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ACSSA research summary

AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT

The many facets of shame in intimate partner sexual violence

Liz Wall

Despite indications of a high prevalence rate of spousal sexual violence, there seems to be more reluctance on the part of victim/survivors to report or discuss spousal sexual violence compared to other types of sexual assaults (Lievore, 2003; Mahoney, 1999). There is also reluctance to disclose sexual violence even when physical violence may be identified. This means that sexual assault may remain a hidden aspect of abuse in relationships, even where physical assaults are disclosed (Parkinson, 2008). The Australian Bureau of Statistics (ABS) personal safety data also indicated that sexual assaults are less likely to be reported to the police than physical assaults, while sexual assaults by a current partner are the least likely of all to be reported, even compared to other types of sexual assaults (ABS, 2006).

Shame is a key aspect of the emotional suffering that results from sexual abuse (Feiring & Taska, 2005; Rahm, Renck, & Ringsberg, 2006; Weiss, 2010). In reviewing the literature on intimate partner sexual violence, shame consistently arises as one of the predominant feelings that victim/survivors describe. Shame has many implications for victim/survivors of intimate partner sexual violence, including being a major barrier to disclosure and help-seeking (Lievore, 2003). Shame contributes to the risk that intimate partner sexual violence won't be detected and that victim/survivors continue to suffer in isolation. It is important that health professionals and others supporting women at risk of intimate partner violence consider the effects of shame on these women and the possible underlying causes.

The research surrounding intimate partner sexual violence touches on shame in various ways, such as how shame creates psychological barriers that effectively cut off victim/survivors, how cultural attitudes about gender perpetuate shame and how intimate partner perpetrators are able to use shame to their advantage.

Shame is a destructive emotion that targets the very centre of a person's sense of identity and may involve feelings of self-disgust, failure, low self-esteem and disgrace (Feiring & Taska, 2005;

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Rahm et al., 2006; Weiss, 2010; Wilson, Drozdek, & Turkovic, 2006). Shame can also provide a major hurdle to recovery for victim/survivors, not only by damaging self-esteem but also by ensuring they remain silent about their traumatic sexual experiences. It is clear from the literature that shame plays a debilitating part in the victim's experience of intimate partner sexual violence. Understanding the causes and manifestations of "post-traumatic shame" is important in responding appropriately to victim/survivors of intimate partner sexual violence and ensuring they receive the specific support required.

This research summary aims to consider shame in its many guises in the context of intimate partner sexual violence and will summarise the available research on the role and impact of shame. Much of the literature reviewed identifies intimate partner sexual violence as a separate and distinct form of intimate partner violence with its own set of destructive impacts (Bennice & Resick, 2003; Bennice, Resick, Mechanic, & Astin, 2003; Campbell & Soeken, 1999; Cole, Logan, & Shannon, 2005).

Research indicates that shame can be an isolating experience for victims of intimate partner sexual violence, and that it contributes to the likelihood that the sexual violence will go undetected. Health professionals should be aware of the insidious and damaging role shame plays in sexual violence in order to provide supportive, compassionate responses to women who suffer because of it.

Method

This research summary focuses on literature dealing with intimate partner sexual violence as a discrete form of intimate partner violence. Literature considering shame in a post-trauma context was also reviewed. The review was restricted to studies published since 1999 and was mainly US and Australian work, because much of the prominent research in this area is US based, while the Australian studies give important local context. Although this timeframe excludes some important early work on the prevalence of intimate

partner sexual violence[1] these works are still referred to throughout the more recent literature as a source of information about prevalence rates and attitudes to marital rape in the US.

The literature explored for this topic comes from a number of disciplines, including sociology, psychology and medicine in order to gain various professional perspectives on the impact of intimate partner sexual violence and shame. Key authors who have specialised in the study of intimate partner sexual violence and marital rape were searched. Academic journals with a focus on family violence and interpersonal violence were sourced extensively in acknowledgement of the environment in which intimate partner sexual violence occurs.

Intimate partner sexual violence in Australia

Australian and overseas data indicate that intimate partner sexual violence is a significant social problem. In Australia, women in cohabitating relationships are more likely to be sexually assaulted by their intimate partner than any other male (Lievore, 2003). For the Australian component of the International Violence Against Women Survey, 6,677 women aged between 18 and 69 were surveyed. Between 5–7% of these women who had a current or former partner had experienced sexual violence from them (Mouzos & Makkai, 2004). The ABS Personal Safety Survey used nationally representative, household surveys to collect information on the participants' experience of physical and sexual violence and found that of Australian females who had been sexually assaulted since the age of 15, 21% had been assaulted by a previous partner and 2% by a current partner—a total of almost a quarter of these assaults (ABS, 2006).

These statistics are comparable to overseas research. A nationally representative study of 1108 US women by researcher Kathleen Basile (2002) found that 10% of all women in the sample had experienced rape by a current partner. US researchers, Tjaden and Thoennes (2006), reported that in a comparison of lifetime rape prevalence by victim–offender relationship, 7.7% of all women were ever raped by a current or former intimate partner and the World Health Organization's (WHO) multi-country study found that between 6.2% (Japan) and 58.5% (Ethiopia Province) of women had at some point experienced sexual violence by an intimate partner (WHO, 2010).

Despite these concerning figures, the issue of intimate partner sexual violence generates little public acknowledgement or discourse though it can have a devastating effect on women who live the experience.

Intimate partner sexual violence and shame

The specific, emotional trauma associated with intimate partner sexual violence is significant and is highlighted in multiple studies across the literature. A key finding is that feelings of shame and trauma are intensified when sexual assault is perpetrated by an intimate partner compared to a stranger (Culbertson & Dehle, 2001; Parkinson, 2008; Temple, Weston, Rodriguez, & Marshall, 2007). Intimate partner sexual violence has been found to have greater negative effects on victims than physical violence alone (Bennice & Resick, 2003; Guggisberg, 2010; Heenan, 2004). Where an intimate partner is the perpetrator, the victim can be exposed to multiple sexual assaults in a relatively short time period (Mahoney, 1999). Feelings of shame may be elevated by the frequency and ongoing nature of the attacks. Mahoney analysed data from the US National Crime Victimisation Survey. The study compared how the number of

1 For example, Finkelhor and Yllö (1985) who studied 326 mothers in Boston, found wife rape was the most common form of rape experienced. Diana Russell (1990) surveyed 644 San Franciscan women who had been married at least once, and she also found marital rape the most common type.

attacks and responses to sexual assault differ according to the relationship between the offender and victim in assaults, where the woman was 18 or older at the time of the attack. The study showed that victim/survivors of marital sexual assault were 10 times more likely to experience multiple attacks than victim/survivors of sexual assault perpetrated by acquaintances or strangers. Despite the repeated victimisation, help-seeking behaviour by intimate partner sexual violence victim/survivors was lower than those where the perpetrators were not partners (Mahoney, 1999). This indicates something about the nature of intimate partner sexual violence which acts as a barrier to help-seeking and which may intensify the sense of shame. This will be explored further below when considering the impact of shame in victim silence.

Victim silence and intimate partner sexual violence

A pervasive theme in studies on male partner rape is that most women minimise the violence or struggle to articulate their experiences (Heenan, 2004). Parkinson's (2008) report *Silenced by Shame* indicated that of the 21 women in her study of women subjected to partner rape who sought help for their husband's violence, most avoided mentioning the sexual aspect of the abuse. Only four of the 21 women sought help for the rapes, while five sought help for the physical violence alone. (This study was based in regional Victoria which may have implications for its broader application, as arguably, feelings of shame may impact more keenly in a small community where victim/survivors would be less anonymous.)

The idea that discussing marital sex and sexual assault openly is somehow taboo and should remain private, has resulted in a lack of public discourse on intimate partner sexual violence which contributed to these women feeling that they were the only ones experiencing this type of abuse (Parkinson, 2008). In Easteal and McOrmond-Plummer's work (2006) domestic violence workers similarly indicated, that in their experiences, sexual violence is the last type of violence to be disclosed.

A UK study that questioned 25 female survivors of adult sexual assault assessed the relationships between shame and the sexual assault experience. The study used the Experience of Shame Scale, a 25-item questionnaire looking at shame in relation to character and body and behaviour. Results suggested that the higher rates of shame, the more likely that the victim concealed the sexual assault from others (Vidal & Petrak, 2007). This study also found that women who knew the assailant were more ashamed of themselves and their bodies (Vidal & Petrak, 2007).

The Australian component of the International Violence Against Women survey also notes that only 14% of women who had experienced physical or sexual violence from an intimate partner reported it and that women were more likely to report the physical than the sexual violence (Mouzos & Makkai, 2004). There may have been other barriers inhibiting the women reporting, in these cases—for example, a fear of partner retaliation—however, the findings are consistent with the theme of isolation of victim/survivors suffering intimate partner sexual violence. Shame appears to be a key factor in this lack of reporting and disclosing sexual violence. The underreporting of sexual crimes generally is attributed to a high level of social stigma and shame that is associated with these assaults (Basile, 2002).

Shame in the trauma context

The literature suggests that the particular type of shame felt by victim/survivors of traumatic events, such as sexual assault, is a concept that goes beyond merely feeling uncomfortable or embarrassed about something. In contrast to these relatively mild sensations, the post-trauma

experience of shame is described as something that can affect the victim's core perception of their self and identity. Following a traumatic event such as sexual assault, shame can incorporate a sense of disgust, humiliation and negative comparisons of the self with others (Feiring & Taska, 2005; Rahm et al., 2006). Shame can cause a person to feel alienated, worthless, and stigmatised (Rahm et al., 2006). This has the potential to erode a person's self-esteem in a way that can be ongoing and destructive. Shame, in this sense, has been identified as a dimension of post-traumatic syndromes and can be acute or chronic in nature (Wilson et al., 2006).

The relationship between shame and guilt

Guilt often accompanies shame in the trauma experience (Feiring & Taska, 2005; Wilson et al., 2006). The two can be distinguished by understanding that while both are self-conscious feelings, shame impacts on the core self, reflecting real or perceived appraisals of self-worth while guilt focuses on particular behaviours or actions that are understood as causing the failure rather than the whole self as an object of appraisal (Feiring & Taska, 2005; Wilson et al., 2006). Shame therefore has a more encompassing impact, in that the entire self seems flawed or there is an omnipresent sense of failure, that some ideal or standard has not been achieved (Feiring & Taska, 2005). The destructive aspects of shame in the context of intimate partner sexual violence reflect the enormity of the problem faced by a victim who has to deal with a sense of their entire being as less worthwhile or disgraced.

Shamed into isolation

Shame in a post-traumatic sense is often associated with feelings of wanting to hide away, avoid scrutiny or isolate oneself from the perceived judgements of others (Feiring & Taska, 2005; Rahm et al., 2006; Wilson et al., 2006). It is an inward-focused emotion but is often reflected in external body language such as a reluctance to look people in the eye, or to shy away. Although body language such as this can provide clues to professionals working with victims/survivors of sexual violence, (Rahm et al., 2006), to consider shame and its causes this desire to hide away and isolate oneself can hinder identification of sexual violence, as the victim is less likely to volunteer information that may lead to increased questioning or examination.

As noted earlier, feelings of shame are exacerbated when the attack is perpetrated by an intimate partner (Culbertson & Dehle, 2001; Parkinson, 2008). When an intimate partner inflicts the sexual violence, there is an additional element of shame in the perceived failure of social expectations around an intimate partnership. This is explored in the following section.

Social constructs of shame and cultural norms

Weiss (2010) argued that shame in relation to sexual crimes should not be considered a "natural" emotion but that shame is the result of social constructions of appropriate gender behaviour and how sexuality is dealt with in that culture.

Societal attitudes to sex within intimate relationships are reflected in the historical treatment of marital sexual assault. In Australia, until the 1980s, sexual assault within a marriage was not legally recognised as crime and consent to sex was considered irrevocable by the agreement to marry (Easteal & Feerick, 2005). Australian jurisdictions no longer make a legal distinction for

sexual assault perpetrated by a spouse.[2] However, culturally, there is still a perception that sexual violence between intimates is at the low end of severity compared to stranger violence (Lievore, 2003; Easteal & Feerick, 2005).

According to Flood and Pease (2009), society's attitudes about violence towards women impacts in three key areas: the perpetration of violence, women's responses to the violence, and the community's responses. There is a cultural perception of blame on the victim where the society's attitudes perpetuate myths around gender roles such as that the victim is somehow at fault or that men cannot control their sexual behaviour. In a review of marital rape literature, Bennice and Resick (2003) indicated that where the victim/survivor has previously consented to sex with the perpetrator, the sexual assault is considered less serious and increased blame is attributed to the victim/survivor and less to the perpetrator, compared to a stranger rape scenario. These cultural misapprehensions about the causes and experience of intimate partner sexual violence have the potential to increase the feelings of shame a victim experiences. One aspect of non-reporting of sexual crimes may be an attempt to avoid any escalation of the shame and embarrassment that victims feel by revealing the crime publicly to a judgemental society.

Women may internalise the cultural sense of sexual obligation in a marital partnership (Culbertson & Dehle, 2001) due to the perceptions that a woman is obliged to be sexually available to her partner once a past sexual relationship has been established. This creates the potential for another element of shame and self-blame, in having failed to fulfil that duty.

In Parkinson's (2008) report on intimate partner rape, most of the women interviewed indicated that their partner would not consider their actions to be rape although they fitted within a legal definition of such. This reflects research findings that a person's gender may link to their attitudes about violence towards women, and also women and sexuality more broadly (Flood & Pease, 2009). Men are more likely than women to agree with cultural attitudes that support violence against women (Flood & Pease, 2009; Taylor, 2007). These attitudes contribute to the cultural understanding that intimate partner sexual assault is less harmful than other forms of sexual assault.

In many cultures, marriage and the family unit is revered and finding a companion to share one's life is an aspiration that features highly in many people's life goals. The shame surrounding intimate partner sexual violence can have an added dimension in that victims may perceive themselves as failing in the eyes of a society that places great cultural value on the family. Weiss (2010) described the shame of sexual victimisation as a "culturally embedded" social process.

Shame as a tool used by perpetrators

The literature paints a picture of shame being sufficiently overwhelming to render a person powerless and diminish their sense of self and status (Wilson et al., 2006). This makes shame an effective tool for perpetrators to exploit the vulnerability of their victim and enhance their own power in the relationship dynamic. Logan, Cole, and Shannon (2007) studied the used of sexual degradation of women in violent relationships and interpreted this dimension of sexual abuse as closely resembling psychological abuse. The women in this study often perceived the humiliation and degradation they experienced as being designed for that purpose by the perpetrators. Forcing the victim to submit to particular sexual acts that degrade and humiliate them is an example of the use of shame as a tool. Forced anal sex for example has been noted

2 For a discussion and complete list of Australian sexual assault legislation see ACSSA Resource Sheet, *Sexual Assault Laws in Australia* (Fileborn, 2010).

to have such a use (Easteal & McOrmond-Plummer, 2006; Stark, 2007; Weiss, 2010). This method of shaming can have the double-barrelled effect of ensuring the victim doesn't report or talk about the assault to others as well as eroding their self-esteem and sense of worth, which ensure the perpetrator's position of power is enhanced.

> The way he treated me was so shameful and humiliating, it made it less and less likely that I would speak. I'm sure he was very conscious of that. He did such horrendous things. If he just punched me it would have been so much easier … (Amanda – victim/survivor; quoted in Clark & Quadara, 2010, p.35)

Logan et al. (2007) examined the relationship between the physical and psychological aspects of sexual abuse, finding that degradation tactics included psychological coercion and control as well as physical force. Women in the study who did not identify themselves as being forced into sex, had in fact experienced psychological coercion to have sex with their partner. Because physical force wasn't used, however, they didn't identify the experience as forced sex. This points to the need for health professionals to consider a wide range of sexual behaviours when inquiring about partner sexual abuse, as the victims may not identify the abuse as such when physical force is not used.

When women live with the intimate partner perpetrator, there is a constant reminder of the assault/s and the shameful feelings involved in having been part of a degrading sexual experience and not being able to prevent it (Howard, Riger, Campbell, & Wasco, 2003).

Implications of victim shame for health and other care professionals

The lack of disclosure of sexual violence has important implications in understanding the trauma of intimate partner sexual violence. It also implies a need for health professionals to consider possible sexual violence in all intimate relationships where other forms of violence are acknowledged or suspected. By asking or talking more directly about this type of violence, women may feel safer or more comfortable about seeking help for the sexual aspects of the violence.

Due to the low rates of reporting and disclosure, the potential for intimate partner sexual violence to go undetected is high and this puts victims at increased risk of ongoing sexual assaults and other violence perpetrated by their partners. Researchers have linked the presence of sexual violence to more severe physical violence in a relationship (Bennice & Resick, 2003; Bennice et al., 2003; Bergen, 2006) and also as a risk factor for lethality in domestic violence (Bennice & Resick, 2003; Campbell & Soeken, 1999; Heenan, 2004).

The findings of a study of counselling services for women abused by their partners by Howard et al. (2003) suggested that women who were raped as well as physically assaulted by their partners had different support needs than women who were physically assaulted only. The study found that these women also respond differently to counselling than those only physically assaulted. The results indicated that the addition of the sexual aspect of the assaults could have additional negative effects on women's coping skills and feelings of shame. Mahoney (1999) examined the variation in experiences and responses to sexual assault by victim–offender relationship. The results supported the need to reach out to these women, due to a lower likelihood that they would seek out assistance on their own. They may also find it more difficult to discuss the sexual violence compared to other violence (Mahoney, 1999). This means it could be more difficult to identify and provide appropriate support. By talking about sexual violence, and bringing it

out into the open, the victim/survivor is offered a starting place to discuss the experiences and potentially access appropriate help should they choose to.

Weiss (2010) commented that although our culture features sexualised images everywhere in the public space, there is still a concept of personal sexuality being a private matter that is too taboo talk about. This could also be an issue in precluding professionals from asking about sexual violence in an intimate relationship—it may be too embarrassing for the professional as well as for the victim to ask directly about their sexual experiences within the intimate relationship.

Weiss argued that demystifying these sexual crimes and encouraging a public discourse about sexual violations, would reduce the shame for victims. This resonates in the context of intimate partner sexual violence, where the statistics indicate that many women are enduring sexual violence at the hands of their partners but may undergo the trauma in isolation due to the cultural norms that inhibit public acknowledgement of the problem. The need for health professionals to be more willing to ask about and discuss the possibility of intimate partner sexual violence is a key theme running through the research reviewed.

Research with clients in community health centres and the experiences of workers in community services reveals that clients are more likely to report trauma when specifically asked about it (Duncan & Western, 2011; Probst, Turchik, Zimak, & Huckins, 2011).[3]

Parkinson (2008) relayed survivors' experiences of the positive effects of supportive health professionals. These were the professionals who helped by "listening, believing and understanding that these women were victims of criminal acts" (p. 56). This emphasises the importance of health professionals asking about sexual violence separately and as a distinct form of abuse from physical violence.

It is also important to identify that various kinds of sexually coercive behaviours may cause women to experience vulnerability and shame in their sexual experiences with partners even if physical force is not the coercion used. This indicates that when asking about sexual violence, it is important that a range of sexually coercive behaviours are considered, not just experiences that are more clearly identifiable as sexual assault (Basile, 2008).

Shame can present in physical and verbal ways. This could include a lack of direct eye contact or a particular posture, or it can be evident in the use of certain language (Feiring & Taska, 2005; Rahm et al., 2006). In the research by Rahm et al. (2006) "code words" that indicated the presence of shame in sexually abused female subjects were used. These words and phrases, used by the women involved, may describe feelings like alienation, powerlessness and a lack of worth that are part of the shamed persona.

In addition to talking about intimate partner sexual violence more directly, it is important that health professionals and other supporters of victim/survivors know how to react and support patients/clients when sexual violence is revealed. This includes being familiar with local sexual assault and family violence services for the purposes of referral. These services exist in all states and territories. It will be important that victim/survivors are believed and are offered compassionate and respectful responses. Referral to specialist services that deal with the sexual aspects of the violence as well as the physical violence will assist the victim/survivor to access the necessary support, however it is important that the victim/survivor is able to maintain autonomy over the decisions regarding their own wellbeing.

3 The manner in which a disclosure is brought about may or may not have forensic relevance for evidentiary purposes in a criminal proceeding relating to the sexual abuse of an adult. However, this should not prevent health professionals from taking a therapeutic approach to asking about sexual violence in their professional capacity.

Conclusion

Shame is multi-faceted in the suffering it inflicts on those who experience it, particularly in the context of sexual abuse. Shame and intimate partner sexual violence are inextricably interwoven in three key aspects. The first aspect is the detrimental psychological impact of shame on its victims. The effects of shame for the victim/survivor include post-trauma symptoms and severe risks to self-esteem and emotional wellbeing. The second is the creation and escalation of shame by the social constructs that surround marriage, sex and gender roles and continue to relegate intimate partner sexual violence to the private realm. By continuing to avoid public discussion and acknowledgement of intimate partner sexual violence, these constructs and incorrect beliefs will perpetuate the suffering of victim/survivors.

The third dimension of suffering caused by shame is the use of shame and humiliation by perpetrators to disempower their partners and maintain control over them. The effects of shame benefit perpetrators in the intimate partner context because the power imbalance is further entrenched by the eroding of the victim/survivors self-esteem.

The insidious and eroding effects of shame on victim/survivors mean that it is important that those who work with women in a health or support capacity, be pro-active in recognising and understanding the negative effects of shame in a post-traumatic context. Appropriate, and supportive responses, including referral to specialist services, are key tools for overcoming the barriers that shame can impose.

References

Australian Bureau of Statistics. (2006). *Personal Safety Survey Australia* (Reissue cat. no. 45230). Canberra: ABS.

Basile, K. (2002). Prevalence of wife rape and other intimate partner sexual coercion in a nationally representative sample of women. *Violence and Victims, 17*(5), 511–524.

Basile, K. (2008). Histories of violent victimisation among women who reported unwanted sex in marriages and intimate relationships: Findings from a qualitative study. *Violence Against Women, 14*(1), 29–52.

Bennice, J., & Resick, P. (2003). Marital rape: History, research and practice. *Trauma, Violence and Abuse, 4*(3), 228–246.

Bennice, J., Resick, P. A., Mechanic, M., & Astin, M. (2003). The relative effects of intimate partner physical and sexual violence on post-traumatic stress disorder symptomatology. *Violence and Victims, 18*(1), 87–94.

Bergen, R. (2006). Men and intimate partner rape: Characteristics of men who sexually abuse their partner. *Journal of Interpersonal Violence, 21*(10), 1375–1384.

Campbell, J., & Soeken, K. (1999). Forced sex and intimate partner violence: Effects on women's risk and women's health. *Violence Against Women, 5*(9), 1017–1035.

Clark, H., & Quadara, A. (2010). *Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge* (Research Report No. 18). Melbourne: Australian Institute of Family Studies.

Cole. J, Logan. T. K., & Shannon. L. (2005). Intimate sexual victimisation among women with protective orders: Types and associations of physical and mental health problems. *Violence and Victims, 20*(6), 695–715.

Culbertson, K., & Dehle, C. (2001). Impact of sexual assault as a function of perpetrator type. *Journal of Interpersonal Violence, 16*(10), 992–1007.

Duncan, J., & Western, D. (2011). *Addressing 'the ultimate insult': Responding to women experiencing intimate partner sexual violence* (ADFVC Stakeholder Paper No. 10). Sydney: Australian Domestic and Family Violence Clearinghouse.

Easteal, P., & McOrmond-Plummer, L. (2006). *Real rape, real pain*. Melbourne: Hybrid Publishers.

Easteal, P., & Feerick, C. (2005). Sexual assault by male partners: Is the licence still valid? *Flinders Journal of Law Reform, 8*, 185–207.

Feiring, C., & Taska, L. (2005). The persistance of shame following sexual abuse: A longtitudinal look at risk and recovery. *Child Maltreatment, 10*(4), 337–349.

Fileborn, B. (2011). *Sexual assault laws in Australia* (ACSSA Resource Sheet). Melbourne: AIFS.

Finkelhor, D., & Yllö, K. (1985). *Licence to rape: Sexual abuse of wives*. New York: Free Press.

Flood, M., & Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, Violence and Abuse, 10*(2), 125–142.

Guggisberg, M. (2010). *Women, violence and comorbidity: The struggle swith victimisation, mental health problems and substance use*. Saarbrücken, Germany: Lambert Academic Publishing.

Heenan, M. (2004). *Just "keeping the peace": A reluctance to respond to male partner sexual violence* (Issues Paper No. 1). Melbourne: Australian Centre for the Study of Sexual Assault, S

Howard, A., Riger, S., Campbell, R., & Wasco, S. (2003). Counselling services for battered women: A comparison of outcomes for physical and sexual assault survivors. *Journal of Interpersonal Violence, 18*(7), 717–734.

Lievore, D. (2003). *Non-reporting and hidden recording of sexual assault: An international review*. Canberra: Office of the Status of Women, Department of the Prime Minister and Cabinet.

Logan, T., Cole, J., & Shannon, L. (2007). A mixed-methods examination of sexual coercion and degradation among women in violent relationships who do and do not report forced sex. *Violence and Victims, 22*(1), 71–94.

Mahoney, P. (1999). High rape chronicity and low rates of help-seeking among wife rape survivors in a nonclinical sample: Implications for research and practice. *Violence Against Women, 5*(9), 993–10106.

Mouzos, J., & Makkai, T. (2004). *Women's experiences of male violence: Findings from the Australian component of the International Violence Against Women Survey (IVAWS)* (Research and Public Policy Series No. 56). Canberra Australian Institute of Criminology.

Parkinson, D. (2008). *Raped by a partner: Nowhere to go; no-one to tell, Women's Health Goulburn North East, Wangaratta, Vic*.

Probst, D., Turchik, J., Zimak, E., & Huckins, J. (2011). Assessment of Sexual Assault in Clinical Practice: Available Screening Tools for Use with Different Adult Populations. *Journal of Agression, Maltreatment & Trauma, 20*(2), 199–226.

Rahm, G. B., Renck, B., & Ringsberg, K. C. (2006). Disgust, disgust beyond description: Shame cues to detect shame in disguise, in interviews with women who were sexually abused during childhood. *Journal of Psychiatric and Mental Health Nursing, 13*, 100–109.

Russell, D. E. H. (1990). *Rape in marriage* (Revised ed.). Bloomington: Indiana University Press,

Stark, E. (2007). *Coercive control: the entrapment of women in personals life*, Oxford University Press, New York

Stermac, L., Del Bove, G., & Addison, M. (2001). Violence, injury and presentation patterns in spousal sexual assaults. *Violence Against Women, 7*(11), 1218–1233.

Taylor, N. (2007). *Juror attitudes and biases in sexual assault cases* (Trends & Issues in Crime and Criminal Justice No. 344). Canberra: Australian Institute of Criminology.

Temple, J., Weston, R., Rodriguez, B., & Marshall, L. (2007). Differing effects of partner and nonpartner sexual assault on women's mental health. *Violence Against Women, 13*(3), 285–297.

Tjaden, P., & Thoennes, N. (2006). *Extent, nature and consequences of rape victimisation: Findings from the National Violence Against Women Survey*. Washington DC: National Institute of Justice and Centres for Disease Control and Prevention.

Vidal, M. E., & Petrak, J. (2007). Shame and adult sexual assault: A study with a group of female survivors recruited from an East London population. *Sexual and Relationship Therapy, 22*(2), 159–171.

Weiss. (2010). Too ashamed to report: Deconstructing the shame of sexual victimisation. *Feminist Criminology, 5*(3), 286–310.

Wilson, J. P., Drozdek, B., & Turkovic, S. (2006). Post-traumatic shame and guilt. *Trauma, Violence and Abuse, 7*(2), 122–141.

World Health Organization. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: WHO.