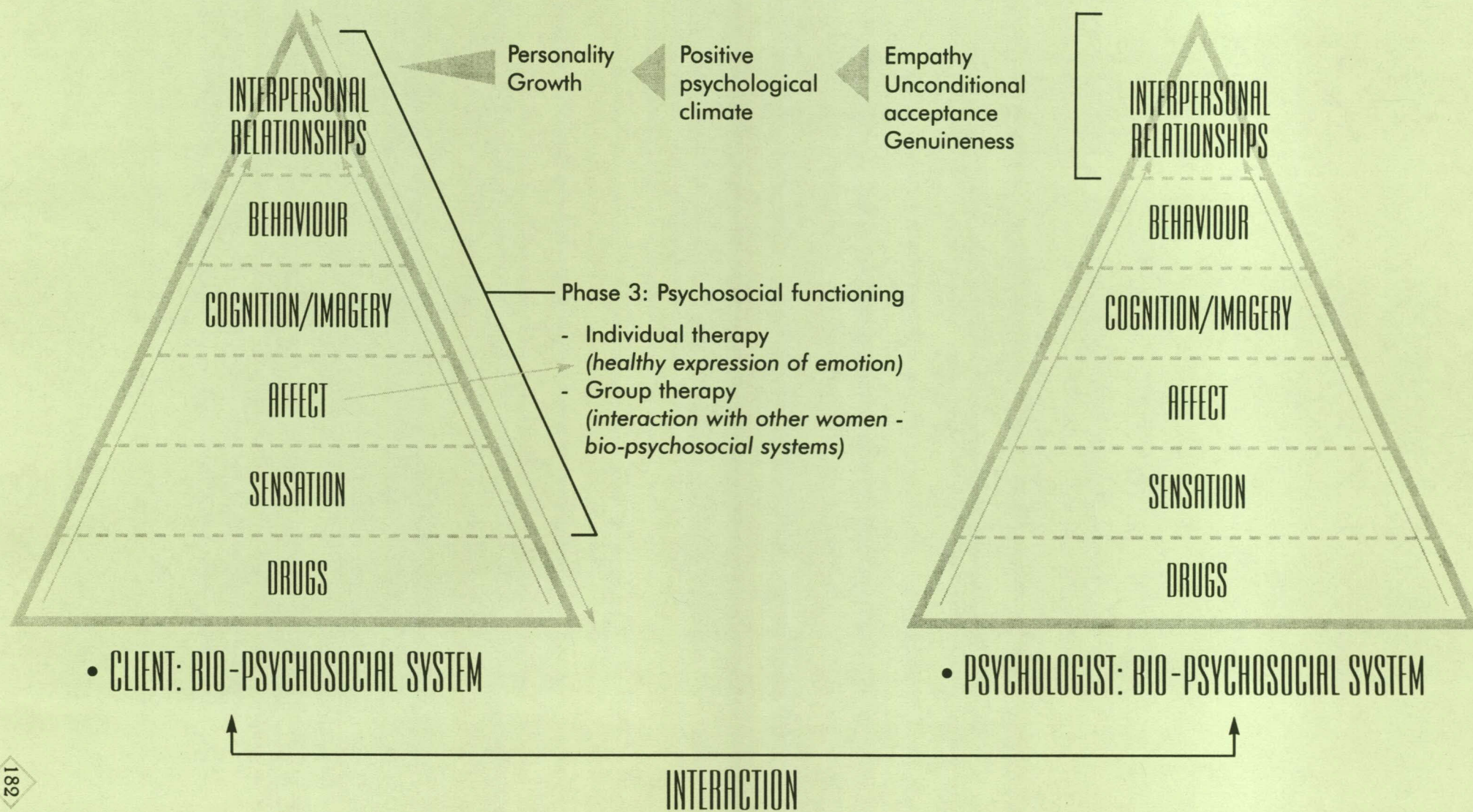
#### **-Psychosocial functioning**

The objectives of this phase (see Figure 5.3) are: to further the healthy emotional expression of the women, to help them to take responsibility for themselves by helping them to rid themselves of self-blame, guilt feelings and rejection and to start reaching out to others by forming a social resource network.

Once the client is willing to give a description of the incidents, it becomes important to consider the emotional impact they make on her life. The meaning of the sexual



**Figure 5.3: Phase 3 of the therapeutic approach for victims of non-battering marital rape**



violence should be looked at against the background of the history of the relationship (Weingourt, 1985). The meaning of the forced sex could be explained if it is related to other factors in the life of the woman. The focus will then shift from the presenting problem, for example, depression. The problem and not the symptoms should be addressed.

The women taking part in this research indicated having strong emotions as a result of forced or unwelcome sex. Strong emotions could distance the therapist. This reaction could be interpreted as rejection (Weingourt, 1985). On the other hand certain women taking part in the research tend to dissociate or suppress emotion as part of their coping strategy.

Dissociation is the process of emotional distancing commonly experienced in traumatic circumstances, and common amongst sexual abuse victims (Bradley, 1994; Zimmeroff, 1992). Dissociation protects the client from unpleasant or highly painful experiences. People who are afraid of anger tend to dissociate most. It is important that dissociation be well addressed so that the client can learn to express feelings in a healthy way. Zimmeroff (1992) indicated the ego-strengthening of clients who tend to dissociate. Clients should be screened for the possibility of dissociation by means of the Dissociative Experiences Scale (DES) (Carlson & Putman, 1993).

It is therefore important that the therapist is aware of how emotion is expressed by a specific woman and if dissociation is used as a coping strategy. Lazarus (1981) stated that *affect* is the product of the reciprocal interaction of behaviour, sensation, imagery and cognitive factors, as well as biological inputs, usually within an interpersonal context. Affect thus has an effect on all the other modalities. It is therefore important that the therapeutic intervention followed focusses on allowing women emotional pain. The emotion should not just be lessened or changed as for instance during cognitive restructuring (Möller, 1989). The following therapeutic approaches or a combination are recommended interventions:



### (1) Grief therapy:

Grief therapy, a therapeutic intervention mentioned in literature for marital rape victims (Kelly, 1988) can be used focussing on all the throughput modalities when working through the different mourning tasks. Grief is a complex issue and does not only refer to a loss because of death, but also amputation, divorce, sexual abuse and assault (Gunzburg, 1993; Gunzburg & Stewart, 1994; Worden, 1988). Although the priority problem of the woman may not be forced or unwelcome sex, but for instance divorce or emotional abuse, it can also be dealt with by means of grief therapy.

The victim of marital rape should address the dynamics of the losses. The person should part with wishes and fantasies relating to her marriage and look the reality of the loss in the eye. The impact of the sexual abuse in the marriage can be conceptualised as a series of losses that a woman should work through (Kelly, 1988). The following losses are usually involved: security, autonomy, control, selfworth, status and a positive attitude towards sexuality.

It is important for the therapist to lead the client by comparing her fantasy of how her marriage should be, to the reality of her living conditions. This approach focusses on the responsibility of her husband for his behaviour and his loyalty. The woman should free herself of her responsibility to defend her husband. This will enable her to work through her losses (Kelly, 1988). The facilitation of grief is important in order for the client to experience the pain of grief (Gunzburg, 1993; Gunzburg & Stewart, 1994; Worden, 1988). It is possible for the woman to use so much energy in defending her husband that she has no energy left to express her feelings of anger and depression.

There are basically four grief tasks that should be worked through (Worden, 1988):

(1) The reality of the loss should be accepted.

(2) The sadness and pain of grief should be experienced. The negation of this second task, of working through the pain, is not to feel. People can short-circuit task 2 in any

number of ways, the most obvious being to cut off their feelings and deny the pain that is present. Sometimes people hinder the process by avoiding painful thoughts. They use thought-stopping techniques to keep themselves from feeling the dysphoria associated with the loss.

(3) Adjustment to the environment after the loss should take place.

(4) Energy used for the loss should be re-invested in other relationships or activities.

The client experiencing non-battering marital rape has experienced losses: for example, loss of security in the marriage, loss of trust, loss of freedom, or loss of childhood innocence which all need to be addressed. Working through these losses also addresses the throughput modalities. All the losses that the woman has encountered should be dealt with separately and the changes in the modalities should be monitored.

Other therapeutic approaches that will be beneficial in order to enhance expression of feelings are Eye Movement Desensitization and Reprocessing (EMDR) and Hypno-Behavioural therapy, although, to be implemented they require specific training and skills. The researcher has been trained in these techniques and decided to incorporate them in this approach because they have been found to be very effective techniques and directive.

## (2) Eye Movement Desensitization and Reprocessing (EMDR)

The use of Eye Movement Desensitization and Reprocessing (EMDR) can be effective in the sense that the modalities, sensation, affect, imagery, cognition and behaviour are involved. A change in these modalities can have an effect on social functioning. In the cognitive modality especially, the release of blame and responsibility can help clients rid themselves of possible guilt feelings. Shifts are changes in image, affect, cognition or physical sensation reported by the client during the sets of eye movements (Shapiro, 1995). This type of therapy has been proved to be effective in

the case of posttraumatic stress disorder, sexual abuse, depression, anxiety, alcoholism, obsessive compulsive disorder, grief and other stress related problems (Shapiro & Forrest, 1997).

All the incidents of sexual abuse or forced/unwelcome sex should be involved.

Accelerated information processing represents the general model providing the theoretical framework and principles for the Eye Movement Desensitization and Reprocessing therapeutic model (Shapiro, 1995; Shapiro & Forrest, 1997). The model basically stresses that the brain has an innate tendency to process disturbing life experiences to an adaptive resolution. The information system of the brain can be blocked as a result of psychological trauma. Because of the blockage the system is unable to function and the information required at the time of the event, including images, sounds, affect and physical sensations, is neurologically maintained. The hypothesis is that the eye movements used in Eye Movement Desensitization and Reprocessing trigger a physiological mechanism that activates the information processing system.

### (3) Hypno-behavioural therapy

Hypno-behavioural therapy (Zimberoff, 1992) can also be effective, when dealing with the above-mentioned issues, especially when it focusses on co-dependency, breaking the victim trap and taking responsibility, as seems to be the case with most of the victims of non-battering marital rape. During hypnotherapy the pattern of change of rescuing is used:

- releasing and extinguishing feelings, for example, anger;
- releasing the sense of being responsible for others;
- knowing that one's needs are important;
- taking responsibility for having one's needs met;

- becoming responsible for oneself;
- giving others back their power/ claiming one's power.

According to Norwood (1985) some of the characteristics of a woman who has recovered from co-dependency are as follows:

- 1) She accepts herself fully, even while wanting to change parts of herself and there is a basic self-love and self-regard.
- 2) She accepts others as they are without trying to change them to meet her needs.
- 3) She questions: "Is this relationship good for me? Does it enable me to grow into all I am capable of being?"
- 4) When a relationship is destructive, she is able to let go of it without experiencing disabling depression.
- 5) She knows that a relationship, in order to work, must be between partners who share similar values, interests, and goals, and who each have a capacity for intimacy. She also knows that she is worthy of the best that life has to offer.

Along with the above-mentioned input, it would be necessary to focus on the throughput modalities in order specifically to improve self-esteem, assertiveness and an internal locus of control. This can be achieved by cognitive restructuring, assertiveness training, modelling, roleplay, relaxation therapy and other stress management techniques (Louw, 1989; Shields & Hanneke, 1983; Trauer, 1990).

Involvement in a support group during the time she receives individual therapy could assist the woman in achieving the above-mentioned skills and receiving support and motivation (Norwood, 1985). The content and objectives of the group are determined by the group members and, as the group develops, the group leader (therapist)

becomes a consultant (Johnson & Johnson, 1987). Roos and Möller (1987) also stated that people with a good social resource network cope better with stress. Involvement in such a group can be the start of such a network. Bergen (1996) as well as Klopper and Pretorius (1996) stressed the importance of group involvement for marital rape victims. It should, however, be a support group specifically for survivors of marital rape. Women in the study of Bergen (1996) who were put in a group of battered women who had not experienced marital rape, felt uncomfortable sharing experiences as they felt that their problem was different. They were embarrassed about sharing sexual issues in front of the battered only women.

#### **5.2.4 Phase 4 of the therapeutic approach for victims of non-battering marital rape (see Figure 5.4)**

##### **- Social functioning**

The objective of this phase (see Figure 5.4) is the improvement of the client's marital relationship, sexual relationship and family relationship.

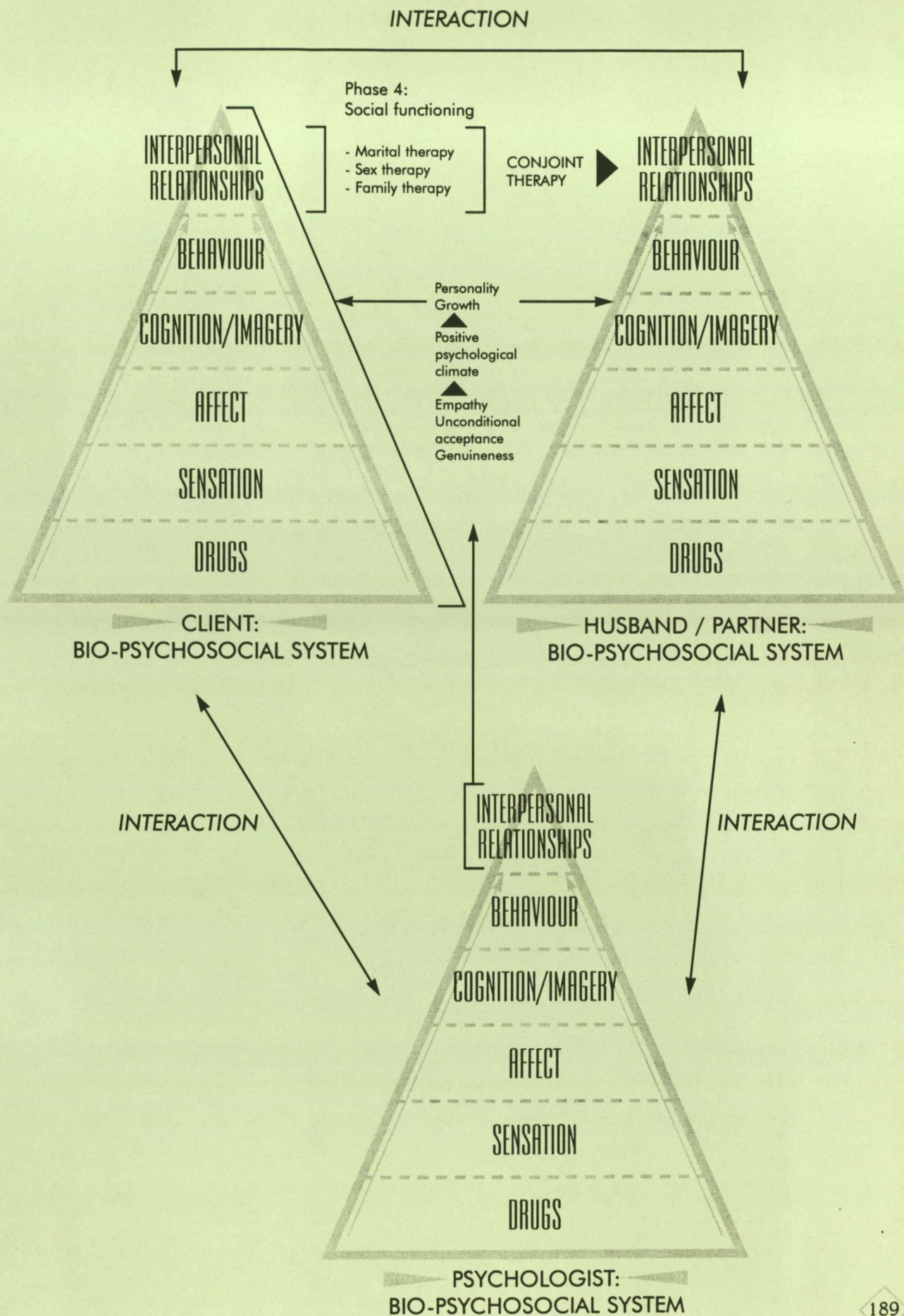
The social functioning of the women should improve by intervention in the throughput modalities. However, it is important to focus on marital therapy and sex therapy as there are usually also problems with regard to sexual functioning at this stage (Shields & Hanneke, 1983).

Sex problems can be the symptom of a dysfunctional marital relationship in general. Therefore, it should be stressed that general relationship enhancement techniques should be incorporated with these methods to enhance the sexual relationship (Spence, 1991). On the other hand the relationship problems should be dealt with first and then the sex problem.

##### **- Marital therapy**

One of the important questions that should be put to the woman is: What are the

**Figure 5.4: Phase 4 of the therapeutic approach for victims of non-battering marital rape**



positive things that keep you together? In this way she may also start looking for an answer. Should the partner have undergone the necessary individual therapy, or should he still be undergoing such therapy, and should the two partners still be willing to continue the relationship, the marital therapy should start.

The marital problems encountered by most of the respondents were communication problems and an inability to handle conflict. This led to inequality and different types of abuse in the relationship. The marital therapy model of Leberman, Wheeler, De Visser, Kuchnel and Kuchnel (1980) underlines the following assumptions that can be used as guidelines for marital therapy:

- The principle of reciprocity is important and indicates that when each partner is receiving an adequate amount of pleasing words and actions for his/her needs, the marriage will be experienced as satisfying to both spouses.
  
- Increases in marital satisfaction will result when the spouses' ability to communicate both the positive and the negative aspects of their marriage is improved. The task of the therapist is therefore to teach communication skills to the couples in order to increase their mutually rewarding exchanges, improve their ability to solve problems, and help their constructive expression of both positive and negative feelings.

The emphasis is on helping couples to learn and apply new skills. The focus of therapy is on the present and working toward the future rather than focussing on the past.

According to Leberman *et al.* (1980), partners entering marital therapy most frequently indicate poor communication. The different areas of marital life - sex, children, finances, household management, in-laws, friends, and recreation are affected by communication between the partners and their abilities to solve problems. The communication process is conceptualized as occurring in three steps:



- (1) accurately and sensitively recognizing incoming messages;
- (2) being able to develop ideas or possible alternatives, and choosing one that is reasonable; and
- (3) being able to respond with one's own message, using effective verbal and non-verbal elements (sending skills).

The two necessary components of effective communication, namely a meaningful message and the ability to transmit that message, are focussed on. Many couples have problems exchanging physical affection and have to learn or relearn how to ask for a kiss, a hug, or sex verbally and nonverbally. Skills are taught that are required to deal with unexpected hostility and persistent bad moods, including humour, changing the subject, timeout and ignoring.

The components for effective communication discussed underscores psychological intimacy which was indicated by certain respondents of the study as a problem issue. Levine (1992) indicated the following qualities relating to psychological intimacy:

- Psychological intimacy commences with one person's ability to share his or her inner experiences with another. This ability is based on:
  - the ability to know what one feels and thinks;
  - the willingness to say it to another; and
  - the skills to express the feelings and the ideas with words.



- In order for intimacy to occur, one has to tell another person about oneself and the person has to respond in a way that conveys the following:

- a noncritical acceptance of what is being said;
- an awareness of the importance of the moment to the speaker; and
- an understanding of what is being said by the listener.

Levine (1992) further stated that the greatest potential of psychological intimacy is its ability to improve psychological functioning by creating a safe, trusting and holding environment. Psychological intimacy lays the groundwork for lovemaking (sexual intimacy).

#### - Sex therapy

Sex therapy between couples should focus on trust, time, touching and communication. Renshaw (1991) and Levine (1992) indicated these factors as very important. Trust is only possible if the partners commit themselves to a relationship.

As the skin is the largest organ to be erotized, the partners should involve the whole body during sexual interaction. Touching of the body in general, and of the genitals especially, is important. Time should be set aside for the sexual side of the relationship, as sex requires time.

Communication regarding these experiences and responses is important. The couple should be relaxed about discussing sexual matters and feelings and humour should form part of it. The sex therapy programme usually begins with sensate focus, or the instruction that no sexual intercourse take place for at least a week while the focus is on the sensation of the body during touching:

- This means that the couple will stimulate one another for a period of time each day, without involving the sex organs or breasts.
- When the couple becomes aware of the fact that sexual enjoyment involves more than the sexual organs, the sexual organs are also included during stimulation sessions but no sexual intercourse takes place. The couple has to engage in mutual masturbation and communicate to one another what they find pleasing. They also have to masturbate in front of one another to become familiar with how they function sexually.
- The next phase involves sexual intercourse, stressing the fact that sex involves receiving pleasure from someone, sharing it with someone and the ability to enjoy it oneself.

Where the sexual problem is basically anxiety based, reduction of anxiety by imaginal and *in vivo* desensitization can be useful (De Silva, 1994). The anxiety arousing situations are elicited from the patient and arranged in a hierarchy of lowest to highest anxiety. These are then presented to the patient to imagine, in graded fashion, under relaxation.

In the case of a married, divorced or single female not having a partner, sex therapy should continue and the women should work through any sexual issues not touched on previously. The basic principles of individual sex therapy are the same as for couples (Crowe & Ridley, 1990; De Silva, 1994): education, counselling and anxiety reduction. It is done in various ways, namely, through relaxation, self-focusing, self-stimulation and fantasy. Misconceptions, namely, that sex always means intercourse, can be dispelled.

The use of surrogate partners in the treatment of clients who come without partners can involve legal and ethical issues, but has nevertheless been used and recommended by some therapists (De Silva, 1994). The researcher is of the opinion that it is an issue that should be discussed in depth with a client, taking into

consideration the emotional make-up of the particular client. The choice remains the responsibility of the client.

#### - Family therapy

Family therapy can also be considered during this phase. When one person (subsystem) has pain that manifests itself in certain symptoms, all family members (system) experience the pain in some way (Griesel & Jacobs, 1991). During the process of family therapy the therapist tries to evoke change in the different family members (subsystems). A change in the subsystem of the parent/s could change the whole system.

### **5.3 OPERATIONALISATION OF THE ASSESSMENT GUIDELINES AND THERAPEUTIC APPROACH FOR VICTIMS OF NON-BATTERING MARITAL RAPE**

The operationalisation of the assessment guidelines and approach are based on the results of the multiple case studies and literature control in chapter 4.

(1) The psychologist plays a vital part in assessment and treatment as he or she also resembles a system, consisting of different subsystems (modalities) when encountering the system of a probable victim of non-battering marital rape. The perception (cognitive modality) of the psychologist regarding the issue of non-battering marital rape will determine his or her behaviour. The behaviour will be based on the extent to which the psychologist either ignores or addresses the problem of non-battering marital rape during the initial interaction. The psychologist should therefore have an open attitude towards sex so that the issue of non-battering marital rape can be addressed during assessment and treatment.

With regard to the above, and especially the perception of the psychologist, reseachers have indicated the following:

- Becker, Abel and Skinner (1979) mentioned a discomfort in people in the community when discussing sex, especially with victims of marital rape. Barnard (1990) in relation to the above, recommends that therapists should always query sexual abuse as it occurs so often and that they should be comfortable with the issue. Any form of discomfort could result in the client avoiding the subject. The therapist could begin by referring directly to human sexuality before talking about sexual abuse.

- According to Hanneke & Shields (1985); Renshaw (1989) and Weingourt (1985) bias still exists regarding victims of rape in general and marital rape. There is a tendency among some people in the helping profession to blame the victim subtly.

When people in the community distance themselves from victims, the woman feels further isolated, as well as humiliated, and tries to hide her secret. Additional trauma can occur if the woman is not believed, or when her psychologist is embarrassed by her statements. The marriage is usually in contrast to what meets the public eye.

Weingourt (1985) specifically stated that many clinicians still have patriarchal convictions about marriage, believing that the client is responsible for her marriage and should meet all the needs of her husband. Sexual violence in marriage could be viewed as an acceptable way of control exercised by the husband or partner. Therapists with this point of view would thus reinforce violence.

- Barnard (1990) also stated that marital rape that occurs within an alcoholic relationship is sometimes perceived as less severe. Some clinicians are inclined to be less sensitive to the dynamics between the partners because they excuse the man because of his drunkenness. Women also do not readily acknowledge sexual violence as rape because the man was drunk and the alcohol was responsible for his behaviour. Cermak (1986) indicated that the community and some clinicians are still inclined to accept certain sexrole stereotypes, for example that a drunk woman is more responsible for sexual aggression, and that a drunk man is less guilty because the alcohol influenced his behaviour. A drunk woman is often regarded as immoral and more aggressive.

(2) Enough time should be available for assessment and to establish good rapport and convey a trusting relationship.

Becker *et al.* (1979) said in this regard that individuals rendering a service to victims of rape mainly focus on crisis intervention. They do not always have time to take a history of sexual violence, or to discuss the rape in detail with the victim.

As victims of non-battering marital rape seem to hide the issue it should be remembered that the issue of forced sex might not arise during the first interview. The therapist should try to build a trusting relationship within which the woman feels safe to tell her story. In this regard Renshaw (1989) indicated that regular follow up work instead of termination could, in the long run, produce change.

(3) The interpersonal modality is usually the focus of attention at the beginning of the assessment as the presenting problem falls within this modality. Hanneke and Shields (1985), Pagelow (1988) and Weingourt (1985) pointed out that victims of marital rape are inclined to ask for help with marital problems and often conceal the truth about their real problem. Victims of physical violence are more inclined to reveal the truth about their problems.

People in the helping profession should therefore be sensitive to the symptoms of victims of non-battering marital rape and thus be able to recognise them. A direct question on marital rape might deter probable victims from talking frankly (Russell, 1990). The question: *Have you ever had any forced or unwelcome experience with your husband/living-together partner or ex-husband/living-together partners/s?* was asked by the researcher to identify respondents for this study. Should the woman mention the issue of forced or unwelcome sex herself, further elaboration was necessary.

Should the woman have answered in the affirmative it should be established whether

the incidents of forced/unwelcome sex were part of a normal marital relationship, during which a woman sometimes agreed to sex in order to compromise as the partners are on an equal footing. Such a woman is not regarded as a marital rape victim. However, if her bargaining position had been undercut because of powerlessness and dependency, for example, so that she was always the one to compromise, then she can be considered a victim.

(4) The perception of the woman regarding marital rape plays an important role in the treatment process. During assessment it is vital to determine how she perceives forced or unwelcome sex. Is she prepared or willing to call it marital rape, or what is her perception in this regard? The term marital rape and not non-battering marital rape should be used as women are not familiar with the term non-battering marital rape. This knowledge could be helpful in planning treatment as she at least has to perceive it as unacceptable in order to be a candidate for treatment.

Once again a direct question might deter respondents - the question that the researcher put to women (phrased according to their intellectual level) was: " *One sometimes reads about or hears about women claiming that their husbands/partners have raped them. Do you think that this is possible?* " If she answered positively, a further question was put to her. " *What do you call those instances of forced or unwelcome sex?* " A woman indicating that rape between a woman and her husband/partner could not exist, was also asked the last question.

(5) Campbell and Faan (1989) voiced the opinion that a thorough background history relating to sexual abuse should be conducted with all adolescents and adults. Certain victims of marital rape do not regard incidents of forced sex as rape, therefore rape as a precipitating factor is not always indicated when psychiatric disorders are present (Ellis, Atkeson & Calhoun, 1981). A detailed background history would identify sexual trauma even if a woman does not regard forced sex as rape.

Renshaw (1989) added in this regard that, by using a questionnaire, a woman may think that there are other people in the same situation. This enables her to reflect

objectively about the pain caused by sexual violence. Should a woman be hesitant to complete the questionnaire, she should be given the opportunity to complete it at home and return it to the therapist, or to throw it away. It is important for telephone numbers of helping institutions to be printed on the questionnaire, as some women are only ready to seek help at a later stage. The woman should realize that she can always come back.

The researcher found that very few respondents actually indicated on the multimodal questionnaire that they had been raped, or had forced or unwelcome sex. They were more willing to admit during the interview where they experienced a trusting atmosphere, that they had such an experience.

(6) It is important to do a second order multimodal profile in order to determine the specific effect of forced or unwelcome sex on the respondent as many women also had other traumas in their lives.

(7) The sex of the psychologist in dealing with victims of non-battering marital rape can also be an issue and certain researchers feel that it should be a female (Bradley, 1994). Walker (1981) stated that the sex of the therapist could often activate issues around loyalty. Many women will describe issues as less important so as not to jeopardize the image of their husbands. Distancing on the part of the therapist could also be seen as an alliance with her husband. The latter could have an effect on the relationship of trust with the therapist and on the amount of information revealed. Kaplan (1979) indicated that many women would accept a man automatically as an authority figure because of cultural pressures, and would thus accept everything the therapist had to say in the therapeutic relationship.

The researcher is of the opinion that it might take longer for victims to form a therapeutic relationship with a male psychologist as some of the respondents indicated that they disliked men. However, what is more important is the creation of a therapeutic climate in which personality growth can occur.

(8) A decision has to be made in conjunction with the client should she need to go to a shelter for women in order to be safe, or should she wish to apply for an interdict against her husband according to the *Prevention of Family Violence Act no. 133 of 1993* (Van der Merwe, 1994) in order to be allowed access to therapy and for her husband to stop using coercive sex. Referrals to social workers, psychiatrists and other people in the helping profession are also important in order to improve the mental health of the client.

(9) The approach should be brought to the attention of professional people dealing with marital rape in general, women's groups and organizations, as well as shelters for abused women.

- The target group to start off with should be the professional people evaluating the generated approach for therapeutic management of victims of non-battering marital rape.

- Women taking part in the research, who want to become involved in therapy, will also be targeted.

(10) Referred women would be assessed according to the guidelines and a treatment plan would be advised for them, taking into consideration the approach for therapeutic management and their intellectual level.

(11) Evaluation and monitoring of their progress would be an ongoing process and treatment would be adjusted to suit the individual.

#### **5.4 EVALUATION OF THE APPROACH AND THE OPERATIONALISATION**

Two psychologists and a psychiatrist took part in the evaluation. The therapeutic approach as well as the operationalisation was evaluated according to the guidelines of Chinn and Kramer (1991):



### **(1) Semantic clarity and consistency**

The definition of concepts seems to be an important aspect of semantic clarity. Use of examples and diagrams also lends clarity. In the light of the fact that the therapeutic approach and operationalisation that would be used mainly by psychologists has been described, all concepts have been clearly defined for the specific discipline, as well as for related disciplines.

Examples and diagrams are meaningful; the approach and operationalisation can be followed and the overall structure can be diagrammed.

Definitions should be consistent for semantic consistency to be achieved. If alternate messages are present in theory, semantic clarity is obscured and the result is, consistency cannot be achieved. Semantic consistency is relevant in this approach: the same terms are defined compatibly; words are not borrowed from other disciplines and used differently in the context; concepts, consistent with their definition, are used and the researcher has thus accomplished what she set out to do.

### **(3) Simplicity**

Theoretical simplicity was achieved by having a minimum number of elements within each descriptive category.

The relationships are organized by means of categories and subcategories. The approach and operationalisation tends to describe, explain and predict and they are given equal weight.

### **(4) Generality**

The criterion of generality deals with situations where the approach application is not

limited. The more limited the goal, the less general the theory. This approach in particular has been generated for non-battering marital rape victims as their assessment criteria are different from those of other types of marital rape, and therefore their reality is different.

However, the concepts in the theory relating to the therapeutic approach itself are broad and could also be applicable to other groups; victims of sexual abuse or marital rape victims in general.

### **(5) Empirical applicability**

By increasing the complexity within the approach, the empirical applicability can be increased. In the process, subconceptual categories are formed and empirical phenomena to which the concepts relate become more precise. Empirical applicability is basic to research evaluation. This increases practice utility which is possible with the formulation of the approach. In this research empirical applicability was increased through the use of subcategories. The empirical indicators of the concepts were able to be identified in reality and definitions provided for the meaning of concepts.

### **(6) Consequences**

The practical usefulness of the approach, its importance and general sufficiency in approaching the goals of the discipline of psychology, is indicated by the criterion consequences.

Practice and theory should thus be related in order for practice to be guided by the approach, which needs to be evaluated. The theory of this research project has well defined concepts and definitions to be evaluated in practice. The approach has the potential to influence psychological actions and education, and to provide a general framework within which to act or predict phenomena.

## 5.5 SUMMARY

This chapter described a therapeutic approach for victims of non-battering marital rape. The approach was structured within the framework of a multimodal perspective. The operationalisation, as well as the evaluation of the approach were discussed.

The next chapter will focus on the conclusion and limitations of the study, as well as recommendations.

## CHAPTER 6

## SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

## 6.1 SUMMARY

Generally there is a misconception that marital rape is always associated with battering. Women, having this misconception only report marital rape if there has been physical violence (Russell, 1990). To date, no overseas or South African study on marital rape has focussed specifically on non-battering marital rape. Neither have the specific effects of non-battering marital rape on the victims been described by researchers in the field of marital rape (Bergen, 1996; Finkelhor & Yllo, 1985; Klopper, 1995; Peacock, 1995; Russell, 1990).

Since the recognition of marital rape as a crime in overseas countries and in South Africa (end of 1993), no therapeutic approach has been generated to support marital rape victims, let alone non-battering marital rape victims. Bergen's study (1996) regarding non-battering marital rape victims in the United States has found that most staff at shelters for battered women construed wife-rape as a domestic problem involving violence. The experience of sexual abuse, which was significant to the women, went largely unaddressed and was usually not even queried unless the women themselves chose to mention it.

There thus seems to be a lack of knowledge regarding non-battering marital rape and this could lead to fewer victims being identified, as this is often seen as a less damaging type of marital rape. This view could result in the lack of appropriate support being given to the victims. The generation of a therapeutic approach for victims of non-battering marital rape, could improve the mental health of these victims.

**Chapter 1** gave an overview of the research and the rationale for the study was described. There is a possibility that victims of non-battering marital rape could be trapped in long-term relationships which could have a detrimental effect on their well-

being. A lack of knowledge as well as certain misconceptions could exist in the community, the non-battering marital rape victims themselves as well as professionals, not perceiving these women as victims. A psychological study on non-battering marital rape may contribute to the improvement of the mental health of such women.

The primary objective of the study was to generate a therapeutic approach for victims of non-battering marital rape based on the results of multiple case studies which explored the life world of the victims.

In **chapter 2** the research design and method was discussed. Phase 1 of the research involves the description and exploration of multiple case studies on the life world of non-battering marital rape victims. Multiple data resources were used; namely, an in-depth interview, the completion of a multimodal life history questionnaire, and field notes that were made during the research. The interview was transcribed and coded. The second phase of the research constituted the generation of a therapeutic approach for victims of non-battering marital rape in order to improve their mental health.

The **third chapter** followed a description of 17 case studies which describe the life world of victims of non-battering marital rape. The data from the multiple data sources were coded and presented according to identified categories, subcategories and underlying themes. The categories involved were: **presenting problem, background history, nature of forced/ unwelcome sex, type of coercion involved, reasons for the husband/partner in engaging in forced/unwelcome sex, reason for the wife not wanting forced/unwelcome sex, effect of forced/unwelcome sex on the victim, perception of the women regarding marital rape and coping strategies.**

**Chapter 4** followed with a cross validation report on the case studies and a literature control. Categories, subcategories and themes of the cross validation report and literature control were reflected within a multimodal perspective.

The unique contribution of this study indicated that non-battering marital rape is a reality in South Africa and that it is not a less harmful type of marital rape. Non-battering marital rape severely affected the bio-psychosocial functioning of the victims. The issue of non-battering marital rape seems to be disregarded or hidden as only one person reported the problem specifically as marital rape. Interpersonal coercion, especially that involving emotional and verbal abuse, plays a significant role in this type of marital rape.

Certain victims experienced severe incidents of violence separately from non-battering marital rape. The coping strategies seem to be similar to those used in other types of marital rape. More survivors of childhood sexual abuse appear to perceive incidents of forced/unwelcome sex as marital rape. There is a possibility that these survivors' coping strategies no longer help them because of the continual exposure to sexual abuse and the lack of psychological support.

Although all the victims had sexual problems, a diagnosis of sexual dysfunction resulting from incidents of forced/unwelcome sex could not be made as they had had these problems since childhood. Some women reported a lack of foreplay; therefore the diagnosis of sexual dysfunction was disregarded.

Posttraumatic stress disorder appeared evident in the case of non-battering marital rape, in some cases precipitated by childhood sexual trauma.

The reflected results within a multi-modal perspective could be used as assessment guidelines for victims of non-battering marital rape. The results suggest that victims of non-battering marital rape need therapeutic involvement in order to improve their mental health and to help them put a stop to the abuse in their lives.

**Chapter 5** focussed on the generated therapeutic approach for victims of non-battering marital rape.

Based on the cross validation report and literature control, an approach focussing on

the bio-psychosocial functioning of the victim was generated. The generated therapeutic approach and operationalisation could also be seen as a unique contribution of this study. The approach constituted intervention which began with a clinical picture and focussed specifically on the biological substratum, in order to determine the existence of a mental disorder, the required medication and whether withdrawal from medication being abused was necessary; also, whether psychiatric intervention was indicated.

The next phase included focussing on the psychosocial functioning of the victim. The starting point here was allowing the victim to tell her story; on the basis of this a treatment programme was constructed. The perception of women about incidents of forced or unwelcome sex appears crucial as the victims would not agree to treatment if they did not at least perceive incidents of forced/unwelcome sex as a violation of their rights or as abuse.

The importance of the husband or partner entering individual therapy, with future conjoint sessions, was also stressed.

Phase 3 involved the emphasis on the psychosocial functioning of the victim with therapeutic intervention that focussed specifically on the healthy expression of emotion. Some women dissociated during incidents of forced/unwelcome sex as a way of escaping hurtful emotion. The healthy expression of emotion, as well as the ego-strengthening of women who tended to dissociate, is important.

Grief therapy, eye movement desensitization and reprocessing, and/or hypno-behavioural therapy were recommended as means of resolving problem areas. These types of therapeutic intervention also focussed on the different modalities presentative of the human psyche of the victim.

Group involvement emphasizing cognitive reconstruction, relaxation, assertiveness training and stress management in order to establish an internal locus of control and improvement of self-esteem, was recommended. Involvement in a group could be

seen as the first step in developing a social support network.

The last phase included focussing on the social functioning of the client by means of marital therapy, sex therapy and family therapy.

Therapeutic effectiveness should be monitored and intervention adjusted according to the needs of the client.

## 6.2 CONCLUSION

After the completion of the exploration of the life world of victims of non-battering marital rape; the description of multiple case studies; a cross validation report; a literature control; and, the generated therapeutic approach for victims of non-battering marital rape; the following conclusion could be reached:

The question: "How does the victim of non-battering marital rape experience her life world?" was answered in the description of multiple case studies. The results of the case studies indicated that the mental health of these victims suffered as a result of incidents of forced/unwelcome sex.

From this research study it can be concluded that non-battering marital rape is a reality, and is not less harmful than other types of marital rape.

The generated assessment guidelines and therapeutic approach focussed on a bio-psychosocial perspective in order to improve the quality of life of the victim and to stop the abuse. This can be seen as the unique contribution of this study.

Non-battering marital rape is a hidden issue. Education is needed in order for the concept of non-battering marital rape to be accepted, and identified by health care workers, especially those working at shelters. They will need to refer clients for the necessary psychological intervention.



Health care workers must realise that victims of non-battering marital rape have specific needs and cannot be treated as battered women. The quotation from Klopper (1994, p. 35): "...*marital rape is a form of violence perpetrated against women which is not rare, just rarely discussed.*", is even more applicable concerning non-battering marital rape.

As the respondents in this study were all subjected to various types of abuse in marriage (mainly verbal and emotional) and had sexual problems, the question could easily be asked whether these women are not abused women with resulting relationship problems? (The relationship problems leading to sexual problems?) Are they actually victims of non-battering marital rape? Indeed, these women are abused women but the effect of sexual abuse on their lives is so extensive (even in cases where forced or unwelcome sex as indicated by the women only occurred once or twice) that in some cases it coincided with posttraumatic stress disorder (rape trauma syndrome). There were also far-reaching effects; for example, betrayal of trust by her husband or partner who knows her intimately and should respect her needs. Some of the respondents indicated the fear of the next incident of forced or unwelcome sex, as well as the isolation in the sense that they could not discuss it with anyone. The effect of incidents of forced or unwelcome sex on the biopsychosocial functioning of the respondents justifies the name non-battering marital rape.

Should there not be a *name* to indicate a type of abuse, it will remain hidden. Media involvement is therefore of vital importance in making women and the community aware of this type of abuse.

The availability of psychological help for the women, as well as for their partners/husbands, should be stressed. The assessment of the presence of non-battering marital rape should form part of the evaluation process of all women by health care workers. When present, health care workers should be able to deal with it adequately, or refer it appropriately.

### 6.3 LIMITATIONS OF THE STUDY

The multimodal questionnaire could not be used effectively in all cases because of the fact that most of the women experienced, or were experiencing, other trauma, together with non-battering marital rape; or because non-battering marital rape had occurred years previously, or only once or twice. The questionnaire did give an indication of some of the women's present mental status even though this was not necessarily related to non-battering marital rape. However, the biographical data (including the presenting problem), as well as the section on interpersonal relationships, were useful in all cases as matters pertaining to marital and sexual relationships were indicated.

To some extent the use of the interview guide (matrix) (Miles & Huberman, 1994) may have led to an oversimplification of the data. A phenomenological interview, a focus interview and a life sketch, would have enriched the quality of the data resulting in a deeper level of analysis.

The difficulty in finding respondents and the time lapse between interviews made it impossible to clarify understanding which should have taken place during the follow-up interviews. Some women abandoned the research because of interference from their husbands, while others disappeared from shelters before returning a questionnaire. Certain respondents were located later to discuss the results of multiple case studies.

The fact that the partners or husbands of non-battering marital rape victims were not interviewed in order to obtain their perception regarding the incidents of forced/unwelcome sex, can be regarded as a limitation. The researcher however found that this was not possible as most women feared the the consequences of their husbands discovering their participation in the research. Husbands often prevented women from turning up for interviews and some women were hiding in shelters.

## 6.4 RECOMMENDATIONS

Recommendations are as follows:

### - Research

(1) The study concerning the life world of non-battering marital rape victims and the therapeutic approach generated should not be regarded as an end in itself. It is the beginning of intervention regarding the issue on non-battering marital rape, and the guidelines for therapeutic management can still be adjusted.

- Evaluation of the present therapeutic approach could determine its effectiveness and could therefore be adjusted as necessary.

- A quantitative study concerning the different categories of non-battering marital rape, as well as the testing of hypotheses that can be formulated from the present research, could be considered in order to plan treatment more effectively.

(2) The present study includes assessment guidelines for victims of non-battering marital rape. The inclusion of other types of marital rape in a qualitative study could result in the generation of assessment guidelines for all types of marital rape victims.

(3) The research of Russell (1990) indicated that, although some men would like to rape their wives, they do not carry out the desire. However, there are men who do force their wives to have sex with them. This is perceived by women as men wanting, for different reasons, to have power and control over them. A qualitative study on the perception of the husbands or partners of non-battering marital rape, as well as their personality structure, could improve the treatment of such couples.

(4) The treatment of men who sexually abuse their wives should be investigated and

different areas of their lives. There seemed to be services for such men overseas which emphasises the fact that men can be helped and do not have to remain victims of their own past; this will enable the stigma of sexual abuse to be detached thus allowing more men to come forward for treatment.

### -Practice

1) The researcher has found a lack of knowledge on the part of certain service providers regarding non-battering marital rape. The attitude and knowledge of service providers regarding this issue should be assessed in order to provide effective identification and service provision for victims of non-battering marital rape.

(2) Telephonic care services should especially incorporate the issue of non-battering marital rape in their repertoire. For some women the telephone seems to be a way of contact with the outside world until their husbands arrive home and they have to put the phone down. In some cases the TV programmes women watch and magazines or books they read are controlled by their husbands.

(3) All adult and adolescent women evaluated by psychologists or other health care workers, should also be screened for sexual abuse and childhood sexual abuse. A sexual abuse history makes a woman more susceptible to non-battering marital rape. The possibility of the woman experiencing non-battering marital rape should be investigated.

### -Education

(1) As marital rape has only been recognized as a crime in South Africa since 1993, this issue is still new and it will probably take some time for the community to become familiar with the idea of non-battering marital rape.

Non-battering marital rape can be introduced to the community through the publication of articles in magazines and through media involvement in general. The

importance of emphasizing that both the woman and the man should and can be helped, is paramount.

2) At courts for domestic violence, women should be questioned about this type of abuse as they are unlikely to report it because of the taboo aspect of sex. The wording put to the woman, could be the same as the researcher had put to women during selection. It should be put to woman that it could appear on the interdict as the type of behaviour that the man must stop.

## 6.5 ENDING REMARKS

This study endeavoured to explore the life world of victims of non-battering marital rape and to generate a therapeutic approach for victims of non-battering marital rape.

Non-battering marital rape is an even more controversial issue than is that of marital rape in general. The concept needs to be more widely understood and recognized. Much education and media involvement are needed in order for misconceptions to be changed and for the therapeutic approach suggested to be effective and brought into the general use of professionals.

## BIBLIOGRAPHY

- BARNARD, C.P. (1990). Alcoholism and sex abuse in the family: Incest and marital rape. *Aggression, Family Violence and Chemical Dependency*, 3(1), 131-143.
- BARRY, K. (1979). *Female sexual slavery*. Englewood Cliffs: Prentice-Hall.
- BECKER, J; ABEL, G; SKINNER, L. (1979). The impact of a sexual assault on the victim's life. *Victimology: An International Journal*, 4(2), 229-235.
- BENNUN, I. (1994). Marital conflict. In S.J.E. Lindsay & E. Powell (Eds.), *The handbook of clinical adult psychology*. London: Routledge.
- BERGEN, R.K. (1996). *Wife rape: Understanding the response of survivors and service providers*. London: Sage.
- BESTER, J.M. (1987). Die onregmatigheidskriterium as basis vir regshervorming: Verkragting binne die eg. *Die magistrate*, 13, 1-5.
- BOTES, A.C. (1990). 'n Model vir wetenskapsbeoefening in die verpleegkunde. Johannesburg: RAU.
- BOTES, A.C. (1991). 'n Funksionele denkbenadering in die verpleegkunde. *Curationis*, 14(1), 19-23.
- BOWKER, L.H. (1983). Marital rape: A distinct syndrome? Social casework. *The Journal of Contemporary Social Work*, 64, 16-25.
- BRADLEY, B.P. (1994). Depression: Treatment. In S.J.E. Lindsay & G.E. Powell (Eds.), *The handbook of clinical adult psychology*. London: Routledge.

- BROWNE, A. (1987). *When battered women kill*. New York: Free Press.
- BROWNMILLER, S. (1975). *Against our will: men, women and rape*. New York: Simon & Schuster.
- CAMPBELL, J.C. & FAAN, R.N. (1989). Women's responses to sexual abuse in intimate relationships. *Health Care for Women International*, 8, 335-346.
- CARLSON, E. B. & PUTMAN, F.W. (1993). An update on the dissociative experience scale. *Dissociation*, 6, 16-27.
- CERMAK, T.L. (1986). *Diagnosing and treating co-dependence*. Minneapolis: Johnson Institute.
- CHINN, P.L. & KRAMER, M.K. (1991). *Theory and Nursing: A systemic approach*. (3rd. ed.). St.Louis, Washington,D.C.: The CV Mosby Company.
- COPI, I.M. (1994). *Introduction to logic*. New York: Macmillan Publishing Company.
- CROWE, M. & RIDLEY, J. (1990). *Therapy with couples: a behavioural-systems approach to marital and sexual problems*. London: Blackwell.
- DE SILVA, P. (1994). Sexual dysfunction: Treatment. In S.J.E. Lindsay & G.E. Powell (Eds.), *The handbook of adult clinical psychology*. London: Routledge.
- Diagnostic and statistical manual of mental disorders. DSM 1V.* (1995). Washington, D.C.: American Psychiatric Association.
- DORON, J. (1980). *Conflict and violence in intimate relationships: Focus on marital rape*. Presented at a meeting of the American Sociological Association. New York.

- DRUMMOND, M. (1991). *Rape in marriage: Advanced diploma in Social Work assignment*. Rondebosch: UCT.
- EDWARDS, D. (1990). Research and reality: How clinical theory and practice are actually developed - Case study method in cognitive behaviour therapy. In J. Mouton & D. Joubert (Eds.), *Knowledge and method in the human science*. Pretoria: HCRC.
- EGAN, G. (1986). *The skilled helper*. (3rd.ed.). Monterey, California: Brooks & Cole.
- ELLIS, L. (1989). *Theories of rape: Inquiries into the causes of sexual aggression*. New York: Hemisphere Publishing Company.
- ELLIS, E.M.; ATKESON, B.M. & CALHOUN, K.S. (1981). An assessment of long-term reaction to rape. *Journal of Abnormal Psychology*, 90, 263-266.
- FINKELHOR, D. (1986). Marital rape: the misunderstood crime. In S.J. Hatty (Ed.), *Proceedings of the National Conference on Domestic Violence*. Canberra: Australian Institute of Criminology.
- FINKELHOR, D. & YLLO, I. (1985). *License to rape: sexual abuse of wives*. New York: Holt, Rinehart & Winston.
- FREEMAN, M.D.A. (1981). "But if you can't rape your wife, who(m) can you rape?": The marital rape exemption re-examined. *Family Law Quaterley*, 15(1), 30-35.
- FRIEZE, I.H. (1983). Investigating the causes and consequences of marital rape. *Signs: Journal of the Women Culture Society*, 8, 532-553.
- GELLES, R. (1972). *The violent home*. Beverley Hills: Sage.



- GELLES, R.J. (1977). Power, sex and violence. *Family Coordinator: Journal of Education, Counseling and Social Services*, 26(5), 339-347.
- GELLES, R.J. (1979). *Family Violence*. Beverley Hills: Sage.
- GENMILL, F. (1982). A family approach to the battered woman. *Journal of Psychosocial Nursing and Mental Health*, 9, 22-39.
- GIORGI, A. (1985). *Phenomenology and Psychological Research*. Pittsburg: Duquesne University Press.
- GLESNE, C. & PESHKIN, A. (1992). *Becoming qualitative researchers: An introduction*. New York: Longman.
- GOODE, W.J. (1971). Force and violence in the family. *Journal of marriage and the family*, 33, 624-636.
- GRIESEL, M.J. & JACOBS, L.J. (1991). *Gesinsterapie: 'n Opvoedkundig-Sielkundige perspektief*. Pretoria: UNISA.
- GROTH, A.N. (1979). *Men who rape: The psychology of the offender*. New York: Plenum Press.
- GROTH, A.N. & GARY, T.S. (1981). Marital rape. *Medical Aspects of Human Sexuality*, 15(3), 122-132.
- GUNZBURG, J.C. (1993). *Unresolved grief: A practical, multi-cultural approach for health professionals*. London: Chapman & Hall.
- GUNZBURG, J.C. & STEWART, W. (1994). *The grief counselling casebook: A student's guide to unresolved grief*. London: Chapman & Hall.

- HALL, C. (1988). Rape: The politics of definition. *South African Law Journal*, 105(1), 67-82.
- HANNEKE, C.R. & SHIELDS, N.A. (1985). Marital rape: implications for helping professionals: Social Casework. *The Journal of Contemporary Social Work*, 66, 451-459.
- HANSSON, D. (1991). Working against violence against women. In S. Bazilli (Ed.), *Putting women on the agenda*. Johannesburg: Rovon Press.
- HANSSON, D. (1993). A shock to the system. *Agenda*, 16, 10-18.
- HAWKINS, J. (1991). Rowers on the river Styx. *Harvard Magazine*, (April), 43-52.
- HEPWORTH, D.H. & LARSON, J.A. (1986). *Direct social work practice: Theory and Skills*. Chicago: The Dorsey Press.
- HITE, S. (1981). *The Hite report on male sexuality*. New York: Alfred Knopf.
- HUYSAMEN, G.K. (1993). *Metodologie vir die sosiale en gedragwetenskappe*. Pretoria: Southern.
- JOHNSON, D.W. & JOHNSON, F. P. (1987). *Joining together: group theory and group skills (3rd.ed.)*. New York, Englewood Cliffs: Prentice-Hall.
- KAPLAN, A.G. (1979). Toward an analysis of sex-role related issues in the therapeutic relationship. *Psychiatry*, 42, 112-120.
- KAPLAN, H.I. & SADOCK, B.J. (1991). *Synopsis of psychiatry*. Baltimore: Williams & Williams.

- KELLY, L. (1988). *Surviving sexual violence*. Minneapolis: University of Minnesota Press.
- KELLY, L. (1990). How women define their experiences of violence. *Psychology of Women Quarterly*, 36, 114-131.
- KILPATRICK, D.G.; BEST, C.L.; SAUNDERS, B.E.; VERONEN, L.J. (1988). Rape in marriage and dating relationships: How bad is it for mental health? *Annals of the New York Academy of Science*, 528, 335-344.
- KLERMAN, G.L.; WEISSMAN, M.M.; MARKOWITZ, J.C.; GLICK, I.; WILNER, P.J.; MASON, B. & SHEAR, K. (1994). Medication and psychotherapy. In A.E. Bergin & S.L. Garfield (Eds.), *Handbook of psychotherapy and behaviour change*. (4th.ed.). New York, Chichester: John Wiley & Sons.
- KLOPPER, H. (1995). Vertrouenswaardigheidstrategieë in kwalitatiewe navorsing. *RAUCUR: Interdissiplinêre Tydskrif oor Gesondheid*, 1(1), 25-28.
- KLOPPER, H.F. (1994). The need for effective marital rape legislation. *Acta Criminologica*, 7(2), 31-36.
- KLOPPER, H.F. (1995). 'n Viktomologiese perspektief van die aard en belewing van verkragting binne die huwelik. Pretoria: UP.
- KLOPPER, H.F & PRETORIUS, R. (1996). 'n Kwalitatief-verkennende ontleding van die trauma van verkragting binne die huwelik. *Acta Criminologica*, 9(1), 78-90.
- KNOPP, F.N. (1994). *When your wife says no: Forced sex in marriage*. Sexual Abuse Prevention Series no.2. USA, Brandon: The Safer Society Press.
- KREFTING, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3), 214-222.

- KUPER, K. (1993). Are you co-dependent. *Cosmopolitan*, (August), 116-143.
- KWEE, M.G.T. (1987). Multimodale terapie. In M.G.T. Kwee & M.R.H.M. Roborgh (Reds.), *Multimodale therapie: praktijk, theorie en onderzoek*. Lisse: Swets & Zeitlinger.
- KWEE, M.G.T. & LAZARUS, A.A. (1986). Multi-modal therapy: The cognitive-behavioral tradition and beyond. In W.Dryden & W.Golden (Eds.), *Cognitive-behavioural approaches to psychotherapy*. London: Harper & Row.
- LAZARUS, A.A. (1981). *The practice of multimodal therapy*. New York: McGraw-Hill.
- LAZARUS, A.A. & LOUW, D.A. (1989). Multimodale terapie. In D.A. Louw (Red.), *Suid-Afrikaanse Handboek van Abnormale Gedrag*. Halfweghuis: Southern.
- LEBERMAN, P.R.; WHEELER, E.G.; DE VISSER, L.A.J.M.; KUCHNEL, J. & KUCHNEL, T. (1990). *Handbook of marital therapy*. New York: Plenum.
- LEVINE, S.B. (1992). *Sexual life: A clinician's guide*. New York: Plenum.
- LINCOLN, Y.S. & GUBA, E.G. (1985). *Naturalistic inquiry*. Beverley Hills: Sage.
- LO PICCOLO, J. & LO PICCOLO, L. (1978). *Handbook of sex therapy*. New York: Plenum.
- LOUW, D.A. (1989). Gedragsterapie. In D.A.Louw (Red.). *Suid-Afrikaanse Handboek van Abnormale Gedrag*. Halfwghuis: Southern.
- LOUW, D.A. & GAGIANO, C.A. (1989). Die biologiese benadering tot terapie. In D.A. Louw (Red.). *Suid-Afrikaanse Handboek van Abnormale Gedrag*. Halfweghuis: Southern.

- MARSHALL, C. & ROSSMÄN, G.B. (1989). *Designing qualitative research*. California: Sage.
- May, T. (1993). *Social Research: Issues, methods and process*. Buckingham, Philadelphia: Open University Press.
- MERRIAM, S.B. (1991). *Case study research in education: a qualitative approach*. San Francisco: Jossey-Boss.
- MILES, M.B. & HUBERMAN, A.M. (1994). *Qualitative data analysis: a sourcebook of new methods*. London: Sage.
- MILLS, T. (1985). The assault on the self: Stages in coping with battering husbands. *Qualitative Sociology*, 8, 2.
- MÖLLER, A.T. (1989). Rasioneel-emotiewe terapie. In D.A. Louw (Red.), *Suid-Afrikaanse Handboek van Abnormale Gedrag*. Halfweghuis: Southern.
- MOUTON, J. & MARAIS, H.C. (1988). *Metodologie van die geesteswetenskappe: basiese begrippe*. Pretoria: RGN.
- MOUTON, J. & MARAIS, H.C. (1990). *Basic concepts in the methodology of the social sciences*. Pretoria: HSRC.
- NORWOOD, R. (1985). *Women who love too much*. London: Arrow.
- OKUN, L. (1986). *Woman abuse: facts replacing myths*. New York: State University of New York Press.
- PAGELOW, M.D. (1988). Marital rape. In V.B. Van Hasselt; R.L. Morrison; A.S. Bellack & M.Hersen (Eds.), *Handbook of Family Violence*. New York: Plenum Press.

- PATTON, M.Q. (1990). *Qualitative evaluation and research methods. (2nd.ed.)*. London: Sage.
- PEACOCK, P.L. (1995). Marital rape. In V. Wiehe & A. Richards (Eds.), *Intimate betrayal*. California, Thousand Oaks: Sage.
- PIETERS, H.C. (1989). Humanistiese perspektief: persoonsgesentreerde terapie. In D.A.Louw (Red.). *Suid-Afrikaanse Handboek van Abnormale Gedrag*. Halfweghuis: Southern.
- PLUG, C.; MEYER, W.F.; LOUW, D.A. & GOUWS, C.A. (1987). *Psigologiese woordeboek*. Johannesburg: McGraw Hill.
- PRINSLOO, J.F. & LOUW, D.A. (1989). Selfmoord. In D.A. Louw (Red.), *Suid-Afrikaanse Handbook van Abnormale Gedrag*. Halfweghuis: Southern.
- RAUCH, J.B. (1993). *Assessment: A sourcebook for social science work practice*. Wisconsin, Wilwaukee: Families International.
- RENSHAW, D.C. (1989). Treatment of sexual exploitation: Treating victims of sexual abuse. *Psychiatric Clinics of North America*, 12(2), 258-277.
- RENSHAW, D.C. (1991). Short term therapy for sexual dysfunction. *Sex therapy Workshop. Department of Obstetrics and Gynaecology*. Bloemfontein: UOFS.
- RESNICK, H.S.; KILPATRICK, D.G. & LIPOVSKY, J.A. (1991). Assessment of rape-related post-traumatic stress disorder: stressor and symptom dimensions. Special Section: Issues and methods in assessment of post-traumatic stress disorder. *Psychological Assessment*, 3(4), 561-572.
- RICHARDSON, D. & CAMPBELL, J.L. The effect of alcohol on attributions of blame for rape. *Personality and Social Psychology bulletin*, 8, 468-476.

- ROOS, N.J. & MÖLLER, A.T. (1997). *Stres hanteer dit self*. Kaapstad: Human & Rousseau.
- ROSENBAUM, A. & O'LEARY, D..(1981). Children: The unintended victims of marital violence. *American Journal of Orthopsychiatry*, 51, 692-699.
- RUSSELL, D.E.H. (1975). *Politics of Rape*. New York: Stein & Day.
- RUSSELL, D.E.H. (1990). *Rape in marriage: expanded and rev.ed. with a new introduction*. Bloomington: Indiana University Press.
- SACKS, A. (1990). *Protecting Human Rights in a new South Africa*. Cape Town: Oxford University Press.
- SCHILDKRAUT, J.J. & KLEIN, D.F. (1989). The classification and treatment of depressive disorder. In R.I. Shader (Ed.), *Manual of Psychiatric Therapeutics: Practical Psychopharmacology and Psychiatry*. Boston: Little, Brown & Company.
- SCHOEMAN, W.J. (1981). *Sisteemontwikkeling: 'n uitdaging aan die sielkunde*. Johannesburg: RAU.
- SCHURINK, E.M. (1990). *Die trauma van die verkrachtingslagoffer en haar naasbestaandes*. Pretoria: RGN.
- SHAPIRO, F. (1995). *Eye movement desensitization and reprocessing: Basic principles and protocols*. New York: Basic Books.
- SHAPIRO, F. & FORREST, M.S. (1997). *EMDR: The breakthrough therapy for overcoming anxiety, stress, and trauma*. New York: Basic Books.

- SHIELDS, N.M. & HANNEKE, C.R. (1983). Battered wives's reactions to marital rape. in R.J. Gelles; G.T. Hotaling; M.A. Straus & D.Finkelhor (Eds.), *The dark side of families*, Beverly Hills: Sage.
- South Africa (Republic). (1993). *The prevention of family violence act*. no. 133.
- SPENCE, S.H. (1991). *Psycho-sexual therapy: A cognitive behavioural approach*. London: Chapman Hall.
- STRATTON, P. & HAYES, N. (1993). *A student's dictionary of psychology*. (2nd.ed.). London: Hodder & Stoughton.
- STUTTERHEIM, M. & PRETORIUS, C. (1993). The use of bibliotherapy in the treatment of abused children. *Social Work Practice*, (March), 7-12.
- TESCH, R. (1990). *Qualitative Research: Analysis types and software tools*. New York: The Falmer Press.
- The National Clearinghouse on Family Violence. (1995). *Wife abuse*. New York: The Falmer Press.
- TRAUER, T. (1990). *Oorwin stres: Hoe om spanning te verlig vir 'n gesonde lewe*. Kaapstad: Tafelberg.
- VAN DER MERWE, R. (1994). Maar hoekom los sy hom nie? *Rooi Rose*, 23 Maart, 22-23.
- VAN REENEN, M.G. (1993). *'n Keuringsmodel vir voornemende kandidate in gevorderde psigiatry verpleegkunde*. Johannesburg: RAU.
- VON BERTALANFFY, L. (1968). *General systems theory*. New York: George Braziller.



- WALKER, L.E. (1979). *The battered woman*. New York: Harper & Row.
- WEINGOURT, R. (1985). *Wife rape: barriers to identification and treatment*, 39 (2), 187-192.
- WHATLEY, M.A. (1993). For better or for worse: The case of marital rape. *Violence and Victims*, 8 (1), 29-39.
- WILSON, H.S. (1989). *Research in Nursing*. California: Addison Wesley.
- WOODS, N.F. & CATANZARRO, M. (1988). *Nursing Practice: Theory and Practice*. St.Louis: CV Mosby.
- WORDEN, J.W. (1988). *Grief Counselling and Grief Therapy*. London:Routledge.
- YIN, R.K. (1994). *Case study: design and methods*. Beverly Hills: Sage.
- YLLO, K, & LE CLERC, D. (1988). Marital rape. In L. Horton & A. Williamson (EDS.), *Abuse and Religion: When Praying isn't enough*. Massachusetts: Lexington Books.
- ZIMBEROFF, D. (1992). *Breaking free from the victim trap: reclaiming your personal power*. Washington, Seattle: Wellness Press.

APPENDIX 1.1  
RESEARCH PROJECT

RESEARCH PROJECT

HAVE YOU EVER HAD ANY KIND  
OF FORCED OR UNWELCOME  
SEXUAL EXPERIENCE WITH YOUR  
HUSBAND/LIVING TOGETHER  
PARTNER OR WITH YOUR EX-  
HUSBAND/EX-LIVING TOGETHER  
PARTNER(S)?

If your answer is "yes" and  
you would like to take part  
in a research project,  
respond by sending your name,  
address and tel.no. to the  
address below or phone:  
Information will be handled  
in strict confidence.

The Psychologist  
P.O.Box  
Centrahil 6006

**RESEARCH  
PROJECT**

**RELATIONSHIP  
DYNAMICS**

Have you ever had  
any kind of forced  
sexual experience  
with your husband or  
ex-husband (s)?

If your answer is "yes" and  
you would like to take part  
in a research project on  
relationship dynamics,  
respond by sending your  
name, address and tel. no.  
to the address below. The  
researcher (psychologist)  
will then contact you.  
Information will be handled  
in strict confidence.

The Researcher  
P.O. Box  
Centrahil 6006

RE-017013

APPENDIX 1.2

MAKING AVAILABLE CONFIDENTIAL INFORMATION TO RESEARCHER

Full name of respondent:.....

Address:.....  
.....

Telephone number:.....

I HEREBY GRANT PERMISSION TO MS W. COETZEE (CLINICAL PSYCHOLOGIST) TO:

1. Use applicable information (which will be handled anonymously and strictly confidentially) for research purposes; and
2. to make audio-tape recordings if necessary. Such recordings will be handled strictly confidentially and anonymously.

Signed at..... on the..... day of.....  
199.....

Signature:..... Witness:.....

The Reseacher  
P.O.Box .....  
Centrahill  
6006

APPENDIX 1.3

CONFIRMATION OF PROFESSIONAL QUALIFICATIONS

THE UNIVERSITY OF THE ORANGE FREE STATE

Department of Psychology  
Faculty of Social Sciences



☒ 339 BLOEMFONTEIN 9300  
FAX (051) 475719 SA

REPUBLIC OF SOUTH AFRICA

Reference: Dr MC Fourie  
Telephone: 051-401 2596

19 February 1996

TO WHOM IT MAY CONCERN

This is to confirm that

**Me Wilna Coetzee**

is a registered Ph.D.-student within the Department of Psychology at the University of the Orange Free State.

She has completed her Masters at this University and is also a registered Clinical Psychologist. Any assistance she may require will be much appreciated.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'MC Fourie'.

Dr MC Fourie  
Co-Promotor  
Clinical & Educational Psychologist

## APPENDIX 1.4

## MULTIMODAL LIFE HISTORY QUESTIONNAIRE

Purpose of This Questionnaire:

The purpose of this questionnaire is to obtain a comprehensive picture of your background. It is understandable that you might be concerned about what happens to the information about you because much or all of this information is highly personal. Case records are strictly confidential. NO OUTSIDER IS PERMITTED TO SEE YOUR CASE RECORD WITHOUT YOUR PERMISSION.

If you do not desire to answer any questions, merely write "Do Not Care to Answer".

Date: \_\_\_\_\_

1. General Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (days) \_\_\_\_\_ (evenings) \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status (circle one): Separated Divorced Widowed

Remarried (how many times?) \_\_\_\_\_ Living with someone \_\_\_\_\_

2. Description of Presenting Problems:

State in your own words the nature of your main problems.

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On the scale below please estimate the severity of your problem(s):

Mildly                      Moderately                      Very                      Extremely                      Totally  
Upsetting      Upsetting      Severe      Severe      Incapacitating

When did your problems begin (give dates): \_\_\_\_\_

---

Please describe significant events occurring at that time, or since, which may relate to the development or maintenance of your problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What solutions to your problems have been most helpful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been in therapy before or received any prior professional assistance for your problems? If so, please give name(s), professional title(s), dates of treatments and results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Personal and Social History:

(a) Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

(b) Siblings: Number of Brothers \_\_\_\_\_ Brothers' Ages: \_\_\_\_\_  
Number of Sisters \_\_\_\_\_ Sisters' Ages: \_\_\_\_\_

(c) Father: Living? \_\_\_\_ If alive, give father's present age \_\_\_\_\_  
Deceased? \_\_\_\_ If deceased, give his age at time of death \_\_\_\_  
How old were you at the time? \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Occupation \_\_\_\_\_ Health \_\_\_\_\_

(d) Mother: Living? \_\_\_\_ If alive, give mother's present age \_\_\_\_\_  
Deceased? \_\_\_\_ If deceased, give her age at time of death \_\_\_\_  
How old were you at the time? \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Occupation \_\_\_\_\_ Health \_\_\_\_\_

(e) Religion: As a Child: \_\_\_\_\_ As an Adult: \_\_\_\_\_

(f) Education: What is the last grade completed (degree)? \_\_\_\_\_

\_\_\_\_\_

(g) Scholastic Strengths and Weaknesses: \_\_\_\_\_

\_\_\_\_\_

- (h) Underline any of the following that applied during your childhood / adolescence:

Happy Childhood	School Problems	Medical Problems
Unhappy Childhood	Family Problems	Alcohol Abuse
Emotional/Behaviour Problems	Strong Religious Convictions	Legal Trouble
Drug Abuse	Others:	

- (i) What sort of work are you doing now? \_\_\_\_\_
- (j) What kinds of jobs have you held in the past? \_\_\_\_\_  
\_\_\_\_\_
- (k) Does your present work satisfy you? \_\_\_\_\_ If not, please explain \_\_\_\_\_  
\_\_\_\_\_
- (l) What is your annual family income? \_\_\_\_\_ How much does it cost you to live? \_\_\_\_\_
- (m) What were your past ambitions? \_\_\_\_\_  
\_\_\_\_\_
- (n) What are your current ambitions? \_\_\_\_\_  
\_\_\_\_\_
- (o) What is your height? \_\_\_\_\_ What is your weight? \_\_\_\_\_
- (p) Have you ever been hospitalized for psychological problems? \_\_\_\_\_  
If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_
- (q) Do you have a family physician? \_\_\_\_\_ If so, please give his/her name(s) and telephone number(s) \_\_\_\_\_
- (r) Have you ever attempted suicide? \_\_\_\_\_
- (s) Does any member of your family suffer from alcoholism, epilepsy, depression or anything else that might be considered a "mental disorder?" \_\_\_\_\_

(t) Has any relative attempted to, or committed, suicide? \_\_\_\_\_

(u) Has any relative had serious problems with the "law"? \_\_\_\_\_

- oOo -

#### MODALITY ANALYSIS OF CURRENT PROBLEMS

The following section is designed to help you describe your current problems in greater detail and to identify problems which might otherwise go unnoticed. It is organized according to the seven (7) modalities of :- Behaviour, Feelings, Physical Sensations, Images, Thoughts, Interpersonal Relationships and Biological Factors.

#### 4. Behaviour:

Underline any of the following behaviours that apply to you:

Overeat	Suicidal attempts	Can't keep a job
Take drugs	Compulsions	Insomnia
Vomiting	Smoke	Take too many risks
Odd behaviour	Withdrawal	Lazy
Drink too much	Nervous tics	Eating problems
Work too hard	Concentration difficulties	Aggressive behaviour
Procrastination	Sleep disturbance	Crying
Impulsive reactions	Phobic avoidance	Outbursts of temper
Loss of control		

Are there any specific behaviours, actions or habits that you would like to change? \_\_\_\_\_

What are some special talents or skills that you feel proud of? \_\_\_\_\_

What would you like to do more of? \_\_\_\_\_

What would you like to do less of? \_\_\_\_\_

What would you like to start doing? \_\_\_\_\_

What would you like to stop doing? \_\_\_\_\_

How is your free time spent? \_\_\_\_\_

Do you keep yourself compulsively busy doing an endless list of chores or meaningless activities? \_\_\_\_\_

Do you practice relaxation or meditation regularly? \_\_\_\_\_



5. Feelings:

Underline any of the following feelings that often apply to you:

Angry	Guilty	Unhappy	Annoyed
Happy	Bored	Sad	Conflicted
Restless	Depressed	Regretful	Lonely
Anxious	Hopeless	Contented	Fearful
Hopeful	Excited	Panicky	Helpless
Optimistic	Energetic	Relaxed	Tense
Envy	Jealous	Others:	

List your five main fears:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What feelings would you most like to experience more often? \_\_\_\_\_

What feelings would you like to experience less often? \_\_\_\_\_

What are some positive feelings you have experienced recently? \_\_\_\_\_

When are you most likely to lose control of your feelings? \_\_\_\_\_

Describe any situations that make you feel calm or relaxed \_\_\_\_\_

Please complete the following:

If I told you what I'm feeling now \_\_\_\_\_

One of the things I feel proud of is \_\_\_\_\_

One of the things I feel guilty about is \_\_\_\_\_

I am happiest when \_\_\_\_\_

One of the things that saddens me the most is \_\_\_\_\_

If I weren't afraid to be myself, I might \_\_\_\_\_

I get so angry when \_\_\_\_\_

If I get angry with you \_\_\_\_\_

What kinds of hobbies or leisure activities do you enjoy or find relaxing?

Do you have trouble relaxing and enjoying weekends and vacations? (If "yes" please explain) \_\_\_\_\_

6. Physical Sensations:

Underline any of the following that often apply to you:

Headaches	Stomach trouble	Skin problems
Dizziness	Tics	Dry mouth
Palpitations	Fatigue	Burning or itchy skin
Muscle Spasms	Twitches	Chest pains
Tension	Back pain	Rapid heart beat
Sexual disturbances	Tremors	Don't like being touched
Unable to relax	Fainting spells	Blackouts
Bowel disturbances	Hear things	Excessive sweating
Tingling	Watery eyes	Visual disturbances
Numbness	Flushes	Hearing problems

Menstrual History:

Age at first period \_\_\_\_\_

Were you informed or did it come as a shock? \_\_\_\_\_

Are you regular? \_\_\_\_\_ Date of last period \_\_\_\_\_

Duration \_\_\_\_\_ Do you have pain? \_\_\_\_\_

Do your periods affect your mood? \_\_\_\_\_

What sensations are especially pleasant for you? \_\_\_\_\_

What sensations are especially unpleasant for you? \_\_\_\_\_

7. Images:

Underline any of the following that apply to you:

Pleasant sexual images

Unpleasant sexual images

Unpleasant childhood images

Lonely images

Helpless images

Seduction images

Aggressive images

Images of being loved

Check which of the following applies to you:

I PICTURE MYSELF:

being hurt

hurting others

not coping

being in charge

succeeding

failing

losing control

being trapped

being followed

being laughed at

being talked about

being promiscuous

others:

What picture comes into your mind most often? \_\_\_\_\_

Describe a very pleasant image, mental picture, or fantasy \_\_\_\_\_

Describe a very unpleasant image, mental picture, or fantasy \_\_\_\_\_

Describe your image of a completely "safe place" \_\_\_\_\_

How often do you have nightmares? \_\_\_\_\_

8. Thoughts:

Underline each of the following thoughts that apply to you:

I am worthless, a nobody, useless and/or unlovable.

I am unattractive, incompetent, stupid and/or undesirable.

I am evil, crazy, degenerate and/or deviant.

Life is empty, a waste; there is nothing to look forward to.

I make too many mistakes, can't do anything right.

Underline any of the following words which you may use to describe yourself:

Intelligent	Confident	Worthwhile
Ambitious	Sensitive	Loyal
Trustworthy	Full of regrets	Worthless
A nobody	Useless	Evil
Crazy	Morally degenerate	Considerate
A deviant	Unattractive	Unlovable
Inadequate	Confused	Ugly
Stupid	Naive	Honest
Incompetent	Horrible thoughts	Conflicted
Concentration difficulties	Memory problems	Attractive
Can't make decisions	Suicidal ideas	Persevering
Good sense of humour	Hard-working	

What do you consider to be your most irrational thought or idea? \_\_\_\_\_

Are you bothered by thoughts that occur over and over again? \_\_\_\_\_

On each of the following items, please circle the number that most accurately reflects your opinions:

	Strongly Disagree	Dis- agree	Neutral	Agree	Strongly Agree
I should not make mistakes	1	2	3	4	5
I should be good at every- thing I do	1	2	3	4	5
When I do not know, I should pretend that I do	1	2	3	4	5
I should not disclose personal information	1	2	3	4	5
I am a victim of circumstances	1	2	3	4	5
My life is controlled by outside forces	1	2	3	4	5
Other people are happier than I am	1	2	3	4	5
It is very important to please other people	1	2	3	4	5
Play it safe; don't take any risks	1	2	3	4	5
I don't deserve to be happy	1	2	3	4	5
If I ignore my problems, they will disappear	1	2	3	4	5
It is my responsibility to make other people happy	1	2	3	4	5
I should strive for perfection	1	2	3	4	5
Basically, there are two ways of doing things - the right way and the wrong way	1	2	3	4	5

Please complete the following:

I am a person who \_\_\_\_\_

All my life \_\_\_\_\_

Ever since I was a child \_\_\_\_\_

It's hard for me to admit \_\_\_\_\_

One of the things I can't forgive is \_\_\_\_\_

A good thing about having problems is \_\_\_\_\_

The bad thing about growing up is \_\_\_\_\_

One of the ways I could help myself but don't is \_\_\_\_\_

9. Interpersonal Relationships:

A. Family of Origin:

- (1) If you were not brought up by your parents, who raised you and between what years? \_\_\_\_\_
- (2) Give a description of your father's (or father substitute's) personality and his attitude towards you (past and present) \_\_\_\_\_  
\_\_\_\_\_
- (3) Give a description of your mother's (or mother substitute's) personality and her attitude towards you (past and present) \_\_\_\_\_  
\_\_\_\_\_
- (4) In what ways were you disciplined (punished) by your parents as a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (5) Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between children.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (6) Were you able to confide in your parents? \_\_\_\_\_
- (7) Did your parents understand you? \_\_\_\_\_
- (8) Basically, did you feel loved and respected by your parents? \_\_\_\_\_
- (9) If you have a step-parent, give your age when parent remarried \_\_\_\_\_
- (10) Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? \_\_\_\_\_
- (11) Who are the most important people in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Friendships:

- (1) Do you make friends easily? \_\_\_\_\_
- (2) Do you keep them? \_\_\_\_\_
- (3) Were you ever bullied or severely teased? \_\_\_\_\_
- (4) Describe any relationship that gives you:
- (a) Joy \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (b) Grief \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (5) Rate the degree to which you generally feel comfortable and relaxed in social situations:
- Very relaxed \_\_\_\_\_ Relatively comfortable \_\_\_\_\_
- Relatively Uncomfortable \_\_\_\_\_ Very anxious \_\_\_\_\_
- (6) Generally, do you express your feelings, opinions, and wishes to others in an open, appropriate manner? \_\_\_\_ Describe those individuals with whom (or those situations in which) you have trouble asserting yourself: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (7) Did you date much during High School? \_\_\_\_\_ College? \_\_\_\_\_
- (8) Do you have one or more friends with whom you feel comfortable sharing your most private thoughts and feelings? \_\_\_\_\_
- \_\_\_\_\_

C. Marriage:

- (1) How long did you know your spouse before your engagement? \_\_\_\_\_
- (2) How long have you been married? \_\_\_\_\_
- (3) What is your spouse's age? \_\_\_\_\_
- (4) What is your spouse's occupation? \_\_\_\_\_
- (5) Describe your spouse's personality: \_\_\_\_\_
- \_\_\_\_\_
- (6) In what areas are you compatible? \_\_\_\_\_
- (7) In what areas are you incompatible? \_\_\_\_\_
- (8) How do you get along with your in-laws (this includes brothers and sisters-in-law)? \_\_\_\_\_

- (9) How many children do you have? \_\_\_\_ Please give their names, ages and sexes:

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---

- (10) Do any of your children present special problems? \_\_\_\_\_

---

---

- (11) Any relevant information regarding abortions or miscarriages? \_\_\_\_\_

---

D. Sexual Relationships:

- (1) Was sex discussed in your home? \_\_\_\_ Describe your parents' attitude towards sex \_\_\_\_\_

---

- (2) When and how did you derive your first knowledge of sex? \_\_\_\_\_

---

- (3) When did you first become aware of your own sexual impulses? \_\_\_\_\_

---

- (4) Have you ever experienced any anxiety or guilt feelings arising out of sex or masturbation? \_\_\_\_ If yes, please explain \_\_\_\_\_

---

- (5) Any relevant details regarding your first or subsequent sexual experiences? \_\_\_\_\_

---

- (6) Is your present sex life satisfactory? \_\_\_\_ If not, please explain \_\_\_\_\_

---

- (7) Provide information about any significant homosexual reactions or relationships \_\_\_\_\_

---

- (8) Please note any sexual concerns not discussed above \_\_\_\_\_

---

---

E. Other Relationships:

- (1) Are there any problems in your relationships with people at work? \_\_\_\_ If so, please describe \_\_\_\_\_

---

(2) Please complete the following:

- (a) One of the ways people hurt me is \_\_\_\_\_
- (b) I could shock you by \_\_\_\_\_
- (c) A mother should \_\_\_\_\_
- (d) A father should \_\_\_\_\_
- (e) A true friend should \_\_\_\_\_

(3) Give a brief description of yourself as you would be described by:

- (a) Your spouse (if married) \_\_\_\_\_
- (b) Your best friend \_\_\_\_\_
- (c) Someone who dislikes you \_\_\_\_\_

(4) Are you currently troubled by any past rejections or loss of a love relationship? \_\_\_\_ If so, please explain \_\_\_\_\_

10. Biological Factors:

Do you have any current concerns about your physical health? \_\_\_\_\_

Please specify: \_\_\_\_\_

Please list any medicines you are currently taking, or have taken during the past 6 months (including aspirin, birth control pills, or any medicines that were prescribed or taken over the counter) \_\_\_\_\_

Do you eat three well-balanced meals each day? \_\_\_\_ If not, please explain \_\_\_\_\_

Do you get regular physical exercise? \_\_\_\_ If so, what type and how often? \_\_\_\_\_

Check any of the following that apply to you:

	Never	Rarely	Frequently	Very Often
Dagga	_____	_____	_____	_____
Tranquillizers	_____	_____	_____	_____
Sedatives	_____	_____	_____	_____
Aspirin	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Painkillers	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Coffee	_____	_____	_____	_____



	Never	Rarely	Frequently	Very Often
Cigarettes				
Narcotics				
Stimulants				
Hallucinogens (LSD, etc.)				
Diarrhoea				
Constipation				
Allergies				
High blood pressure				
Heart problems				
Nausea				
Vomiting				
Insomnia				
Headaches				
Backache				
Early morning awakening				
Fitful sleep				
Overeat				
Poor appetite				
Eat "junk foods"				

Underline any of the following that apply to you or members of your family:

Thyroid disease	Kidney disease	Asthma
Neurological disease	Infectious diseases	Diabetes
Cancer	Gastrointestinal disease	Glaucoma
Prostate problems	Epilepsy	Others

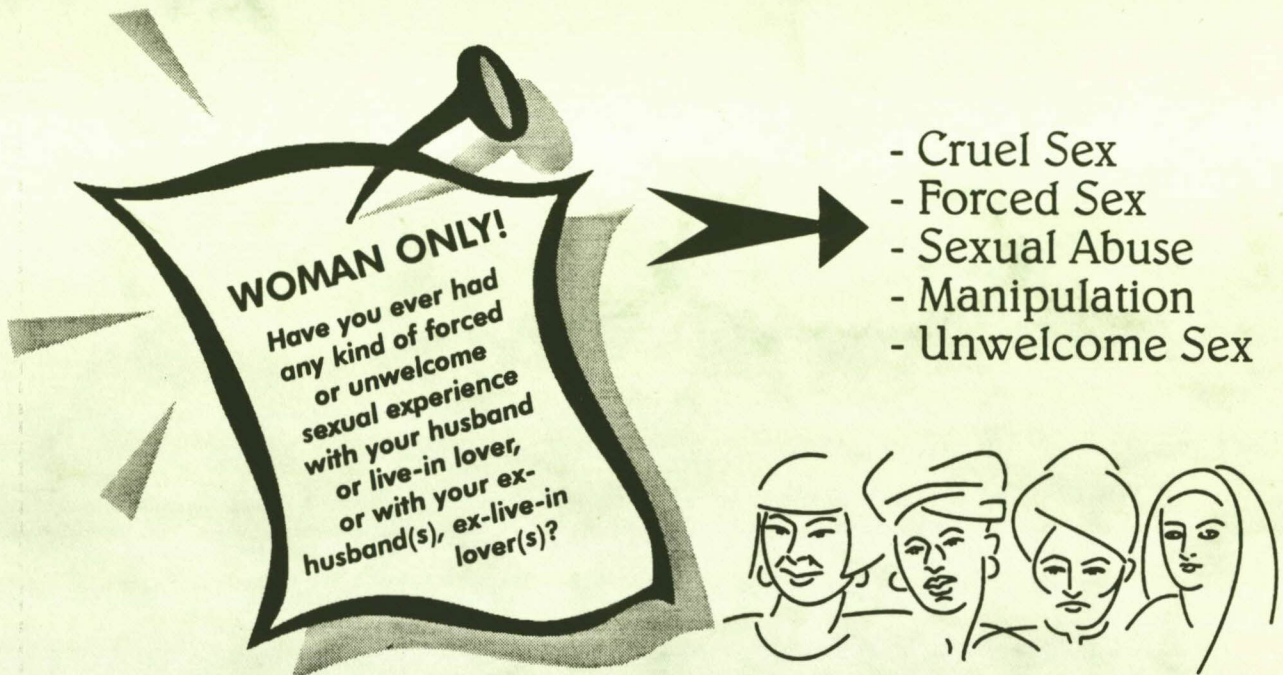
Have you ever had any head injuries or loss of consciousness? \_\_\_\_\_

Please give details \_\_\_\_\_

Please describe any surgery you have had (give dates) \_\_\_\_\_

Please describe any accidents or injuries you have suffered (give dates) \_\_\_\_\_

## Non-battering marital rape



In South Africa, silence regarding the topic of marital rape was broken with the promulgation of the Prevention of Family Violence Act no. 133 of 1993, which makes marital rape a criminal offence: "Notwithstanding anything to the contrary contained in any law or in the common law, a husband may be convicted of the rape of his wife."

This law applies to a man and a woman presently married, or who were married to one another according to any legal system or custom, as well as a man and a woman living together or who had lived together as husband and wife, although not married to one another.

**DOES YOUR MARITAL RELATIONSHIP LACK EQUALITY?**  
**HAS YOUR BARGAINING POSITION BEEN UNDERCUT BECAUSE OF POWERLESSNESS OR DEPENDENCY?**

The tendency to see wife rape as the exclusive problem of battered woman has led to an important segment of wife rape victims being over-looked - those who are never beaten, or those for whom wife-beating is a much less significant problem than sexual abuse.

**WHAT IS NON-BATTERING MARITAL RAPE?**

Any forced sexual activity that involves a minimal amount of physical violence or threats of violence, situations in which the woman is not in a position to give consent to sexual intercourse (because of the fact that she is for instance drugged) or when the woman experiences interpersonal coercion to engage in sexual activity.

**WHAT IS INTERPERSONAL COERCION?**

Interpersonal coercion includes threats by the husband/partner to leave home, to find another woman for sexual gratification, to reduce or suspend financial resources, to isolate his wife from friends and/or family members, to use belittling language, to accuse her of neglecting her duty and to use glib talk and blackmail to obtain sexual intercourse.



## ARE YOU A VICTIM OF NON-BATTERING MARITAL RAPE?

➤ "One evening I was very upset, he wanted to put a knife up me because I did not want to give him sex. Do you understand, he forces me and I do not want to. I then thought, God, before he puts the knife in me, let me lie like a pumpkin or whatever, just that I do not have to endure this. Or he would say that he would push his whole fist in me, or other things."

➤ "He does not really do something different or strange. He uses force to get to me; he grabs me and then he pulls my panty off. Sometimes the panty will tear."

➤ "When forced by my husband - I just recalled my rape when I was 9, all the fears and tension - and I could not forgive my husband. My sex life was ruined at the age of 9/10. That is one thing one does not forget very easily. It stays with one for quite a while; even years. It doesn't go away."

➤ "He pinned me down on the bed and then I could see that he was serious about getting me into bed. I did not have a chance. For example, he held my arms and put his legs between my legs so that I would open them. I sometimes started to cry afterwards..."

➤ "One day he said to me if I don't give into sex, he'll go to someone else because he has to fight to get sex and... he'll think I'm immature or inexperienced or something like that."

## THE FOLLOWING ARE BASIC RIGHTS OF ALL WOMEN:

- Every woman has the right to have control over her own body and make decisions concerning sex, the use of contraceptives, pregnancy and having children. When she marries, she does not lose these rights.
- No-one, including the husband of the woman, has the right to force her to have sex through violence or threats of violence. That is, the woman, her children or another person may not be hurt.
- There is no marital licence that gives a man the right to force his wife to have sex with him. Although sex is part of marriage, women do not give up their right to say "yes" or "no" when they marry.
- The woman does not become the property of the man when she marries.
- When a woman and her partner have different ideas concerning sex, they can solve it by talking about the matter or by going for therapy. Very severe differences could lead to divorce between the man and the woman. When there are differences concerning sex, it does not give the man the right to rape his wife.
- When a man rapes his wife, it is often not a sexual matter. It is usually a deed of anger aimed at degrading, humiliating or punishing the woman.
- In many countries it is a criminal offence when a man forces his wife to have sex with him; physically or by threats of violence.

➤ **Help is available for you and your partner.** The aim of therapeutic intervention is to enhance and maintain the mental health of you and your partner.

To find out more about non-battering marital rape and the help that is available, discuss this pamphlet with a psychologist.

You can also phone the following number: \_\_\_\_\_

or write to the following address: \_\_\_\_\_

## BIBLIOGRAPHY

**Knopp, F.N.** (1994). *When your wife says no: Forced sex in marriage*. Sexual Abuse Prevention. Series no.2 USA, Brandon, The Safer Society Press.

**Russell, D.E.H.** (1990). *Rape in marriage: expanded and revised edition with a new introduction*. Bloomington: Indiana University Press.

**Sacks, A.** (1990). *Protecting Human Rights in a new South Africa*. Cape Town: Oxford University Press.

**South Africa, Republic** (1993). *The Prevention of Family Violence*. Act. no.133.

**SUMMARY****A THERAPEUTIC APPROACH FOR VICTIMS OF NON-BATTERING MARITAL RAPE**

In general there exists a misconception that marital rape is always associated with battering. The importance of non-battering marital rape involving minimal physical force, and usually initiated by sexual conflict, can be overlooked, as most information on marital rape stems from studies on wife battering. Non-battering marital rape is often regarded as a less damaging type of marital rape and fewer victims are likely to be identified. These women may be trapped in damaging relationships for years and their mental health may suffer as a result.

The objective of the study was to explore and describe the life world of victims of non-battering marital rape. The data was used to generate a therapeutic approach for victims of non-battering marital rape in order to improve their mental health.

This qualitative, explorative, descriptive and contextual research was conducted in two phases. During phase one the life world of 17 victims of non-battering marital rape was explored and described within multiple case studies. The data was analysed according to the methods of Tesch and Giorgi. A cross validation report indicating categories, subcategories and related themes, reflected the life world of non-battering marital rape victims, and indicated how the bio-psychosocial functioning of the victims was affected by non-battering marital rape. A literature control enhanced the trustworthiness of the results by a comparison of the results of the study with the theory in literature. Phase two of the research constituted the generation of a therapeutic approach for victims of non-battering marital rape within a multimodal perspective.

The approach generated during the second phase focussed on improving the bio-psychosocial functioning of the victim of non-battering marital rape by describing different therapeutic interventions. If the bio-psychosocial functioning of the victim can be improved, her quality of life should improve and she should be able to function

more effectively in the community.

This research contributed to a better understanding of the life world of victims of non-battering marital and the therapeutic approach from which they could benefit. It was recommended that non-battering marital rape should form part of the frame of reference of health care workers by means of education. This would result in more victims of non-battering marital rape being identified and thus involved in therapeutic intervention.

## OPSOMMING

**'N TERAPEUTIESE BENADERING VIR SLAGOFFERS VAN NIE-GEWELDDADIGE VERKRAGTING BINNE DIE HUWELIK**

Daar bestaan in die algemeen 'n wanopvatting dat verkragting binne die huwelik altyd met aanranding geassosieer word. Aangesien die meeste inligting oor verkragting binne die huwelik van studies oor vrouegeweld afkomstig is, kan die belangrikheid van nie-gewelddadige verkragting binne die huwelik wat minimale fisieke geweld behels en gewoonlik deur seksuele konflik geïnisieer word, oor die hoof gesien word. Nie-gewelddadige verkragting binne die huwelik word dikwels as 'n milder skadelike tipe verkragting beskou, gevolglik kan minder slagoffers geïdentifiseer word. Hierdie vroue kan vir jare vasgevang wees in skadelike verhoudings en hul geestesgesondheid kan gevolglik daaronder ly.

Die doel van die studie was om die leefwêreld van die slagoffer van nie-gewelddadige verkragting binne die huwelik te verken en te beskryf. Die data is aangewend om 'n terapeutiese benadering vir slagoffers van nie-gewelddadige verkragting binne die huwelik te genereer om sodoende hul geestesgesondheid te bevorder.

Hierdie kwalitatiewe, verkennende, beskrywende en kontekstuele navorsing is in twee fases gedoen. Gedurende fase een is die leefwêreld van 17 slagoffers van nie-gewelddadige verkragting binne die huwelik in veelvoudige gevallestudies verken en beskryf. Die data is ge-analiseer volgens die metodes van Tesch en Giorgi. 'n Kruisvalideringsverslag wat die kategorieë, subkategorieë en verbandhoudende temas aandui, het die leefwêreld van die slagoffer van nie-gewelddadige verkragting binne die huwelik gereflekteer en aangedui in hoe 'n mate die bio-psigososiale funksionering van die slagoffers deur sodanige verkragting beïnvloed is. 'n Literatuurstudie het die vertrouenswaardigheid van die resultate bevorder deur die vergelyking van resultate van die studie met die teorie in die literatuur. Fase twee van die navorsing het die generering van 'n terapeutiese benadering vir slagoffers van nie-gewelddadige verkragting binne die huwelik binne 'n multimodale perspektief behels.



Die benadering wat tydens die tweede fase gegeneer is, het gefokus op die bevordering van die bio-psigososiale funksionering van die slagoffers van nie-gewelddadige verkragting binne die huwelik met behulp van die beskrywing van verskillende terapeutiese intervensies. Deur middel van die bevordering van die bio-psigososiale funksionering van die slagoffer van, behoort haar lewe te verbeter en behoort sy meer effektief in die gemeenskap te funksioneer.

Die navorsing het bygedra tot 'n beter begrip van die leefwêreld van slagoffers van nie-gewelddadige verkragting binne die huwelik en die terapeutiese benadering waarby hulle kon baat. Daar is aanbeveel dat nie-gewelddadige verkragting binne die huwelik deel van die verwysingsraamwerk van gesondheidsorgwerkers behoort te vorm deur middel van opleiding. Die resultaat sal wees dat meer slagoffers van nie-gewelddadige verkragting binne die huwelik geïdentifiseer en gevolglik by terapeutiese intervensie betrek sal word.

