

Université de Montréal

**Developmental, relational and situational characteristics of
maritally abusive men**

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Résumé

La violence conjugale, non-sexuelle ou sexuelle, est un phénomène répandu qui touche toutes les couches de la société. Ce n'est que depuis les années 1980 que les infractions sexuelles par un conjoint sont passibles d'une poursuite au niveau criminel, néanmoins peu de cas sont rapportés en raison de la relation intime entre la victime et l'agresseur. De nombreuses recherches ont été faites au sujet des victimes de violence conjugale, ce qui nous permet d'établir l'ampleur de cette problématique encore très présente dans notre société. La littérature indique que la violence sexuelle dans un contexte conjugal s'avère être de nature répétitive et en cooccurrence avec des autres formes de violence.

Afin d'approfondir notre répertoire de connaissances sur les caractéristiques de l'agresseur sexuel en contexte conjugal, un stage à l'Agence communautaire Maisonneuve a été préconisé, car il s'agit d'un milieu ouvert en délinquance adulte qui offre ses services à des hommes judiciairisés soumis à des mesures telles que l'ordonnance de probation, la libération conditionnelle ou l'emprisonnement avec sursis, par les Services Correctionnels du Québec. En outre, une analyse critique des caractéristiques des violeurs conjugaux a été effectuée par le biais d'une recension systématique des écrits. Les objectifs de notre rapport de stage sont de déterminer dans quel contexte la violence sexuelle s'ajoute dans les cas de violence conjugale, tout en examinant les théories et les typologies que l'on trouve dans la littérature scientifique. Ces connaissances sont nécessaires afin de cibler les facteurs de risque ainsi que les moyens d'intervention les plus efficaces pour ce type de clientèle. Nos résultats démontrent que la violence sexuelle et la violence physique sont intimement liées, car l'acte de l'agression sexuelle s'inscrit dans un contexte de dominance et de contrôle. Les conjoints agresseurs ont recours au sexe de façon utilitaire, pour établir leur rôle masculin, et ce, en lien avec leurs perceptions religieuses, culturelles et sociales. Pour ce qui est du traitement, la recherche scientifique ainsi que les programmes proposés par les Services Correctionnels du Québec recommandent les thérapies qui utilisent les approches psychoéducatives et cognitivo-comportementales, avec une modalité de groupe.

Mots-clés : agression sexuelle conjugale, violence conjugale, violence sexuelle, mari agresseur

Abstract

Domestic violence in all its forms is a widespread phenomenon that affects all layers of society. Only as early as the 1980's that sexual offenses perpetrated by a spouse became liable to prosecution on a criminal level, however such offenses remain underreported given the nature of the victim-aggressor relationship. The majority of research available on marital rape is based on victims' reports of domestic violence. Current scientific literature reveals that sexual violence in a domestic context has a repetitive nature and often co-occurs with other forms of violence. Moreover, research indicates that proximity between the victim and the perpetrator increases the likelihood of sexual offense's severity.

In order to expand our knowledge on the characteristics of marital rapists themselves, an 80-day internship was put forth at the *Maisonneuve Community Agency*, a provincial community surveillance facility that provides services to adult male offenders subjected to measures of probation, parole or house arrest, referred by the Correctional Services of Quebec. In addition, a critical analysis of the characteristics of marital rapists was conducted through a systematic literature review. The main goals are to determine the context in which sexual violence occurs in a marriage, we also present the theories and typologies present in the scientific literature. Subsequently, we explore the risk factors and the most effective means of intervention for this type of offender. Our results demonstrated that marital rape is likely to occur in relationships that are violent in other ways, as it subscribes to a context of dominance and control. Marital rapists are likely to use sex in utilitarian ways, in accordance to their cultural, religious or psychopathological perceptions. In terms of treatment, both scientific research and court-mandated programs by the Correctional Services of Quebec recommend therapies that ascribe to psychoeducational and cognitive-behavioral approaches, preferably in a group setting.

Keywords : marital rape, domestic violence, marital rapist, marital violence, sexual violence, intimate partner violence, spousal rape, wife rape, partner abuse

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List of abbreviations

BDI : Beck Depression Inventory

BJS : Bureau of Justice Statistics

BPO: Borderline personality organization

CBT: Cognitive-behavioral therapy

CTS: Conflict Tactics Scale

CTS-2: Revised Conflict Tactics Scales-2

IA: Insecure attachment

ICVS: International Crime Victims Survey

IPV: Intimate partner violence

IPV-SAT: Intimate partner violence Screen and Assessment Tier

MAI: Multidimensional Anger Inventory

MCMI : Millon Clinical Multiaxial Inventory

MJS: Multidimensional Jealousy Scale

MMPI-2: Minnesota Multiphasic Personality Inventory-2

PMWI : Psychological Maltreatment of Woman Inventory

SAM: Sexual Assault Measure

UN: United Nations

Part 1 – Review of domestic violence

Introduction

Domestic violence is an important social issue that has gained remarkable attention since the 1970's, mainly due to its prevalence and incidence all around the world (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006; Tjaden & Thoennes, 1998). The impact of domestic violence is staggering, as it has both physical and psychological impacts on the victims, in addition to negatively affect the children who witness the abuse, thus increasing the financial and societal cost of spousal violence in general (Chiancone, 1997; Sartin, Hansen & Huss, 2006). Similarly, only in the past few decades the topic of wife rape has been researched and taken out of the shadows of what used to be considered the private realm of marriage (Bennice & Resick, 2003). As our knowledge on the subject expands, we come to the realization that marital rape is the least discussed yet most current form of rape in the United States, and possibly in the world (Russell, 1990). For many years, rape was considered as a crime committed by strangers, however population surveys and studies unveiled a large number of spousal rape cases in many households. Reasons that may explain why this phenomenon is underreported would included wives' reluctance to testify against their husbands, the stigma attached to the word 'rape' and women not defining forced sex in marriage as rape given the closeness of their relationship with the perpetrator (Finkelhor & Yllo, 1982).

So, what do we know? That wife rape occurs across age, social class, race and ethnicity (Bergen, 1995), that it is primarily associated with other forms of violence in the marriage, that severity and frequency of physical aggression are positively associated with spousal rape and that victims of marital rape are at a higher risk of being killed by their husbands (Campbell & Soeken, 1999; Frieze, 1983; Russell, 1990; Shields & Hanneke, 1983). According to research on couples seeking marital therapy, the highest rates of sexual aggression are found in couples reporting the most serious levels of physical violence (Meyer, O'Leary & Vivian, 1998) and about 7 million women have been raped by their partner in the United States (Bergen & Bukovec, 2006). The United States Census Bureau of Justice Statistics (BJS) obtained data from 2002-2011 using the National Crime Victimization Survey. The goal was to gather information on intimate partner violence, including simple/aggravated

assault and sexual assault measure. Main findings indicated that aggravated assault accounted for 16% of serious intimate partner violence while rape accounted for 10%. A total of 18% of domestic violence cases involved some type of a weapon, with 13% of the victimizations resulting in serious injuries to the victim (Catalano, 2013).

The goal of my internship was to explore the association between marital rape and nonsexual marital violence by working with men convicted of domestic violence by Quebec's Judicial System. In addition, I sought to understand their main characteristics on a cognitive, relational and situational level, thus yielding possible identification of precursors to marital rape and providing implications for future research. My internship took place at the *Maisonneuve Community Agency*, one of three points of services part of the *Maison Charlemagne Corporation*, a non-profit organization accredited by the Correctional Services of Quebec and Canada. The *Maisonneuve Community Agency* operates on a provincial level and offers its community surveillance services to an adult male clientele currently serving measures such as house arrest, probation or parole. The agency team is multidisciplinary, composed of employees who have a university degree in criminology, sexology, social work or other fields related to counseling. The *Maisonneuve Community Agency* must meet the standards and requirements of their referents, namely the Court, correctional facilities and the Quebec Parole Board. In addition, there is a close collaboration with the Child Protection Services of Quebec, the police and other facilities that provide therapeutic services to convicted felons.

The employees at the *Maisonneuve Community Agency* are referred to as community surveillance officers. They operate in accordance to a legal mandate that dictates the protection of society by ensuring efficient supervision and compliance with the legal conditions imposed by the Court system. Additionally, they operate under a second mandate, which includes all the clinical work associated with their rehabilitation goals, which are part of the correctional intervention plan established upon release into society. The *Maisonneuve Community Agency* works in partnership with the Probation Office, legally in charge of all dossiers. The community surveillance agents are expected to report periodically to the probation officer assigned to the offender, with a purpose to go over the respect or non-respect

of the legal conditions and the rehabilitation progress according to the correctional intervention plan.

The main objectives of the *Maisonneuve Community Agency* are preventing recidivism through rigorous supervision of all three legal measures and the social reintegration that allows the offender to reconnect with his community while receiving significant support. Specific objectives are to empower offender regarding their ability to make valuable personal choices, encourage a process of self-knowledge through a personalized guidance, teach them conflict resolution in a socially acceptable manner, provide useful direction to entering or re-entering the workforce or school, and guide them through activities related to their correctional plan. Each offender dossier is composed of a variety of assessment reports, such as pre-sentential report, an assessment of risks and needs, psychological/sexological evaluations and assessments in a psychosocial or mental health level. These are essential in order for the surveillance agent to have a global picture of the individual they will be working with. The *Maisonneuve Community Agency* offers services both day and night to facilitate rehabilitation into society. The evening meetings are reserved for customers who work during the day. In accordance to one's legal conditions and correctional intervention goals, differential services are provided, such as references to specific organizations offering workshops, group and individual therapy, aid in employment, housing search, and debt acquittals.

The *Maisonneuve Community Agency* abides by a humanistic approach based on psychosocial rehabilitation models, the theory of choice and reality therapy. Each employee undergoes a two-day intensive training with Francine Bélair, author of the book 'To the best ... the worst ever' based William Glassner (1996) Theory of Choice. As such, these guiding principles are used in all three points of services and thus promote the development of intervention techniques congruent with the values advocated by the *Maison Charlemagne Corporation*. This client-centered approach focuses on the offender's interests and personal concerns in order to stimulate their intrinsic motivation to change. This type of intervention is then combined with choice theory's principles that target human's basic needs of belonging/love, power, fun, freedom and survival. However, every interaction is adapted

according to the client's ability to offer a good collaboration, demonstrate openness to change and responsiveness to clinical intervention.

My internship goals included the acquisition of intervention skills that would allow for optimal interaction with the assigned clientele of offenders. It was important to maximize my knowledge in terms of the legal and clinical mandates advocated by the internship workplace, the specificities of their global operations, the ideal methods of intervening in compliance with the law, ensuring offender compliance with his legal conditions while striving to reach the goals set up in their correctional intervention plan. In accordance to my topic of choice, my caseload consisted of 10 male offenders serving probation, parole and/or house arrest sentences due to a conviction of domestic abuse. Unfortunately, there were no current clients serving a sentence for marital rape. Out of the 10 cases, one had a history of marital rape as mentioned in his various evaluations. By working with offenders convicted of domestic violence, the main objective was to have a first-hand understanding of who is the marital rapist and what causes a man to abuse his wife, both sexually and non-sexually. I intended to investigate what are their thought-processes in relation to the offense, what are the mechanisms of defenses used to justify such behavior, the causal attributions and the possible presence of psychopathologies.

The goal of this paper on marital violence and marital rape is to highlight and bring together the main findings that describe the characteristics of perpetrators of intimate partner violence. There is a growing body of research on spousal abuse, however most research on the topic focuses on the victim and not on the offender. This thesis will start with a general review of marital violence, thus providing the types of spousal abuse, the main theoretical approaches, what are the important risk factors, followed by typologies based on the offender or type of offense, and closing with the assessment and treatments that are known to best work with this type of clientele. Furthermore, a systematic review will follow, focusing specifically on perpetrators of sexual violence in intimate relationships. A brief introduction of the history of marital rape along with its laws will be provided, followed by the standard methodology, results and discussion sections. Given the availability of one particular case of marital rape in my internship, I will provide an account of this clinical case study and highlight the potentially significant links with the main findings of the systematic review.

1. Types of domestic violence

Literature on intimate partner violence (IPV) has helped increase awareness of the spectrum of IPV, ranging from mild to severe violence, which includes psychological, physical and sexual violence. According to the *National Intimate Partner and Sexual Violence* (Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2010), about 1 out of 10 women in the United States have been raped by an intimate partner and nearly 1 out of 4 experienced severe physical violence. Marital aggression prevalence rates may differentiate depending on the type of respondents; men have been known to underreport both nonsexual and sexual violence perpetration (Jouriles & O'Leary, 1985; Langhinrichsen-Rohling & Vivian, 1994; Monson & Langhinrichsen-Rohling, 1998; Szinovacz, 1983). Hence, consistent with feminist perspective, incidents of battering may be needed to alert women to the incidence of forced marital sex (Hanneke, Shields & McCall, 1986).

1.1. Nonsexual violence

Nonsexual physical violence is defined as gestures put forth with purposeful intent to hurt or cause injuries (Gelles & Harrop, 1989), as physical acts that are aggressive in nature in which one can attribute personal responsibility and injurious intent to the person inflicting such behaviour (Bandura, 1978). Injurious behaviour will be judged aggressive in cases in which one can establish intent and causality to the perpetrator; otherwise unintentional harmful behaviour will not fall into the same category (Bandura, 1973; Rule & Nesdale, 1976). A literature review conducted by Browne (1993) revealed that 21% to 34% of females in the United States will eventually be victims of a physical assault by their intimate partner, whereas Cascardi, Langhinrichsen and Vivian (1992) observed an increase in the prevalence rate of this type of marital aggression in more than 70% in couples that were enrolled or seeking marital therapy. Statistics retrieved from 2002 until 2011 by the National Crime Victimization Survey (Catalano, 2013) indicated that 49.7% of female intimate partner violence resulted in injuries, with an average of 805,700 of female victims per year.

Psychological violence is expressed in different ways, such as emotional/verbal coercion, verbal attacks, threats of aggression, behaviours that are degrading in nature, dominance, isolation, demands of subservience and withholding of resources (Dutton, Saunders, Starzomski & Bartholomew, 1994; Maas-Despain & Todahl, 2014). Given its difficulty for detection, researchers and practitioners use instruments such as Tolman's (1989) Psychological Maltreatment of Woman Inventory (PMWI) to detect psychological violence in relationships and have a better assessment of the abuse. In terms of prevalence, Straus, Gelles and Steinmetz (1980) conducted a national survey based on 2 000 American families, revealing that psychological violence is more prevalent than physical violence. More recent data indicates a prevalence of 44% of women reporting prior episodes of intimate partner violence in their adult lifetime, in which 34.1% accounts for physical/sexual violence whereas 35.4% account psychological abuse (Thompson, Bonomi, Anderson, Reid, Dimer, Carrell & Rivara, 2006). Some researchers indicate that emotional violence is similar or worse than actual physical violence, due to the damaging nature of its psychological effects on a person's well-being and relationship health (LaTaillade, Epstein & Werlinich, 2006).

1.2. Sexual violence

Sexual violence in intimate relationships ranges from a woman acquiescing without the use of actual force to being physically forced to engage in unwanted sexual intercourse. It is defined as non-consensual oral, vaginal, digital or anal penetration, as well as fondling of intimate parts, obtained by threat, by force or when victim is unable to consent (Bowker, 1983; Frieze, 1983; Monson & Langhinrichsen-Rohling, 1998; Russell, 1990). Literature on forced marital intercourse regularly points to cultural and religious factors when sexual violence takes place without the use of force, explained by a man's sense of entitlement and strong belief that his partner has a wifely obligation to satisfy him. Also known as social/normative coercion, it is commonly found in many marriages and detected by researchers when women respondents provide answers such as being 'tired of his persistence', 'easier to go along with it' or 'don't know what will happen if I don't' (Basile, 2002; Maas-Despain & Todahl, 2014). Sexual violence ranges from mild to severe; in such mild cases, studies have indicated tactics such as the use of threats to harm or by means of one's own body weight to hold the victim down. On

the other side of the spectrum, domestic sexual violence can be equally characterized by extreme levels of physical force causing severe injuries. Those are characterized by acts of battering and forceful insertion of objects into the woman's vagina or other cavities (Monson & Langhinrichsen-Rohling, 1998; Russell, 1990; Stermac Del Bove & Addison, 2001). Early studies indicate a prevalence of marital rape in United States ranging between 10% and 14% of all population (Finkelhor & Yllo, 1985; Kilpatrick, Best, Saunders & Veronen, 1988; Russell, 1990). In a more recent publication by Tjaden and Thoennes (2000), data on intimate partner rape was collected from a randomly selected sample of 8 000 women, showing a prevalence of 7.7% of rape by an intimate partner, whereas using a nationally representative sample of Canadian women, Johnson (2001) found the prevalence of wife rape by a current husband to be 12%. The data from 2002-2011 obtained by the BJS' National Crime Victimization Survey estimates that during this 10-year period, sexual assaults in an intimate context accounted for 9.6% of all victims of serious intimate partner violence, whereas 8.2% of all female intimate partner victimizations included some type of sexual violence during the incident (Catalano, 2013).

2. Comorbidity of physical and sexual violence

An abundance of research indicates a high co-occurrence between physical and sexual violence in intimate relationships. In domestic violence literature, we notice a pattern of an increasingly elevated risk of sexual assault by a partner in battering relationships. The majority of data on marital rape is derived from research on females found in battered women shelters. In such studies, 33% to 59% of female respondents report forced marital intercourse co-occurring with nonsexual physical violence (Bowker, 1983; Campbell, 1989; Frieze, 1983; Hanneke, Shields & McCall, 1986; Walker, 1984). As a matter of fact, marriages characterized by repetitive use of different forms of violence are the ones in which wife rape is most likely to occur (Basile, 2008; Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006; Mahoney, 1999).

Early research led by Campbell (1989) showed that at least half of a sample of 193 battered females was also sexually assaulted by their partner. These women described their intimate partners as men who tolerated violence against women, had a tendency to cause serious injuries, even if they were in a vulnerable position, such as pregnant, and that both the

physical and sexual violence were repetitive in nature (Campbell, 1989). Another study on domestic violence by Campbell and Soeken (1999) also pointed out that half their sample (45.9%) of battered women had been raped by their domestic partner. The same pattern is observed in later research, as we see in Bergen and Bukovec's (2006) sample of 229 male batterers, in which 28% of respondents admitted to using physical violence to rape their wives and 15% revealed having raped right after a physical fight. Another study by the Martin, Taft and Resick (2007) demonstrated that between 40% and 50% of battered women in their sample had experienced marital rape. To illustrate a greater scope of the phenomenon, a national survey conducted in Great Britain provided similar results, indicating that 35% of female respondents physically assaulted by their husbands were also raped at some point in their relationship (Painter & Farrington, 1998).

As mentioned previously, the likelihood of sexual assault is higher in relationships characterized by severe beatings. In addition, the violence tends to escalate over time in terms of severity and frequency (Basile, 2008; Bennice & Resick, 2003; Bergen & Bukovec, 2006; Frieze, 1983; Shields & Hanneke, 1983; Tjaden & Thoennes, 2000). Using random samples, both Finkelhor and Yllo (1985) and Russell (1990) concluded that marital rape occurred three to four times more than rape by an unknown aggressor, and when rape and physical assault occur in the same relationship, it is often repeated multiple times. In another study of IPV, the findings indicated that 14% to 18% of respondents reported 20 episodes or more of physical or sexual abuse in their relationship (Thompson, Bonomi, Anderson, Reid, Dimer, Carrell & Rivara, 2006).

Studies on marital rape after a physical confrontation (Bergen, 1996; Finkelhor & Yllo, 1985; Russell, 1990) suggest that husbands sexually violate their spouses as means of repossessing them after a fight or to illogically try to solve their argument by making things better. In other instances, the sexual assault is believed to be an extension of general violence, a continuation of the beatings. According to respondents' accounts, husbands that perpetrated both sexual and nonsexual violence were the most brutal and violent of them all (Bergen, 1996; Finkelhor & Yllo, 1985; Frieze, 1983; Russell, 1990). Finkelhor and Yllo (1985) provide detailed accounts of victims, some revealing that marital rape was a terrifying and

vicious experience that was part of a destructive and exploitive relationship. These women felt the sexual assault was integrally part of the battering, serving as a tool of humiliation and degradation in which their husbands used to show their resentment and anger towards them. The sexual abuse could take place in the midst or after the physical beating, with 40% of respondents' admitting to being beaten and raped in the same violent episode (Finkelhor & Yllo, 1985).

In conclusion, it is important to highlight the elevated level of comorbidity between physical and sexual violence, as the risk of sexual assault dramatically increases in a context of domestic violence. In addition, we observe higher degrees of severity and repetition in relationships characterized by both types of aggression, in which husbands tend to be described as tolerant to violent behavior and resort to sexual assault as means to achieve their goals.

3. Theories

3.1. Sociocultural theories

Sociocultural theories attempt to explain why men have a greater propensity to engage in psychological, physical and sexual violence against women that are thought to be socially and culturally acceptable. From an early age, individuals are socialized to obey orders; as such, compliance behaviour is rewarded by society whereas disobedience is punished (Bandura, 1978). The sociocultural aspect of marital violence emphasizes on the socialization processes that reinforce women's subordination to men and men's assertion of power and control over women. In a society where men are taught to be initiators of sexual intercourse, they serve themselves of their power and sense of entitlement as tactics to achieve what they desire. Conversely, society teaches woman to regulate and act as a gatekeeper in sexual interactions, thus she is expected to resist at first before succumbing to the man's desires. As some authors explain, marital rape can be conceptualized as an extreme expression of sex roles society's rules that are a by-product of these socialization processes (Burt, 1980; Check & Malamuth, 1983; Monson & Langhinrichsen-Rohling, 1998; Russell, 1990). As we will see further in this thesis, typologies of marital violence classify perpetrators based on their conservative or liberal attitudes on sex-roles, which are part of these socialization processes. Adherence to conservative sex-role attitudes are habitually

related to condoning violence toward females and beliefs of male domination and control over women (Monson & Langhinrichsen-Rohling, 1998). In therapy, it is important that cultural beliefs are taken into consideration when discussing marital violence; in such cases, the therapist must not discriminate against such cultural norms, it is rather important to explain how such norms are negatively affecting the relationship (Maas-Despain & Todahl, 2014).

The feminist model is one of the oldest, most well-known sociocultural theory. For many years, feminists have attempted to understand societal inequalities in which males dominate females. Inevitably, the concept of patriarchy is brought up as it encompasses a structure in which males are more powerful and privileged than women, while legitimizing such agreement. Patriarchal ideology in a marriage is characterized by a set of beliefs and attitudes supportive of violent behaviour against wives that challenge patriarchal principles, whether it is by being independent, by standing up for oneself, being strongly opinionated, or through public embarrassment (Millet, 1969; Smith, 1990). Feminists firmly believe that domestic violence is characteristically patriarchal, reasoning their belief by the presence of money deprivation, sexual abuse, terrorizing and intimidation in such relationships, which are hardly acts committed by women themselves (Monson & Langhinrichsen-Rohling, 1998).

More particularly, obedience, sexual access, respect and loyalty are the ideals inherent to patriarchal beliefs in a domestic context. When such ideals are violated, verbal, physical or sexual violence becomes a way of punishing such violations and restoring the man's sense of dominance and manhood in the relationship. As such, the feminist theory rests on the fact that, in patriarchal societies, men have always been in the right to control their wives by using different tactics, such as rape and beatings, when their sense of power and control are challenged by their wives' behaviours and/or attitudes (Brownmiller, 2013; Finkelhor & Yllo, 1985; Smith, 1990). Many of the studies on wife rape and wife abuse report traditional gender-role ideals and expectations as primary sources of such violence. In addition, common characteristics in patriarchal wife-beaters are provenance from a low socioeconomic background, little education and low-status jobs. Thus, this theory predicts that all three forms of violence co-occur and are used with the purpose of dominating and controlling the woman (Brownmiller, 2013; Finkelhor & Yllo, 1985; Smith, 1990).

In the United States, Straus (1987) validates the feminist theory as the author concludes that structural inequality and spouse abuse not only vary across states, but those two measures correlate positively together, where greater structural inequality equals higher prevalence of wife battering. Yllo (1983) also provided support to the patriarchal ideology behind wife beating, stating that highest rates of violence are found in the least egalitarian states; that is states in which women have the lowest status compared to men. Furthermore, in Canada, Smith's (1990) quantitative research using females from the general population indicated that men who had assaulted their wives were described as men who adopted attitudes and beliefs consistent with patriarchal ideology. Other researchers did not find a significant difference between spouse abusers and control groups when accounting for sex-role stereotyping, adversarial sexual beliefs, attitudes that condone violence towards women (Dutton, 1988), nor differences in their level of agreement about roles, rights and privileges of women (Neidig, Friedman & Collins, 1986; Rosenbaum & O'Leary, 1981). In an attempt to empirically test violence against women from a feminist theory perspective, Yodanis (2004) gathered data from the International Crime Victims Survey (ICVS) and United Nations (UN) official statistics to analyze the impact of women's status and level of violence inflicted by men. Her findings supported the notion that women's educational and occupational status in a given society is directly related to prevalence of sexual violence, thus yielding higher rates of sexual aggression in countries where women's status is perceived a slow (Yodanis, 2004).

3.2. Social learning theory

Bandura's (1978) social learning theory of aggressive behaviour encompasses explanations on how violent patterns are developed, what is responsible for provoking the perpetration of such behaviours and what keeps it going. Social learning theory points out to observational learning, reinforced performance and structural determinants as the origins of aggressive behaviour. Observation of parental aggressive behaviour and its consequences in early development allows children to learn entire patterns of violent tactics and strategies that can be later used as means of survival and coping in difficult situations. As such, observational learning of violent behaviour may be retained for extended periods of time and eventually evolve into their unique patterns of aggression later in life (Bandura, 1973; 1978; Hicks,

1968). Repeated exposure to violence will have an effect of desensitization and habituation on children, thus creating a sense of normalcy and acceptance of such behaviour as a solution to interpersonal conflicts. When family members opt to employ violence as problem-solving techniques, they automatically reinforce the modelling of aggressive behaviour, further desensitizing the child emotionally and psychologically to the use of interpersonal violence. Ultimately, styles of aggression will be further developed and refined through modeling and reinforced practice (Bandura, 1978).

In social learning theory, violent behaviour is thought to be driven by aversive stimulation that emotionally arouses in the individual. How one copes with heightened emotional arousal will likely depend on prior experiences and exposure to aggression. In the case of intimate partner violence, assault-prone individuals are likely to respond aggressively to aversive feelings of humiliation, threats to his reputation or his manhood (Bandura, 1978; Toch, 1969). Lastly, Bandura (1978) explains how violent-driven behaviour is maintained over time accordingly to the consequences they generate. Incentive motivation is built upon actions that allow for a desired outcome to be easily attainable. For as long as it successfully allows one to attain desired results, aggressive behaviours will continually be used as modes of response, especially in the absence of alternative means. Here are two studies that validate the social learning theory of aggression in childhood. In a study based on 33 men's report from a Marriage and Family Clinic (Coleman, 1980), results showed that 64% of respondents had witnessed or experienced violence in their household at a young age; in another study involving 80 families, Gelles (1972) concluded that marital violence was more likely to be perpetrated by respondents that had witnessed domestic violence at a young age. Hence, studies based on violent men indicates that witnessing violence in childhood is a common predictor of violence as it shapes one's attitude supportive of male dominance. The child learns a message that demanding obedience from their wives is acceptable, and that a means to achieve such obedience is through violence, whether it be verbally, physically or sexually (Johnson, 2000).

Here are a few examples of studies that examined the validity of this social learning theory of aggression. In a longitudinal study, Mihalic and Elliot (1997) tested if exposure or experiences of violence in childhood were predictive of marital aggression in adulthood. The

Conflict Tactics Scale was used to assess both minor and severe marital violence in both males and females. Results indicated that prior victimization was directly associated to the perpetration of violence in marriage among the male sample, with no direct effect on the level of severity. Hence, the authors concluded that social learning theory of violence is a predictive model of marital violence in males, although they did not differentiate if the learned behavior was due to the witnessing and the experiencing of prior victimization (Mihalic & Elliot, 1997). According to a National Family Violence Survey using a sample of over 2 000 families, Straus (1980) concluded that males with previous experiences of violence in childhood, such as physical punishment by a parental figure, scored higher rates of violence in marriage as an adult. Rosebaum and O'Leary (1981) also found that earlier exposure to violence had a strong effect in violent behavior for male adults. To better understand the direct link between exposure to violence in childhood and perpetration of domestic abuse, another study was conducted using a sample of domestically violent men who had reported experiences of child maltreatment, along with other factors such as alcohol abuse and parental divorce. Results supported the author's hypothesis that the level of physical spouse abuse was predicted by childhood neglect and witnessing family violence was positively associated with psychological spouse abuse (Bevan & Higgins, 2002).

3.3. Psychopathological theories

Psychological theories account for the presence of specific individual differences that explain why certain minorities tend to behave contrarily to societal norms (Dutton, 1994). The attachment theory by Bowlby (1969) insists on the importance of secure attachment between mother and infant in early childhood, and its progression into sets of traits called attachment styles that will later shape and influence one's cognition, behaviour and affect in intimate relationships. He asserted that the availability of attachment figures in childhood played a role in one's expectations towards a significant other for the rest of life. Those expectations tend to remain unchanged and they are central to one's tendency to feel fearful or confident in a relationship (Bowlby, 1973). When attachment needs are unfulfilled, feelings of frustration, anger, rage and grief may overpower the individual when he perceives a threat of separation (Bowlby, 1969; 1973). Based on the principles of Bowlby's theory of attachment (1969), Dutton and colleagues (1994) conceptualize

intimate partner abuse as an angry man's violent behaviour as a way of objecting a perceived threat of separation by his significant other. Dutton (1994) argues that attachment insecurity and its attachment styles along with borderline personality organization are major psychological predictors of intimate partner violence. More specifically, the fearful attachment style is characterized by intimacy-anger, jealousy and affective instability (Dutton, Saunders, Starzomski & Bartholomew, 1994). Attachment insecurity is attributed to faulty parent-child attachment, which in turn is characterized by paternal rejection and shaming in the relationship. It is largely defined as 'any set of psychological factors that have anxiety or fear as a component affect of intimacy' (Dutton & White, 2012) and it is manifested in insecure attachment patterns and borderline personality organization (BPO) later in adult life. Insecure attachment (IA) is a by-product of poor development of structures responsible for emotional regulation, and it results in inadequate responses such as aggression in order to counter the negative effects of unproductive caretaking practices (Belsky, 1999; Dutton & White, 2012).

The fearful attachment style in adults is characterized by high levels of anxiety and fear of abandonment in close, intimate relationships. Negative affect, intimacy-anger, extreme sensitivity to rejection and active avoidance of significant relationships vulnerable to rejection are common features that drive the fearful individual to act out in abusive ways (Bartholomew, 1993; Dutton, Saunders, Starzomski & Bartholomew, 1994). Dutton (1994) describes BPO as central to what he calls the *abusive personality* of IPV perpetrators, as it refers to unstable personality traits predisposed to poor emotional regulation, deficits in cognitions, interpersonal conflict and extreme variations in self-concept (Lieb, Zanarini, Schmah, Linehan & Bohus, 2004). BPO scores have been found to account for 50% of women's reports on their husband's emotional abuse (Dutton & Starzomski, 1993), whereas fearful attachment style correlated significantly to BPO scores (Dutton, Saunders, Starzomski & Bartholomew, 1994). These findings further supports the presence of a borderline personality structure in the fearfully attached men, thus increasing the risk on intimate violence perpetration. Research on the attachment theory has equally supported the notion that infantile attachment patterns are qualitatively similar to those of adults, that adult romantic relationships are the ones the weight the most in terms of adult attachment needs (Hazan & Zeifman, 1994) and indicate that adult attachment patterns are related to positive or negative relationship outcomes (Bartholomew, 1993; Dutton, Saunders,

Starzomski & Bartholomew, 1994; Hazan & Shaver, 1994). Treatment for individuals that have an insecure attachment style focus on dissociating the intimacy-anger produced by the anxious attachment itself apart from the negative attributions one makes towards the partner. The therapist will assess the origins of intimacy fear and teach how to settle for a healthy emotional distance that is beneficial to both partners (Dutton, Saunders, Starzomski & Bartholomew, 1994).

To illustrate findings on insecure attachment and how it persists into adulthood, a review of 13 studies exemplify how IA and BPO are highly correlated and how both predict the perpetration and frequency of abuse. The research showed that fearful, unresolved and preoccupied attachment styles were most commonly related to BPO and found to be responsible for negative affect, impulsivity and maladaptive coping strategies in relationships, thus possibly aggravating feelings of anger, anxiety and depression (Agrawal, Gunderson, Holmes & Lyons-Ruth, 2014). Other studies on male perpetrators of intimate violence indicated the presence of fearful attachment style, which is related to other psychological characteristics of the abusive personality, such as an unstable borderline personality structure, chronic anger, poor impulse control, externalization of blame and excessive jealousy (Dutton, 1994; 1995; 2007; 2008). More specific to marital abuse, a study on attachment and emotional regulation on married men compared attachment styles between 23 domestically abusive men compared to 23 nonviolent distressed men. They administered the Adult Attachment Interview to measure attachment style and the results showed that nonviolent males scored a higher secure attachment style than their violent counterparts (61.5% and 26.1% respectively). Ultimately, the authors concluded that maritally violent men were more prone to have an insecure attachment style than nonviolent, maritally distressed males (Babcock, Jacobson, Gottman & Yerington, 2000).

The three theories presented above provide different viewpoints on how violent behavior towards an intimate partner surfaces. Sociological theories focus on socialization processes that reinforce assertive behavior from males towards female as means to achieve control, especially in societies characterized by patriarchal ideologies that reinforce traditional gender-role ideals and expectations from each sex. The social learning theory describes in turn how witnessing parental aggressive behavior in childhood is conducive to learning of violent behavior and the adoption of violent tactics towards a partner. And finally, psychopathological

theories draw attention to individual differences that explain behavior contrary to the norm, as explained by Dutton's attachment theory.

4. Risk factors for marital violence

Developmental, cognitive, environmental and situational factors play a role in directly or indirectly influencing one's decision to perpetrate domestic violence. These factors are commonly intertwined and, when combined, they increase the risk of one resorting to violence in an intimate relationship. All four types of factors can be found amongst models described in marital violence literature, namely, the sociocultural, interpersonal and psychopathological models. The sociocultural model describes society and culture as the main players when shaping one's attitudes and beliefs towards women, such as patriarchal ideologies; the interpersonal model refers to the interaction between a husband and a wife during conflict, where domestic violence is a product stemming from behaviors and affective expressions between those two individuals; and lastly there is psychopathological model that include all factors internally attributed to the husband, such as low self-esteem, impulse control, mental disorders and cognitive errors (Eckhardt & Dye, 2000).

4.1. Developmental risk factors

Developmental risk factors include prior victimization experiences or witnessing violence in the family of origin. Children go through a developmental learning process that leads to the creation of scripts that indicate what appropriate behaviour is according to one's gender-role and expectations. As such, those scripts will guide and regulate the way one conducts himself in the everyday life. When children are exposed to sexual and/or nonsexual marital violence, they end up making inferences and interpretations of behaviours in accordance to scripts (Monson & Langhinrichsen-Rohling, 1998; Russell, 1990). When describing marital rapist characteristics, several authors have found that respondents are likely to indicate prior experiences of child abuse or witnessing marital violence in their household (Bowker, 1983; Burton, 2008; Frieze, 1983; Rosebaum & O'Leary, 1981). Additionally, some psychologists suggest that impulsive personalities and lack of communication skills are associated with aggression in intimate relationships (Coleman, Weinman & Hsi, 1980; Pan & Neidig, 2014).

4.2. Cognitive risk factors

Cognitive risk factors are largely ascribed to decoding errors, to the attributions one makes about his partner's and his own behaviours, as well as one's attitudes and beliefs related to gender-roles, violence within marriage and relationship principles. Research has shown that violent husbands hold their wives responsible for their aggressive behaviours and relational conflicts (Holtzworth-Monroe & Hutchinson, 1993; Shields & Hanneke, 1983). These men tend to attribute negative intent to their wives' attitudes and motivations, particularly in situations of that trigger jealousy and public embarrassment. Consequently, men tend to believe their wives have more negative traits and the perceived hostile intentions from them becomes directly associated with the violent behaviour (Holtzworth-Monroe & Hutchinson, 1993; Shields & Hanneke, 1983). Decoding errors occurs when one wrongly interprets a situation by focusing on a particular remark, leaving out relevant aspects of the information. Patriarchal attitudes that endorse acceptability of violence and gender-role stereotypes are partly to blame for such errors, as it influences a person's understanding of a situation by automatically influencing their thought processes, sometimes without being conscious. Such attitudes serve as cognitive templates, heavily weighing in one's interpretation of an event. Thus, men who adhere to beliefs of rightness to devalue and degrade women are at a higher risk of acting them out when in a confrontational episode (Eckhardt & Dye, 2000; Johnson, 2001).

4.3. Environmental risk factors

Environmental risk factors such as unemployment and financial insecurity are predictive of violent behaviour. When certain means of showing one's masculinity become unavailable, violence can quickly become a resource to enhance masculine status. Men who characteristically adopt attitudes that reinforce the concept of a man being strong, independence, dominant and superior are commonly found in the literature of marital violence (Coleman, 1980; Johnson, 2001; Messerschmidt, 1993). Thus, situations that shake up their sense of manhood and provoke feelings of inadequacy, such as unemployment or feeling unsuccessful, will greatly affect their self-esteem and self-regard. In such cases, employment may play a symbolic role that permits a man to secure his masculine status, and if removed, it dramatically increases the risk of violence. By dominating the women in a

violent way, violent men can restore their dominance and their sense of control through aggressive behaviour (Coleman, 1980; Johnson, 2001; Messerschmidt, 1993). It is imperative to address the negative effects of unemployment when dealing with intimate partner violence. Research has shown that domestic violence fulfills a need to re-establish power and control. In the case of men who adopt beliefs and attitudes in the rightness of male dominance and control, the loss of employment will exacerbate the potential of physical, emotional and sexual violence in the relationship (Johnson, 2001).

4.4. Situational risk factors

Substance abuse, more specifically alcohol, is repeatedly reported in domestic violence research as it is an aggravating factor in violent episodes. For instance, at least 70% of female respondents in Finkelhor and Yllo's (1985) community survey acknowledged the presence of alcohol consumption in at least one sexual aggression perpetrated by their husband. According to Leonard (2009), alcohol is involved in 25% to 50% of domestic violence episodes. Researchers do not necessarily agree as to a causal relation between alcohol and violent behaviour, they rather acknowledge a strong association between the two. Heavy drinking is in part responsible for distorting one's interpretations of another's behaviour as well as manipulating a situation to meet his needs. An interesting study by Quigley and Leonard (2000) on alcohol use in the first anniversary of marriage as a predictor of subsequent marital violence in the second and third year of marriage was conclusive, however only in cases where the wife was a light drinker.

Alcohol intoxication increases the frequency and severity of injuries, as many studies indicate extreme personality changes in men who drink. In fact, alcohol directly affects violent behaviour by its disinhibiting effects, favoring the misinterpretation of social cues and actions of his partner, reducing a man's capacity to deal with demanding situations, exacerbating an ongoing problem in the relationship, facilitating the transition from verbal to physical violence and undermining his ability to appropriately respond to a stressor (Coleman, 1980; Coleman, Weinman, Hsi, 1980; Hastings & Hamberger, 1988; Johnson, 2000; Johnson, 2001; Russell, 1990). Surveys in both USA and Canada estimate that wife assault is five times more likely to occur if the husband is a binge drinker (Johnson, 2001). They are likely to adopt perceptions that violence and alcohol are both symbols of a macho self-image, especially when they are surrounded by peers that value public

displays of domination upon the wife (Johnson, 2001). Furthermore, previous research has shown that men enrolled in programs for domestic violence are likely to prematurely finish their treatment and reoffend if they suffer alcohol abuse issues (Hamberger & Hastings, 1989; 1990).

In summary, specific developmental, cognitive, environmental and situational factors are known to increase the risk of domestic violence. Developmental risk factors explain how prior victimization experiences allow for the creation of scripts that will guide and regulate one's conduct in adult life; cognitive factors refer to decoding errors, wrong interpretations and erroneous attributions resulting in perceived hostile intention from one partner towards the other; environmental risk factors encompass difficulties encountered such as unemployment and financial insecurity, which in turn evokes feelings of inadequacy and affects one's sense of masculinity; and finally situational risk like alcohol intoxication, thus increasing frequency and severity of violence mainly due to extreme personality changes and misinterpretation of social cues.

5. Typologies

Typologies are useful in predicting sexual and nonsexual intimate partner abuse based on specific characteristics that yield significant information, thus allowing for a better comprehension of marital violence and its processes. More specifically, they allow one to distinguish batterers and type of abuse accordingly to personality and offense characteristics, which later can be essential in identifying optimal treatment based on offense/offender subtype (Holtzworth-Munroe & Stuart, 1994; Monson & Langhinrichsen-Rohling, 1998).

5.1. Holtzworth-Munroe and Stuart's (1994) male batterer typology

Holtzworth-Munroe and Stuart (1994) developed a typology on three major subtypes of batterers classified on the basis of severity of marital violence, generality of violence (intrafamilial or extrafamilial), attitude towards violence, criminal behavior, and psychopathology or personality disorders. In the end, they came up with three kinds, that is, family-only, dysphoric/borderline and generally violent/antisocial.

The first type is the family-only batterers, which are assumed to employ the least severely aggressive of all three subtypes. They are believed to largely limit themselves to intrafamilial

violence, abstaining from engaging in violent behavior with outsiders. They are less likely to abuse psychologically and sexually and are typically not known to suffer from any psychopathology nor personality disorder. This group adopts a liberal sex-role attitude, is less likely to condone the use of violence and is reported to have experienced low-to-moderate levels of prior victimization from their family-of-origin. They are less likely to engage in criminal behavior or have legal problems, and substance abuse is low to moderate. This batterer type is believed to represent 50% of batterers' samples retrieved from both the community and treatment programs (Holtzworth-Munroe & Stuart, 1994).

The second type is the dysphoric/borderline batterer. This group is likely to perpetrate moderate to high levels of nonsexual violence, both psychological and physical, as well as sexual violence. Their target is for the most part family members, but it is possible they engage in extrafamilial violence as well. They are characterized as having a propensity to be emotionally unstable, psychologically distressed, suffer from depression, have borderline or schizoid personality traits and substance abuse problems. This type of batterer is thought to hold conservative sex-role attitudes, engage in low to moderate criminal behavior and to have been through moderate to severe levels of family-of-origin violence. Holtzworth-Munroe and Stuart (1994) estimate this group represents 25% of batterer samples in past research.

The last type is generally violent/antisocial batterers. They are characterized as likely to display moderate to severe levels of marital violence, which is also generalized to individuals outside of the family. They have conservative sex-role attitudes that condone the use of violence and have a history of criminal and legal issues. Substance abuse such as drug and alcohol is often present; they have traits of antisocial personality disorder or psychopathy. The generally violent/antisocial type is estimated to represent a lower percentage of batterers in community as opposed to those in court-ordered treatment or that have been arrested. The authors believe that 25% of wife abusers fall into this category (Holtzworth-Munroe & Stuart, 1994).

Here are a few examples of studies that have validated and criticized the Holtzworth-Munroe and Stuart's (1994) batterer typology. A research conducted with 91 domestically violent men validated this tripartite typology by using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), an instrument used in the assessment of psychological profiles. Results indicated that severity of violence and presence of psychopathology was consistent

with the three clusters of male batterers, namely non-psychopathological, borderline/dysphoric and antisocial. However, measures on exposure to violence in family-of-origin did not coincide with the proposed model, whereby all three subtypes scored high on this variable (Lawson, Weber, Beckner, Robinson, Marsh & Cool, 2003). Another study by Waltz, Babcock, Jacobson and Gottman (2000) attempted to validate the typology using a community sample of 75 maritally violent men using the MCMI-II, an instrument used to assess psychopathology, along with the Conflict Tactics Scale (Straus, 1979) and the Emotional Abuse Questionnaire (EAQ). They found that two out of the three subtypes did not distinguish themselves on personality disorder characteristics (dysphoric/borderline vs generally violent/antisocial). However, they validated the proposed differences in terms of degree of violence in general and within the relationship, the extent of emotionally abusive behavior, exposure to violence in family-of-origin, substance abuse and jealousy (Waltz, Babcock, Jacobson & Gottman, 2000).

5.2. Monson & Langhinrichsen-Rohling (1998) four-type perpetrator typology

Detecting a need to develop a more thorough typology, authors Monson and Langhinrichsen-Rohling (1998) proposed a new classification based on Holtzworth-Munroe and Stuart's (1994) male batterer typology. However, the authors accounted for the type of violence expressed, namely, non-sexual, non-sexual and sexual, and sexual violence only, in accordance with perpetrator type. Their typology is based on prevalence rates, perpetrator characteristics and severity of aggression as accounted for in marital rape literature.

The family-only type perpetrates mild levels of psychological and physical violence, they act out primarily against family members, are less likely to have experienced and/or witness prior victimization, exhibit minimal psychopathology and personality pathology traits, and have little to none substance abuse problems. They are believed to make up about 45% of the general batterer population (Monson & Langhinrichsen-Rohling, 1998; Monson & Langhinrichsen-Rohling, 2002).

The dysphoric/borderline perpetrates moderate levels of nonsexual and sexual violence, mainly in their marital relationship. They have a greater likelihood to exhibit substance abuse problems, higher relationship discord, have difficulties with interpersonal emotional control,

display feelings of jealousy, suffer from depression and experience feelings of hate. They are believed to represent 25% of the batterer population (Monson & Langhinrichsen-Rohling, 1998; Monson & Langhinrichsen-Rohling, 2002).

The generally violent/antisocial type also expresses severe patterns of both nonsexual and sexual violence that are generalized in both marital and extramarital spheres. They display antisocial personality characteristics or disorders and are very likely to suffer from substance abuse. They are likely to have experienced or witness family-of-origin sexual violence and have high sex-role stereotypical attitudes. According to the authors, this type of batterer should account for 25% of the batterer population (Monson & Langhinrichsen-Rohling, 1998; Monson & Langhinrichsen-Rohling, 2002).

Lastly, a fourth type of batterer was included to include sexually deviant perpetrator also described in previous studies (e.g. Finkelhor & Yllo, 1985; Hanneke, Shields & McCall, 1986; Russell, 1990). The sexually sadistic type rarely engages in nondeviant sex and is thought to perpetrate sexual violence within and outside of the family. They are highly promiscuous, display moderate levels of substance abuse and have very conservative sex-role stereotypical attitudes. Only 5% of the batterer population is thought to fall into this category (Monson & Langhinrichsen-Rohling, 1998; Monson & Langhinrichsen-Rohling, 2002).

In 2002, Monson and Langhinrichsen-Rohling sought to test the validity of their typology using a sample of 670 dating individuals in a community sample. They used the Revised Conflict Tactics Scales-2 (CTS-2; Straus, Hamby, McCoy, & Sugarman, 1996), the Sexual Assault Measure (SAM; Monson & Langhinrichsen-Rohling, 1997), the Beck Depression Inventory (BDI; Beck, Ward, Mendelsohn, Mock, & Erbaugh, 1961), the Multidimensional Anger Inventory (MAI; Siegel, 1986), the Multidimensional Jealousy Scale (MJS; Pfeiffer & Wong, 1989) and other additional instruments in order to categorize participants according to specific characteristics. The results supported the existence of a family-only/relationship-only type. The authors found that 30% respondents corresponded to the dysphoric/borderline perpetrator, whereas 20% of their sample fell onto the generally violent/antisocial subtype. There was no empirical support validating the existence of their fourth sexually obsessed perpetrator type.

5.3. *Force-only, battering and obsessive rape (Finkelhor & Yllo, 1985)*

In the marital rape literature, Finkelhor and Yllo (1985) put forth a typology three types of sexual violence commonly perpetrated in a domestic context: force-only rape, battering rape and obsessive rape. This typology is very useful in the classification of sexual violence perpetrated in an intimate context (Martin, Taft & Resick, 2007).

Force-only rape is usually found in relationships characterized by little or no physical and/or verbal violence. Such act of sexual violence requires just enough force to coerce the wife into unwanted sexual intercourse, with a minimum amount of violent gestures and intimidation. Instead, a struggle for power and control seems to be the driving force of forced-only rape. These are relationships in which the men are married with women that are educated from a middle socioeconomic class and in which traditional gender-roles are less prominent. When the man perceives his wife to be in control of the relationship, a sense of inadequacy and a feeling of emasculation may take over. Her behaviours are interpreted as a direct attack to his masculine identity and a way to reassert his manhood is likely through rape. According to some authors, forced-sex rape occurs directly as a result of interpersonal sexual conflicts, with a husband that is sexually dissatisfied and that has specific sexual complaints. (Finkelhor & Yllo, 1985; Martin, Taft & Resnick, 2007; Monson & Langhinrichsen-Rohling, 1998). According to the results based on a sample of 50 married women in the greater Boston area, a total of 40% of the respondents described this type of sexual violence in their relationship, whereas 25% was observed in another sample of 40 married women (Bergen, 1996; Finkelhor & Yllo, 1985; Russell, 1990).

Battering rape is anger-related and most commonly found in battering relationships. In such instances, men who batter resort to forced sex as another form of domination and control over their partner, using a great deal of nonsexual and verbal abuse. It is not about a sexual conflict, it is rather an extension of general violence. Physical brutality such as striking, knocking, beating, tearing of the clothes and rape are used in order to humiliate and hurt. The victim will be asked to perform behaviours that are degrading as the man expresses his disdain and contempt for his wife (Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Groth, 1979; Monson & Langhinrichsen-Rohling, 1998; Russell, 1990; Shields & Hanneke, 1983). A total of 48% of married women in Finkelhor and Yllo's (1985) sample indicated being a victim of

battering rape.

Obsessive-rape is a term coined to describe a pattern of marital rape in which both aggression and sexuality are laced together in what is also known as sadistic behavior. It is highly correlated to battering rape, but with an added sadistic component. The eroticization of anger, power, aggression and forced intercourse are fused together, thus becoming a source of great pleasure. Bondage, torture, bizarre rituals, the burning of sexual areas and torment are characteristic of obsessive-rape. In such cases, the marital rapist has a general preoccupation with punishing their wives by inflicting violence and pain as means of arousal; pornography plays an important role in his life and he is very demanding of sex. The element of obsession stands out when the perpetrator continuously force his partner to perform or act out sexual activities that are unusual (Bergen, 1996; Finkelhor & Yllo, 1985; Groth, 1979; Monson & Langhinrichsen-Rohling, 1998; Russell, 1990). According to Finkelhor and Yllo (1985), 6% of their respondents were victims of obsessive rape by their husbands. Despite our efforts, there were no studies seeking to specifically validate this classification among the scientific literature.

Summing up, the typologies described above provides us with specific characteristics that distinguish type of perpetrator and type of abuse accordingly to personality traits and offense patterns. The Holtzworth-Muroe and Stuart (1994) typology provides three main subtypes of spouse abuser on the premises of severity and generality of violence, attitude, previous criminal behavior and psychopathology, namely family-only, dysphoric/borderline and violent/antisocial batterer. Monson and Langhinrichsen-Rphling (1998) modified this typology in order to account for the type of sexual offense – sexual, non-sexual or both – and added a fourth subtype, which is the sexually deviant perpetrator. Finally, Finkelhor and Yllo (1985) provides a typology based on the characteristics of the sexual aggression itself, with force-only rape that requires little to no physical aggression; battering rape in which sexual violence is an extension of physical aggression already present in the relationship, and lastly obsessive-rape that is characterized by an eroticization of the sexual offense.

6. Assessment and treatment of marital rapists and batterers

Given the magnitude of domestic abuse and its spectrum ranging from mild-to-severe violence, clinicians in North America and Europe have created a variety of assessment measures and treatment programs targeting men who sexually and physically abused their partners (Krug, Dahlberg & Mercy, 2002).

6.1. Assessment instruments

The instruments used in the assessment of domestic abuse include the *Conflict Tactics Scales (CTS)*, a popular instrument developed by Straus (1979) which is frequently used in the evaluation of physical assault by a partner and it has been used in at least 20 countries (Straus, Hamby, Boney-McCoy & Sugarman, 1996); a modified version of CTS, the Revised Conflict Tactics Scales (CTS2) was developed with the intent to account for sexual abuse achieved through physical or psychological coercitive means, such as verbal insistence and physical force (Monson & Langhinrichsen-Rohling, 1998; Saunders, 1992a; Straus, Hamby, McCoy & Sugarman, 1996). The CTS2 is also gender neutral, thus removing ‘his/her’ items by ‘my partner’ and also including an additional measure of accounts for severity of injuries caused by aggression (Straus, Hamby, McCoy & Sugarman, 1996).

The Millon Clinical Multiaxial Inventory (MCMI) is frequently used in the psychometric evaluation of abusive men, therefore allowing the therapist to assess the presence of psychopathology and personality traits. Its validity and reliability allows one to clinically infer client diagnosis and propose testable hypothesis about one’s past history and current behavior. (Millon, 1992). In addition, past research has shown that based on the scores of men enrolled in treatment for spouse abuse, subscales related to narcissism, antisocial and histrionic personality predicted violent recidivism (Hamberger & Hastings, 1990). In a review of MCMI patient profile studies, the findings revealed the MCMI as a particularly useful instrument in measuring domestic violence, in part due to the presence of personality disorders, such as antisocial, aggressive–sadistic and passive–aggressive. Results also showed that narcissistic personality disorder frequently appear in the MCMI profiles of males in treatment for domestic violence (Craig, 2003). A research seeking to understand reoffending behavior from male

batterers used another version of the MCMI, the MCMI-III, in order to identify personality characteristics and classify them into categories. Results indicated that personality profiles determined by MCMI-III did not indicate that men who reoffended showed evidence of psychopathology, though repeat assaulters were twice as likely to have elevated scores on the antisocial subscales of this instrument (Gondolf & White, 2001).

Considering that intimate partner violence is highly found amongst the therapy-seeking population but often goes by undisclosed, the IPV Screen and Assessment Tier (IPV-SAT) is used by therapist in order to assess and screen the varying levels of type and severity of domestic violence (Maas-Despain & Todahl, 2014; Todahl & Waters, 2009). The IPV-SAT allows the therapist to initiate a conversation on the topic whilst providing the client the choice to report exposure to physical, emotional or sexual violence and its degree of severity. The perception of threat and consent are discussed when considering safety issues, which are useful to predict patterns of repeated violence. Such approach can be applied with both partners in what is called conjoint therapy (LaTaillade, Epstein & Werlinich, 2006; Rosen, Matheson, Stith & McCollum, 2003; Stith, McCollum & Rosen, 2011; Stith, Rosen & McCollum, 2003).

6.2. Types of therapy

Group therapy has been widely recognized as one of the most efficient approaches for treatment of abusive men as opposed to individual counselling or marital therapy (Davis & Taylor, 1999; Krug, Dahlberg & Mercy, 2002). Current standards of care indicate that 90% of court-ordered mandates in the United States adopt this format of choice (Austin & Dankwort, 1999). Its practicality allows the therapist to see a greater amount of clients over time, which is both economical and time-efficient. Group therapy may apply different theoretical approaches and its length varies depending on the program, ranging from weeks to even years (Davis & Taylor, 1999; Ewing, Lindsey, & Pomerantz, 1984). Furthermore, the group context promotes mutual education and support between members, thus expanding their social network with other peers that support being nonabusive (Crowell & Burgess, 1996; Hamberger, 1997). They are free to challenge one another, provide feedback and confront as equal peers, as opposed to the authoritative figure of a therapist. Groups may have an open format, where new members may integrate at any time, as others complete their treatment. This format allows a healthy

exchange between the newbies and those nearly at the end, where the most experienced members may serve as a role model and be a reflection of the goals one wants to achieve. The only disadvantage of open format groups is that members tend to bond less, as opposed to closed groups that are able to spend various weeks progressing through the same stages together (Hamberger, 1997).

In a therapeutic setting, cognitive-behavioral and psychoeducational groups are the most popular amongst batterer treatment programs. Cognitive-behavioral therapy (CBT) for domestically violent men operates under the principle that the person who commits the violent act and that is in control of the underlying cognitive processes leading to the aggression is responsible for their own behavior. This therapeutic model focus primarily on violence as a learned behavior and that can be unlearned by using cognitive-behavioral techniques. Hence, CBT targets thought processes and learned behavior that are believed to trigger violence, such as assumptions and attitudes towards women and the use of violence towards them, attribution of blame, labeling and poor problem-solving skills (Adams, 1988; Babcock, Green & Robie, 2004; Hamberger, 1997). Perpetrators of domestic violence are behavior due to its functional aspects, as it relieves them of tension, allow for power and control, and results in subservience from their partner (Babcock, Green & Robie, 2004; Hamberger, 1997; Sonkin, Martin & Walker, 1985). The CBT therapist's initial assessment consists of a clinical interview that will explore the presence of prior victimization, exposure to parental spousal violence, the extent to which violence is generalized, presence of substance abuse and psychopathology. The utilitarian nature of violence along with the emotional components of aggressive behavior, like jealousy and empathy, are also addressed (Babcock, Green & Robie, 2004; Dunford, 2000). Furthermore, over learned, automatic cognitions must be confronted thought the course of the CBT therapy as violent men have a tendency to minimize severity and frequency of the violence perpetrated (Hamberger, 1997).

The ultimate goal of CBT therapy is to put an end to the violence against one's intimate partner. Cognitive restructuring and changes in behavior are targeted as the client is encouraged to identify his abusive behaviors and learn different ways to resolve interpersonal conflicts without violating social norms that are supportive of nonviolence. It involves a learning process in which one is exposed to anger-provoking situations in order to identify bodily and mental cues that are normally followed by a violent response, and apply techniques

that allow the person to step back and have a delayed adaptive response (Babcock, Green & Robie, 2004; Hamberger, 1997).

The Duluth model is a psychoeducational, gender-based intervention model based on the feminist approach. Its underlying principles rely on patriarchal ideologies that sanction men's use of power over women, and in which physical violence is another mean to achieve the ultimate goal of control over women (Davis & Taylor, 1999; Pence & Paymar, 1993). The *Power and Control Wheel* is a central tool in the Duluth model, depicting how the abusive individual counter-denies and minimizes aggression towards women, thus reinforcing the idea of non-accountability for one's own behaviour (Gondolf, 2007). This tool is useful in describing a controlling and destructive behavioural pattern adopted by the perpetrator, as intimidation, isolation, emotional/economic abuse, violence and male privilege all come together to assert and maintain his control and power over his wife. The goal is to replace coercive behaviours with alternative skills through cognitive restructuring of attitudes and beliefs that encourage abuse toward women. Men are encouraged to take responsibility for believed to maintain violent their authoritarian behaviours and substitute the *Power and Control Wheel* by the *Equality Wheel*, which adopts an egalitarian approach in relationships (Gondolf, 2007; Pence & Paymar, 1993). According to Babcock and LaTaillade (2000), some states in the US mandate that batterer intervention programs adhere to this model as it has become the model of choice for many communities.

A variety of strategies and techniques are employed in both CBT and the Duluth model treatment for domestically violent men. Early safety planning measures use procedures derived from anger management techniques such as a negotiated time out, an extensively used intervention tool that teaches the client to retreat from a situation as he identifies early cues of physiological arousal (e.g. muscle tension, clenched fists, increase in heart rate) that may lead to an outburst (Hamberger, 1997; LaTaillade, Epstein & Werlinich, 2006; Rosen, Matheson, Stith & McCollum, 2003; Stith, McCollum & Rosen, 2011; Stith, Rosen & McCollum, 2003). The identification of environmental triggers are useful when applying self-regulation or self-control strategies, that include relaxation skill techniques by means of deep breathing and relaxing guided-imageries. The goal is to use this technique as soon as aversive physiological arousal is detected, thus allowing for the control of arousal level, tension reduction and

identification of better coping alternatives. Cognitive self-statements may also be used in conjunction with relaxation techniques as they appease their physiological and mental state (Hamberger, 1997; Lichstein, 1988; Pence, 1983).

Cognitive restructuring is a technique used to modify adopted thought patterns that give way to violent behaviour. The client is encouraged to develop alternate ways of thinking; in such cases, rationalization, justifications and excuses are explored and overviewed by role play or role reversal during treatment. The man is encouraged to use cognitive self-statements to control the precipitating behavioural response and replace it by a nonviolent response (Babcock, Green & Robie, 2004; Gondolf, 2007; Hamberger, 1997). Other techniques include the identification of escalating factors, stress management techniques, empathy enhancement, communication assertiveness, role reversal or role play, changing negative attributions, communication skills (Babcock, Green & Robie, 2004; Dunford, 2000; Hamberger, 1997; LaTaillade, Epstein & Werlinich, 2006; Rosen, Matheson, Stith & McCollum, 2003; Krug, Dahlberg & Mercy, 2002; Stith, McCollum & Rosen, 2011; Stith, Rosen & McCollum, 2003). As mentioned previously, most treatment groups use a combination of interventions derived from both the psychoeducational and cognitive-behavioral approach, as feminist power and control theoretical ideologies yield techniques such as anger control, communication skills and stress management skills (Davis & Taylor, 1999).

6.3. Efficacy

The past few years have been dedicated to the evaluation of efficacy of such programs. In the United States, research has shown that 53% to 85% of male aggressors having completed a therapy refrain from being physically violent for a period of maximum two years. It is important to take into account that one third of the men enrolled in such programs drop-out, whereas a great majority that received a recommendation to enrol never started attending therapy in the first place (Krug, Dahlberg & Mercy, 2002). Drop-out is more likely to occur if the men enrolled are younger, less educated, unemployed, exhibit psychopathology, have a previous criminal history and suffer from substance abuse problems (Hamberger & Hastings, 1989; Saunders & Parker, 1989). According to Hamberger and Hastings (1989), men who reoffended were more likely to have narcissistic, histrionic and antisocial personality traits, a history of substance abuse and drug-related offenses. A higher level of efficacy is found in

individuals that opt to stay in the program for a longer period of time, that are capable of acknowledging their behaviour and that demonstrate regular attendance. Reoffending rates tend to decrease in accordance to one's commitment to the *follow-up period*, where they overview concepts and can take advantage of the support groups (Krug, Dahlberg & Mercy, 2002).

Meta-analysis reviews have tested the efficacy of both CBT and Duluth model in treatment of domestically violent men (Babcock, Green & Robie, 2004; Feder & Wilson, 2005). Both included experimental and quasi-experimental studies using matching or statistical controls that evaluated the psychoeducational or cognitive behavioural approach, however their results differed. Feder and Wilson (2005) reported that CBT and the Duluth model approaches yielded modest to low positive treatment effect on abusive behaviour when analyzing official reports from both experimental and quasi-experimental groups, whereas there was no effect present when taking into consideration victim's accounts of reoffending behaviour. Babcock, Green and Robie (2004) concluded there were no significant differences in effect sizes as reported by official and victim reports on recidivism of offenders enrolled in CBT or Duluth- type treatment programs, $d = 0.29$ and $d = 0.35$ respectively. However, treatment design did have an influence in the results, as it was noted that quasi-experimental groups had a higher effect size than experimental designs, though not significant. Earlier studies on CBT treatment efficacy found a 21% rate of recidivism among program completers up to eleven years after treatment completion based on police reports (Dutton, Ogloff, Hart, Bodnarchuk & Kropp, 1997), and 16% recidivism rates up to two and a half years based on wives reports (Dutton, 1986). Dutton and Corvo (2007) cited a finding of a 40% recidivism rate within 6 months following a Duluth program, based on a paper presented at the Third National Conference on Domestic Violence on interventions of men who batter (Sheppard, 1987).

Treatment efficacy may depend on the type of perpetrator. Typologies are useful in matching patient with treatment method, as one type of therapy may be better tailored for one type of violent men than another (Gondolf, 1988; Saunders, 1992). For example, based on Monson and Langhinrichsen-Rohling's four-type batterer typology (1998), in the case of family-only batterers, therapy will likely consist of anger and conflict management techniques (Arias & O'Leary, 1998); dysphoric/borderline wife abusers will likely respond better to

psychological intervention that focus on how to attain better communication skills, how to acquire problem-solving techniques and how to control their feelings of dependency, jealousy and anger toward their partner (Saunders, 1992; 1993); in the case of sexually/obsessive batterers, therapists will be more inclined to teach them how to detect potential situational triggers such as alcohol use or pornography viewing and use cognitive techniques that target irrational thoughts and cognitive distortions (Prentky & Knight, 1991); whereas lastly, for batterers that fall into the generally violent/antisocial category, traditional treatments will be less effective as those offenders are less responsive to therapy (Gondolf, 1988; Monson & Langhinrichsen-Rohling, 1998).

In all, assessment measures and treatment programs for abusive men in an intimate context encompass a variety of instruments and therapeutic models that have proven to be valid. The CTS, CTS2, MCMI, MCMI-III and IPV-SAT are amongst the most widely used instruments in the assessment and evaluation of martially aggressive men. Group therapy is deemed to work best as it ca apply different theoretical approaches in a setting where members of a group can challenge and support one another. Therapies adopting CBT and the Duluth model principals focus on targeting thought-processes that trigger violence and cognitive restructuring that allows for change in behavior. Implication in a follow-up period where one can overview concepts and rely on support groups is proven to increase treatment efficacy.

To conclude this first part on marital violence, here is how both types of marital violence incidence rates, sexual and nonsexual, have evolved over the years. Data from Catalano's (2013) National Crime Victimization Survey allows the reader to understand how violence against women in an intimate context has evolved from the 1990's to the year 2011. Physical violence against an intimate partner fluctuated from 60% to 70% in the years 1994-2011. An increase is observed in the years 1999 to 2007, with rates ranging from 62% to 72%, followed by a smaller rate of 56% in the year 2011. From 1994 to 2011, nonsexual physical violence causing serious injuries ranged from 42% to 59%. A decrease was observed between the years 1994 (56%) to 1996 (45%), only to increase dramatically to 59% by the year 2006. In 2011, the rate of intimate partner victimization had decreased, locking in at 42% of females being injured following a physical attack by their significant other. Physical assaults in which a partner used a weapon were at its highest between 2003-2004, where nearly 25% of all victims of IPV found

themselves threatened with a weapon. By 2011, the rate has dropped to 18% of all IPV reported cases. The percentage of victims seeking treatment after a violent episode was rather stable, ranging from 18% to 21% between 1997 and 2001. A slight increase is noted by the year 2003 (27%), decreasing up to 13% in 2009, followed by another increase of 18% in 2011. When it comes to sexual violence perpetrated by an intimate partner, we observe a steady rate of 8% of all IPV involved some sort of sexual violence in the years 2002 to 2011, with 9.6% of victims reporting being raped (Catalano, 2013).

Following this review on the different types of marital violence along with its theories, typologies and treatment of offenders, a systematic review of rape in marriage will be now presented to the reader. The goal is to provide a better understanding of the history of wife rape, along with statistical and descriptive characteristics of the marital rapist based on both perpetrator and victims' personal accounts. A description of the single case study of marital rape found during my internship will be provided along with its connections to the variables extracted from the systematic review. Furthermore, implications for future research will be provided to the reader.

Part 2 - Systematic review of the characteristics of sexually abusive men in intimate relationships

1. Introduction

Marital rape is a worldwide phenomenon that affects 7% to 50% of the female population, and it is intimately linked to marital violence (Boucher, Lemelin & McNicoll, 2009). In North America, national surveys using self-report questionnaires and telephone interviews on marital rape reveal a 7.7% lifetime prevalence in the United States (Tjaden & Thoennes, 1998) and 6.8% in Quebec, Canada (Rinfret-Raynor, Riout, Cantin, Drouin & Dubé, 2004). In households in which marital violence is present, the likelihood of a marital rape's occurrence increases from 30-50% when compared to households absent from physically abusive husbands (Campbell & Soeken, 1999). The importance of research on marital rape stems from its late recognition as a criminal offense in society. Research on the topic began in late 1970's, along with the emergence of laws pertaining to rape in marriage.

1.1. History of marital rape and its exemptions

In 1739, Sir Matthew Hale, a chief justice in England, pronounced the Hale Doctrine, which became the first recognized legal statement that exempted common-law marital rape, by protecting husbands from any accusation of rape against their wives. Its principle rested on the theory of irrevocable consent given by mutual spouses in matrimony along with a marital contract in which the wife could no longer retract herself from (Bennice & Resick, 2003; Eskow, 1996; Small & Tetreault, 1990; Whatley, 1983). In 1857, the doctrine was officially recognized in the *Commonwealth v. Forgarty* decision by the U.S. legal system. In the 18th century, the exemption was further reinforced by Blackstone's *unities theory*, which relied on the idea that a husband and wife became a sole unit upon marriage, thus removing a women's civil identity and consequently becoming her husband's property (Barshis, 1983; Eskow, 1996; Green, 1998; Small & Tetrault, 1990). Given that rape was a crime against another man's property, it was now impossible to accuse one of marital rape seeing as a man could not legally commit a crime against his own property (Bennice & Resick, 2003).

In 1974, marital rape remained legal in the United States. Gradually, changes started to shift in favor of legal validation on the marital rape clause, partly because of advocates such as Laura X campaigning to criminalize conjugal rape, the passing of a resolution by the National Council of Jewish Women aiming at the removal of existing marital rape exemptions and the American Civil Liberties Union's public announcement of its position on sexual assault laws. Feminist movement's lobbying efforts paid off and resulted in the criminalization of marital rape in many states' legislatures (Barshis, 1983; Bennice & Resick, 2003; Finkelhor & Yllo, 1985; X, 1999). In 1978, we observe the first highly publicized case of a husband being criminally prosecuted for marital rape, hence raising awareness and bringing more attention to rape within the marriage (Russell, 1990).

In marital rape instances, a cultural bias has been observed as to whether it should be considered as a 'real rape' along its actual impact on the victim. Research has shown that as the relationship between victim-perpetrator increases in closeness, the likelihood of such sexual acts being considered as rape and perceived as harmful will rapidly decrease (Bennice & Resick, 2003). The cultural invalidation of marital rape is partly attributed to traditional beliefs of religious doctrines. As such, the concept of *wifely duty* has been heavily supported, stating that a wife has the obligation to sexually satisfy her husband and it justifies forced-sex within the relationship when this obligation is unfulfilled (Basile, 1999; Basile, 2002; Bennice & Resick, 2003; Bergen & Bukovec, 2006; Hanneke et al, 1986; Finkelhor & Yllo, 1985; Frieze, 1983; Yllo & Leclerc, 1988).

1.2. *Definition of marital rape and its laws*

Marital rape's definitions and terms vary between authors but they essentially cover the main aspects of the act itself. Basile (2008) defines *sexual coercion* as "sex that is unwanted by a victim and occurs without her consent"; Russell (1990) defines *marital/partner rape* as "forced oral or anal sex as well as forced digital penetration, with minimal level of physical force determined as such acts as pushing, pinning, and being held down by a husband's weight so that the woman can't move". The author goes as far to include rape by threat of force or rape while the wife is in no position to consent, in a vulnerable position (Russell, 1990). Finkelhor and Yllo (1985) describe it as "forced sex in situations of actual or threatened physical force".

For many years, rape in marriage was recognized as something other than rape; it was a concept that fell into the grey area of the criminal justice system. The 1980's and 1990's evolved in terms of juridical reforms pertaining to physical and sexual violence perpetrated by an intimate partner. In 1983, the bill C-127 was adopted in Canada, thus making sexual assault against one's wife an offence. The rape connotation no longer meant a crime against one's property; it was now recognized as a crime against a person (Eskow, 1996; Gaudreault, 2002). In 1986, the United States followed shortly after by criminalizing marital rape on federal lands with the adoption of the Federal Sexual Abuse Act. By 1993, all states recognized marital rape as a crime on at least one section of the sexual offense code. In 1995, the United Nation's Women's Conference plead for a resolution that protects wives from their husband's sexual demands (Bennice & Resick, 2003; X, 1999).

1.3. Epidemiology of marital rape

Hanneke, Shields and McCall's (1986) study shows that domestic violence victims are nineteen times more likely to be raped by a partner when compared to non-victims. The authors explain this ratio by describing marital rape as another form of domination, thus adding itself to a category of other violent gestures perpetrated by the aggressor. However, in the absence of other forms of violence, the act of marital rape alone is often underreported by the victims who do not consider it as a criminal act or do not find themselves in a resource where they are likely to reveal such information, such as battered women shelters (Basile, 1999; Bennice & Resick, 2003; Bergen, 1996).

The reality is that marital rape is a highly co-occurring offense that goes together with other acts of violence and threats, especially when given the proximity between the aggressor and its victim. Consequently, its effects are long-lasting and tend to increase in severity (Campbell, Jones, Dienemann, Kub, Schollenberger, O'Campo, et al, 2002; Finkelhor & Yllö, 1985; Russell, 1990; Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006; Mahoney, 1999). Research on the repetitive nature of rape in marriage indicates that 50% of the women were at

risk of being sexually abused by their husbands up to twenty times in the following year (Bergen, 1996; Finkelhor & Yllo, 1985).

The first research on marital rape was conducted by Russell (1990) in San Francisco, using a sample of 930 females over the age of eighteen who were interviewed face-to-face in a semi-structured interview. The author revealed that 14% of respondents had been raped or been a victim of an attempt of rape by a partner or ex-husband, averaging 13.2 cases of conjugal rape per year. She concluded that marital rape was reported twice as more than stranger rape. In addition, 96% of the women reporting forced-sex in their marriage also revealed the presence of domestic violence in their households. This association between sexual and physical violence in marriage is further supported by Garcia-Moreno and his colleagues' (2006) study, in which they found the presence of forced unwanted sex in 30% to 56% of marital violence cases. Their results indicated that perpetrators of domestic violence were four to five times more likely to sexually assault their partner than the general population (McFarlane, Malecha, Watson, Gist, Batten & Hall, 2005). Similarly, Basile and colleagues (2007) found that 30% of all rape occurrences are at the hands of one's intimate partner.

In a more encompassing research, the World Health Organization (Krug, Dahlberg & Mercy, 2002; Garcia-Moreno et al, 2006) gathered data from a sample of 24 000 females from varying countries to have a better estimate on the prevalence of sexual violence perpetrated by an intimate partner. The results indicated that, depending on the country, 6.2% to 50% of women were raped at least once by a male partner and that domestic sexual assault was present in all layers of society. In addition, they determined the occasions that increase a woman's risk of being sexually assaulted by her partner, such as refusing to engage in sexual activities, omitting to obey and/or respond and being neglectful with household chores. Risk factors associated with the frequency and gravity of the offense was based on the aggressor's characteristics, such as young age, unfavorable socioeconomic situation, drug or alcohol abuse and witnessing violence in childhood. More precisely, when taking into account the data from United States and Canada, we observe that male perpetrators of marital rape and battering are characterized by affective dependency, experience difficulties in controlling their emotions, report higher levels of anger and hostility, have a tendency to feel depreciated and suffer from

depression. Antisocial and borderline personality disorders were also found in some cases, but the majority of respondents did not suffer from a psychopathology.

1.4. Type of studies selected

To date, the greatest insight into the behavior and characteristics of husband who rape has been derived from studies using victim's reports. This systematic review is in part composed mostly by studies using samples of females (n=15) that were recruited in family-planning agencies, battered-women shelters, clinic for couples seeking therapy, through advertisement requesting volunteers to participate in a research on violence in marriage and from a Sexual Assault Care database belonging to a hospital. According to the women's testimonies, men who rape their wives are patriarchal individuals with a sense of ownership and need for power and control over their wives (Basile, 1999; Basile, 2002; Basile, 2008; Finkelhor & Yllo, 1985; Frieze, 1983; Hanneke, Shields & McCall, 1986; Johnson, 2001; Russell, 1990; Tjaden & Thoennes; Stermac, Del Bove, Brazeau & Bainbridge, 2006). Another important finding is that marital rape is the most universal form of sexual coercion likely to be experienced by women in their lifetime and it is most commonly found in battering relationships (Basile, 2008; Campbell, 1989; Finkelhor & Yllo, 1985; Henneke, Shield & McCall, 1986; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjaden & Thoennes, 1998; Yegidis, 1988).

The studies on male spouse abusers (n=3) gathered data from men enrolled in intervention program for men who are abusive, in local marriage and family therapy clinics, medical clinics, marital adjustment seminars and court-supplied assault records. The results showed that emotional coercion was the most common strategy employed by men. Sexual violence was found in most battering relationships and many respondents admitted to sexually abusing their wives in times where they were unable to consent or in a vulnerable state. Many respondents felt there was a struggle for control in the marriage, thus forced sex was described as a strategy to regain control and to prove their manhood (Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Hastings & Hamberger, Pan, Neidig & O' Leary, 1994).

1.5. Main purpose for this systematic review

This systematic review addresses the main characteristics of men who rape and the context in which the offense takes place. In addition, this review explores the associations between marital rape and marital violence. Is marital rape positively associated with domestic violence? This review explores the direct association between these two variables based on samples of both male perpetrators and female victims of intimate partner abuse.

2. Method

This systematic review applied the procedures developed by Petticrew and Roberts (2006).

2.1. Data sources

This systematic review relied primarily on data collection through searches of academic, computer-based journal databases, as well as a manual review of the bibliographies belonging to the articles retained from the online search. Three full-text online platforms were used to retrieve the articles, ProQuest, Ovid and EBSCO, which encompassed the following databases: MEDLINE, Google Scholar, ProQuest, ERIC, Social Work Abstracts, PsycINFO and Criminal Justice Abstract. The period targeted was from 1980 to 2015, given the abundant surge of research following the recognition of marital rape as crime in the 1980's. Article titles, abstracts and subject lines were searched using the terms *marital rape*, *wife rape*, *partner abuse*, *intimate partner violence*, *domestic violence offender*, *marital violence*, *conjugal rape* and *viol conjugal*. In addition, data collection was advanced by combining key concepts: *domestic violence* and *psychological characteristics*, *intimate partner violence* and *risk factors*, *intimate partner violence* and *protective factors*, *marital violence* and *marital rape*, *partner abuse* and *conjugal violence*, *marital rape* and *alcoholism*, *marital rape* and *risk factors*.

2.2. Study selection

The search on online databases resulted in identification of 461 candidate studies. The eligibility of each study was evaluated based on the relevance of the article title and the abstract (Fig. 1). This reduced the number of eligible studies to 77. An analysis of each study followed according to the inclusion and exclusion criteria predetermined and detailed below. This procedural analysis allowed for the identification of two books (Finkelhor & Yllo, 1985; Russell, 1990) and 16 papers, thus finalizing the data collection process. In all, 18 publications were retained.

2.2.1. Inclusion criteria

Studies were retained if they: 1) were empirical; 2) had been published since 1980; 3) relied on a sample of at least 10 female victims of conjugal rape and/or relied on a sample of at least 10 male perpetrators of conjugal rape; 4) sample consisted of heterosexual adults; 5) the individual was in a long-term relationship at the time of the offense; and 6) study contained descriptive and/or inferential statistics.

2.2.2. Exclusion criteria

The following exclusion criteria were applied:

1. Fewer than 10 individuals in sample
2. Publication date earlier than 1980 (e.g. Groth, 1979)
3. Samples based on case studies (e.g. Finkelhor & Yllo, 1982)
4. Samples based on undergraduate students (e.g. Munge, Pomerantz, Pettibone & Falconer, 2007; Sullivan & Mosher, 1990; Whitaker, 2014).
5. Studies based on acquaintance or date rape (e.g. Bechhofer & Parrot, 1991; Buke, Stets & Pirog-Good, 1988; Byers & O'Sullivan, 1996; Kanin, 1984; Kilpatrick, Best, Saunders & Vernonen, 1988; Lonsway, 1996; Muehlenhard & Linton, 1987).
6. Samples of nonsexual violence only (e.g. Beasley & Stoltenberg, 1992; Bonomi, Trabert, Anderson, Kernic & Holt, 2014; Brown, Perera, Masho, Mezuk & Cohen, 2015; Burge, Becho, Ferrer, Wood & Talamantes, 2014; Caetano, Vaeth & Ramisetty-Mikler, 2008; Brownridge & Halli, 2001; Coleman, 1980; Coleman & Straus, 1986;

Coleman, Weinman & Hsi, 1980; Costa & Babcock, 2008; Cunradi, Todd & Mair, 2013; Delsol & Margolin, 2004; Ellis & Wight, 1997; Eriksson & Mazerolle, 2014; Felson & Outlaw, 2007; Fernandez-Montalvo, Echeburua & Amor, 2005; Franklin, Menaker & Kercher, 2012; Gondolf, 1999; Gover, Jennings, Davis, Tomsich & Tewksbury, 2011; Greene, Coles & Johnson, 1994; Harris, Hilton & Rice, 2011; Murphy, Meyer & O'Leary, 1993; O'Leary, Tintle & Bromet, 2014; Piquero, Theobald & Farrington, 2013; Richards, Jennings, Tomsich & Gover, 2014; Salis, Salwen & O'Leary, 2014; Schaefer, Caetano & Cunradi, 2004; Schumacher, Feldbau-Kohn, Slep & Heyman, 2001; Slep, Foran, Heyman, Snarr & USAF Family Advocacy Research Program, 2015; Tilley & Brackley, 2005; Walton-Moss, Manganello, Frye & Campbell, 2005).

7. Studies based on a specific ethnicity or carried in countries other than United States of America or Canada (e.g. Goodman, Dutton, Vankos & Weinfurt, 2005; Jaspard, Brown, Condon, Fougeyrollas-Schwebel, Hooul, Lhmond et al, 2003; Kiss, Schraiber, Hossain, Watts & Zimmerman, 2015).
8. Studies on typologies (e.g. Fernandez-Montalvo, Echeburua & Amor, 2005; Greene, Coles & Johnson, 1994; Hamberger, 1994; Harris, Hilton & Rice, 2011; Hilton, Harris & Rice, 2001; Lawson, Weber, Beckner, Robinson, Marsh & Cool, 2003; Murphy, Meyer & O'Leary, 1993; Reingle, Jennngs, Connell, Businelle & Chartier, 2014).
9. Studies on specific treatment programs (e.g. Eckhardt & Crane, 2014; Gondolf & White, 2001; Stewart, Gabora, Kropp & Lee, 2014; Tollefson & Phillips, 2015).

2.2.3. *Defining variables*

For the purpose of this systematic review, the variables utilized are based on the selected studies and distributed into categories: *offense characteristics, attitude towards offense, lifestyle of aggressor and developmental factors*.

Twelve variables were included in the *offense characteristics* category, starting by *unwanted sex with past husband/partner* and *unwanted sex with current husband/partner*, allowing the reader to have a broader, global view of research results. Subsequently, the concept of forced-sex was divided into four types of sexual coercion: *social coercion*, or wifely duty, refers to societal and cultural expectations dictating that a women's consent to sex

is part of a marriage license and she should satisfy her husband as such; *interpersonal coercion*, or emotional coercion, occurs in a context where the partner may withhold valuable goods, such as money, or emotionally punish his wife by cheating or being unkind, as a means of pressure; *threatened physical coercion*, or verbal coercion, in which the female submits herself to sexual intercourse in order to avoid physical aggression; and *physical coercion*, or sexual coercion, characterized by the use of physical force and restraint (Basile, 2002; Basile, 2008; Finkelhor & Yllo, 1985; Meyer, Vivian, & O’Leary, 1998). Lastly, the variable *physically forced after a fight* was added to illustrate the relationship between forced sex and negative affect.

In order to analyze the association between battering and raping in a marital context, the variable *physical aggression/injury* was included for the sample of women whom were also physically aggressed and injured in the absence of rape. *Unable to consent* is a variable that gathers significant findings indicating how men are likely to sexually assault their partner when she is unable to consent or in a vulnerable state, such as sleeping, during pregnancy, following childbirth and/or hospitalization, when restricted from having sex for medical reasons, feeling ill or physically weak (Basile, 2008; Bergen & Bukovec, 2006; Stermac et al, 2006). *Threat to harm or kill with a weapon* is a recurrent variable in many studies, where the use of knives and/or gun is a prevalent method of coercion according to both the aggressors and victims accounts. The remaining two variables are *violence increases overtime* to illustrate the severity and the frequency of the aggression *in the past 12 months*.

The next category encompasses the variables related to the aggressor’s *attitudes towards the offense*. Given the closeness between the victim and the perpetrator, it is important to underline whether the marital rapist *considered the aggression as rape, did not consider the aggression as rape* or is *unsure whether to consider the aggression as rape* (Basile, 1999; Finkelhor & Yllo, 1985)

The *lifestyle* category includes *alcohol* and *drug abuse* on the part of the husband or partner, as well as whether he is *employed* or *unemployed*. The last category, *developmental factors*, was added under the *physically and/or psychologically abused as a child* variable in order to consider prior victimization of the offender.

A percentage from each variable was calculated in every study it appeared according to the number of subjects (n) and their given response. Afterwards, the mean percentage of each variable block was compiled by adding the percentages of its respective studies and dividing the final amount by the corresponding number of studies. All variables were separated based on type of respondent, victim versus perpetrator, thus yielding a total percentage for each.

Fig.1. Study Selection Process



Table 1. Studies included in the systematic review

Author/Year	Sample size/type (aggressor vs. victim)	Type of variables	Type of setting
Basile (1999)	<i>n</i> = 41 females	Unwanted sex in marriage/ Type of acquiescence / Type of sexual coercion employed by aggressor	Semi-structured, in-depth telephone interviews with general population females having previously participated in a random national poll
Basile (2002)	<i>n</i> = 120 females	Prevalence and frequency of intimate partner sexual coercion / Extensive continuum of sexual coercion	Random telephone surveys using a Computer Assisted Telephone Interview (CATI) system with adult females in the general population having previously participated in a random national poll.
Basile (2008)	<i>n</i> = 41 females	Marriage satisfaction/ Sex coercion in marriage/ Previous victimization by victim/ Different types of control by partners/ Context of adult sexual coercion/Immediate effects of unwanted sex/ Long-term effects of the coercive experiences	Semi-structured, in-depth telephone interviews with females in the general population
Bergen & Bukovec (2006)	<i>n</i> = 229 males	Men who abuse their partner/ Physical and sexual violence/ Emotional coercion/ Sexual violence when women are unable to consent	Men enrolled in an intervention program for men who are abusive

Campbell (1989)	<i>n</i> = 193 females	Severity and frequency of physical and sexual violence/ Depression/ Self-esteem/ Self-care agency/ Severity and number of physical symptoms/ Danger of homicide	In-depth interview with females in general population recruited by newspaper advertisement and bulletin board postings in two geographically and demographically distinctive cities
Finkelhor & Yllo (1985)	<i>n</i> = 50 females	Marital rape/ Types of marital rape/ Aggressor characteristics/ Myths and reality of marital rape/ Its impact and the law/ Criminalizing and ending marital rape	In-depth interviews with women from family-planning agencies, battered-women shelters, self-referred and an ad in <i>Ms. Magazine</i>
Frieze (1983)	<i>n</i> = 137 females	Frequency of marital rape/ The causes of marital rape/ Reactions to marital rape/ Violence in marriage/ Battering behavior	Standard structured interview with women recruited from shelters for battered women, lists of females who filed legal action against a physically abusive husband and posted notices requesting volunteers for a study of violence in marriage
Hanneke, Shields & McCall (1986)	<i>n</i> = 307 females	Estimate prevalence of marital rape (with and without battering)/ Marital violence	Female recruited through questionnaires given in a family-planning agency, an university's Women Center, social service agencies, advertisements in local newspaper and magazine, abused women's shelters and program's in the area.

Hastings & Hamberger (1988)	<i>n</i> = 64 males	Maritally discordant and maritally satisfied dyads compared with male batterers / Personality characteristics of male abusers	Males recruited from local marriage and family therapy clinics, medical clinics, marital adjustment seminars, domestic violence programs and court-supplied assault records
Johnson (2001)	<i>n</i> = 7 707 females	Physical and sexual assault by spouses or common-in-law partner/ Alcohol abuse/ Attitudes about violence/ Interaction Terms	Interviews of females selected from a secondary analysis of the national Violence Against Women Survey conducted by Statistics Canada in 1993.
Messing, Thaller & Bagwell (2014)	<i>n</i> = 432 female victims	Intimate partner violence/ Sexual abuse and forced sex/ Victim characteristics/ Relationship characteristics/ Risk for homicide/Strangulation/ Homicide/ Miscarriage/Shame/PTSD	Confidential telephone interviews with female victims recruited by police officers at the scene of domestic violence incidents across seven police jurisdictions.
Meyer, Vivian & O'Leary (1998)	<i>n</i> = 252 maritally discordant couples	Husband-to-wife sexual and physical violence/ Prevalence and type of sexual coercion/ Correlates and predictor of sexual aggression	Couples seeking therapy at the University Marital Therapy Clinic in New York.
Pan, Neidig, & O'Leary (1994)	<i>n</i> = 15 023 males	Husband-to-wife physical aggression/ Marital conflict resolution/ Marital stress level/ Work environment/ Depressive symptomatology and other stressors.	Questionnaires given to a random sample of white military men from 38 Army bases in the United States (period 1989-1992).

Russell (1990)	<i>n</i> = 930 females	Prevalence of wife rape/ Sexual and physical violence/ Characteristics of wife rape/ Characteristics of husbands who rape/ Abusive husbands, alcohol and other drugs/ Wives characteristics/ Women as property/ Torture and femicide/ Wife's strategies/ International perspectives	Participants were selected by Field Research Corporation, a well-known opinion research in San Francisco, using a systematic randomizing procedure using the telephone directory.
Stermac, Del Bove & Addison (2001)	<i>n</i> = 97 females	Victim characteristics/ Presentation and service delivery characteristics/ Coercion by assailant variables such as verbal threats, alcohol and drugs, physical restraint and violence, assault while sleeping and use of a weapon/ Physical injuries	Participants were retrieved from a database of clients presenting for assessment and /or treatment to a hospital- based sexual assault care center in Ontario, Canada (period 1992-1999).
Stermac, Del Bove, Brazeau & Bainbridge (2006)	<i>n</i> = 336 females	Presentation and sexual assault characteristics/ Specific patterns of coercion/ Physical trauma and injuries	Participants were retrieved from a database of clients presenting to a hospital-based Sexual Assault Care Center in Ontario, Canada (Period 1992- 2001)

Tjaden & Thoennes (1998)	<i>n</i> = 8 000 females	Prior victimization in childhood/ Physical assault as adult / Forcible rape or stalking / Partner violence	Respondents from a national telephone survey on violence against women, conducted jointly by the National Institute of Justice and the Centers for Disease Control and Prevention (Period 1995-1996)
Yegidis (1988)	<i>n</i> = 78 females	Physical and emotional abuse/ Marital rape/	Data gathered from females seeking psychosocial intervention for marital or relationship problems in three nationally accredited family service agencies in Florida.

3. Results

The results gathered from the all 18 studies describe the accounts of 18 639 females and 15 568 male respondents. Every category showcases the average mean percentage resulting from each variable, as shown on Table 2.

Amongst the 18 studies, there are three studies by the author Basile (1999; 2002; 2008) with different sample sizes derived from the same previous national poll conducted in 1997, where respondents were qualified on the basis of having experienced unwanted sex with a husband or intimate partner. We have chosen to include the descriptive statistics from all three studies in this systematic review, given that each one addresses different themes and issues deemed relevant for our results.

3.1. Offense Characteristics

The characteristics of the offense's variables (n = 13) describe the status of the relationship, the type of coercion carried out by the aggressor, the context in which it took place and the frequency of offense.

3.1.1. Unwanted sex with past husband/partner

The mean percentage of female respondents reporting unwanted sex with a past partner or husband was 38.36%.

3.1.2. Unwanted sex with current husband/partner

The mean percentage of victims that reported having unwanted sex with a current husband or partner was 23.25%. In all, only five studies out of the eighteen obtained answers related to the respondents current relationship status at the time of the question.

3.1.3. Social coercion

Numerous studies highlight the pressures of society expectations, both from a religious and cultural perspective, on married women and their obligation to sexually satisfy their husbands. However, only two studies by Basile (1999; 2002) provide the reader with statistics on social coercion, thus indicating a mean percentage of 68.5% of females reporting sex following social coercion by an intimate partner.

3.1.4. Interpersonal/Emotional coercion

Reports stemming from six studies on females' accounts describe a higher average of emotionally coercitive measures of pressuring their partner than the accounts from the aggressors' reports (44.71 vs. 37.5%).

3.1.5. Threatened physical coercion

Studies cited in this systematic review indicate a mean percentage of 43.91% of victims giving in to unwanted sexual intercourse due to verbal threats by their partner. In

comparison, a mean percentage of 13.3% of male respondents revealed sexually pressuring their wives by threatening to hurt them, without recurring to violence itself.

3.1.6. Sexual coercion

Sexual coercion by the use of physical force or restraint was reported by 31.34% of the women and 19.15% of the men.

3.1.7. Physically forced after a fight

A total of 15% of the male respondents revealed physically forcing his partner to have sex after a fight compared to 40% of a female sample. This type of marital rape is commonly used as a means of repossession or reconciliation, thus allowing the aggressor to reassert his power and control over the wife (Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Russell, 1990).

3.1.8. Physical aggression/injury

A high prevalence of battering and inflicting injury is equally observed in both types of respondents, with victims reporting a similar mean of physical abuse compared to the aggressors' themselves (53.58% vs. 53.05%). These averages of means are based on twelve studies on victims of marital rape compared to three studies with male samples.

3.1.9. Unable to consent

This variable refers to occasions when the woman is at a vulnerable state, such as following childbirth, a recent hospitalization or asleep, and is raped by a sexually abusive partner. Given one's incapacity to acknowledge the sexual abuse in some of these instances (i.e. when asleep), this type of sexual coercion is underreported by the female population when compared to male studies (8.81% vs. 26%).

3.1.1.1. Threat to harm or kill with a weapon

Out of the eighteen research papers selected for this systematic review, ten studies revealed threats to harm or kill with a weapon. The female respondents were more likely to report such threats on the aggressor's behalf than what is observed in the male responses (12.07% vs. 3.06%).

3.1.1.2. Violence increases overtime

This variable was not addressed in much of the research, however 40% of male perpetrators in an entire sample reported an increase in violence overtime, thus making it significant enough to be included in our research results. In addition, this pattern is also observed in many of the victims' detailed descriptions of their abusive relationships by other publications included in this systematic review, however no statistics were provided by the authors (Campbell, 1989; Finkelhor & Yllo, 1985; Russell, 1990).

3.1.1.3. In the previous 12 months

Statistics on marital rape frequency are commonly reported in terms of the previous 12 months or in terms of one's lifetime. This variable was included in order to showcase the frequency of sexual assault based on the closeness of the victim-perpetrator relationship. Interestingly, it was observed that a mean percentage of 15.4% of female victims were raped in the past year preceding their research participation, whereas a higher mean percentage of 30.76% of marital rapists admitted to sexually abusing their wives in the previous twelve months.

3.2. Attitudes towards the offense

The attitude-related variables (n=3) describe whether the marital rapist considers the forced intercourse as a form of rape.

3.2.1. Considered the aggression as rape

According to the results gathered from the victims' sample, a mean percentage of 34.5% of their aggressor did consider the aggression as rape. In comparison, 8% of male respondents self-identified their actions as rape.

3.2.2 Did not consider the aggression as rape

Only one study (Basile, 1999) provides statistical data on this variable based on a sample comprised of victims of unwanted sexual intercourse with a current or previous intimate partner. The results show that 56% of women indicated the men did not consider their aggression towards them as rape. Descriptive personal accounts reviewed in other studies included in this review indicated similar results (Finkelhor & Yllo, 196; Frieze, 1983; Russell, 1990).

3.2.3. Unsure whether to consider the aggression as rape

According to the same respondents from Basile (1999), only 7% of victims of sexual aggression felt their partner was unsure whether to consider the aggression as rape.

3.3. Lifestyle attributes

The conjugal rapist's lifestyle includes variables indicating the presence or absence of psychotropic substance abuse and employment status at the time of the aggression.

3.3.1. Employment

According to the results, 82.8% of male respondents indicated being currently employed at the time of the offense, whereas 17.1% were unemployed.

3.3.2. Alcohol abuse

In terms of alcohol abuse, female respondents indicated a higher consumption of alcohol by the aggressor at the time of the rape compared to male respondents' accounts of their own consumption (52.65% vs. 36.42%).

3.3.3. Drug abuse

The data gathered on drug abuse shows a higher rate of self-reporting on the men's behalf (33.18%) when compared to the victims' accounts of drug abuse by their perpetrator (12%).

3.4. Developmental factors

The variable related to developmental factors shed light on the existence of prior victimization in the sexually abusive husband's life. The results in this category are derived from three out of the eighteen studies included in the systematic review.

3.4.1. Physically and/or psychologically abused as a child

A higher mean of male respondents disclose prior physical and/or psychologically abused during childhood (63.9%) when comparing to the victims' reports (8%).

Table 2. Statistical characteristics of marital rapists

Aggressor/Aggression characteristics	Male respondents (n= 15 568)		Female respondents (n=18 639)	
	n (subject)	(%)	n (subject)	(%)
<i>Offense characteristics</i>				
Unwanted sex with past husband or partner			27	66% (Basile,2008)
			26	63% (Basile,1999)
			41	34% (Basile,2002)
			7	13.81% (Finkelhor & Yllo,1985)
			139	15% (Russell, 1990)
			<i>Mean: 38.36 %</i>	
Unwanted sex with current partner			13	32% (Basile, 1999)
			14	34% (Basile, 2008)
			90	14% (Russell, 1990)
			16	13% (Basile, 2002)
			18	35.5% (Finkelhor & Yllo, 1985)
			<i>Mean: 23.25 %</i>	
Social coercion/Marital duty			31	76% (Basile, 1999)
			73	61% (Basile, 2002)
			<i>Mean: 68.5 %</i>	
Interpersonal/Emotional coercion	76	35% (Meyer, Vivian & O'Leary,1998)	11	27% (Basile,1999)
	92	40% (Bergen & Bukovec, 2006)	86	36% (Meyer, Vivian & O'Leary,1998)
			38	49.3% (Yegidis,1988)
			19	46% (Basile, 2008)
			41	34% (Basile, 2002)
			104	76% (Frieze, 1983)
			<i>Mean: 44.71 %</i>	
		<i>Mean: 37.5 %</i>		
Threatened physical coercion	13	19.12% (Meyer, Vivian & O'Leary,1998)	3	7% (Basile, 1999)

(verbal threat)	16 207	7% (Bergen & Bukovec, 2006) 13.8% (Pan, Neidig & O'Leary,1994)	15 31 184 14 18 100 43 394 43.2	19.74% (Meyer,Vivian & O'Leary,1998) 76% (Basile, 2008) 55.2% (Stermac, Bove, Brazeau & Bainbridge,2006) 12% (Basile, 2002) 54% (Johnson, 2001) 73% (Frieze, 1983) 44.3% (Stermac, Del Bove & Addison,2001) 91.2% (Messing, Thaller & Bagwell, 2014) 6.7 % (Russell, 1990)
		<i>Mean: 13.3%</i>		<i>Mean: 43.91%</i>
Sexual coercion (physically forced to have sex)	1 121 45	1.47% (Meyer, Vivian & O'Leary,1998) 53% (Bergen & Bukovec, 2006) 3% (Pan, Neidig & O'Leary,1994)	6 11 15 191 11 2 669 59 40 21 41 190 87 135 46 5	15% (Basile, 1999) 10.89% (Meyer,Vivian&O'Leary,1998) 19.7% (Yegidis, 1988) 57% (Stermac, Bove, Brazeau & Bainbridge,2006) 9% (Basile, 2002) 76% (Tjaden & Thoennes,1998) 30.5% (Campbell,1989) 12% (Johnson, 2001) 51% (Basile, 2008) 42.3% (Stermac, Del Bove & Addison,2001) 43.9% (Messing, Thalle r& Bagwell, 2014) 14% (Russell, 1990) 44.9% (Hanneke, Shields, McCall,1986) 34% (Frieze, 1983) 10% (Finkelhor & Yllo, 1985)
		<i>Mean: 19.15 %</i>		<i>Mean: 31.34 %</i>
Physically forced to have sex after a fight	34	15% (Bergen & Bukovec, 2006)	20	40% (Finkelhor & Yllo, 1985)

Physical aggression/injury	192	84% (Bergen & Bukovec, 2006)	31	40.2% (Yegidis, 1988)
	42	45.16% (Meyer, Vivian & O'Leary, 1998)	55	54.46% (Meyer, Vivian & O'Leary, 1998)
	451	30% (Pan, Neidig & O'Leary, 1994)	94	48.7% (Campbell, 1989)
			1 760	22.1% (Tjaden & Thoennes, 1998)
			21	51% (Basile, 2008)
			276	83% (Johnson, 2001)
			74	76.7% (Stermac, Del Bove & Addison, 2001)
			347	89.58% (Messing, Thaller & Bagwell, 2014)
			134	40.3% (Stermac, Bove, Brazeau & Bainbridge, 2006)
			92	30.9% (Hanneke, Shields, McCall, 1986)
			374	58% (Russell, 1990)
		24	48% (Finkelhor & Yllo, 1985)	
			<i>Mean: 53.58%</i>	
Unable to consent (asleep, following childbirth, hospitalization)	76	35% (Meyer, Vivian & O'Leary, 1998)	15	19.74% (Meyer, Vivian & O'Leary, 1998)
	39	17% (Bergen & Bukovec, 2006)	3	7% (Basile, 2008)
			24	7.2% (Stermac, Bove, Brazeau & Bainbridge, 2006)
			7	7.2% (Stermac, Del Bove & Addison, 2001)
			14	10% (Frieze, 1983)
			11	1.7% (Russell, 1990)
			<i>Mean: 8.81 %</i>	
Threat to harm or kill with a weapon	11.4	7% (Meyer, Vivian & O'Leary, 1998)	12	5% (Meyer, Vivian & O'Leary, 1998)
	9	4% (Bergen & Bukovec, 2006)	10	10.3% (Stermac, Del Bove & Addison, 2001)
	56	3.7% (Pan, Neidig & O'Leary, 1994)	149	34.49% (Messing, Thaller & Bagwell, 2014)
			25	8% (Johnson, 2001)
			2 880	6.3% (Tjaden & Thoennes, 1998)
			54	6.4% (Stermac, Bove, Brazeau & Bainbridge, 2006)
			90.1	14% (Russell, 1990)
			<i>Mean: 12.07 %</i>	

Violence increases overtime	92	40% (Bergen & Bukovec, 2006)		
In the previous 12 months	130	57% (Bergen & Bukovec, 2006)	86	36% (Meyer, Vivian & O'Leary,1998)
	76	35% (Meyer, Vivian & O'Leary,1998)	160	0.2% (Tjaden & Thoennes,1998)
	451	0.3% (Pan, Neidig & O'Leary,1994)	7	10% (Yegidis, 1988)
		<i>Mean:30.76%</i>		<i>Mean:15.4%</i>
<i>Attitude towards offense</i>				
Considered the aggression as rape	18	8% (Bergen & Bukovec, 2006)	15	35% (Basile, 1999)
			46	34% (Frieze, 1983)
				<i>Mean: 34.5 %</i>
Did not considered aggression as rape			23	56% (Basile, 1999)
Unsure whether to consider aggression as rape			3	7% (Basile, 1999)
<i>Lifestyle attributes</i>				
Employed	53	82.8% (Hastings & Hamberger,1988)		
Unemployed	11	17.1% (Hastings & Hamberger, 1988)		
Alcohol abuse	29	45.3% (Hastings & Hamberger,1988)	15	37% (Basile, 1999)
	137	60% (Bergen & Bukovec, 2006)	45	36.1% (Stermac, Del Bove & Addison,2001)
			19	14% (Frieze,1983)
			35	70% (Finkelhor & Yllo, 1985)
			83	25% (Johnson,2001)
				<i>Mean: 52.65%</i>
				<i>Mean: 36.42%</i>
Drug abuse	76	33.18% (Bergen & Bukovec, 2006)	5	12% (Basile, 1999)
<i>Developmental factors</i>				
Physically and/or psychologically abused as a child	121	53% (Bergen & Bukovec, 2006)	6	8% (Yegidis,1988)
	7	10.9% (Hastings & Hamberger,1988)		
				<i>Mean: 63.9 %</i>

4. Discussion

This systematic review showed that marital rape is a phenomenon generally underreported due to the degree of closeness of the perpetrator-victim relationship, such that disclosure of such experiences often takes place years after the actual event occurred (Basile, 2008; Finkelhor & Yllo, 1985; Russell, 1990). This systematic review suggests that unwanted sexual intercourse with a current or a former husband is characteristic of men who have a strong sense of entitlement or ownership over his wife. Research suggests that men who rape their wives have a perceived sense of power and ability to control them by the means of forced sex. As the husband struggles for control and dominance, we observe a tendency to devalue and degrade their female partner, eventually leading to forced sexual intercourse. A common theme in the scientific research is the need to demonstrate the masculine status and how it increases the risk of marital rape as the man tries to restore dominance over their partner (Basile, 1999; Basile, 2002; Basile, 2008; Finkelhor & Yllo, 1985; Frieze, 1983; Hanneke, Shields & McCall, 1986; Johnson, 2001; Russell, 1990; Tjaden & Thoennes; Stermac, Del Bove, Brazeau & Bainbridge, 2006). Male respondents reported a strong belief in their right to be sexually satisfied by their wives and justified violent behaviour by rationalizing that women enjoy being forced and would have been capable to push away if they really wanted to. These men tended to adopt stereotypically masculine attitudes about rape, a patriarchal standpoint of marriage and a highly dominant and jealous personality. In extreme cases, personal accounts revealed that the aggression escalated to sadomasochist sexual acts, in which the wife would be forced to insert objects and perform according to the man's fantasies (Basile, 2008; Finkelhor & Yllo, 1985; Frieze, 1983; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Russell, 1990). Unwanted sexual intercourse with a former husband or partner usually happened in a context right after the separation or following the woman's demand for a divorce. In such cases, the husband rapes as means of retaliation and punishment to express their anger (Basile, 1999; Basile, 2002; Basile, 2008; Finkelhor & Yllo, 1985; Russell, 1990).

This systematic review indicates the existence of four types of coercion tactics used by intimate partners: social coercion (68.5%), interpersonal coercion (44.71%), threatened physical coercion (43.91%) and sexual coercion (31.34%). Social coercion is one of the most commonly reported measures by both the female and male respondents. This type of coercion may come from societal pressures that dictate expectations from a wife in the context of marriage. Hence, cultural and religious beliefs pertaining to a wife's duty to be sexually performing reigns in the relationship. Those types of coercitive experiences are seen as part of a marriage contract, also referred to a husband's *licence to rape* by authors Finkelhor & Yllo (1985), where the women acquiesces to sexually servicing her husband as a perceived marital obligation. Male respondents' attitudes and beliefs in their rightness to control their wives are supportive of such behavior, thus helping them rationalize the right to socially coerce their wife into engaging in unwanted intercourse (Basile, 1999; Basile, 2002; Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Johnson, 2001).

Interpersonal or emotional coercion refers to instances where the husband uses verbal or nonverbal behavior to manipulate his wife into non-consensual sex without employing force or threats of a violent nature. They use psychologically aggressive strategies such as withholding money, isolating the wife from friends, making her feel guilty after paying for a gift or a romantic dinner, by controlling her appearance, accusing her of having an affair, emotionally abusing her to meet his needs, withholding attention, bullying, being unkind and by psychological intimidation. Almost half of male respondents in Bergen & Bukovec's (2006) sample admitted to frequently using this type of coercion before engaging in unwanted intercourse, thus allowing them to assert power, control and domination over their partner. Female respondents frequently stated that it was easier to not argue and acquiesce in such instances, acknowledging the consequence would be worse than giving in (Basile, 1999; Basile, 2002; Basile, 2008; Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Hastings & Hamberger, 1988; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Yegidis, 1988).

This review suggests that threatened physical coercion is widely employed by the majority of spouse abusers. It ranges from explicit to implicit threats that are violent in nature, suggesting the use of physical force and abuse if the victim doesn't submit herself to intercourse. It includes verbal threats of physical violence, threats to kill and harassment implying aggressive behavior if the female doesn't cooperate (Basile, 1999; Basile, 2002; Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Frieze, 1983; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006). Finally, there is forced sexual coercion that refers to physically restraining or striking the wife in order to subdue her. These male spouse abusers are often described as aggressive individuals harbouring hypermasculine attitudes with a tendency to be more tolerant of men hitting women and minimizing the aggression and its impact (Basile, 1999; Basile, 2002; Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Frieze, 1983; Henneke, Shield & McCall, 1986; Hastings & Hamberger, 1988; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjanden & Thoennes, 1998; Yegidis, 1988). The relationship is characterized by high levels of violence in which the act of rape becomes an extension of the battering as another tool in their arsenal to abuse. The aggression seems to be restricted to intimate relationships with degrees of violence varying from mild to severe acts (Basile, 1999; Basile, 2002; Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Frieze, 1983; Henneke, Shield & McCall, 1986; Hastings & Hamberger, 1988; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjanden & Thoennes, 1998; Yegidis, 1988). Forced sex in such contexts seems to have little to do with dissatisfaction or deprivation and more to do with extreme expectations and beliefs about one's sexual rights (Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Russell, 1990). Male and female respondents reported forced sex after a fight, which was found to be a means to either repossess the women or to somehow make things better. Such type of coercion may be

interpreted as a way for the husband to reassert his manhood (Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Russell, 1990).

As mentioned above, sexual violence often occurred in the context of a battering relationship. According to this review, more than half of male (53.05%) and female (53.58%) respondents acknowledged the presence of physical aggression and injuries as part of their relationships (Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Henneke, Shield & McCall, 1986; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjanden & Thoennes, 1998; Yegidis, 1988). Some of these relationships were characterized by threats to harm or kill with a weapon by 3.06% of men and 12.07% of women samples (Bergen & Bukovec, 2006; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Russell, 1990; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjanden & Thoennes, 1998) where violence increases in frequency and severity progressively overtime (Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985).

Another characteristic of marital rape frequently reported by respondents was, in regards to men who sexually abused their partner, while they were unable to consent or at a vulnerable state, such as sleeping, pregnant, following childbirth, after a surgery, when ill, prohibited from having sex or following hospitalization. In many of these cases, anal sex was the preferred method of intercourse (Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Frieze, 1983; Meyer, Vivian & O'Leary, 1998; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006). In terms of frequency, this systematic review indicates that 30.76% of male respondents admitted to forcing their wives to have unwanted sexual intercourse in the past 12 months compared to 15.4% of female victims (Bergen & Bukovec, 2006; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Tjanden & Thoennes, 1998; Yegidis, 1988).

Psychotropic substance abuse as a lifestyle factor played a role in the frequency and the severity of the sexual violence perpetrated by the men (Basile, 1999; Bergen & Bukovec,

2006; Finkelhor & Yllo, 1985; Frieze, 1983; Hastings & Hamberger, 1988; Johnson, 2001; Stermac, Del Bove & Addison, 2001). Alcohol abuse was reported as a precipitating factor by 52.65% of marital rapists whereas 36.42% of the women indicated their partner was under the influence at the time of the offense. Alcohol and drug use aid in distorting one's interpretation of interpersonal behaviour, increases the likelihood of inflicting more serious injuries and exacerbate the men's feeling of resentment and sexual inadequacy (Basile, 1999; Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Hastings & Hamberger, 1988; Johnson, 2001; Pan, Neidig & O'Leary, 1994; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006). In regards to prior victimization, 63.9% of men reported being psychologically and/or physically abused as a child, whereas 8% of females were aware of such victimization as being part of their spouses' past. Prior victimization such as witnessing their own fathers abusing their mothers or being abused themselves may have predisposed them to be abusive later on in their adult life (Bergen & Bukovec, 2006; Hastings & Hamberger, 1988; Yegidis, 1988). In Yegidis (1988) research, prior victimization played a crucial role in marital rape occurrence.

5. Case study

For illustration purposes, this paper will provide the characteristics and criminal profile of the only marital rape case encountered in my internship program. For confidentiality purposes, a fictional name was provided to the offender.

M. Thompson is a 50 year old man purging a sentence for extortion, aggravated assault, sexual assault, kidnapping and threat to inflict injury and kill. M. Thompson is a man who came from a dysfunctional family background and, from a young age, was sexually abused in a repetitive manner by his nanny. By the time he was nine years old, he was placed in an orphanage by his alcoholic birth mother. According to his evaluation, he is described as an emotionally deprived individual who is in constantly in a quest for control and dominance. Such gestures of control and submission are in turn eroticized when in a relationship, similar to the obsessive rape labeled by Finkelhor and Yllo (1985) where an eroticization of anger, power, and control is observed in forced intercourse, which in turn becomes a source of great pleasure. M. Thompson displays traits of hostility towards women, a tyrannical attitude and a propensity to display predation behaviours in intimate relationships.

Psychological tests indicated a high sensitivity to rejection, low self-esteem, a strong need for affection/attention, immaturity and a tendency to rationalize and project his perceptions onto others as his defense mechanism. Those tests are conclusive with the results found by World Health Organization in which marital rapists are characterized by affective dependency, difficulty in controlling emotions, exhibit higher levels of anger and hostility and tend to feel depreciated (Krug, Dahlberg & Mercy, 2002; Garcia-Moreno et al, 2006). He uses manipulation and seduction to get what he wants, thus using forced sexual and physical violence as an adaptation mechanism in intimate relationships. His record also shows prior sentences related to domestic violence charges. This description of M. Thompson is found amongst various of the studies chosen for this systematic review, where the sexually abusive husband manipulates and seduces to get what his want as he feels entitle to satisfy his needs, often resorting to justifications for such behavior by either rationalizing his actions or attributing the blame to the victim ((Basile, 1999; Basile, 2002; Basile, 2008; Finkelhor & Yllo, 1985; Frieze, 1983; Hanneke, Shields & McCall, 1986; Johnson, 2001; Russell, 1990; Tjaden & Thoennes; Stermac, Del Bove, Brazeau & Bainbridge, 2006).

According to his testimony in Court, he considered the sexual aggression as making love to the victim and overall, in regards to their sexual relations, they were always consensual. On the other hand, his wife's testimony tells a different story. She describes their marriage as an unhealthy, brutal and unequal relationship, in which M. Thompson controlled all aspects of her life. He would resort to threats to withhold money, intimidation, violence and insults in order to obtain what he wanted. If she refused or resisted his sexual advances, he would physically and sexually assault her. The results of our systematic review indicate that an average of 37.5% of men and 44.71% of women described the use of such interpersonal coercion tactics in their marriage, also known as psychologically aggressive strategies by Bergen and Burkovec (2006). At some point in their relationship, M. Thompson sexually assaulted his wife eight times while she was hospitalized from previous injuries caused by him. This pattern of aggression is coherent with results in the review, as we note a total of 26% of men admitting to have sexually abused their partner while she was unable to consent.

He denies any accusation of being a sex offender and does not recognize having difficulties on such level. He also denies foregoing any unwanted sexual relations with his

wife, justifying his behaviour by proclaiming she enjoyed when he used his body weight to pin her down and force himself into her. While I was serving as his community surveillance agent, M. Thompson continued to deny any wrongdoing and was not open to any further discussion related to sexually abusing his wife. He maintained that he did not consider it as rape and that she pressed charges for vengeance purposes after their separation.

The systematic review's findings illustrate similar characteristics to those in M. Thompson's file. His early childhood is marked by the presence of prior victimization, namely the repetitive sexual abuse perpetrated by his nanny, as seen in 63.9% of male respondents in our review. As explained earlier, witnessing or experiencing violence in childhood is one of the developmental risk factors found in abusive partners (Burton, 2008; Frieze, 1983). The rejection from his alcoholic birth mother by placing M. Thompson in an orphanage can be directly linked to the insecure attachment theory (Dutton, 1994; 1995; 2007; 2008). The poor parent-child attachment, in this case the lack thereof, is known to persist in adulthood and thus resulting in a fearful attachment style leading to BPO's abusive personality (Agrawal, Gunderson, Holmes & Lyons-Ruth, 2014). M. Thompson's tendency to display hostility towards women, anger-related behavior, poor impulse control and strong need for affection are descriptive of the abusive personality traits described by this theory. He develops a need to control and dominance as his defense mechanism, devalues women and presents traits of aggression and physical strength which our culture tends to value for men. He resorts to interpersonal coercion by threatening to withhold money; threatened physical coercion by the use of verbal threats and actual sex coercion by pinning her down and forcefully proceeding to have intercourse with her.

Our results demonstrate that more than half of male respondents (52.65%) in two of our studies (Bergen & Bukovec, 2006; Hastings & Hamberger, 1988) admitted to abusing alcohol. A history of alcohol abuse is also observed, although M. Thompson had been declared sober for a few years. It is not determined whether he was under the influence of alcohol at the time of the numerous assaults. Similar to the other husbands' testimony by the authors Finkelhor and Yllo (1985), M. Thompson justifies the use of force by rationalizing that his partner actually enjoys 'rough' sexual intercourse, and thus it is ultimately all consensual. As seen in many other studies, his sexual violence is accompanied by acts of battering. Thus,

many similarities are observed between M. Thompson dynamics and those found in the review, leading us to conclude that marital rape is brought on by factors in the husband's personality and previous experiences rather than by a lack of excitement or deprivation.

6. Limitations and implications

This systematic review has a number of limitations that may restrict its generalizability. First, the majority of our samples consisted of females, whose accounts of what characterizes the marital rapist may be tarnished by subjectivity given the closeness of the perpetrator- victim relationship. Second, the respondents recruited in therapy, clinics or shelters were there for nonsexual marital violence, not marital rape itself. At first, many of the female respondents did not recognize their partner's sexual aggression as rape, in which researchers' necessitated to reformulate their questions and questionnaires. As such, it is possible that we have missing data from respondents that may have been victims of marital rape. This issue applies to male respondents as well, given the same trend (e.g. 56% in Basile, 1999) of non-recognition of the forced intercourse as rape. Lastly, this systematic review did not address genetic factors, which may have been valuable in evaluation and understanding the underlying psychopathology of marital rapists. Implications for future research include studies that recruit male respondents in order to have a clearer understanding of the perpetrator himself.

7. Conclusion

Prior to 1980's, little research existed on marital violence (Fagan, 1989). More specifically, marital rape has been a prevalent problem for women that has existed for centuries throughout the world (Russell, 1990), According to the Bureau of Justice Statistics (1998), approximately 840 000 women reported being victim of intimate partner assault. Cultural bias based on religious doctrines and social norms (Bennice & Resick, 2003), patriarchy, socioeconomic status, substance abuse and aggressive personality traits have been all studied as causal factors of intimate partner violence (Jewkes, 2002). Across many of the studies presented in this paper, a common theme emerges: marital violence is a common, chronic, severe and prevalent form of intimate partner violence that is widespread and present in overlapping forms, namely physical, sexual and psychological violence.

Theories and typologies of nonsexual and sexually violent men in intimate relationship are concordant with the general results retrieved from this systematic review of marital rapists. As mentioned earlier, sociocultural theories seek to understand violent behavior by examining the socialization and cultural processes one is subjected to. Sociocultural contexts that reward women's subordination and men's assertion of power reinforce adherence to specific sex-roles and the acceptance of violence towards women (Burt, 1980; Check & Malamuth, 1983; Monson & Langhinrichsen-Rohling, 1998; Russell, 1990). More specifically, the feminist theory rests of the assumption that domestically violent men adopt traditional gender-role ideals in which obedience, loyalty, sexual access and availability are expected from the women they are in a relationship with (Brownmiller, 2013; Smith, 1990). Feminists believe that violence in marriage is directly caused by a set of patriarchal attitudes and beliefs of dominance and control that are supportive of aggressing women if and when those ideals and expectations are challenged (Millet, 1969; Smith, 1990). Our results showed evidence that both current and former husbands resorted to sexually abusing their wives as they struggled for control and dominance, thus devaluing and degrading them in an attempt to restore their sense of entitlement and power in the relationship (Basile, 1999; Basile, 2002; Basile, 2008; Finkelhor & Yllo, 1985; Frieze, 1983; Hanneke, Shields & McCall, 1986; Johnson, 2001; Russell, 1990; Tjaden & Thoennes; Stermac, Del Bove, Brazeau & Bainbridge, 2006). Male respondents reported a strong belief in their right to be sexually satisfied by their wives, consequently resorting to different types of coercion, namely social, interpersonal, threatened physical force and sexual (Bergen & Bukovec, 2006; Hastings & Hamberger, 1988; Meyer, Vivian & O'Leary, 1998). This sense of entitlement is explained by societal and cultural expectations that, in a marriage, it is the wife's duty to satisfy her husband as part of her marital obligation, as reported by 68.5% of female respondents (Basile, 1999; 2002). According to the data in our review, withholding of money, isolation, manipulation, intimidation, bullying and acts of violence are frequent coercitive methods employed by marital rapists (Basile, 1999; Basile, 2002; Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Frieze, 1983; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Yegidis, 1988). In the case study illustrated above, we observe a pattern of patriarchal ideology's principles. In the psychological

evaluation of M. Thompson, he is described as an individual who is in a constant quest for control and dominance in his relationship. His wife described their marriage as an unequal relationship, in which M. Thompson controlled all aspects of her life, thus resorting to threats to withhold money, intimidation and violence if she dared to defy such ideals. In addition, his sense of entitlement is noted in instances in which he would violently assault his wife if she was not sexually available to him, going as far as sexually assaulting her while she was hospitalized.

In social learning theory, Bandura (1978) attributes the acquisition of violent behaviour to prior experiences and exposure to aggression. More specifically, he explains how assault-prone behaviour is learned through observational learning at a young age from parental figures. When family members resort to violence as a problem-solving mechanism, a progression of aggressive patterns is developed as a guide to survival and coping strategies. Eventually those patterns are further reinforced in adulthood as the aggression-prone man achieves his desired outcome by resorting to violence. In our review, 63.9% of marital rapists revealed growing up in a violence-prone home, in which they had witnessed their father being aggressive towards their mother, in addition to being abused psychologically or physically themselves (Bergen & Bukovec. 2006; Hastings & Hamberger, 1988). Finkelhor and Yllo (1985) obtained the personal accounts of three husbands enrolled in a community service group who admitted to forcefully raping their wives. In one of those accounts, Ross* describes being brought up in a home in which obedience to his strict and temperamental father was primordial, and violence towards him was very much present. Another respondent, Jack*, describes his parents' marriage as conflictual, with a father that used both physical and verbal violence towards his mother and his sibling. Those accounts are reflective of Bandura's social learning theory (1978) in which one's upbringing in a violent home will likely serve as a model of conflict resolution and coping strategy in later years. In our case study, M. Thompson recounts his childhood history of repeated sexual assaults by his nanny, which according to the social learning theory, it can be assumed it was later translated by his displays of hostility towards women and a propensity to predatory behaviour in his intimate relationships.

Psychopathological theories seek to understand distinct psychological traits that distinguish perpetrators of domestic violence. The attachment-theory states that insecure fearful attachment style and borderline personality organization (BPO) are central to the

abusive personality, which is characterized by high levels of anxiety, fear of abandonment, poor emotional regulation, unstable personality traits, deficits in cognitions and extreme variations in self-concept (Dutton, 1994; Lieb, Zannarini, Schmahl, Linehan & Bohus, 2004). As a result, hypersensitivity to rejection, fear of abandonment and negative affect will increase the risk of domestic violence (Bartholomew, 1993; Dutton, Saunders, Starzomski & Bartholomew, 1994). Although none of the publications in this review assessed for the presence of attachment insecurity or a borderline personality organization, some of the results can be inferred to essential features of this theory. In a few of the studies, female respondents reveal being sexually assaulted by their husband in the context of a separation or after they demanded a divorce (Basile, 1999; 2002; 2008; Finkelhor & Yllo, 1985; Russell, 1990). As such, the violent behavior may be driven by an imminent fear of abandonment, strong feelings of intimacy-anger, impulsivity, excessive jealousy and externalization of blame, all characteristics of the insecurely fearfully attached individual with an unstable borderline personality structure (Agrawal, Gunderson, Holmes & Lyons-Ruth, 2014; Dutton, 1994; 1995; 2007; 2008). In our case study, M. Thompson is described as a man who came from a dysfunctional family and was placed in an orphanage by his own mother. These are facts that may have been causal to his high sensitivity to rejection and his tendency to rationalize and project his erroneous perceptions of rejection unto his wife. We also learned that M. Thompson was someone at times emotionally deprived who experienced a strong need for affection and attention, at times hostile towards women. Those characteristics are descriptive of someone with a fearful insecure attachment style and BPO, particularly in terms of hypersensitivity to rejection, deficits in cognition, fear of abandonment and poor emotional regulation.

Although we excluded studies that were uniquely based on typologies from our systematic review, the data gathered from both male and females respondents allow for a better understanding of the type of perpetrator and offense characteristics encountered in wife rape incidents. Holtzworth-Munroe and Stuart's typology (1994) classified three types of male batterer based on severity of marital violence, generality of violence, attitude, criminal past and psychopathology traits, classified as family-only, dysphoric/borderline batterer and generally violent/antisocial type. Monson and Langhinrichsen-Rohling (1998) later developed a similar four-type perpetrator typology based on the male batterer types mentioned above

with an added subtype, namely the sexually sadist batterer. The results from this systematic review are not detailed enough to infer a specific subtype of batterer. Most of respondents' accounts indicate that violent behaviour was almost exclusive to intimate relationships, similar to the family-only batterer, however we note varying degrees of severity and type of violence amongst our samples as all samples reported the occurrence of marital rape, but the presence of psychological and physical violence differed according to respondents (Basile, 1999; 2002; 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Frieze, 1983; Henneke, Shield & McCall, 1986; Hastings & Hamberger, 1988; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjanden & Thoennes, 1998; Yegidis, 1988).

Most of respondents reported that forced-sex was not necessarily related to dissatisfaction or deprivation, it was rather a matter of expectations and beliefs the man held about his own sexual rights (Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Russell, 1990), in addition to harbouring hypermasculine attitudes that are more tolerant of violence towards women (Basile, 1999; Basile, 2002; Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Frieze, 1983; Henneke, Shield & McCall, 1986; Hastings & Hamberger, 1988; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Pan, Neidig & O'Leary, 1994; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjanden & Thoennes, 1998; Yegidis, 1988). These marital rapists have few characteristics similar to the dysphoric/borderline and generally violent/antisocial batterers, such as conservative sex-role attitudes, condoning the use of violence and moderate to severe levels of violence. Criminal past history was not conveyed in our data, however we note that a mean of 52.65% of male perpetrators and 36.42% of the wives reported their husbands has an alcohol problem or was intoxicated at the time of the offense (Basile, 1999; Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Hastings & Hamberger, 1988; Johnson, 2001; Stermac, Del Bove & Addison, 2001), once again similarly to both dysphoric/borderline and generally violent/antisocial batterers. In what concerns the case study, a supposition is made that M. Thompson's history of prior victimization, predatory behavior, tyrannical attitude towards women, previous criminal history of violence and the tendency to eroticize controlling behavior are all characteristics

that are inclined towards a generally violent/antisocial batterer personality subtype.

Finkelhor and Yllo (1985) created a typology to categorize the type of sexual violence perpetrated by marital rapists, rather than characteristics typical to the aggressor himself. The categories are force-only, battering and obsessive rape. As mentioned previously, force-only rape involves little to no physical violence, whereby sex is a means to restore a man's sense of manhood and re-establish control in the relationship. Our studies revealed tactics categorized as social and interpersonal coercion used by husbands to reinstate their dominance and masculine status, thus they include withholding of money, bullying, intimidation, isolation and unkindness (Basile, 1999; Basile, 2002; Basile, 2008; Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Hastings & Hamberger, 1988; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Yegidis, 1988). Battering rape, where extensive physical brutality takes place, is also described as another form of control and power, but it is an extension of existing violence in the relationship. Over half of both female and male samples, 55.58% and 53.05% respectively, reported physical aggression and infliction of injuries as an integral part of the sexual abuse, (Basile, 2008; Bergen & Bukovec, 2006; Campbell, 1989; Finkelhor & Yllo, 1985; Henneke, Shield & McCall, 1986; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Russell, 1990; Stermac, Del Bove & Addison, 2001; Stermac, Del Bove, Brazeau & Bainbridge, 2006; Tjaden & Thoennes, 1998; Yegidis, 1988). Lastly, the subtype coined obsessive rape was reported in seven studies of our review, in which marital rape was described as a fusion of sexuality and aggression, characterized by sadomasochism and humiliating forms of sexual behavior towards one's wife (Basile, 2008; Finkelhor & Yllo, 1985; Frieze, 1983; Johnson, 2001; Messing, Thaller & Bagwell, 2014; Meyer, Vivian & O'Leary, 1998; Russell, 1990).

The systematic review in this paper presents a global picture of what characteristics best represent marital rapist, thus shedding light on to key points one must address when referring to treatment implications. In summary, men who abuse their wives are seen as individuals who have a strong perception of entitlement and power over their romantic partners but that struggle for dominance, thus recurring to violent, degrading means to demonstrate masculine status (Basile, 1999; Basile, 2002; Basile, 2008; Finkelhor & Yllo,

1985; Frieze, 1983; Hanneke, Shields & McCall, 1986; Johnson, 2001; Russell, 1990; Tjaden & Thoennes; Stermac, Del Bove, Brazeau & Bainbridge, 2006). They are also known to use rationalization as means to justify violent behavior in accordance to their patriarchal and typically male attitudes about rape (Basile, 1999; Basile, 2002; Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Johnson, 2001), as they need to repossess and reassert their manhood in the relationship (; Bergen & Bukovec, 2006; Finkelhor & Yllo, 1985; Frieze, 1983; Russell, 1990). Based on those results, it seems of utmost importance that treatment addresses cognitive distortions, ineffective behavioral patterns and angry outbursts.

For wife abusers that have little to no psychopathology, regardless of treatment modality, it seems that an integration of cognitive-behavioral, psychoeducational and feminist approaches tend to be the standard treatment of choice for abusive men, as they focus on anger management, resocialization, cognitive restructuring and acquisition of adapted behaviors (Carden, 1994; Gondolf, 1997; Feldman & Ridley, 1995). For those with greater psychopathological traits, long-term approaches focusing on personality characteristics in addition to the previously mentioned approaches would be more effective, as these men tend to use instrumental violence to control and punish in order to compensate for feelings of extreme jealousy, low self-esteem and poor attachment issues (Holtzworth-Muroe, Stuart & Hutchinson, 1997). Other clinical implications for men with psychopathological traits would include a combination cognitive-behavioral, psychoeducational and resocialization approaches (Lawson, Dawson, Kieffer, Perez, Burke & Kier, 2001).

Interventions for domestic violence abuse are not standardized, though much effort has been put into standards of care since the 1990's in order to increase efficacy of treatment outcome in recidivism (Austin & Dankwort, 1999). An earlier review on court-ordered treatment programs for spouse abusers found a marginally lower recidivism rate between men who had been arrested and completed the program as opposed to those who refused or dropped-out of treatment (Rosenfeld, 1992). A meta-analysis conducted by Babcock, Green and Robie (2004) critically reviewed research on treatment efficacy of batterer's intervention programs in order to determine if treatment type and study design had a significant impact on effect sizes attributable to treatment. They concluded that group battering intervention had an

overall small effect size on recidivism of partner abuse, and there were no significant differences between cognitive-behavioral and psychoeducational Duluth-type approaches. Index of recidivism using partner reports showcased a 40% chance of treated abusers abstaining from violence, whereas those without any treatment ranked at 35%, leaving 5% success rate increase resulting from the treatment itself. Although 5% does not seem like a significant difference, in the United States alone that would be the equivalent of about 42 000 women/per year no longer being victims of domestic violence (Babcock, Green & Robie, 2004).

Future treatment implications include the adoption retention techniques to reduce drop- out rates and relationship enhancement skills in any treatment setting. As seen in Taft, Murphy, Elliott and Morrel (2001), 16-week group therapies coupled with attendance- enhancing procedures yielded the largest effect sizes in Babcock, Green and Robie's (2004) meta-analysis. Those motivational enhancement procedures include retention techniques such as hand-written notes or phone calls after intake or missed therapy sessions that are used to increase one's perception on the degree of importance of his presence amongst the group. As such, the individuals will be less inclined to be absent and will be motivated to participate actively in the treatment setting. Those techniques improve treatment retention and will further decrease drop-out rates and recidivism (Babcock, Green & Robie, 2004; Taft, Murphy, Elliott& Morrel, 2001). Relationship enhancement skills are part of emotion-focused approaches, as opposed to cognitive approaches, and they are also to be considered in future intervention as an added modality to existing domestic violence programs (Babcock, Green & Robie, 2004). They consist of identifying and managing emotions, improvement of expressive skills, role-plays that target empathy and communication (Waldo,1985) and development of interpersonal skills that decrease the use of violence (Waldo, 1988).

Most states in the US recommend group programs with a duration of 12 to 52 weeks (Austin & Dankwort, 1999). Duration may play a factor in treatment efficacy, as noted by Davis, Taylor and Maxwell (2001) when comparing a 26-week long psychoeducational group to a brief 8-week group and a no treatment, 70 hours community service control group. They found a statistically significant lower recidivism rate among those who completed the longer treatment, as opposed to the brief and zero treatment community service groups. The relationship between treatment duration and recidivism rates should be further explored, given

the enormous variability across studies on the length of attendance in a program before considering it being successfully completed (Babcock, Green & Robie, 2004). Policymakers should focus their efforts in improving existing treatment programs by taking into consideration type of batterer and specific type of intervention (Saunders, 1996), as well as matching degree of pathology and severity of violence with a treatment approach (Gondolf, 1997), especially given the overall small effect sizes of battering intervention of recidivism of intimate partner violence. However, small effect sizes should not imply that battering programs for spouse abusers are not effective; they should rather direct researchers, clinicians and other treatment providers to modify, add, remove or combine the components that have been proven to work according to one's developmental, relational and psychopathological characteristics (Babcock, Green & Robie, 2004). It is also primordial to identify treatment failures by further exploring individuals who reoffend after program attendance, as it will clarify what features of the intervention must be replaced or adjusted, such as modality, duration and location (Saunders, 1996).

Marital violence in all its shapes and forms is a critical issue that has haunted our society for many years. The abundance of research on the topic has allowed for a better understand the relational, developmental and cognitive aspects help in understanding the marital batterer and rapist. Nevertheless, the topic remains complex, as victims are reticent in coming forward and disclosing their personal experiences, whereas perpetrators of intimate violence tend to minimize and justify their behaviour. Past and recent research has suggested that maritally violent men are innately different from their nonviolent counterparts, with characteristically ways of thinking and behaving that are unique to them (Dutton, 1964; Echhardt & Dye, 2000); on the other hand, other theories suggest that culture, societal influences and observational learning are at the core of violent behavior (Bandura, 1978; Monson & Langhinrichsen-Rohling, 1998).

During my internship, although the majority of my caseload was almost exclusively there for nonsexual marital violence, all 10 of my clients shared similar characteristics with those described earlier. Aggressiveness, impulsivity, difficulty in managing and controlling their emotions were all integrant elements part of my clients' dynamics and were targeted issues in a context of intervention. For the duration of their correctional measure, the community surveillance agents target goals that are consistent with key issues found in the

systematic review data. For the clientele in my caseload, such goals included avoidance of recurring gestures and/or words that are hostile in nature, learn problem-solving techniques, how to manage emotions and aggressiveness in a prosocial manner, deepen their consciousness in terms of the extent of their violence, whether it be verbal, psychological, physical or sexual, and how it impacts their families and themselves, how to detect situations that arouse impulsive acts of violence, and develop skills in order to recognize situations that trigger negative emotions. In addition, they were asked to participate in anger-management workshops and/or therapy in connection with their offense, allowing them to further acquire application tools for emotion management and conflict resolution. The domestic violence clientele was resistant in complying with their legal conditions that required them to enter therapy, as they did not recognize their potential for aggressiveness. All court-mandated programs prioritized group therapy with a mixture of both psychoeducational and CBT approaches, thus fitting the description of those presented earlier in our review. My practical experience with maritally violent men was consistent with the research findings in this thesis, thus creating a portrait of an offender who has difficulty in recognizing any wrongdoing, tenancy to blame their partner, justify violent behavior as retaliatory to their partner's provocation and they were under the influence of alcohol and/or drug at the time of the assault. In the case of M. Thomson*, the only case of marital rape, he did not recognize the sexual assault as rape, as a matter of fact he considered it making love to his wife.

Despite the lack of a mutual agreement between researchers on the etiology of maritally violent men, all theories and typologies that attempt to explain violent behavior in an intimate context are useful in guiding society towards new assessment and treatment strategies. Marital rape has only been recently recognized as a criminal offense, with laws emerging in the late 1980's, however there are little efforts employed by healthcare providers and policymakers to raise further awareness of the issue. As noted in this review, sexual violence seems to be an indicator of other types of violence that escalate overtime both in terms of severity and frequency. Implementation of detection procedures should be employed by family/clinical practitioners, community centers and other service providers. The public should be better informed on its prevalence and incidences, thus allowing researchers to gather data, evaluate and develop better treatment programs destined for perpetrators of marital rape.

Overall, there are few studies on the developmental, relational and situational characteristics of maritally abusive men. Most studies have been conducted in the 1980's, as marital rape laws emerged in North America. Unfortunately, a great majority of research has gathered data from a victim's perspective, thus leaving us with little information on how the perpetrator describes himself, his life story, his perceptions of the aggression and his sociocultural beliefs and attitudes. Future research should focus on comparative studies using samples of abusive and non-abusive men in intimate relationships. Assessment and psychological testing should be administered for a better understanding of the inherent characteristics that abusers have in common that sets them apart from their non-abusive counterpart. Treatment may then target those specific differentiating factors and further research may follow from the results.

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