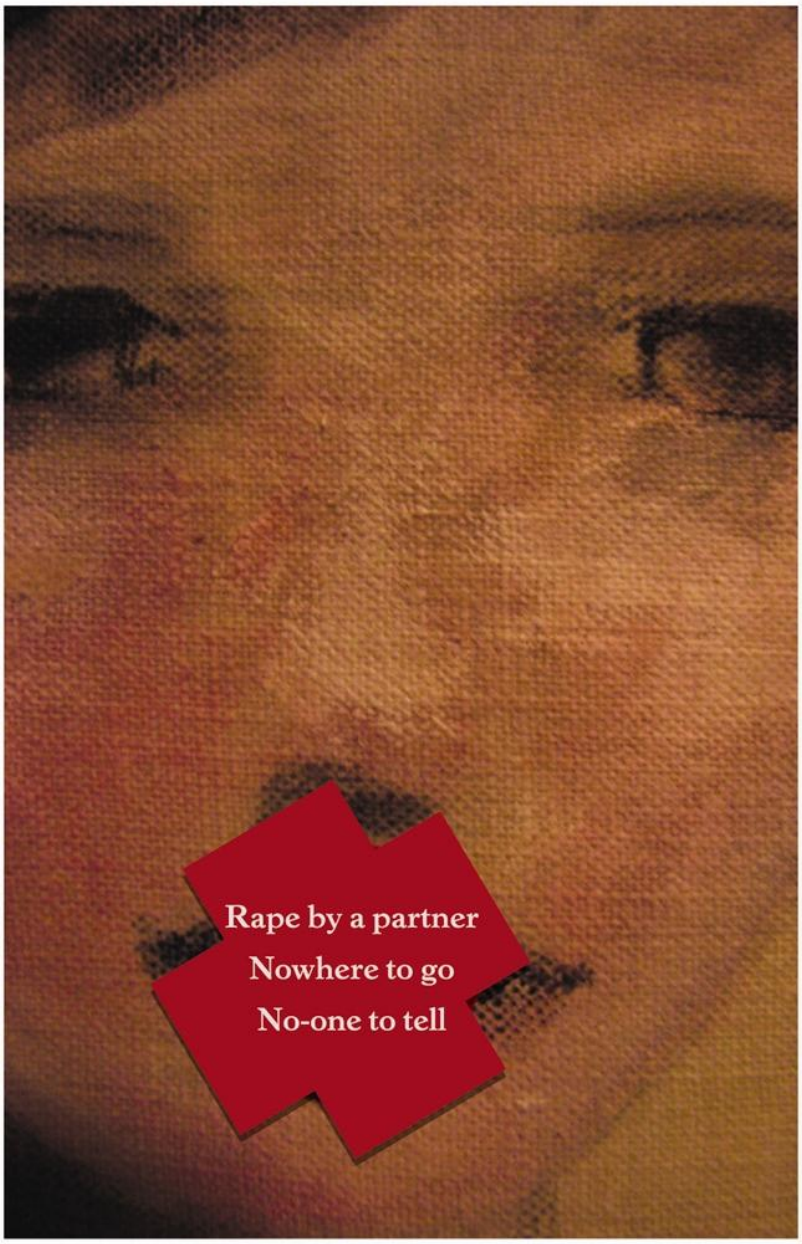

Raped by a partner

A research report

Raped by a partner

A research report

WOMEN'S HEALTH
GOULBURN NORTH EAST

Women's Health Goulburn North East (WHGNE) was established in July 2000. Previously known as NEWomen, Women's Health Goulburn North East is the government funded, specialist women's health service for the Goulburn Valley and north east Victoria.

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For You My Love
I went to the market, where they sell birds
and I bought some birds
for you
my love
I went to the market, where they sell flowers
and I bought some flowers
for you
my love
I went to the market, where they sell chains
and I bought some chains
heavy chains
for you
my love
And then I went to the slave market
and I looked for you
but I did not find you there
my love

Jacques Prevert

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In a nutshell

Partner rape is a crime punishable by 25 years imprisonment (Crimes (Amendment) Act 1985)

- Know it exists
- Name it as rape
- Educate how to respond to women presenting with experiences of partner rape

1. ASK:	Are you safe within your relationship?
2. NAME IT:	What you've just described to me is rape and it's a crime.
3. RESPOND:	Give contact details of the local CASA, domestic violence service, and Victoria Police SOCA Unit.
4. FOLLOW UP:	'Last time you spoke about your safety. I'd like to know how you are now.'

- Hold men accountable for partner rape
- Prevent it through education
- Increase services to rural areas

FOR HER, IT IS LIKE THIS…
I was crying, yelling, screaming,
saying, 'It's hurting, let me go'. But
he never stopped.
I was too naïve and too scared to say
no, but I do remember saying no … it
was useless, he went and did it anyway.
He said, '…lay down and take it and I'm
having some and I'm gonna take it', and
that's what he told me. I said, 'No you're
not', and we ended up in a big fight
but he was stronger than me.

FOR HIM,
SHE THINKS IT IS LIKE THIS…
He thought it was his right.
He owned me with his piece of paper
[the marriage certificate].
He didn't think there was anything wrong
with doing what he did. 'All men do that.'
He said, 'You're my wife – we had sex'.
He wouldn't say it was rape. I don't think he
would even remember the night and
what happened if I asked him today.

Partner rape: Crime or compromise?

EXECUTIVE SUMMARY

Women who are raped or who suffer domestic violence are somehow thought of in the popular imagination as a stereotype. According to this, the women are asking for it, dressed inappropriately, provoking it – responsible for it. While this is clearly uninformed, our sample provides yet more evidence that any woman is vulnerable to rape. We do not need to be a certain 'type' of woman, or to behave in particular ways, or to be in the wrong place at the wrong time. The vignettes which follow this Executive Summary provide the evidence for this. Further evidence is found in the diversity of women who participated in this research.

The Women

Our interviews with 21 women revealed women subject to partner rape came from all socio-economic backgrounds. Some women did not have access to tertiary education and do not enjoy a high standard of living. Levels of disadvantage go further, with some women coping with disabilities and some experiencing racial disadvantage. Most have taken on the role of sole parent at some stage as a consequence of leaving a violent relationship and assuming primary responsibility for parenting.

Our interviews also included women who are highly educated and have worked at senior, management or executive levels in the health sector, the business sector and government.

Age was no determinant of risk for partner rape within our sample. It happened to very young women; to women in their fifties; and to all ages in between.

All 21 women had children.

The four Aboriginal and Torres Strait Islander women in our sample had similar experiences to the other 16 women.[1] Three of the four Aboriginal women had non-Aboriginal partners. One of the 16 other women was married to an Aboriginal man. Race does not give us a different story. While we acknowledge the vast evidence that informs us of the disadvantage faced by Aboriginal men and women, it is beyond the scope of this research to compare cultures. The data certainly did not lead us to thinking Aboriginal and non-Aboriginal women are affected differently by partner rape.

The Men

The men who raped their partners were equally diverse. They were farmers, businessmen, self-employed, military officers, shift workers, tradesmen, health workers and fruit pickers. Two held very senior and respected posts within community service organisations.

Although we did not ask about use of pornography by the men, or of behaviours such as using prostitutes, extra-marital affairs, group sex, or child sexual abuse, 11 women offered

[1] Throughout this report, we will refer to 'Aboriginal and Torres Strait Islander' women and men as 'Aboriginal' women and men. The Victorian Department of Human Services 2006 publication, *Building Better Partnerships* states the definition of 'an Aboriginal or Torres Strait Islander is: a person of Aboriginal or Torres Strait Islander descent; who identifies as an Aboriginal or Torres Strait Islander; and is accepted as such by the community in which he or she lives'. It goes on to state that, 'not all Aboriginal people are dark skinned: "Being Aboriginal has nothing to do with the colour of your skin or the shape of your nose. It is a spiritual feeling, an identity you know in your heart. It is a unique feeling that may be difficult for non-Aboriginal people to understand."' (Burney 1994, cited in Victorian State Government Department of Human Services, 2006).

this information about their husbands or partners. These men include the two categorised by their partners as respected community leaders and businessmen.

- 2 allegedly sexually abused children
- 1 was charged with the sexual abuse of a child
- 1 used pornography
- 1 used pornography and prostitutes
- 2 used pornography and had affairs
- 1 used pornography, had affairs and used prostitutes
- 1 used prostitutes, had affairs and engaged in partner swapping
- 1 used prostitutes
- 1 had affairs and group sex
- 1 had affairs

Table 1 summarises some aspects of partner rape across the sample of 21 women and these aspects will be outlined here.

Rape in an intimate relationship

The law says that consent must be obtained or rape has occurred. One woman clearly articulated that she did not say no because she had learned that it was either going to be a rape or a beating. The rape was quieter and would not wake the children. One woman cannot remember if she said no because she has post-traumatic stress disorder and has lost chunks of her memory. One woman was unconscious. One had been drugged by her husband. The other 17 women made it clear to their partners that they did not want sex. And they voiced that by saying no.

There is such shame surrounding rape, and this is exacerbated when you are raped by your partner. Almost two-thirds of the women did not speak to anyone.

It seems that only 11 of the 21 women recognised their experience as rape *at the time*. Two recognised it when it was happening but talked themselves out of believing. If they believed it, how could they go on in a relationship with a rapist? This is the man who is meant to love them. This explains, too, how eight women recognised their experiences as rape when they were out of the relationship, when they read about what rape is and what a healthy relationship is, or when a counsellor, health professional or friend suggested to them that what they were describing was rape.

The women stated that 23 of the 24 men would not have named their actions as rape.[2] (One woman, who was raped by two of her partners, wondered if one of them might have named his actions as rape because he was actually charged with a different rape, and this may have heightened his awareness.) This is a staggering finding – that all 21 women were sure that the man who raped them would NOT have named his actions as rape. If we re-read the vignettes that follow, casting a stranger in place of a 'husband' or 'partner', it is clear a crime has been committed. Based on the women's accounts it is our view that these men are behaving according to their perceptions of historical and traditional notions of conjugal rights. Yet the law states that rape within marriage is a crime.

[2] Some women had more than one partner (consecutively).

It appears that there is a disparity between the rights of women as expressed in Australian law and the way women are related to by their husbands, partners and professionals.

When we posed the question 'Would your husband (partner) recognise his actions as rape?', and the women responded, 'No', we then asked, 'Why do you think he wouldn't?' The women thought this was because the men felt entitled to do what they wanted with the woman who was their partner or wife.

For eight women, the rapes occurred with increasing frequency, for six, it remained constant, and for six, it was a one-off episode. Two of these episodes lasted for days at a time while the women were restrained, and occurred in the absence of previous violence, and two were one instance of rape which occurred completely unexpectedly in the absence of any prior violence. The other was after eight years of distant separation.

The nature of violence

Three-quarters of the sample of women (16) also suffered from other forms of violence from their partner. Only four did not; and one woman who had no experience of any kind of violence from her partner of 12 months, unexpectedly found herself his prisoner for two weeks of rape and physical and emotional abuse.

It is not surprising, then, that 15 women lived in fear or felt threatened by their partner. Nine women still do.

Ten women left the relationship when they could see an opportunity or when the situation became untenable – two of this group discovered their children had been sexually abused by their partner; four found the violence against them to be escalating – one woman left with the help of police when her partner tried to kill her with an axe; four literally escaped – two from enforced captivity and two escaped secretly with the help of their family. Other reasons for leaving were for the child's sake, as one woman did not want her young son growing up in a violent environment. One left because of her husband's involvement with another woman. Two were already separated.

Help seeking and help responses

The question of who helped the women around the time they were suffering rape by their partners is critical to this research which aims to raise awareness of this issue amongst health professionals, the legal sector and the community. More than half of the women talked **to no-one** about what was happening to them. The shame they felt prevented them seeking help. Nine women sought help with varying levels of success. One woman who sought help from police, her Church and her doctor learned very quickly that she would not be helped. When she was able to return to police some months later, she went with evidence of physical abuse and did not mention the recurring rapes.

In the same vein, while five women went to the police about their partners' physical violence against them, only four women sought police help for the rapes. Ten women emphatically did not, their reasons ranging from not trusting police, to wondering what police could possibly do, and to their own feelings of shame and not wanting their private suffering to be made public. Two women went to the police some years after. Several women mentioned they had closely followed rape cases that were reported in the media, and after seeing the way the cases were handled – with huge and public recriminations against the woman – they decided not to pursue legal action.

Seven women did not have families to support them. Another seven felt their families would be supportive but were constrained from seeking their help because of geographic distance

or because they were temporarily estranged at the time, or because parents were elderly and sick or powerless. Two women had their families' support for the physical violence only, and one woman did not mention her family. Only four women unequivocally stated their families were supportive.

Our previous research, *A Powerful Journey*, documented women's experiences of leaving violent situations.[3] The 16 women offered advice to other women in situations like their own. Their advice was strong and clear to friends, family and community members: to believe women; to listen; to be patient; to give information; and to accept the choices women make. It is significant that the advice from the women in this research is more directive. For ten women, their advice was clear and simple – Leave. The sense that came through the interviews is that rape from the man you love and the man who is meant to love you reaches and crushes more deeply than any other kind of violence. Eight suggested seeing a counsellor, going to CASA (Centre Against Sexual Assault) and talking about their partner raping them. One woman's advice was to name the experience as rape rather than describing it in euphemistic terms. Two women had no advice to give.

Table 1

Aspects of partner rape across sample of 21 women

Stated NO at the time?	17 Stated No
	1 Can't remember (through Post Traumatic Stress Disorder)
	1 Didn't say no – it was either going to be rape or a beating
	1 Was unconscious
	1 Was drugged by her husband
Talked about the rape/s at the time?	13 No
	1 Spoke to a friend
	2 Spoke to health professionals
	5 Spoke to more than one (police, GP, family, friend)
When was it recognised as rape by the woman?	11 Recognised it as rape at the time
	2 Recognised it at the time but denied it until much later
	8 Read or were alerted by others (obstetrician, CASA, friend)
Partner recognised as rape?	20 No
	1 No, but there is doubt because one partner who was actually charged with the sexual assault of a girl with an intellectual disability may possibly now see his actions as rape
Increasing frequency?	8 Yes
	7 Constant
	6 Episodic

[3] Parkinson, D., Burns K., and Zara C. (2004) A Powerful Journey. Wangaratta: Women's Health Goulburn North East, p. 7.

Other violence too?	16 Yes 4 No 1 Suffered both violence and rape in the one 2-week long incident
Fear of/ threat from husband?	9 Yes: now 6 Yes: then 6 No
Why finally left?	2 Children were sexually assaulted by husband 4 Escalating violence 2 Escaped 2 Family provided a way out 7 Had enough 1 For child's sake 1 Because of another woman 2 Already separated
Who helped initially?	12 No-one 2 Neighbours 2 Friends 5 More than 1 source (police, GPs, family, friends)
Police involvement?	10 No 4 Yes at the time 2 Yes years later 5 For domestic violence only
Supportive family?	7 No 4 Yes 7 Had supportive family, but now were deceased or elderly, geographically distant or estranged 2 Yes for violence and No for rape 1 Not mentioned
Sought professional help?	18 Yes 3 No
Would you advise someone in this situation to leave?	10 Leave 8 See CASA, counsellor, talk 1 Tell them it's rape 2 No advice

The Police

Thirty police officers participated in this research. Twenty of these were uniformed officers who attended focus groups held in three parts of the Goulburn Valley and north east Victoria. Six were from the Criminal Investigation Unit (CIU) and four were members of the Sexual Offences and Child Abuse Unit (SOCAU). Apart from two SOCAU members who were interviewed together, the others participated through individual interviews.

Police officers outlined the procedure to be followed when presented with a partner rape case. Each branch has a particular role to play, although these roles can overlap. In some isolated areas it may not be possible for SOCAU officers to be involved. The three branches take a team work approach.

Police stated that it is a common misconception that people can charge an offender and take him or her to court. The reality is that a case only goes to a criminal court if the Director of Public Prosecutions (DPP) considers that there is a good chance the case will be won. This usually depends on the quality of evidence and the reliability of witnesses.

With few exceptions (two from the sample of 30), police indicated that partner rape is a criminal act and a serious crime. In theory, the police approach to a rape investigation does not change depending on whether the perpetrator is a woman's partner or a stranger. They told of conducting their investigations into the case with professionalism and objectivity, setting aside any reservations they may have in their search for evidence. The sense of certainty in being objective was stronger with CIU officers, perhaps because they are not given a case to investigate until it has been screened by either uniformed police or SOCAU officers.

The focus of police is clearly on gathering evidence to prove a crime has been committed. Yet the majority spoke of the critical importance to the victim of being believed. Across all three police branches, officers identified and acknowledged this.

The police officers described common observations of alcohol playing a role in partner rape cases; of how it often coexists with other forms of violence; of how the socio-economic status of people calling them is usually low; of the man being offensive; and the woman as having low self-esteem and little understanding of her rights. These were generalisations, and police also described exceptions, such as the respected, well-educated and well-resourced women they remembered who reported partner rape.

While some police officers conveyed a deep understanding of the issues underlying partner rape and the difficulty for women in speaking – to anyone – about it, others knew very little about it, and had worked on very few cases, if any. There was disagreement amongst uniformed police attending about how often partner rape reports are received.

The main reasons suggested by police for women not reporting were the fear of not being believed and the misconception that it is not rape when you are married to the perpetrator. Other reasons were self-blame; fear of escalating violence; concern for the children; and the difficulties involved in ending the relationship and establishing a new home.

Police suggested that women who do report, do so out of concern for other women and to hold the man accountable for his violence. Importantly, too, they want someone to believe them.

Issues for police in partner rape cases were the difficulty in proving partner rape; victims withdrawing charges; the length of time before cases reach court; and the disrespectful and damaging treatment of women in court.

We asked police if they would advise someone they loved to report a partner rape. Only six of the 30 said they would advise to report.

Police said they were more familiar with historic reporting of partner rape cases (where a report is made many years after the incident) than with recent cases and suggested this was because many of the barriers to immediate reporting are no longer there. Children have grown up; the relationship has ended; elements of fear and control have reduced; the legacy of time passing meant women saw they were not to blame; they became stronger in themselves.

The Health Professionals

The 23 health professionals who participated in this research came from the domestic violence and sexual assault sector; from community health, hospitals, and general practice; and from Indigenous organisations. Twelve were interviewed individually and a further 11 were spread amongst three small focus groups.

Given the opportunity this research provided to reflect on their approach to clients presenting with experiences of partner rape, many health professionals acknowledged their own reticence to address it. One remained oblivious, saying she never came across it so it was not an issue for her at all. Some were acutely aware of the prevalence of partner rape and had sought professional development opportunities to increase their skill in this area of their work or had developed their own strategies – both to help the women and to resolve their own concerns.

The few who apparently continue to refuse to pick up on signals from a woman seeking help deny the woman an opportunity to address rape by her partner.

Some felt unqualified to talk about partner rape and were unsure of their counselling skills. For those who had reflected on their own responses to clients presenting with partner rape, they felt it brought up vulnerabilities for them as women, and particularly if they had experienced a form of sexual assault themselves. They felt saddened by hearing what was happening to women in their own communities.

It became apparent during interviews with workers that whether to actually use the word 'rape' with women who had described legal rape is controversial. Some workers are convinced that if they do not identify it as rape to the women, they are complicit in society's pretence that partner rape does not happen. Naming it can be empowering for women. The position of other workers was to carefully guard the fragility of the woman and assess if she was strong enough to hear the word 'rape' or if the recognition would further erode her sense of self.

Inconceivably, the reluctance to use the word emanates even from within the domestic violence field. If women are affirmed in their euphemisms – that she was not raped, it was just that 'something happened' – by individual counsellors and health professionals, and this approach is sanctioned by the very sectors that are meant to work to stop violence against women, nothing changes. The man continues on, believing his criminal actions to be nothing more than his conjugal rights. The woman continues on, thinking it is her role to be abused. The status quo is preserved.

Generally, the health professionals conveyed a sound knowledge and understanding of partner rape. Like police, they too disagreed about its prevalence. Most were certain that partner rape was under-reported to police and rarely disclosed to anyone. They elaborated on why this would be the case, echoing what we were told by the women and police officers we interviewed: women thought it was his right and her obligation in a marriage or

relationship; they were afraid of not being believed or of being blamed; they feared the man's violence; or the end of the relationship and the financial and emotional insecurity that may follow for them and their children. For some it was an extension of other forms of violence. One of the immediate barriers to disclosing is deciding who to tell.

Given the many accounts of police trivialising criminal offences against women, health professionals spoke about the need to know which officers to report to, and importantly, who to avoid.

The health professionals spoke of the effects of partner rape, reiterating what the women themselves told us. Their clients who had suffered partner rape were sometimes agoraphobic; were self-harming; often had low self-esteem; suffered from depression; and displayed feelings of suicide. Their sense of self was damaged.

Like police, health professionals were very familiar with specialist services and ready to refer women to the kind of services best suited to their needs.

It is frustrating to health professionals, as it is to police, that women stay with or return to the man who has raped them. However, they work hard to be objective, not placing their own values onto their clients. The workers stressed they are guided by the woman in her choice to report the crime and pursue charges or not. If a woman wants to report, workers see it as an important part of their work to discuss their options fully, and to give a realistic picture of how the legal system works; what is likely to happen during that process; and the statistical chance of a criminal prosecution.

Health and community sector workers stated there would be benefits from training in partner rape, to understand the concept of it as a crime and the theory of how it plays out in women's reluctance to disclose or report or, sometimes, to leave a relationship. Workers need to be able to ask the questions, and to name rape so that doors are opened for women to begin to address it for themselves. They need to know where to refer women for specialist services. A readily achievable approach for GPs – and other health sector workers – would be a checklist to identify women at heightened risk of partner rape, much like doctors have now in regard to who is at risk of heart attack and what actions should be taken.

Aboriginal women

Seven of the health professionals had a direct role in working with Aboriginal women or communities.

Four of these were Aboriginal themselves and spoke of recognising the discrimination against Aboriginal people from police and other figures of authority in mainstream society. One noted that racism affects their willingness to access health and community services. An historic distrust of police because of previous injustices and discrimination can prevent any thought of reporting partner rape.

Aboriginal women spoke of workers treating them condescendingly because of a racial stereotype held by the worker. They felt they were not treated as a unique woman, worthy of respect.

The health professionals spoke of an apparent acceptance of violence within some Aboriginal communities. The result is that women will not disclose that they have been raped by their partner to anyone. If they do, they may be blamed by other community members.

An increased number of trusted Aboriginal workers and a different approach is required to work effectively with Aboriginal communities.

Rurality and complicity

Complicity, rurality and patriarchy work together to tolerate – if not nurture – a culture of violence against women in isolated rural areas that is more pronounced than in provincial towns or metropolitan areas.[4] Health professionals heard from women that police, ministers, nuns and doctors knew what was happening to them and did nothing.

There were several accounts of police trying to dissuade women who had gone to them for help from taking action against the perpetrator of sexual violence against them, and suggesting the complaint was trivial.

Health professionals spoke of women not knowing their rights, and indeed, of their not having rights in situations where the man 'ruled' or 'owned' the wife. The role of a woman within such a family is well defined and not to be reshaped. It is, indeed, often shored up by attitudes in the local community.

The lack of confidentiality in small towns has been well identified in this research. Women making a disclosure of partner rape would be identifiable and suffer recriminations as a result.

The practical difficulties of distance and transport mean that services are few across much of the Goulburn Valley and north east Victoria. If women do not have a means of transport and the resources and autonomy to travel, there is little opportunity to access services or plan a way out of a violent relationship. The presence of guns on farms increases the danger.

Counselling from CASA counsellor advocates and others is not as accessible for rural women – or for workers to refer to. Police resources are sparser in rural areas. There are relatively fewer police officers and more restricted availability of officers from the Sexual Offences and Child Abuse Unit (SOCAU). Access to Forensic Medical Officer (FMO) services is limited and untimely.

Conflict of interest is an issue for police in small rural areas, where they are known by virtually all the locals and move in the same social circles as some of them. When police resources are so limited that they attend an investigation alone, they are open to allegations of unprofessionalism.

[4] Professor Kerry Carrington, Chair of Sociology at the University of New England, in her keynote presentation to the SWCASA conference, 'Sexual Assault: Awareness, Treatment and Prevention in a Rural Context', 27.10.06.

RECOMMENDATIONS

Partner rape – know it exists

As a first step, we need to raise awareness of partner rape through the media and give it airplay.

Recommendation 1.1 Create public awareness of partner rape through the myriad forms of the media.

Recommendation 1.2 Broaden the domestic violence media campaign, 'Australia Says No to Violence Against Women', to include partner rape scenarios and encourage women to seek support and to report.

Recommendation 1.3 Train and encourage police to include questions about sexual violence when responding to domestic violence, to raise awareness in the community that violence against women is not tolerated.

Name it as rape

Our health professionals, religious leaders, police and legal sector workers need education informing them that partner rape is a crime, and ongoing professional development about how to help people affected by it. Naming it as 'rape' is valuable. Women told us they needed to hear the word.

> *When I first started talking to my counsellor he said, '[Kate], he was raping you'. I said, 'That's how it felt but I could never say it'. It was wrong and I thought I was a bad, sick person for thinking it was rape. (Kate)*
>
> *She said what he'd done was a crime. You need to hear that again. It sounds so silly. I considered myself to be reasonably intelligent person but I needed to hear that. (Victoria)*

Recommendation 2 Initiate and implement education strategies for health, religious and legal sector workers so they name partner rape and know how to deal with it constructively.

Educate health professionals and community members

in how to respond to women presenting with experiences of partner rape

Health professionals and community members can constructively respond to a woman they suspect may be suffering partner rape in just four steps:

1. ASK:	Are you safe within your relationship?
2. NAME IT:	What you've just described to me is rape and it's a crime.
3. RESPOND:	Give contact details of the local CASA, Domestic Violence Service and Victoria Police SOCA Unit
4. FOLLOW UP:	'Last time you spoke about your safety. I'd like to know how you are now.'

Recommendation 3.1 Promote knowledge and use of the four steps amongst GPs, nurses, counsellors and other health professionals by dissemination to peak bodies and directly to organisations and individuals.

Recommendation 3.2 Extend the domestic violence media campaign 'Australia Says No to Violence Against Women' to include these four steps.

Recommendation 3.3 Link domestic violence and sexual assault services to the computer-based referral system used by GPs and primary health care workers.

Recommendation 3.4 Encourage domestic violence and sexual assault services to participate in the e-referral systems developing across the region.

Hold men accountable for partner rape

Society needs to stop ignoring partner rape and finally hold men who rape their partners accountable for their criminal behaviour. They should be under no illusion that what they are doing is acceptable. It is irresponsible to allow conditions in which victim-survivors and their supporting friends and family are left to contemplate how to find justice.

Women often do not want the man who was their partner – and is often the father of their children – to be imprisoned. They nevertheless want them to recognise their criminal behaviour and be held accountable for it in some way.

> *My mother actually had a very serious discussion with me about killing my ex-husband, a very serious discussion about that. So that was quite scary. (Louise)*

Recommendation 4.1 Research and develop evidence-based interventions to use with individual men to stop their sexually abusive behaviour.

Recommendation 4.2 Research and develop evidence-based strategies to change elements of the existing culture which uphold men's sense of entitlement.

Recommendation 4.3 Engage the Victorian Law Reform Commission to explore with women who are victims of partner rape the range of options that might be developed to hold men accountable.

Recommendation 4.4 Prioritise partner rape cases in court case queues to reduce time delays.[5]

Recommendation 4.5 Use video evidence taken at the time of complaint in court, so victims of partner rape are not re-traumatised by giving evidence personally and being cross-examined in court some months or years after the crime.[6]

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[5] Work has begun on reducing time delays in having cases heard in court. The Magistrates' Court of Victoria, the Victoria Police, the OPP's Committals Advocacy section and the Specialist Sex Offences Unit implemented streamlined procedures in relation to committal hearings in the Magistrates' Court in 2007. These included booking dates for committal hearings at an earlier stage, minimising extension applications and introducing more efficient processes in preparing and serving hand-up briefs. The OPP states, 'These procedures have resulted in considerable time savings, fewer delays and a more effective use of the court's time.' (Office of Public Prosecutions, Making a Difference, Annual Report 2006-7, p. 38.)

[6] A Specialist Sex Offences Unit was launched on 26.4.2007 by Attorney-General, Rob Hulls, to provide a specialised, best-practice and proactive approach to prosecuting sex offences and supporting the victims of sexual assault. Part of this initiative involved changes to the law and court procedures, 'including making it easier for vulnerable witnesses to give evidence, including pre-recording the evidence of children and people with cognitive impairments'. This model could be extended to victims of partner rape.

Prevent it

As parents and as community members, we have a pivotal role in bringing up young men and young women to understand what makes a healthy relationship. We need to model it, we need to state it and we need to live it. This message needs to be reinforced in every institution, organisation and activity our children participate in. The message for children is simply about respect.

> *To me it's one of the worst crimes. It's swept under the carpet far too much. No-one wants to know about it … Women need to be better informed. It needs to be presented to them with a marriage certificate. (Amanda)*

> *You consent to be married. You are not consenting to be treated as a nothing. You don't consent to be abused and trod on. (Janet)*

Recommendation 5.1 Incorporate into state-wide school curricula courses about safe relationships for children and young people. Adapt such courses for kindergarten children, and primary and secondary students.[7]

Recommendation 5.2 Develop and deliver pre-marriage counselling courses which include information on women's rights within marriage and healthy relationships.

Recommendation 5.3 Inform Child Protection Unit workers of strategies to further educate their clients about safe relationships.

Increase services to rural areas

This research points to a stark deficit in police, health and community sector services for rural women experiencing partner rape.

> *It is easier in the city. You've got greater resources, more detectives, you always work two up, and bounce ideas off each other. Whereas here from 4pm or 5pm and on weekends there's only one on. You've always got SOCAU in Melbourne. Normally in Melbourne SOCAU would come and take the victim, they organise CASA, the medical through the forensic medical officer. Here you have to do that yourself, pick up exhibits, organise those things. In the city you're trying to look after the scene. But here you do everything. There are lots of statements to be taken and up here, you tend to have to do that yourself, whereas in Melbourne with the big offices, you get a lot of help and support. (CIU officer)*

Recommendation 6.1 Increase services and resources in rural areas, specifically more:

- Rural police officers
- Rural SOCAU officers
- Rural counselling services, particularly after hours
- Rural telephone counselling
- Trained Forensic Medical Officers or forensically trained nurses
- Accessible rehabilitation programs for sexually violent men.

[7] For example: Women's Health Goulburn North East (2003) REAL Life: Relationship Education and Awareness for Life. Wangaratta: WHGNE.

INTRODUCTION

During our research into women leaving violent situations, *A Powerful Journey*, we heard women speaking of being raped by their husband or partner. We could find very little existing research about this, particularly for rural and Aboriginal women, and very little on how workers respond.[8] As far as we are aware, it seems that ours is the first Australian research to specifically target the experiences of rural women, Aboriginal women and partner rape.

WHGNE and Upper Murray CASA formed a partnership to contribute to an evidence base on partner rape for rural women and fill a gap in our knowledge and understanding. The need for the research became more and more apparent as we realised our society does not recognise partner rape as a problem. We don't talk about it. We don't even name it as rape.

As researchers, we encountered unease from people when we mentioned the research we were about to undertake. Women, in particular, said things like:

Hmm, it's such a grey area.

What's the line between rape and just getting it over and done with?

You don't feel like it, but you do it for him.

We've all done it.

It's just part of the compromise.

As we spoke to women and workers, it became clear that what makes it rape is a culture of fear and control in the relationship; or knowing 'No' is not an option; or where consent is not gained. The law says it's rape when there is no consent.

The most startling thing we learned from women in this research is they perceive their partners don't recognise their actions as rape – even in the most stark circumstances. One woman had her back broken while being anally raped. Another thought she was going to die as her husband hit her around the head then held a pillow over her face while he raped her. Another didn't care if the children were around when he raped his wife. Yet another raped his new bride of six weeks.

We asked the women if they thought the men would recognise their actions as rape. Every one said he would not. When we asked why, they thought it was because he would think:

She's mine

I married her

I'm entitled

I work hard

I can do what I want with her

They see women as property and sex as their right. From other information the women gave us, we wondered if community leaders agreed.

> *'[My church ministers] said to pray about it. It wasn't just the rape, it was hitting and verbal abuse and theft and drugs. It was a text book abusive marriage. I said to them, "What if he kills me first?" They said, "At least you'll go to heaven".'*

[8] Parkinson, D., Burns K., and Zara C. (2004)

'I went to the doctor after I had my baby and you're supposed to not have sex. I had had an emergency caesar and he couldn't even wait for one week. It hurt so much. I told the doctor it was hurting. He said – and my husband was right there – the doctor said, "Women are built for sex. It shouldn't hurt".'

'[It's basically] domestics with a bit of sex thrown in…. No, men would not call their actions rape, they would classify it as their right. If they had to be 100% honest they'd say, 'I did take advantage of her but stuff it, she's my wife, it's Saturday night …' (Police officer)

This research is particularly interested in rurality as a factor. Our findings suggested to us that increasing isolation means increased risk of violence for women. There is more opportunity for entrapment and monitoring and a greater prevalence of conservative attitudes towards gender roles.[9] To exacerbate this, there are few support services for violence against women and sexual assault in rural and remote areas.

A recent analysis of the 2005 ABS *Personal Safety Survey* data has found that there is, indeed, a direct correlation between increasing rurality and higher risk to personal safety.[10] The reverse is true for property crime.

Terminology of 'rape' and 'sexual assault'

In this research, we have explicitly focussed on rape rather than broader sexual assault. CASA Forum (Victorian Centres Against Sexual Assault) defines 'sexual assault' this way:

> *Sexual assault is any behaviour of a sexual nature that makes someone feel uncomfortable, frightened, intimidated or threatened. It is sexual behaviour that someone has not agreed to, where another person uses physical or emotional force against them. It can include anything from sexual harassment through to life threatening rape. Some of these acts are serious indictable crimes. Sexual assault is an abuse of power. Sexual assault is never the fault or responsibility of the victim/survivor.*[11]

The term 'sexual assault' is therefore, too broad for the point we wanted to make in this research. When we began this research, many interested people stated their opinion that the topic of partner rape is complex because sex within a relationship is private terrain and between two people. Yet, the 1985 amendment to the Crimes Act 1958 saw the inclusion of sub-section 62(2) which states that 'marriage does not constitute, or raise any presumption of, consent by a person to an act of sexual penetration with another person or to an indecent assault ... by another person'.

Rape within marriage is no longer private terrain. The intention of this research is to unequivocally state this fact to the men who are raping their partners; to the women who feel they must submit; and to every person in our workforce and community who is complicit in allowing the misconception of 'private terrain' to linger. Rape is a crime. Rape within marriage or an intimate relationship is a crime.

When women were recruited for this research, the criteria for their acceptance as participants was that they were over 18, lived in the the Goulburn Valley and north east Victoria, and *had*

[9] Professor Kerry Carrington, Chair of Sociology at the University of New England, in her keynote presentation to the SWCASA conference, 'Sexual Assault: Awareness, Treatment and Prevention in a Rural Context, 27.10.06.
[10] ibid
[11] http://www.casa.org.au/ (Accessed 8.5.08)

named their experience as rape. The reason for this approach is that using the word 'rape' provided boundaries to the scope of the work and allowed clear definitions to be used.

However, between the legal definition of rape and mutual consensual sex, there are other 'grey' areas that would be difficult to sustain as rape in the legal definition but are coercive, abusive and damaging. Clearly, these need to be challenged as well.

How common is rape in marriage and committed relationships?

We cannot answer this question definitively because no sound Australia-wide (or even Victoria-wide) survey has been conducted.

The 2005 *Personal Safety Survey* (ABS) tells us that 0.4% of Australian women have experienced rape by a current partner at some time since the age of 15, and 0.12% within the previous 12 months.[12] It seems miniscule. (See ABS Table 1 and Notes in Appendices 1 and 2.)

Yet, Australia's road toll in 2003 was 1,633. This is 0.008% of the Australian population. The 12-month figure for partner rape is 15 times the road toll rate. As a society, we care about the road toll and our governments invest comprehensively in a multi-layered approach to reducing the road toll.

We should be deeply concerned at rates of partner rape 15 times the road toll.

Furthermore, we believe strongly that the ABS 2005 statistics are a gross under-estimate for the following reasons:

- With very little advertising (once in rural newspapers and word of mouth from service providers) there was no difficulty in attracting participants for this research. In fact, we reluctantly had to turn women away because we had reached our preferred sample size.
- Four of the 23 health and community workers interviewed for this research project mentioned it had happened to them personally.
- A therapist bound by professional confidentiality stated to us that this is a very common problem in her practice and greatly under-recognised within her field and within society.
- 17 of the 23 workers interviewed stated they were not afraid to open discussions about partner rape with their clients and that it was very common to hear of such experiences.
- Women under-report rape – both formally and informally. The four women who reported rape by their partner to police at the time of the rape, stated they were no better off for having done that. (Two women reported it years later but the offences occurred prior to 1985 so no action could be taken.) Five women reported physical abuse to police and purposely did not mention the rapes. The other ten women said they would not report it to police, some quoting treatment received by women in high profile cases.[13] Police themselves spoke of the burden of proof preventing partner rape cases getting to court. On an informal level, women mostly do not speak about partner rape. More than half our sample did not seek help from anyone when they were experiencing partner rape.

[12] Only people over 18 were included in the ABS sample, but were asked about their experiences since the age of 15.

[13] For example, the Geoff Clark trial in 2006-7.

Problems in existing research findings

The ABS *Personal Safety Survey* (2005) is the best attempt, but has limitations:[14]

- It excluded remote Australians from the survey; [15] excluded assaults that were more than 20 years ago (for sexual violence 'since the age of 15'); [16] aggregated sexual violence with threats of sexual assault; and did not explain if 'former partner' means he was a current partner at the time of the assault or was a former partner at the time of the assault.

A number of research projects have been conducted but they vary in methodology and none have been comprehensive. Problems with other studies that prevent any sound understanding of the prevalence of partner rape include:

- For various studies, sample sizes and questions asked differed; and different definitions were used, for example, of 'partner', 'rape' and 'sexual violence'.[17]
- Studies have tended to either include sexual violence within family violence, or include child sexual abuse.[18]
- The International Violence Against Women Survey (IVAWS) stated it is difficult to capture the prevalence of partner rape due to women being reluctant to disclose or report.[19]

What are the Australian research findings?

The end result of these variations and problems means that Australian research findings vary from estimates of around 0.4% to 10% of Australian women experiencing partner rape. For example:

- The *Australian Longitudinal Study on Women's Health* in 1998 found that 4.3% of respondents aged 45–50 had experiences of sexual abuse by their former or current partner.[20]
- The 1996 *Women's Safety Survey* (ABS) found that 10% of women who had ever been in a relationship disclosed an incident of sexual violence in a previous relationship.[21] Unfortunately, the 2005 *Personal Safety Survey* (ABS) did not allow a direct comparison. What we can state from the 2005 data, though, is that 4.1% of Australian women over 18 experienced an incident of sexual violence since the age of 15 from a **former** partner, and 0.4% from a **current** partner.[22] (Commissioned ABS Table 1 in Appendix 1 confirms

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[14] Sample size is 11,800 females and 4,500 males
[15] ABS, 2005, 4906.0 p. 43
[16] '…people who experienced violence were asked to focus on the most recent incident and provide more detailed information about that incident. If the most recent incident occurred more than 20 years ago, detailed information was not collected due to difficulties associated with recalling the incident'
[17] Heenan, 2004, p.3, p. 13; Cook & Bessant, 1997, p. 13.
[18] Heenan, 2004, p.3, p. 13; Cook & Bessant, 1997, p. 13.
[19] Mouzos and Makki, 2004 p. 2
[20] Australian Longitudinal Study on Women's Health (2002) *Data book for the 1998 Phase 2 survey of the Mid-age Cohort (47-52 years*). Newcastle: The Research Centre for Gender and Health, University of NSW, p. 19. Parker 2001, p. 189 cited in Heenan, 2004, p. 12. (Calculations: Sample 14,100, 36.6% = 5160 women. 26.9% agreed to follow up = 1388. 60% stated sexual assault = 832. Partner was perpetrator in 73% of these = 607 women. This is 4.3% of sample.)
[21] ABS, 4128.0 - Women's Safety Australia, 1996. (Accessed 23.4.2008) http://www.abs.gov.au/ausstats/abs@.nsf/5e3ac7411e37881aca2568b0007afd16/b62deb3ac52a2574ca2568a900139340!OpenDocument
[22] Of the total of 1,469,500 Australian women estimated by the ABS (in Table 1, Appendix 1) to have experienced an incident of sexual violence since the age of 15, 21.7% was from a former partner and 2.1% from a current partner. The total of 21.7% would equal 318,881 women or 4.1% of Australian women over 18. The

the figure for sexual violence by a **current** partner since the age of 15 as 30,800 or 0.4% of the Australian adult female population.[23])

- Looking just at current partner sexual violence, a comparison reveals that findings from the 2005 *Personal Safety Survey* (ABS) and the earlier 1996 ABS *Women's Safety Survey* vary considerably. The 2005 data gives a figure of 30,800 women who experienced sexual violence by a current partner 'since the age of 15'.[24] The comparable 1996 figure is 43,900 by a current partner 'at some time during the relationship'.[25]
- This 2005 figure of 30,800 represents approximately 0.4% of all Australian women over 18 experiencing sexual violence by a current partner.
- The 2005 *Personal Safety Survey* (ABS) indicates that 0.12% of Australian women suffered sexual violence in the past 12 months from their current partner. The number of women is estimated to be 9,200.[26] Research that asks women for a current picture of their experience with sexual violence is most likely to gather data that underestimates the extent of partner rape. This concept is explored further in this report.
- See Appendix 1 for analysis of this 2005 ABS data and Appendix 3 for Literature Review.

What are the international research findings?

An international research review in 1999 indicated that between 10% and 30% of women reported sexual violence by an intimate partner.[27] The most recent and comprehensive study, the 2004 'International Violence Against Women Survey', reported 34% of Australian women experienced sexual violence across their lifetime and 4% during the last 12 months.[28] Interestingly, there is a variance in stated male violence across cultures as the World Health Organisation reported in 2005 that 6% of women in Japan experienced sexual violence by partners compared to 59% of Ethiopian women.[29]

These international figures may indicate that violence is culturally bound. This finding gives hope because if men's violence is the result of social construction, it is therefore open to be constructed differently. Society can change what we value about masculinity and reduce our tolerance for aggression. The cultural differences are relevant, too, for our consideration of rurality and partner rape, as rural masculinity has been constructed differently from other masculinities.[30]

A sociological explanation

It is noted above that the International Violence Against Women Survey (IVAWS) stated it is difficult to capture the prevalence of partner rape due to women being reluctant to disclose or report.[31]

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total of 2.1% would equal 30,839 women or 0.4% of Australian women over 18. (Australian female population over 18 = 7,693,100 from Personal Safety Survey in Appendix 1, p. 46). ABS advised that numbers should not be compiled as they are separate categories (23.4.2008).

[23] 30,800 x 100 divided by female population over 18 of 7,693,100 = 0.4%

[24] See Appendix 1, Table 1.

[25] http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/B62DEB3AC52A2574CA2568A900139340 (17.4.07)

[26] This figure has a relative standard error of 25-50%

[27] WHO 1999, cited in WHO 2005

[28] Sample = 6,677 IVAWS, 2004, p. 38

[29] WHO 2005, p. 6. Sample size = 24,000

[30] Pease, Bob, in his keynote presentation to the SWCASA conference, 'Sexual Assault: Awareness, Treatment and Prevention in a Rural Context', 27.10.06.

[31] Mouzos and Makki,2004 p. 2.

Our research participants told us, with hindsight, that denial or non-recognition of the rape served as a survival strategy. If they had recognised it as rape, they could not have managed their situation. Some excused the behaviour of their partners – even the most brutal rapes – as a consequence of being married to him, 'It was his right'. As a result, the way women complete surveys would be inaccurate. A legal interpretation would state that rape was occurring because consent was absent, and yet the women were interpreting their rape as something their partner had a right to, until the benefit of hindsight told them otherwise.

This standpoint is supported by the 2005 ABS data which examines sexual violence by perpetrator type. Of women experiencing sexual violence 'Since the age of 15', 21.7% was by a **previous** partner. [32] This is ten times the figure for **current** partner, of 2.1%. The distance of time from the end of the relationship allowed women completing the survey to identify that their partners' actions were rape.

Our interpretation that partner rape is under-reported at the time it is happening is further supported by the ABS 2005 data which estimates that only one in four women who have experienced acts of sexual violence since the age of 15 by their current partners perceive these acts to be a crime.[33] (This figure A similar pattern exists with categories of 'Boyfriends, Girlfriends or Dates' and 'Family or Friend' with only about half the women perceiving the sexual violence to be a crime.

The reverse is also true. Where the perpetrator fell in categories of 'Previous Partner', 'Stranger', and 'Other known person', more women perceived the sexual violence incident **to be a crime** than not. The obsolete notion of conjugal rights appears to influence women as well.

The statistics support our findings in this qualitative research, that women are forgiving of people they love or are committed to, and reluctant to think that a partner, boyfriend, family member or friend would commit a crime of sexual violence against them. In the interviews, women told us that it was not until they were no longer in the relationship and sometimes not until many years later that they had the perspective to recognise they were being raped within their relationship. While they were in the relationship, they struggled to make sense of what was happening to them, and were caught in our society's demand to make the marriage work. Whilst in the relationship, they minimised the rapes, they blamed themselves, or they feared even worse consequences if they didn't comply. The rapes we heard about were unpredictable and unpreventable. Some occurred in front of children. The nature of the violence – being raped by your own husband or partner – is such that women said they could not talk to family or friends about it. The rapes often included anal rape, rape with objects – acts they were ashamed of, although they had no option to refuse them. It was only after leaving the relationship that women could see they had been violated by the man who was meant to love them.

Best guess

'It would be one in a million, wouldn't it?' a police officer with 35 years experience asked us during a focus group.

Our sense is that the number of women who have experienced rape by their partner is many times the number given in the ABS.

Perhaps the best guess is the low end of the International studies (10%) and the high end of the Australian studies (10%). This estimate means one in ten Australian women suffers at

[32] See Table 1 in Appendix 1.
[33] See Table 2 in Appendix 1. A total of 242,000 divided by 54,000 = 4.48.

some time in her life from rape by her partner, a crime punishable by up to 25 years imprisonment.

This research starkly reports that women are suffering rape where they are unlawfully detained; where they fear for their lives; where they have grievous physical injury; where they are forced to participate in acts they regard as perverse acts. Twenty years ago men could rape their wives with impunity. They were entitled. The law was changed in 1985 but it seems from these accounts that attitudes of many men and women in the community, and the attitudes of some workers in legal and health sectors, have not changed.

Considering all the evidence presented above, we have no reservations in suggesting that at least one in ten Australian women have this crime – punishable by 25 years imprisonment – committed against them. Like our research participants, they have no-one to tell and nowhere to go.

Of the 21 women we interviewed, only six sought help from anyone at the time of the rapes. It is a profound failure of our society that 15 of the women felt they could not tell anyone.

The legal definition of 'rape' and 'consent'

Section 38 of the Crimes Act 1958 defines rape:[34]

38. Rape

(1) A person must not commit rape.

Penalty: Level 2 imprisonment (25 years maximum).

(2) A person commits rape if –

(a) he or she intentionally sexually penetrates another person without that person's consent –

(i) while being aware that the person is not consenting or might not be consenting; or

(ii) while not giving any thought to whether the person is not consenting or might not be consenting; or

(b) after sexual penetration he or she does not withdraw from a person who is not consenting on becoming aware that the person is not consenting or might not be consenting.

(3) A person (the offender) also commits rape if he or she compels a person

(a) to sexually penetrate the offender or another person, irrespective of whether the person being sexually penetrated consents to the act; or

(b) who has sexually penetrated the offender or another person, not to cease sexually penetrating the offender or that other person, irrespective of whether the person who has been sexually penetrated consents to the act.

[34] Version No. 197, Crimes Act 1958, No. 6231 of 1958, Version incorporating amendments as at 19 March 2008

(4) For the purposes of sub-section (3), a person compels another person (the victim) to engage in a sexual act if the person compels the victim (by force or otherwise) to engage in that act –

(a) without the victim's consent; and

(b) while –

(i) being aware that the victim is not consenting or might not be consenting; or

(ii) not giving any thought to whether the victim is not consenting or might not be consenting.

38A. Compelling sexual penetration

(1) A person must not compel another person to take part in an act of sexual penetration.

Penalty: Level 2 imprisonment (25 years maximum).

(2) A person (the offender) compels another person (the victim) to take part in an act of sexual penetration if

(a) the offender compels the victim to introduce (to any extent) an object or a part of his or her body into his or her own anus or, in the case of a female victim, her own vagina, other than in the course of a procedure carried out in good faith for medical or hygienic purposes; or

(b) the offender compels the victim to take part in an act of bestiality within the meaning of section 59.

(3) For the purposes of sub-section (2), a person compels another person (the victim) to take part in an act of sexual penetration if the person compels the victim (by force or otherwise) to engage in that act:

(a) without the victim's consent; and

(b) while –

(i) being aware that the victim is not consenting or might not be consenting; or

(ii) not giving any thought to whether the victim is not consenting or might not be consenting.

Section 36 of the Crimes Act 1958 defines consent:

Meaning of consent [i]

For the purposes of Subdivisions (8A) to (8D) "consent" means free agreement. Circumstances in which a person does not freely agree to an act include the following –

(a) the person submits because of force or the fear of force to that person or someone else;

(b) the person submits because of the fear of harm of any type to that person or someone else;

(c) the person submits because she or he is unlawfully detained;

(d) the person is asleep, unconscious, or so affected by alcohol or another drug as to be incapable of freely agreeing;

(e) the person is incapable of understanding the sexual nature of the act;

(f) the person is mistaken about the sexual nature of the act or the identity of the person;

(g) the person mistakenly believes that the act is for medical or hygienic purposes.

Sub-section 62(2) of the Crimes Act 1958 states:

The existence of a marriage does not constitute, or raise any presumption of, consent by a person to an act of sexual penetration with another person or to an indecent assault (with or without aggravating circumstances) by another person. (The Crimes (Amendment) Act 1985 s 10)

Section 35 of the Crimes Act 1958 defines sexual penetration:

"Sexual penetration" means

(a) the introduction (to any extent) by a person of his penis into the vagina, anus or mouth of another person, whether or not there is emission of semen; or

(b) the introduction (to any extent) by a person of an object or a part of his or her body (other than the penis) into the vagina or anus of another person, other than in the course of a procedure carried out in good faith for medical or hygienic purposes;

Section 37 of the Crimes Act 1958 gives jury directions on consent:

37 Jury directions s. 37

(1) If relevant to the facts in issue in a proceeding the judge must direct the jury on the matters set out in sections 37AAA and 37AA.

(2) A judge must not give to a jury a direction of a kind referred to in section 37AAA or 37AA if the direction is not relevant to the facts in issue in the proceeding.

(3) A judge must relate any direction given to the jury of a kind referred to in section 37AAA or 37AA to—

(a) the facts in issue in the proceeding; and

(b) the elements of the offence being tried in respect of which the direction is given—

so as to aid the jury's comprehension of the direction.

37AAA Jury directions on consent

For the purposes of section 37, the matters relating to consent on which the judge must direct the jury are—

(a) the meaning of consent set out in section 36;

(b) that the law deems a circumstance specified in section 36 to be a circumstance in which the complainant did not consent;

(c) that if the jury is satisfied beyond reasonable doubt that a circumstance specified in section 36 exists in relation to the complainant, the jury must find that the complainant was not consenting;

(d) that the fact that a person did not say or do anything to indicate free agreement to a sexual act at the time at which the act took place is enough to show that the act took place without that person's free agreement;

(e) that the jury is not to regard a person as having freely agreed to a sexual act just because —

(i) she or he did not protest or physically resist; or

(ii) she or he did not sustain physical injury; or

(iii) on that or an earlier occasion, she or he freely agreed to engage in another sexual act (whether or not of the same type) with that person, or a sexual act with another person.

37AA Jury directions on the accused's awareness

For the purposes of section 37, if evidence is led or an assertion is made that the accused believed that the complainant was consenting to the sexual act, the judge must direct the jury that in considering whether the prosecution has proved beyond reasonable doubt that the accused was aware that the complainant was not consenting or might not have been consenting, the jury must consider —

(a) any evidence of that belief; and

(b) whether that belief was reasonable in all the relevant circumstances having regard to —

(i) in the case of a proceeding in which the jury finds that a circumstance specified in section 36 exists in relation to the complainant, whether the accused was aware that that circumstance existed in relation to the complainant; and

(ii) whether the accused took any steps to ascertain whether the complainant was consenting or might not be consenting, and if so, the nature of those steps; and

(iii) any other relevant matters.

Definition of 'partner'

The following definitions are taken from the Version No. 197, Crimes Act 1958, No. 6231 of 1958, Version incorporating amendments as at 19 March 2008.[35]

35 Definitions. s. 35

(1) In Subdivisions (8A) to (8G)—

[35] Page 41.

de facto spouse means a person who is living with a person of the opposite sex as if they were married although they are not;

domestic partner of a person means a person to whom the person is not married but with whom the person is living as a couple on a genuine domestic basis (irrespective of gender).

In the ABS data, current partner includes both married and de facto relationships. If the incident occurred while the person was dating a person they later married, the perpetrator of the incident would have been described as boyfriend/girlfriend or date.

Previous partner includes both married and de facto relationships. The term includes a partner at the time of the incident, from whom a person is now separated; and a partner a person was no longer living with at the time of the incident. (In our sample of 21 women, all except two women were living with their partner at the time of the rapes. One was legally separated at the time and one was not living with her partner at the time.)

Aim of the research

The aim of the research is to understand the effect of intimate partner rape on women living in rural and remote communities and to offer an insight into improving service system responses to women experiencing intimate partner rape. Specifically:

(1) To compile and analyse first hand accounts of women's experiences of rape within intimate relationships and its effects on their lives, focusing on:

- the difficulties women face in naming their experience of sexual violence by a partner as rape
- understanding how they understand and manage it
- the impact of rape within an intimate relationship on women's health and wellbeing
- women's experience of health services, the domestic violence sector and sexual assault workers in respect to intimate partner rape

(2) To compile and analyse interviews with workers who respond to intimate partner rape, focusing on:

- if there is a reluctance on their part to acknowledge the rape
- if they address it specifically as a discrete issue
- if they treat it as a serious and criminal act
- referral pathways

Methodology

The initial plan was to interview 10 women and 10 workers. However, there was a strong response to efforts to recruit participants, leading to a substantial increase in sample size. This increase was approved by the Ethics Committee. We have, in fact, reluctantly turned away five eligible women.

The final sample consists of:

- 21 women from a range of settings including main rural centres, small towns and farms. The age range was between 27 and 70 with a median age of 51. Four women were

Aboriginal. One woman married an Aboriginal man and lived in his community for 11 years; two women migrated to Australia in their early 20s.

- 23 workers (from domestic violence, sexual assault, health, community and police sectors including workers with the Indigenous community); and
- 30 police officers (from Sexual Offences and Child Abuse Unit, Criminal Investigation Unit, and uniformed police).

Recruitment occurred through women self-selecting by responding to local newspaper advertisements; and through front line service providers handing women a flyer with our contact details. We advertised only once in newspapers, and flyers were available for women from selected workers for only a few weeks. Such service providers included domestic violence workers, counsellors, police, GPs and refuge workers. This process was in place to minimise coercion for women to participate. To be eligible, women had to be aged over 18; have lived in a rural area when they had their experience of partner rape; and have named their experience as rape.

For five women, the rapes were recent – one case was before the courts and another woman was considering taking her case to court. For another three women, the rapes occurred within the past five years. Although the experience of partner rape for the other 13 women occurred more than five years ago, the impact was still raw. All 21 women currently reside in the Goulburn Valley and north east Victoria. Five women who faced particular barriers to participation were reimbursed for mileage or for other expenses associated with attending interviews.

Consultations have been through individual in-depth, semi-structured interviews with all 21 women, with 12 workers and with 10 police officers.

The workers and police were invited by telephone to participate. Three small focus groups were held with workers (total of 11 participants), and three focus groups with police (total of 20 officers). Interviews took approximately 90 minutes and were held at a time and place of each participant's choice. (See Appendix 4 for Interview Schedules). The consultation matrix below gives details.

Consultation matrix for workers

	DV and Sexual Assault workers	Community health, hospitals, GPs, health	Indigenous organisation	Totals
Individual	5	7		12
Focus group	1 (5 participants)	1 (3 participants)	1 (3 participants)	11
Totals	10	10	3	23

*Seven workers had a direct role working with Aboriginal communities (including the 3 workers from an Indigenous organisation).

Consultation matrix for police

	SOCAU	CIU	Gen	Totals
Police focus group Seymour			10	10
Police focus group Wangaratta			6	6
Police focus group Shepparton			4	4
GV Police individual interviews	2	4		6
NE Police individual interviews	2	2		4
Totals	4	6	20	30

When women contacted our service in response to advertisements or to the information sheet handed to them by service providers, they were advised verbally about the project, and were posted the written Explanatory Statement and Consent Form along with confirmation of their interview time and place. At the start of the interview, the researcher went through both the Explanatory Statement and Consent Form with the participant. They were asked to sign the consent form, and reminded that they could withdraw from the research at any time up until they have approved the notes from their own interview.

Two workers attended each interview – one to conduct the interview and maintain eye contact, and the other to take notes. The presence of two people increased the validity of the coding, and in fact, was required by Ethics Committee in consideration of safety issues for participants. Once written up, the notes were returned to each woman and worker for verification. Each woman and worker was advised again that she had the right to amend, alter or remove any of the information she had given, or to withdraw completely from the research.

At the beginning of the interview, each woman and worker was advised that she had the right to request post-research debriefing, and the options for this, (for example, with their CASA counsellor or with a private counsellor paid by the research collaboration). Each woman was given this choice. Prior arrangements were made to ensure counsellors were aware this may be required within a day or two of the interview. Participants had the option of telephone contact with CASA counsellors any time and face-to-face counselling by arrangement. Upper Murray CASA undertook to offer as immediate a response as possible.

De-briefing was offered to the research team in the same way.

The women and workers were given a copy of their own information (the notes from the interview) and asked to check it for any changes or amendments. If they felt the information may compromise their confidentiality beyond what they considered reasonable, details could be changed while keeping the integrity of the learnings OR the women and workers were advised they could withdraw their information from the research. None opted to do this.

Feminist analysis of violence against women led us to engage in this work and we took a *Grounded Theory* approach. Grounded theory is a combination of theoretical sampling and thematic analysis developed by Glaser and Strauss. Theoretical sampling is where participants are selected to be part of the sample on the basis of the need to fill out particular concepts or theoretical points. Thematic analysis is the identification of themes

through a careful reading and rereading of the data. The methodology is inductive, building up concepts and theories from the data.

Ethics approval was obtained from The Centre's Research Ethics Committee, registered with the NHMRC, and from the Victoria Police Research Coordinating Committee.

Participation in research – harmful or helpful?

With a subject such as this, there are ethical concerns to ensure women are not re-traumatised by their participation. Safeguards were put in place as described above, including having two researchers present and having access within a day or so to professional counsellors for women to debrief. However, our firm belief is that participation in this research was valuable to women. A number described the value to them in the course of the interview, although no question was asked in this regard.

One woman described seeing the advertisement or the flyer and thinking, 'It's about time'. Women wanted to contribute to the research to help on three levels – to raise public awareness; to help others; and to contribute to their own recovery. For some, the interview was an opportunity to open up to others, initially the researchers, and then to others close to them. It took courage to attend and it was an important appointment for women. For their own healing, it helped them articulate out loud what had happened, sometimes for the first time.

> *It was the first time I was able to be more explicit in details as the words would not come out of my mouth, no matter how much I wanted it because I was so afraid no-one would believe me. My mother didn't when I was fifteen. (Victoria)*

All the women wanted to instigate change so that other women will not have to go through what they had. This research contributes to an emerging public discourse on partner rape. Women wanted to be part of this to ensure women in 20 years understand their rights and can recognise partner rape in their own lives. Through the wisdom gained through their experience – whether one encounter or a sustained assault – they wanted to advise other women to leave a partner who rapes them. The passage of time has allowed them a clear analysis of what went on. They wanted other women to know what partner rape is at the outset of a relationship – just as they know what stranger rape is.

> *I'm glad you're doing [this research], I really am. There's a huge need ... I'm really glad you're doing it. And hopefully along the way you can help people get out … and be free … I'm passionate about this coming [out into the public realm]. (Louise)*
>
> *When I read your leaflet at the counsellor's office, I thought, 'I'm definitely in on that'. It's the only thing I've got left now – to help someone else. (Janet)*
>
> *I hope this will all help others ... I hope 20 years from now it will be all out there [and that] by going through these processes like this research, it will help. (Anne)*
>
> *I'd like to look at myself and be strong and do talks to other people. I want to look back and say I was there and now I'm here and I want to help others. (Kate)*
>
> *I think this is why, when I saw your notice in the paper, I read the article, and I was interested because of this advice that I have for people. (Marcia)*
>
> *It's really difficult because in many ways I want to yell it from the mountain top. This happened to me. I need to condense it and tidy it up in my head so I can present it to somewhere more constructive. (Victoria)*

WOMEN'S ACCOUNTS OF RAPE

Many people think of partner rape as a grey area, an issue that is too personal, too subjective, too fraught with complication. Something that is private between two people in a relationship.

It is important to start with the women's experiences so we have an understanding of what partner rape is. The stories of the 21 women in our sample leave no doubt – this is rape and it is a crime. Pseudonyms have been used to enhance anonymity.

Anne *works as a health professional. She was married at 30 years of age, and has one child. She left the marriage five years ago after six years.*

'The rape happened several times. It was all through my marriage. It was all through the time before I was married. That's certainly not pleasant and when [he] used to tie me up, it's just not normal. It's not the beautiful loving relationships that your parents speak about. You sit there thinking, "OK what have I done wrong?" It's not necessarily that *you've* done something wrong as much as them.

'It used to hurt like hell. Particularly when I had cancer and it was growing. I'd end up in tears but it didn't matter. He didn't care. He was with me when I was diagnosed with cancer. I presume he used to know it hurt… He must have known. I don't know. I don't understand how you don't know your partner's crying. That she's in a lot of pain. I don't understand that … I had wine dripped into my vagina. I had wax poured on me …

'It was extremely painful. It was humiliating and not having control, being powerless. There was a lot of physical abuse. There was manipulation and control happening by him. I guess for me [I recognised it was rape] in reflecting back. I knew things were not right at the time but just at the moment I'm going through a process of annulment through the church. Going back over it just when you look at it a bit more, it's so emotional from the side and you talk to others and it sits there and says this is what it is.'

Louise *is a professional woman, working at management level. She was married for six years from 20 years of age. She left the marriage when her parents 'kidnapped' her and her two children to take them home.*

'I was 20 years old and a new mother and knew nothing, really knew nothing about life and I lived a thousand miles away from my family.

'Well, it actually happened because my daughter was born, and it was only four weeks after my daughter was born that he did that. I went for my post-natal check up in my sixth week and it was actually my gynaecologist who said to me when he did an examination, he actually – I remember him quite vividly standing at the end of the table – and he stepped back and he just went "Oh, my God" and he looked at me and he didn't know quite what to say. And I remember the look on his face and he was a gynaecologist, and he said to me "What has happened here?" and I said, "I don't know what you're talking about", because my husband was out in the waiting room. And he said, "I need you to tell me what's been going on here", and I said, I don't know what you're talking about'. And he said, "You are [cut] from every angle right through your vagina, right through the outer layers – you look like you've been attacked with a razor blade. You've got over at least two hundred open wounds", and he said "What's been going on?" And I said, "I don't know what you're talking about". And with that he said – I think he offered to help, I'm not quite sure but I was just so terrified – and he just said "I'll give you something". And I said to him "The pain is unbearable. I can't tell you, the pain is unbearable".

'It happened continuously from the fourth week after I had my daughter. He raped me four times in those two weeks and then continuously for four years. My son was conceived that way.

'When he was raping me I remember my eyes rolling back in my head because I thought I was going to pass out with the pain – so I remember that quite vividly. And I remember we were living in an army house and there were concrete floors in the toilet and the only place I could get away from him was in the toilet and so I used to sneak out and I used to sit naked on the concrete to try to soothe the pain because the pain was that bad … the coldness would take away the burning.'

Monique was in a relationship with her partner for 12 months before he showed any signs of violence. He raped her on her 27th birthday a year ago. She left two weeks later when she was able to escape from him.

'I was in a relationship with him and he'd shown no sign before … You could see love in his eyes before and that night there was just nothing.

'I didn't know what to think of it. To see your friend, to feel for him, to know him one way and then they're not your friend no more. I'd been with him for a year and no sign of this. I got told to stay in the room. I wasn't allowed out of his room, had to stay there. It was only that morning that it happened, and the night before on my birthday. Good birthday it was. I turned 27. I'm 28 this year. It was last year. I didn't stay in the relationship after that…At the time I was spun out more than anything because he was my only friend. He was my man but he was my friend. He was my only friend. It was my birthday and I was going to leave [to go out and celebrate] and he didn't want me to. So I sat down in the park and he started getting nasty and held me down, latched onto my face with his teeth, and he said, "Fucking lay down and take it and I'm having some and I'm gonna take it", and that's what he told me. I say, "No you're not", and we ended up in a big fight, but he was stronger than me. He beat me …

'Well I woke up with him down my throat. I was passed out and woke choking on him. I jumped up and tried to leave and he dragged me back by my hair.

'When I finally got away and got to the train station two weeks later, he came down and tried to stab me seven times. Three fellas walked over and he took off. The train conductor put me on a different coach to the one my ticket was booked on. I got on the train to Sydney just to get away.'

Fraser is a teacher who was married for ten years and had two children to her husband.

'[I named it as rape] when it became non-consensual. It was not two people agreeing in the moment leading into sex and love. It was when it became his wants as opposed to needs taking over to the point where I didn't like what was going on. I didn't feel like sex of any sort, it was non-consensual so it became rape and then it moved up another notch and became anal. It was totally abhorrent to me. I felt totally disgusting and degraded. Part of the emotional side was that the reason he insisted on anal sex as opposed to normal rape was that my vagina was so big having had a child. I thought, "You prick".

'It was clear [it was rape] when it became the anal rape, because even though it started because he wanted to try it, I told him, "I really didn't like that so we won't go there again". Over time it became more and more frequent to the point where I had no say in it. It was a physical restraint and "I'm frigging well doing it whether you like it or not". I'm thinking this is totally non-consensual, this is unacceptable. He knows I don't like it and to be restrained it puts it in the straight out category of rape. If you're being bear hugged from behind and you

don't have much room to escape, the only way is to try and arch yourself away, and that's how I did my back. I popped one of the vertebrae in my spine. Even that [injury to my back] didn't make it stop. That's when I knew I had to get out. When it became that I was physically restrained and he was going to do what he was going to do irrespective of my thoughts, my feelings, my physical acceptance of it – apart from the emotional side.'

Laura *was married for 15 years with four children.*

'I know at one time I felt I was very lucky to be alive because I said no to sex. He was drinking and I just said no. I had a pillow placed over my face and held there while my partner had sex. That was combined with a couple of hits around the head. I remember when he finished he went to sleep.

'When I thought about that time, I thought how close I was to death, not just the pillow, hands around my neck and everything. I realised how close to death I was. It did happen more than once. It was just his right to have sex whenever he wanted it and he had a piece of paper to say he owned me. They were the words. I have a piece of paper to say I own you. You do what I say.'

Rebecca *was married for 16 years. She was 22 when she was married.*

'A high percentage of sex was without consent. Twice a day he would want sex and was never ever satisfied. I had no mind worth acknowledging …

'What I call rape (in front of a porno) made my whole body sore the next day trying to keep him off. I consider rape when someone's manhandled, dragged you, and no matter what you do, you can't get him off and you don't want what's happening and you feel like a ton of shit. But saying no in the morning, no in the day, no at supper time – just do what you want to do and I'll think of England. Deaf ears. He's emotionally blackmailed me constantly, no matter what I said, he wanted and he got.

'I did assertiveness training to express my feelings. I learned there how to say no. For the first time in 14 years I said no. I went 14 years and even after giving birth to the children, before the six weeks to heal, the pressure was always on. I'd be woken in the morning. Or I'd be asleep and he'd be doing it. I said no after 14 years of this. So much for the assertiveness skills training. He raped me. You can say no, but if the fear is there still, no does not seem to work.'

Lee *was in her 20s when she married. She was with her husband for 13 years and they have two children.*

'I was possessed, not loved. He's been so emotionally violent, so controlling and that continues despite the marriage being over. He had me as a trophy and controlled me and that was my role to be his no matter what. He married me so he owned me. That's where it all came unstuck. As the story goes, six weeks after we were married, I broke my ankle. I was extremely active and it changed the way I thought about everything. I couldn't move. I was in bed with my foot in a box in plaster. He wanted sex and I said no. He flew out of bed and said, "You cold cunt of a thing. You're my wife. You will". I think I died that minute. I thought, "Oh my god, I'm trapped. Oh hell, I'm married". What do you do? … I just shut off, and let him do what he did and that was it.

'… To keep myself safe I just went along with it. It did happen more than once. I just shut off, and let him do what he did and that was it. It was pretty awful because I didn't feel anything. I didn't know till now, at this time of life, I had no concept what my willingness to give was like. He just took.'

Victoria *is a professional woman who was married for 13 years and then separated for 8 years when her ex-husband raped her.*

'I had been married 13 years [and] it was all about ownership and power. He was very wealthy. Once he realised he couldn't break me financially, it was a case of physically oppressing me. Now, the incident took place eight years after our divorce. It had been very acrimonious …

'I was walking down this hallway, and there was his room, and he was standing in there stark naked, absolutely stark naked with an erection and I knew instantly that he'd taken Viagra. It was so abnormal. In all my married life I had never seen him like this. This was not a man turned on by his ex-wife. The dialogue that we'd had in no way indicated what he'd then said was consensual sex and we were trying to reconcile … I was pushed onto the bed … I just knew we were going nowhere till he'd done what he was going to do. When it all finished, I went to the bathroom, wiped myself down, picked up my stuff and walked out of the house. I knew I needed to go home but I was too upset to go home. I didn't know what to do …

'He's probably a bit taller than me. He's not a big bulky man but he appeared to be so much more magnified. I can't express to you enough what the sight of this erection did. It was just so gross. It was a violent instrument. To see him naked. It couldn't have been more intimidating if he'd had a knife or a gun to my head. I question, why didn't I back track but I think part of my condition is that I was literally rooted to the spot. I couldn't move.'

Kate *lived with her partner for seven years, from when she was 23 years old. She left two years ago with two young children.*

'I met [my partner] when he was 19 and I was 23. I met [him] though my sister's husband. He was his first cousin. We started seeing each other for a couple of months. He got close to my eldest son ... Three months later he moved into my house. He was perfect. He did anything for me. He was the nicest guy …

'Pretty much after we were together I fell pregnant … One night, he accused me of sleeping with the man who was staying with us … I had gone to bed that night. While I was sleeping, he brought in a two-litre jug of iced water and poured it over me. I wouldn't fight back or argue. I laid in my walk-in closet and hid from him until he calmed down. Later he came to bed and started calling me names. The filthiest names – I'd never heard words like that. Because I wouldn't have sex with him, he booted me out of the bed and I landed on my bum. We had carpet in the bedroom with only concrete underneath. A couple of days later I started getting cramps and bleeding. I had been crying for three days with pain … I rang my sister and she took me to the hospital. They said the foetus had died a week before. He didn't care. I came home and he wasn't worried.

'The next month I fell pregnant with [our son] and things got a little better. We moved from there because it was emergency housing and we stayed with mum. As I got bigger in the pregnancy, at six or seven months, he was going out a lot and drinking. He was coming home at four or five in the morning. My sister was living there with her two children, and a couple of times I had to hide in her closet because I knew as soon as he came home, if I didn't have sex with him he would abuse me and keep me awake till six or seven. I would just do it, and he would hurt me in ways that wouldn't leave bruises. Half the time I'd have sex with him to keep him quiet. One time I hid under my nephew's bed and he woke up my mum and said I'd taken off …

'Because my stomach was big – I was eight months pregnant – he wanted anal sex and I said no. He said he wanted to have an open relationship and I got upset and started crying. He kept abusing me wanting the anal sex. I let him. And because it hurt, he went into the kitchen and got some solidified cooking oil and put it on his penis so it was easier. For two or three days it was coming out of me.

'[I recognised it as rape] when I couldn't stand him being on top of me. That was going on for years before we ever broke up. I even cried when we had sex and he didn't care. I would just turn away and cry. And the worst thing was him trying to kiss me. He knew I didn't want to have sex with him. He used to try and turn me on for me to like it. That was even worse when he tried to make me enjoy it when I didn't.'

Elizabeth *is a businesswoman and leader in the community. Until two years ago, she was happily married to her second husband in a marriage that had lasted 21 years. Her second husband raped her within a year of their separation.*

'I was furious. I said, "You liar". He said, "No, I've just been out to tea". I was so angry, I took my shoe off and was trying to … He didn't hit me. He pushed me over and I hit my head on the ground and I don't remember anything then. When I came to, I thought, "Oh, my head", and there was blood everywhere. I could hear a motorbike going round the lake. I was in and out of consciousness. I can vaguely hear him saying, "Are you all right?" I said, "Get me to the hospital". He got me into the ute and brought me home here and took me into the bed and put a towel under my head so the blood wouldn't go everywhere. I don't remember any of that. I woke up and my dress was all down to my waist. ..You know, he left me a cup of coffee on the side of the bed, just the way he used to. The disbelief of that … And then I started having nightmares. I could see him standing over the basin and washing himself [his genitals]. So I knew that much.'

Rhonda *was married for 16 years and had two children.*

'The first night we were about to have sex, he pulled away from me and laughed at me and said, "We'll have it only when I say so". And two or three days later, after we were married he was trying to have sex but he hit me because I said no.

'He'd want sex every day, but at one stage, when we first went to [placename] he wanted it seven times one night. He was trying to break some record in his head. The rape happened a lot. In the end it was every day and if I had my period I had to show him the blood so he wouldn't do it for two or three days. If I was on top and he went to sleep if I tried to get off, he would grab me and push me so hard back on that it would hurt like crazy.

'[I remember] I was in waist deep water and he would put his fingers up my front passage and say, "What are you going to do about it?" I was really scared that he would push me under. He'd push me on the bed, arms up my back and have sex that way. He wouldn't undress me, just shove them aside and push in … He used a torch on me sexually when I was asleep. He threatened to use carrots. It didn't matter to him if it was front or back passage. I felt dirty if it was the back passage. I felt all churned up. He just did it and I would tell him no.'

Amanda *works in the health profession and was married for 'quite a while' to her husband. During this time, they adopted two children.*

'[I recognised it as rape] during the act. He actually called me by another name. I'd been asleep and he'd got home from what he said was work. He woke me up for sex. It was more aggressive than I'd ever experienced before. He'd called me by another woman's name. At

that very moment I asked him to stop and he wouldn't stop. It was the first time it had ever happened. He'd stopped if I ever said to stop before. He'd respected me in the past. This time he didn't respect me. I just lay there. I didn't push him away. I don't know why I didn't. He was going to have his way with me and he did. I lay awake all night. I didn't know what had happened to me. I was trying to work out what had happened.'

Jacqui *is a student who began a14 year long relationship with her partner at 29 years of age. She left three years ago, taking her young children.*

'You try to hide it and pretend it didn't happen. But this morning when I was driving I was thinking is it really rape? I define it as rape but I don't know whether you guys are going to call it rape. At the time I called it a safety thing. It was either do this or face the consequences. It was do this or have the crap beaten out of you. But I was thinking because I did it, I didn't complain, it was like a choice between two things.

'He wouldn't come home till four or so in the morning and he'd be drunk and that would be when it would happen. I'd lie in bed and wish he'd been killed. I knew by the mood it was one or the other [the rape or a beating]. I've got three kids and you don't want them to put up with the other part. It was a more quiet violence.'

Katherine *was married at 16 and stayed in the marriage for 18 years. She has two children.*

'It [happened] somewhere between the ages of 17 and 20. I hadn't been married long. I was married at 16 and a half. I was still a kid … I can remember the night perfectly but can't remember exactly when it was. He'd been watching porno before he came to bed. He brought it home from some guy from work. He was four years older than me.

'Although I felt afterwards, I felt absolutely terrible, I felt degraded, I was still in a relationship with him and still had to see him every day and live with him.

'It only happened once and not again, probably because I didn't say no, so it didn't happen again. I think if I had said no again, it would have happened again. In a way I'd learn my lesson the first time – don't say no.'

Sarah *is 35 now and works in the health and community sector. She began a 17 year relationship with the father of her three children when she was 17 years old. He was 32.*

'I would just say no and he would be like, "This is the way it is going to be", and we would just do it. It was really queer. I never really had sex before I met him. I wasn't a virgin, but not like this. It was rough and at times verbally and physically violent. It was shit.

'The sex we had was weird, kinky … Instruments, fucking threesomes. Because I was only young at the time and he was a lot older. He was 32 and my experience of sex before that wasn't much. He thought he might train me. I was 17.

'Animals, instruments and other partners. He'd do it wherever he liked. If we went away, we'd just pull over [in the car and do it]. Nine times out of 10 it was, "I don't really want to do this". He would just say that if he didn't get it, he would go somewhere else for it, and I didn't want to lose him. Fuck, I didn't like it. I never thought I would be that way. I felt like a slut – having threesomes with guys and with women.'

Juana *was just 16 years old when the man she had been in a relationship with held her captive.*

'He was raping me. I said, "No, I want to get out". I can remember trying to physically fight him off and I just couldn't. I remember just lying there crying while they're having sex with you. It's horrible. Just horrible … I was locked in the bedroom. He would come in and have a drink, and go out and do his thing and come back in and have sex. I was too frightened to come out of the room. I was afraid of the people out there. I didn't know half of them, and were they going to come in next? I didn't even want people to know I was there. I was scared. I was getting scared of him too, because he was supposed to be my partner and I thought partners love each other. If someone says no, [then] you don't, but I was so confused then. I was young. And I was drinking and smoking marijuana. I can't honestly say what was going through my head then. It's only now I realise what happened to me was wrong.'

Janet *has been married four times. Her first marriage lasted seven years and began when she was 16 years old. She had five children by the time she was 23.*

'When we were leaving the hospital [after I'd given birth] he said to me, "Well, sex is normal after you've had a baby. I mean you won't feel anything after you've stretched that far". I'd been having lectures from the doctors. I was to abstain for six weeks at least to make sure I wasn't going to get pregnant immediately. He was there when that conversation took place. He just completely ignored it.

'The one we just talked about was the first husband and he raped me continually. The second husband raped me a couple of times. The third one raped me once only.

'[With second husband] We started a sexual relationship and it was fine until the ring went on the finger. After that, there came a time when I said no. I was tired. I had five kids, a sick husband, I was sick myself, and I had a daughter who knew when something was on. This time I just said no, and it was the worst thing I could have done because from then it was worse. I learned fairly early on that if I said no, I was going to get it anyway so I might as well lie back and enjoy it as the old saying goes. I recognised it was rape, and I also recognised it as rape when you wake up in the morning and they're already doing it. There's no consent. No, "Do you want it?" It's just happening. What do you do then? That's probably when I recognised it as rape in marriage.

'[With third husband] The rape in that case was we'd been married 10 years … when I found out that he'd been gradually training [my daughter to have sex with her] and he didn't actually do it until she was 18 and she gave consent (sic) … I said to my husband, "You can move into the spare room. I'm not going to lose my home", because if I'd have left, that's what would have happened. He went to counselling but three weeks later, he came into the bedroom, climbed into bed and raped me. When I objected I got the proverbial slap around the ear-hole. He said, "This is what we got married for. Unless you want a divorce and you leave my house immediately, I'll have sex when I want it". That was that.'

Kim *works in the corporate sector at a senior level. She was happily married to her second husband for 18 years before he drugged and sexually abused her a year ago.*

'The reason I went to the police was after [my husband] admitted drugging me and sexually abusing me … I knew that I had very little recall of events but I knew that he had been putting something in my mouth. I couldn't work out what that was … From the Tuesday through till the Friday, I had moved myself out of the bedroom and locked myself in another room.

'My husband owns a [business that operates at night] so he was going out most nights. What was happening was I'd be fast asleep and that's when it would happen …

'After the first time it happened, I didn't believe it. I couldn't believe it. I thought I'd had a bad dream. I needed to validate it. I went back into the bedroom and five days later the second episode happened. I confronted him and he told me I was snoring and he was putting some water in my mouth as I was mouth breathing. I thought that was weird …

'He'd ground the tablets up with a mortar and pestle and mixed them with water to put in my mouth when I was sleeping … I kept saying, "What are you doing?" and he would say, "You were dreaming" and I would think maybe I was dreaming … When I went to see my doctor, he said, "There's no point in taking your analysis", and I said, "Just take it". He said, "If there have been drugs administered, it's highly likely they won't be in your system now at this late stage". I said, "I don't care". He said, "I'm 99.9% sure". I said, "I'm happy to go with 0.1%". So we did the analysis and it came back that I was absolutely loaded up with benzodiazapan. After all that time … In the meantime, I was coming down off the drugs, going through drug withdrawal, shaking, dry in the mouth, I had severe rhinitis, runny nose and eyes. I had memory loss. I felt totally violated.'

Marcia *is now retired after a career in the legal sector. She married at 21 and had two children. She left the marriage after 11 years.*

'I got married at 21, things were fine for two years after that, and then it started to deteriorate and I'd say about two years after that again … it started to kick in, and the physical abuse was quite bad. He actually came home one time, and I obviously didn't want to go to bed with him, because he was inebriated. He'd had a few drinks in the evening, so it was just a matter of when he was actually going to do it, and that's just not good enough. You need a bit of tenderness, that's the way I feel, in a relationship. I had been ready for bed and when I started to protest, "No, I don't want that", he ripped my PJs off me, really harshly, and stripped me naked and threw me out of the house and turned on the front light …

'I hadn't been a religious person as such, and so I couldn't really, I just didn't want to go to a church or a minister, or something. You just coped as best you could, and just prayed and hoped that it wasn't going to happen that night or the next night, but it did and, as I said, there was nowhere to go.'

Cheryl *works in the health and welfare sector. Her first husband was violent towards her and she left this relationship. Her second relationship was very happy. With six children she entered a relationship with her third partner and this was characterised by abuse and rape.*

'He ended up raping me and was raping me before I even realised that's what it was. I was having all types of body behaviours, going to the doctor with urine infections. I'd never had them before. The doctor asked him to come in because I had bruises over me all the time … I don't know a lot about sex. Only what I was told to do, "Shut up and take it". A sentence I know very well … I could predict it or avoid it and do all those damn things that you have to do, and you shouldn't have to do them ever, ever, ever.

'I would say, "You're hurting me, I'm dry", to no avail. I was being abused but because of early abuse I have a high pain tolerance. I didn't know. What the hell did he just do? Then he started trying to get his fist inside me and there's just no way. For three or four days I was just so bruised and swollen and I'd say I can't do that again. I didn't understand why when I told him you can't do this to me, he still did it. For some reason everything I told him not to do, he just did. When you tell him it's hurting and he just keeps going. And he just flipped me over like I was a lightweight. That act in itself was so strong, for him to pick up my 60 kg and just flip me and then ram me was just a flash. He bloody crippled me and then he told my daughter the next day, "I hurt your mum last night".'

Julia *was married for one year and three days when she left her husband. She took her 5 month old child with her. This was 11 years ago.*

'I'd tell him to stop and he wouldn't. I'd tell him, I'd ask him not to and he just didn't care. I'd be crying and screaming and yelling to stop and hoping that one of the neighbours would complain and come knocking on my door, but nobody ever did.

'I said no, telling him to stop, telling him it hurts. He repeatedly did it. Whenever he wanted. It wasn't once or twice or even three times. It was constant. He knew it hurt. I told him it hurt. He was really rough. It wasn't like a love thing. It was rough and if I didn't cooperate he would just hurt me more. In the end, I'd just lie there and cry and he'd do what he wanted. I'd just lie there and cry because if I struggled he'd just hurt me more. It happened heaps.'

FINDINGS – THE WOMEN

SECTION I – THEN

What are we talking about when we say partner rape?

For some reason everything I told him not to do, he just did. (Cheryl)

You have no say because of the strength of the male. (Kate)

One man raped his wife anally and broke her back. Another man raped his partner of 12 months on her birthday, kept her a prisoner for two weeks and then stabbed her at the railway station when she tried to escape. Another so traumatised his new wife that she can't remember the details, just that her obstetrician wanted to know what had happened. For these men, there have been no consequences for their criminal behaviour – at least none involving social sanctions.

The rapes described in this research were:

violent

drunken

vengeful

predatory

aggressive

selfish

exploitative

The men raped their wife or partner:

during pregnancy

in front of children

in the weeks after giving birth

while she was crying

when she was drugged by him

when she was ill

when she was unconscious

when she was disabled

when she was very young

when she was isolated from family

He:

intimidated her

emotionally abused her

inflicted extreme physical injury on her

incarcerated her

treated her as an object

raped her seven times in a day

burnt her with hot wax and tied her up

insisted upon: threesomes, sex with animals; instruments; sex in public

Section 38 of the Crimes Act 1958 defines rape, as we read earlier, as sexual penetration (inter alia) while being aware the person is not consenting or might not be consenting. Consent means free agreement. Free agreement is not, for example, where there is fear of force; fear of harm; where a person is unlawfully detained; or when they are asleep, unconscious or so affected by drugs or alcohol as to be incapable of free agreement.

The experience of all 21 women is rape according to this definition.

One woman did not say no because it was going to be either a rape or a beating, and rape is quieter when you have sleeping children. This is clearly rape under the legal definition. One woman was unconscious after a fall and another was drugged by her husband. Both are clearly rape. One woman can't remember if she said 'No' because of Post Traumatic Stress Disorder. This was the woman whose obstetrician asked what had happened. We could assume that injuries looking like a hundred cuts to the vagina would not have been consensual. The other 17 stated, 'No'. Each of these women described their lack of consent:

I was too naïve and too scared to say no, but I do remember saying no, but it was useless, he went and did it anyway. It was useless saying no, so you stop. You know it's not going to get you anywhere. (Juana)

I remember different instances where he wouldn't take no for an answer ... All I know is that I didn't want it. (Rhonda)

In my mind it was rape and not anything else ... There was absolutely no consent given. (Victoria)

Mine was not sexual assault, it was definitely rape. It was unwanted ... I remember saying to him, if you want anal sex, go and get it elsewhere. Go to a bloody brothel or go to someone who finds it acceptable but I don't. So he was well aware that I put it in a category that is not on. And it still continued. (Fraser)

I would just say no and he would be like, 'This is the way it is going to be', and we would just do it. (Sarah)

If I said no, he would force himself on me. (Laura)

I was crying, yelling, screaming, saying, 'It's hurting, let me go'. But he never stopped. (Julia)

He said, '... Lay down and take it and I'm having some and I'm gonna take it', and that's what he told me. I said, 'No, you're not', and we ended up in a big fight, but he was stronger than me. (Monique)

He wanted sex and I said no. He flew out of bed and said, '... You're my wife. You will' (Lee)

At that very moment I asked him to stop and he wouldn't stop. (Amanda)

This time I just said no, and it was the worst thing I could have done because from then it was worse. (Janet)

In a way I'd learn my lesson the first time – don't say no. If you'd said no, you knew deep down the same thing would happen again so you didn't say no... What I've

found is the woman can't give consent. If you say no, well that's too bad. You either say yes, and if you say no, I'm going to take it anyway. (Katherine)

I went 14 years and even after giving birth to the children, before the six weeks to heal, the pressure was always on. I'd be woken in the morning. Or I'd be asleep and he'd be doing it. I said no after 14 years of this. So much for the assertiveness skills training. He raped me. You can say no, but if the fear is there still, no does not seem to work. (Rebecca)

[He] took me back to where I have no rights, no opinion. When I'd say no, he didn't respond in a correct manner ... He ended up raping me. (Cheryl)

The rape happened several times. It was all through my marriage. It was all through the time before I was married. That's certainly not pleasant and when [he] used to tie me up and it's just not normal ... It used to hurt like hell. Particularly when I had cancer and it was growing. I'd end up in tears but it didn't matter. He didn't care. (Anne)

I knew as soon as he came home, if I didn't have sex with him he would abuse me and keep me awake till 6 or 7. I would just do it, and he would hurt me in ways that wouldn't leave bruises ... Because my stomach was big – I was 8 months pregnant – he wanted anal sex and I said no. He said he wanted to have an open relationship and I got upset and started crying. He kept abusing me wanting the anal sex. I let him. (Kate)

I had been, you know ready for bed sort of thing, and when I started to protest, 'No, I don't want that', he ripped my PJs off me, really harshly, and stripped me naked and threw me out of the house, and turned on the front light ... Well as I said, there was the physical abuse and the other times, he'd want sex and that was it, regardless of what my feelings were... (Marcia)

What kind of man does this?

We are presented with a range of stereotypes of the kind of man who would rape the woman he had married or chosen as his partner. The temptation is to think that we could recognise a man who would rape. The men described by the 21 women were diverse. They included men employed at high levels and men who were unemployed. While some men could have fitted the stereotype of the violent and recognisable abuser, most were not. Two were outstanding citizens, recognised with awards by their communities. Many were 'good looking', 'smooth talkers', 'nice guys', financially well off.

Everyone thought he was a really nice man. (Sarah)

[My kids] had an image of him as a nice guy. The image outside the house, yes. (Cheryl)

He is [his name] a councillor, in Rotary, a [name of award] fellow. Citizen of the Year a few years ago. (Elizabeth)

[He] was the district governor for [named service organisation]. (Sandie)

Some seemed to have a hidden side to them, and the women spoke of seeing something new and threatening, even after many years of marriage. They wondered out loud if it was possible their husband could have hidden their real self for so long, and if they had ever really known who this man was.

I can't work out if he was just hiding it, but you can't hide something for that long. Things are showing in their eyes. You'd see it in their eyes, not just an empty nothing there when you look in them. (Monique)

I don't know what's happened, I don't understand him at all. When I was doing my annulment stuff I realised how little I knew him. It was scary. How can you be married to someone and not know them? (Anne)

It keeps coming to me – the look on [his] face, it was like it wasn't [him]. I now see a different side of him to who I was married to. (Elizabeth)

Some had clear behaviours of sexual activity described by the women as 'queer', 'perverse', 'bizarre', 'fantasy-land'. They described how their husbands had affairs, used prostitutes, raped them after watching pornography, 'moulded' them into sex objects for their use, and insisted on sexual activity that the women found unacceptable. One woman said her husband was generally unable to have sex, with the exception of sex for procreation and for the one incident of rape years after the end of the marriage. Another would only rape – there was never consensual sex. Some had sexually abused children and one had raped a young woman with an intellectual disability.

He was unable to have sex. Ordinarily he couldn't have sex, I remember the dates of the three children being conceived. There was never gratuitous sex. There was just never sex. The moment I was pregnant, I went almost 18 months before he touched me again. He was never that sort of man. (Victoria)

Insecurity was identified as a problem with some of the men. The women reflected on the apparent inferiority felt by their partners through differences in education level or popularity and social standing and thought they used rape as proof of their masculinity and superiority. Proving only, as one woman stated, their weakness.

Most men who are abusive are actually quite weak. (Louise)

I attracted men who were insecure themselves and they saw how useful I could be to them and how grateful I should be because they're doing me a favour [because of my disability]. (Rebecca)

Funnily enough, I think too that he had an inferiority complex because I actually had a very good education, and he left school at 14. (Marcia)

Rape is their proof of their masculinity and their power over you. Their dominance. It's a primeval thing. You are my property. (Janet)

I think maybe he was feeling inadequate because of the pornography and then tried to project that onto me … Maybe because I wasn't performing as in the porn? Because he had bags and bags of porn. (Anne)

The women suggested that men who rape their wives and partners have sometimes been raised to think they have a right to do as they want with a woman; that women are there to be used, to meet their needs and to do what they're told.

He punched me, and he punched me through the friend's door and I landed outside. We broke up for a while after that. His mum blamed me for everything. (Kate)

Some reflected that perhaps love and nurturing was absent from the childhoods of their partners and that they felt neglected and rejected as children. One woman wondered if it was the molesting of her partner as a young boy by his uncle that led to his violent and sexually abusive treatment of her. There was a discernible undercurrent that these men did not see women as self-determining or autonomous.

I think there was a lot of basic loving and nurturing missing from his life. I think he's sought other things. (Anne)

He's got a lot of hang ups about his mother and about me because I'm a strong woman. He has no respect for women, he goes off with floosies. He apparently has no self-confidence but he's pretty good looking, and financially OK. (Elizabeth)

In an attempt to make sense of his behaviour, some women considered their ex-husbands to be mentally ill – one suggested he must be a sociopath, another suffering schizophrenia, and others depression – some described behaviour and attitudes that were puerile. One resented his own babies for taking what was his. He demanded anal sex because he stated childbirth had stretched his wife's vagina too much, and his resentment went further because one child had a health problem which took his wife's time and energy.

I have a nursing background and have done a lot reading and I think he's a sociopath. (Sandie)

There at the end, he was so disturbed, I still don't know if he was a schizophrenic. (Rhonda)

Men were described as angry and bad tempered; as verbally and emotionally abusive; as financially abusive; as controlling in every area of daily life. These men seemed to believe they had a right to control what their wife or partner did.

It started to snowball, to 'I want and I'll have'. (Fraser)

One night he brought out the marriage certificate and said, 'I've got a piece of paper that says you do as I say'. (Laura)

In six years I wasn't allowed to have any money, I wasn't allowed to drive a car, everywhere I went he went with me and I wasn't allowed out of the house, and if I didn't answer the phone he would be on the doorstep within an hour saying 'Where were you?' So there was huge control, huge control. (Louise)

The spectrum of violent behaviour described in this research included threats to kill the woman and her children. It included gross physical violence; stabbing; and an axe attack. Three-quarters of the women interviewed described violence playing a role in addition to the rapes they suffered.

[He] used to threaten to kill me throughout the marriage; and more recently, in February, just before moving into my house, he threatened to kill me twice within a week. (Anne)

He knows I'm frightened of him. I'm afraid if I took a stand he will hurt me. The only day that will make me happy is when he is dead. (Sarah)

My first husband used to like oral and anal sex. I didn't like either so he smashed me in the face so I had to have all my teeth out and he could force oral sex. He could force any bloody thing he wanted to. It's just violence to prove that they are big and strong and you are nothing. (Janet)

Drugs and alcohol were factors identified by twelve women as contributing to their husbands' behaviour.

A strong theme emerging from the research is that the kind of man who rapes his wife or partner takes advantage of those less 'powerful' than himself. The women pointed to their own times of vulnerability which were coldly exploited. They spoke of when they were sick with epilepsy, disability or mental illness, cancer, broken bones; or when they were unconscious; pregnant or with a new baby; when they were very young and unsupported by

family; when they were purposely isolated by their husband from family and friends either geographically or socially. One Aboriginal woman was enticed from her family at 17 and, six months later, the abuse began. Vulnerability occurred, too, through lack of financial resources and through strong religious faith. The men we heard about in this research took advantage of all these vulnerabilities.

> *At the time that I met [him] I was really not in a mentally right state. I should have been seeing a psychiatrist or psychologist or should have been in a hospital really. He got me at a weak moment and he wouldn't leave and I ended up getting pregnant. (Julia)*
>
> *I was only young at the time and he was a lot older. He was 31 and my experience of sex before that wasn't much. He thought he might train me. I was 17. (Sarah)*

Does he recognise it as rape? He excuses himself

All of the 21 women stated that 23 of the 24 men would not have named their actions as rape.[36] This is the most bewildering finding of the research.

According to the legal definition, all 21 women were raped. We know that 17 women said no. One woman was unconscious and one was drugged. One chose between a rape or a beating. One could not remember saying no because she is affected by Post Traumatic Stress Disorder.

A total of 17 of the 21 women reported other kinds of violence in their relationship concurrent with the rapes. How could the women think these men would not recognise their actions as rape? Think of Fraser, who had her back broken while being anally raped. Think of Laura, whose husband held a pillow over her face 'combined with a couple of hits around the head' and who was raped thinking she was about to die. Think of Anne, who had cancer and described how her husband would keep pushing and pushing and it would hurt so much she would end up crying. Think of Monique and Juana, who were held captive by their partners. Monique was stabbed seven times when he found her at the railway station trying to escape. Think of Victoria who had been separated for eight years when she was raped by her ex-husband. He had taken Viagra in order to complete the rape and had enticed her to the house with the excuse that he needed to discuss the children.

How could these men apparently not know they had committed rape upon their wife or partner?

One woman thought it was because her partner considered his actions as acceptable 'in his own mind'; for one man, perhaps because he had been abused as a child and saw sex as a mixture of pleasure and pain; for several men, because it was her fault; for most men because he had done nothing wrong – they were married, she was his, it was normal, it was his sexual appetite.

> *He absolutely would not recognise this action as rape. No. Never, never. Even if he's found guilty and put away, he'll go to his grave believing this is my fault. (Victoria)*
>
> *He says I made him do it. He's not going to take responsibility for what he's done. (Jacqui)*
>
> *They're the man, they're the boss in the relationship so you do what I say. So I don't think he would have seen it as rape. He would have seen me as his property*

[36] Some women had more than one partner

and he could do as he wanted. (Juana)

He didn't think there was anything wrong with doing what he did. 'All men do that. He said, 'You're my wife. We had sex.' He doesn't recognise it as rape. (Elizabeth)

I don't know if he would recognise it as rape. I told him when I left that he treated me like a prostitute and he says he was really shocked and hurt by that so I don't know if he would say that. (Anne)

I remember one time telling him that in a relationship you can be raped by your partner and he said that was crap. He thinks he hasn't done anything wrong to me and that it's not his fault. (Kate)

I said to him, 'That's what you done' and he just sort of giggles it off. You say it again to him and it's seriously like he doesn't think in his own head that he's done anything wrong. (Monique)

No he doesn't [recognise his actions as rape]. I've had this discussion with him, and no, he totally denies everything and doesn't believe he did a thing to this day. (Louise)

No, he wouldn't recognise as rape. At counselling, he said there was nothing wrong in our marriage. It was normal. (Julia)

No, I doubt my husband would have recognised it as rape. He thought it was his right. He owned me with his piece of paper. (Laura)

No. No. No. He wouldn't say it was rape. I don't think he would even remember the night and what happened if I asked him today. (Katherine)

I can't be blamed
I won't be blamed
Deny, deny, deny, deny.
It wasn't me
I didn't mean it
Deny, deny, deny, deny.
Deny the evidence
Deny reality
Deny, deny, deny, deny.
Deny the facts
Deny any guilt
Deny, deny, deny, deny.
I'm only a killer
I'm only a bully
Deny, deny, deny, deny.
I'm only a rapist
I'm only a bigot
Deny, deny, deny, deny.
I'm just a white,
Ordinary man.
I'm just a white,
Ordinary man.
Deny, deny, deny, deny.
Deny everything.

Pankow, *Great Minds Against Themselves Conspire* (2006)

The law is clear that rape is committed when the person is aware that consent is not present or might not be present. It is still rape when a person is aware of non-consent but persists because of an erroneous sense of entitlement. Ignorance of the law has never been an excuse.[37]

[37] Ignorantia juris non excusat or Ignorantia legis neminem excusat (Latin for "ignorance of the law does not excuse" or "ignorance of the law excuses no one") is a public policy holding that a person who is unaware of a law may not escape liability for violating that law merely because he or she was unaware of its content; that is, persons have presumed knowledge of the law. http://en.wikipedia.org/wiki/Ignorantia_juris_non_excusat (Accessed 7.5.2008)

Does she recognise it as rape? She excuses him

Was it my fault?

Rape is so personal and so violating that the effect of partner rape on the women is guilt and shame – at least initially. The women's words portray their struggle to identify what it is they did to cause their partner to behave this way.

Where had she gone wrong that this had happened to her? How had she 'slipped' and landed in this situation? Was it her inability to satisfy the sexual needs of her husband or partner? Was her body too stretched by childbirth? Was it because she had a disability? Or because she was shy? Or was a 'complete dickhead'? Was she 'cheap'? Did she attract men 'like this'? What kind of signals was she sending? Was she asking for it? Was she flawed? Was she 'a fucked personality'?

A very common theme was the women saying things like, 'It was my fault – and he told me it was my fault'.

Those women who 'take responsibility for my 50 percent of what happened' and who 'don't see it as anyone's fault' appear not to be travelling well in their lives. They spoke of struggling to make sense now of what had happened to them.

> *I still feel that shame inside me... I felt I got myself into that situation ... I think I could have prevented it if I'd done something about it. (Juana)*
>
> *By the second or third day, I would be thinking, it was really my fault, I should go back. (Janet)*
>
> *I blamed myself for everything, because he continuously told me that it was my fault, that I wasn't interested in sex, that there was something wrong with me. (Louise)*
>
> *I don't make sense of it. You don't know. What did you do wrong or say wrong? What did you do to them to make them go like that? Well, someone can't just snap like that, can they? (Monique)*
>
> *The lawyers asked, 'Why didn't you yell, why didn't you do something?' I've asked myself all these questions ... I feel so disgusted with what's happened to me [that despite] all the help in the world, there's still part of me that believes I am flawed. Something about me that attracts that sort of stuff. (Victoria)*
>
> *I felt I'd asked for it. I felt cheap. We rushed into it, we slept together a week after we started seeing each other. He convinced me it is all me. (Kate)*
>
> *I must have sent out a message that I'm nothing. (Laura)*
>
> *I have this guilt thing. I must have done something. (Elizabeth)*
>
> *I shouldn't have been in that predicament. I shouldn't have put myself there. (Monique)*
>
> *I feel guilty. And I think, why didn't I scream out? I let it happen. (Juana)*

'The idea that women are to blame for rapes is preposterous, it's an appalling concept.'

John Howard, Prime Minister, 26.10.2006 (ABC Radio Australia News)

'My attitude of violence towards women and children, including sexual violence towards women and children, is one of zero tolerance.'

Kevin Rudd, Prime Minister, 10.12.2007 (SBS World News Australia)

There must be something in me that's attracting that sort of person and behaviour. I know it's low self-worth for me ... If I hadn't had a disability I wouldn't have put myself in such fucking awful positions. (Rebecca)

I wasn't satisfying his needs and that's why he had to have anal intercourse and brothels. (Fraser)

You do have a lot of guilt when it happens … was it your fault, could you have stopped it? It's pretty tough when it all hits you, you doubt yourself about what happened. (Katherine)

Looking back, women wondered if they could have prevented it. Many answered that the passage of time made it clear to them that they could ***not*** have. They were not in a position to prevent these men from raping them. One reported hearing from a health professional that the victim takes the blame, and this helped her move beyond the inaccurate self-blame to a more constructive stance.

'It was as if her sorrow and pain finally assumed their rightful place.'

Lars Von Trier (2000) 'Dogville' (Filmscript)

I know now what happened wasn't my fault. For the time then, I probably couldn't have done anything about it. (Katherine)

How stupid am I? Especially when you're out of it and look back at you and you think why? (Jacqui)

Intellectually, you look at every nuance of what you said and did to see whether you'd done something. I know I didn't. (Victoria)

It didn't really happen ... did it?

Even before the self-blame set in, about a quarter of the women persuaded themselves that nothing at all had even happened. They talked of an internal dialogue that tried to rewrite the experience and tried to 'make him a nice person'. They decided that nothing had happened.

It's interesting, I stayed with him after the rape. I gradually started after that night to talk myself out of thinking that I'd been raped ... My reaction was this can't be true. You're stupid, change your mind. I had talked myself out of it. (Amanda)

I was thinking, I'm wrong. I'm wrong. He'd leave tomatoes and eggs for me on the back step the way he used to be. And the way he is with everybody. (Elizabeth)

After the first time it happened, I didn't believe it. I couldn't believe it. I thought I'd had a bad dream. (Sandie)

He was my husband and I was in a disbelief thing. He wouldn't do these things. (Elizabeth)

I would just get up in the morning as if it hadn't happened and just block it out. It hadn't happened. Denial. Denial. (Laura)

One woman who arrived for the interview for this research even expressed doubts that what she had experienced was really rape:

But this morning when I was driving I was thinking is it really rape? I define it as rape but I don't know whether you guys are going to call it rape. At the time I called it a safety thing. It was either do this or face the consequences. It was do this or have the

crap beaten out of you. But I was thinking because I did it, I didn't complain, it was like a choice between two things. (Jacqui)

'Rape' is a dangerous word

It seems that women often consider themselves to be at fault and take on the blame for 'what happened' or they deny it and convince themselves that really nothing happened. If this becomes impossible, they will shift to talking or thinking about the rape only in euphemisms. Women were reluctant to name what was happening to them as rape, especially when homes were shared, relationships were intact and lives were established.

How could they have made sense of their lives if they consciously acknowledged that the man who was meant to love them was raping them? So instead, women persuaded themselves that their assessment of the situation was wrong. They wanted to believe in their relationship, their marriage. They couldn't believe it was happening to them. For two women, when the rape was an isolated incident, it was complete shock after so many years of thinking their marriages were happy.

We all want to believe in marriage. We want to make it work.

I wanted to make it work, didn't I? At least I can say I did all I could. (Rebecca)

I was going to stay there. It was pride more than anything. I had kids and I wasn't going to let this relationship go down the tubes because it was my kids' father. That was the important part. (Jacqui)

There's three years between my kids. It was happening before the second one and whether I was being utopian or naïve or trying to save the marriage, because I was still of the opinion that marriages should work … I was still trying to make it work. (Fraser)

With my strong Catholic family values, my son was two months when we got married and I was determined to make it work at all costs ... I guess I just saw it as I've made my bed, I'm lying in it and I'm going to make it work to the best of my ability. (Anne)

The fact of being married seemed to confuse women into thinking that it could not be rape because of the existence of a marriage certificate – a view that was reinforced by their husbands. While the law is now clear that rape in marriage is a crime, that amendment was only introduced in 1985. So for several of the older women in our sample, whose experience of rape dated back to the early days of their marriage, their husbands were raping them with impunity.

I knew that was domestic violence but in those days, I could never say no if he wanted sex. It was his right to have sex whenever he wanted it. Many times I was watching TV and he would switch it off, it's bedtime now. I had no choice. I felt very much just that I had no say in anything. It was what it was all about. I had to have sex whenever he wanted it. (Laura)

I thought because I was his partner, it was supposed to be like that. I thought that was part of being in a relationship. But I didn't want to live like that. (Kate)

There was a sense that it was a man's world, where men have the say about what happens, and women must obey.

In a way I thought I probably did have the stereotype that I was with them so they were entitled to have sex with me. It was only later I learned that even if you are in a relationship that still does not give them the right to do it. It's not knowing. Whether

being brought up Catholic, it's like the man runs the family. It's a man's world. You're just here as a sexual object for them. (Anne)

The issue of partner rape was not spoken of, and women sometimes did not consciously acknowledge the rape until years later. Yet, at a deeper level, law or not – pre or post 1985 – women know when they are being raped. Even if words escaped them.

A rape is a rape. It has an effect which took me three years to acknowledge the trauma and to acknowledge that happened. So humiliating. (Rebecca)

And it was a betwixt and between situation in a way, and no you didn't mention that at all, but it certainly did happen. On many occasions. (Marcia)

I had been taught that there was no such thing as rape in marriage. It came from my family and from society. (Katherine)

I couldn't call it rape for so long. Even when a psychologist was calling it rape I couldn't. I just kept saying he assaulted me. It was only a couple of weeks ago I could call it rape. A lot of searching and support helped me do that. (Cheryl)

One of the few times I've used the word 'rape', I keep calling it 'the incident' because it's the only way I won't break down. (Victoria)

It's humiliating. It's only really this year I've been able to say that it is rape. I was just saying I was forced into doing things I didn't want to do ... I guess it's been a huge step to start calling it rape instead of saying in my head I used to get forced into doing what I didn't want to do. (Anne)

Staying – at great cost

We asked the women, 'How did you make sense of your relationship when your partner was raping you?' The most common answer was, 'I didn't make sense of it'.

Look, I think [the relationship] didn't make any sense at all, to be honest. (Marcia)

I didn't make sense of where it came from. (Cheryl)

I can't make sense of it. I've tried for years to try and make sense of it. I can't logically work out why this all happened ... I just don't understand and I'm not going to understand and I know that. I have to come to that acceptance that it's happened. (Anne)

I don't think I did make sense of it. (Rhonda)

I don't make sense of it. (Monique)

I still haven't made sense of it. (Victoria)

One woman felt clear that her husband did not love her and that was why he did it. Another knew it was wrong and left the relationship. Others pushed their awareness to the back of their minds, not wanting to admit consciously what was happening and preferring to think it was not rape. It was part of marriage and they would have to 'look past it' and forget it. For many, it was a safety mechanism when they thought there was no way out. They wanted to 'keep him happy'. They coped, they kept going, they got used to it, they denied it was happening. In this way, they could stay.

I'd block that out. I would assume it was part of being in that relationship. It was one of a billion safety mechanisms that you just had to do. It doesn't make a lot of sense now. (Jacqui)

I'd go and have a shower and I'd ask myself, 'Why are you doing this?' It would happen again and again and again. I got used to it but didn't like it ever. (Sarah)

I had to deny it to stay in the relationship with him. It was the only way I could deal with it. I had to see it not as rape but as part of marriage. That's the way I dealt with it. That was my survival to deny it. I don't think I realised what I'd done at the time. (Katherine)

It was an awkward situation because you didn't want to admit it was happening. There was no way out. (Marcia)

Aftermath

The women expressed their anger and their fantasies about revenge.

As far as I'm concerned he's a total prick and he can rot in hell. (Fraser)

You know, I passed the bastard on the way here. I thought, 'Why is he on the bloody road to [here] and so am I?' If I had the truck and not the car I probably would have run him over. [Jacqui]

I often make a joke about it, and have done, for the last couple of partners I've had – this is a really awful thing to say and you probably won't want to record it – but I have actually said that I would love to strap on a dildo and rape a man. And that's a really awful thing to say, that's a really awful thing to say. But I had this discussion just recently and I said, 'You know, I actually probably would like to do that,' and they said, 'What a terrible thing, that's just awful', and I said, 'Well actually, I actually like that idea'. (Louise)

Recognising the truth

Some women reflected on the complexity of partner rape as opposed to stranger rape. Lives are entwined, children are involved, most times a loving relationship has been lost. This complexity perhaps accounts for the delayed recognition of partner rape.

There is a stigma, I believe, comparing a stranger raping you compared to a partner raping you, and personally I think there are huge differences, but at the same time it's more difficult. I think I could have dealt with it better if it was a stranger and it only happened once, but because it happened for such a long period of time and I lived with my abuser, there's far more detrimental effects because of that and I think that that's not addressed in the circles of public awareness. (Louise)

When it's your partner that's raped you, it's messy, it's dirty. Let's not go there. We don't know how to handle it and it's, 'He says, she says'. If it's some abstract other person, and you've got wounds and ripped clothes and something to show for it ... With a stranger it would have been bad luck. Wrong place, wrong time. But this feels like something else. I'm the mother of his children. I tried so hard for so long. (Victoria)

When sexual abuse happens with a partner, the domino effect of that affects a whole lot of people – I've lost a son, a daughter in law and triplet grandchildren. (Sandie)

Whether the realisation of partner rape happened during the relationship or years after, all 21 women now unequivocally name their experience as rape. It was a criteria of participating in this research.

I'd been raped when I was a lot younger, at 17. I don't think I realised I was experiencing sexual assault from my partner until I decided to leave him. (Rebecca)

Your survival kicks in and I didn't realise it till years later ... If you don't deal with it then you have to deny it. (Katherine)

It didn't dawn on me back then that he was raping me. I probably was so traumatised I didn't think much about it at the time. It's only now I'm making sense of everything that's happened. (Rhonda)

It is only thinking back that I think it was rape. This was 20 years ago. (Juana)

It was about 10 years after I left the relationship that I first recognised it as rape. (Laura)

It wasn't until I was 23 [that I recognised it as rape]. I'd been married for 7 years and had 5 children. (Janet)

It's part and parcel of survival so you don't see it as rape at the time. (Jacqui)

Do we recognise it as rape? Society excuses him.

Good citizens and great blokes

The status of the man raping his partner can afford him a level of protection. Three of the husbands of women who informed this research were wealthy businessmen and two of these were highly respected within their communities – holding senior positions in community services and receiving awards and public acknowledgement for service to the community. The public face of these men meant the women received little support from police and courts and religious organisations. And little support from their community. They were generally disbelieved.

To exacerbate this, three of the women who spoke out publicly (to police) spoke of their ex-husbands spreading rumours about them being mentally unstable or alcoholic, or a manipulative liar.

The social standing of the men contributes to society's already entrenched readiness to disbelieve the woman alleging rape – even if the men lacked wealth and power.

My husband had such a nice outside social image no-one would have dreamed he could be like that. Gift of the gab, he would take other women to buy me presents. That sort of crap. They would say they wished they had a husband like that. (Rebecca)

Everyone thought he was a really nice man. (Sarah)

But he will get away with that. And it's not just me. It's other women. He's mixed around the lower class women, treated them like dirt ... but he's back at Rotary and taking a respectable woman out. (Elizabeth)

I only know three or four police and they are the ones in the international organisation that we are affiliated with and they say, 'He's the leader of this great organisation, he wouldn't do that'. (Sandie)

He's a bastard. But people saw him as a great bloke. He's perceived that way in the community. I feel like putting an ad in the [local newspaper] – this is the bastard. (Jacqui)

The two women who turned to the church found that this key societal institution supported the man's 'right' to rape his wife. One woman's husband was employed in the army. The

intervention of a female neighbour on the army base led to a priest being secretly called in as confidant.

> *I told him [the priest], and he actually was awful. He actually told me that my responsibility as a wife was to do whatever my husband told me to do, and so that put me in a worse place than I was before because I felt that it was my [fault] – because my husband told me all the time that it was my fault anyway – so that just reaffirmed the fact. (Louise)*

Another woman went to a senior member of her church:

> *My best friend wouldn't help because her church told her not to. They said, when I confronted them and told them [he] was hurting me, they said to pray about it. It wasn't just the rape, it was hitting and verbal abuse and theft and drugs. It was a text book abusive marriage. I said to them, 'What if he kills me first?'. They said, 'At least you'll go to heaven' ... They don't believe in rape within marriage. The people I spoke to were ministers and high people and they just didn't want to get involved and kept telling me to pray about it and if I died I'd go to heaven. (Julia)*

This same woman had earlier gone to the police and her doctor about her husband raping her:

> *I wasn't going to go through with rape charges, because I went to the doctor after I had [my baby] and you're supposed to not have sex. I'd had an emergency Caesar. And he couldn't even wait for one week. It hurt so much. I told the doctor it was hurting and the doctor said – and [my husband] was right there – the doctor said, 'Oh, women are built for sex. It shouldn't hurt and if it does it won't hurt for very long'. I thought, 'What's the point? He's given him a green light to do whatever he likes'. (Julia)*

Only four women reported their rape to the police at the time it was happening and two reported it some time later. No convictions were made – one through lack of evidence; one because of a jury verdict.

> *I went back to the police. His charges were dropped by police through lack of evidence, they said. The officer said if I'm so damned concerned then leave town. I said, 'I can't. I've moved once, I've had my phone barred. I have two kids with disabilities. I can't do that to them'. (Cheryl)*

> *At the committal, I had to attend alongside him. It was gruelling, absolutely gruelling. I was questioned for about three hours. The incident took eight minutes. The rest was my background, my perception, what happened to me, just trying to totally and utterly discredit me ... The court case, that was something else. I don't know that I would recommend other women go through this. There is no justice. There is no happy outcome whether there's a guilty or not guilty verdict. There are no winners. I was hoping for a sense of justice and completion and seeing something through but it just didn't happen ... I'm done with courts. (Victoria, Court Case, Victoria, 2006)*

In the third case, years later the woman's therapist helped her contact the obstetrician and obtain evidence of her injuries, then they went together to the police. Although the police officer was particularly caring, he advised that they could do nothing because sexual abuse within marriage was not a criminal offence in 1982 – the year they could prove the assaults. The other case is still pending.

> *[This case is still pending.] They arrested [my husband] at 5.30 ... I asked how [he] was. The policeman said, 'How do you think he feels – this came out of left field and he's absolutely devastated'. He said, 'I can't believe [he] would do something like that*

to you'.... We both were in court the very next day ... I was cross examined and my integrity and my very soul was shattered. (Sandie, Court Case, Victoria, 2007)

All alone with the blame

The great majority of the women who participated in this research did not seek help from formal social and community structures because of the shame they felt. More than half sought help from no-one at the time the rapes were occurring. For those who did turn to trusted family and friends, there was often disbelief that the man would do that, and blame of the woman. The implication was that she had done something to cause it. Others simply did not want to know.

A lot of people don't want to know that it's happened. A person's first reaction is, 'What did you do to make him do that?' Even though you know you didn't do anything, that thought has been put into your head. There's a number of factors – society, yourself, somebody else around you says something like, 'You shouldn't have dressed like that, or you shouldn't have drunk so much'. (Katherine)

Everyone's kept it all, 'I don't want to know. This doesn't happen, it's not going to happen'. (Lee)

[My family] didn't want to know about anything. (Rhonda)

I kept hearing, 'He loves you so much', how can somebody love you and do these things? (Anne)

People didn't believe me or help me. They chose not to help me either for religious reasons or they just simply didn't believe me or thought I was exaggerating ... You're constantly getting told you can't talk about it, you have to keep it a secret ... I wanted to leave straightaway but I was stuck with nobody believing me or choosing not to believe me. (Julia)

The next day my girlfriend came and she said, 'No that couldn't be – you didn't know where you were or what was happening' ... What I've really picked up [about partner rape] is that nobody wants to know about it. (Elizabeth)

I am now working in this sector and, even here, I'm realising how isolating it is dealing with this. (Victoria)

Some women felt that their family members may even support the violent actions of the man, either thinking that violence against a female partner is acceptable or believing that once married, you stay in the marriage and what happens inside it is private. There is an element, too, of denying the violence for the sake of protecting the social institution of marriage.

Going to my parents probably wouldn't have helped at all. I didn't get on well with my parents and certainly not with his parents. They would have agreed with what he did, especially his father. They wouldn't have seen it as rape ... You don't always have the support of people saying, 'It wasn't your fault. You didn't do anything wrong'. A lot of people don't understand rape in marriage or rape full stop ... the worst people are the women who have had that experience and are still denying it. They do everything to stop you dealing with it, so they don't have to deal with it. (Katherine)

I remember one time when pregnant with my first child, I'd only been married a short time ... One day I turned up black and blue. Instead of everyone saying, 'Who's done that to you?' or, 'What the bloody hell's happened?', instead they said, 'What have you done to deserve that?' It made me feel it was my fault. There's no good going back to Mum and Dad and saying I've been ill treated. They're not going to take any

notice. I married. I chose to marry. My dad used to say, you buttered your bread, you sleep in it. Which was mixing metaphors. It's accepted. (Janet)

I cancelled the wedding because it was an abusive relationship and I didn't want to get married. My mother put it back on and said I wasn't getting out of it and I had to get married. I did get married for the sake of my unborn child. Basically because my mother would reject me if I didn't get married ... Some people don't believe in rape within marriage. My best friend has never had a problem with a man in her life. She would have no concept so we can't talk about this sort of stuff. People just prefer to brush things under the carpet and it makes me mad. My mother is a perfect example. As long as the apple is red it doesn't matter if its rotten inside. It's all about appearance. (Julia)

Several of the women were alert to the broader society's view of rape through two high profile rape cases in the media. At the time they were considering what action to take in their own lives. One spoke about the case where Geoff Clark was facing a civil case for leading two pack rapes against a woman in March and April of 1971.[38] She noted how badly the woman was presented in the media.

At the moment, there's the case of the woman who was raped by Geoff Clark. I read the article in the paper. That was the same era. I can't recall reading if she'd gone to the cops. They would have said, 'What were you wearing and we don't have a hope because you looked like a tart' … that woman is so strong. The things they were saying about her. I don't know that I could be strong enough. And I've got a family and kids and I don't want my kids to know about what I've been through. (Fraser)

She also mentioned a marital rape case in the '80s and observed the harsh treatment of the woman involved by the media and the courts. It influenced her decision not to press charges.

At the time, there was a case in the courts and in the media of a woman who had taken her husband to court for rape within marriage. I pricked up my ears very much in interest. Given the public exposure, I thought, 'She's a tough cookie dealing with this'. On one hand, this needs to be in the public realm, but on the other hand it's such a private experience and something you don't want others to know … The guy was acquitted. I thought, 'Why would you put yourself in that position, with that exposure in the court, recounting the experience?' This was part of my decision making. (Fraser)

Another woman tried to raise the issue in a public forum on radio and was quickly disconnected. Her conclusion was that people do not want to recognise partner rape as an issue for our society.

Three years after that had happened, there was a talk show on the radio about a bloke who'd done his time for rape and was going in to help other blokes get help … I rang in and said, 'What about husbands who rape their wives?' All of a sudden, I was almost cut off like I'd touched something. They don't want to know. Nobody wants to know. That was in 1993. It was the first time I'd spoken about it. (Rebecca)

By silencing women through undermining their experience or disbelieving them, or by regarding the institution of marriage as more worthy of our respect than an individual's human rights, we conspire with the men who rape their partners. Society does not hold them to account. As family members, friends, ministers of religion, doctors and police, we excuse them.

[38] On 30.1.2007, a Melbourne jury found Clark guilty and awarded $20,000 in damages to the complainant in a civil case. The civil case followed the dismissal of criminal charges due to insufficient evidence. In 2000, Clark faced another charge of rape against his cousin in 1981 which was also dismissed through lack of evidence.

Hurt, violated and negated

It was easy for the 21 women to remember the effect on them of being raped by their partner. For some, the events were two decades or more ago. For others, it was a more recent experience. In either case, the memories were clear despite some gaps in the narratives, caused by drugs, alcohol, medications or Post Traumatic Stress Disorder. The effects of partner rape are wide-ranging and deeply felt. Each of the following vignettes highlights a different aspect of partner rape on one particular woman. Yet there was a great deal of commonality. With few exceptions, the women all described feeling hurt and violated and negated – to an almost incomprehensible degree.

Although the victim of a crime, they felt ashamed and dirty and alone. While many described physical repulsion towards the man and the act, one woman spoke of retching at his touch; another said she 'couldn't stand him being on top of her'. Another spoke of becoming anorexic; another of thinking of becoming a nun; another of becoming a lesbian. Suicide was an option mentioned by nine women.

Louise – Physical pain

I guess that within the fact of what happened to me I also had the pain on top of it, and that was my biggest thing that I still today have difficulty with. If I'm physically hurt in any way – I can't even go for a smear test or anything – and it was 24 years ago. I can't. So as soon as I feel pain it's like the post-traumatic stress syndrome in the sense that that trigger just goes off and that's the end of it for me. And I finish relationships right there and then if that happens because I can't possibly be with that person any more. So it's a huge effect.

So [the doctor] offered to help and I of course denied everything, and he said, 'I'll give you something for the pain, I'll give you some cream to heal the wounds', and all of that sort of stuff. But the hardest thing for me has been the pain more so than the other stuff. I've done lots of therapies and counselling and gotten through all that to a degree, but it's the *pain* that I find – because when [my husband] was raping me I remember my eyes rolling back in my head because I thought I was going to pass out with the pain – so I remember that quite vividly.

And I remember we were living in an army house and there were concrete floors in the toilet and the only place I could get away from him was in the toilet and so I used to sneak out and I used to sit naked on the concrete to try to soothe the pain because the pain was that bad but it was only the coldness would take away the burning. So that's ... the hardest thing for me, I just can't get over that, the pain more so than anything else.

Kate – Miscarriage and abortion and alcohol use

I was pregnant ... and had gone to bed that night. While I was sleeping, he brought in a two litre jug of iced water and poured it over me. I wouldn't fight back or argue. I laid in my walk-in closet and hid from him until he calmed down. Later he came to bed and started calling me names. The filthiest names – I'd never heard words like that. Because I wouldn't have sex with him, he booted me out of the bed and I landed on my bum. We had carpet in the bedroom with only concrete underneath. A couple of days later I started getting cramps and bleeding. I had been crying for three days with pain ... I rang my sister and she took me to the hospital. They said the foetus had died a week before. He didn't care.

He came and was yelling, and I said to be quiet because of the kids, and he rushed at me said, 'I don't fucking care'. My cousin took my kids into the bathroom. He grabbed me by the hair and booted me in the stomach. My eldest son saw that. The last thing I remember is

I woke on the kitchen floor spitting blood. I rang the police and waited for over an hour. I said, 'He keeps getting in the house'. He got in three or four times and was pushing my head into the floor and smashing my head. I knew he was going to kill me. We were fighting five days out of seven [and] he was sleeping with my brother-in-law's sister. I was pregnant so I went to Melbourne to terminate the pregnancy. Then I fell pregnant again and he wanted me to have it. I said, 'No, it's not making anything better'. My mum was taking me to Melbourne with my auntie to have another abortion. I didn't want to have the abortion but I knew I couldn't get rid of him otherwise ... The only way to drown it out was drinking. Ever since the last abortion when I came back from Melbourne I drank ever since.

Sarah – Low self-esteem

Sometimes I'd be thinking, he's right, you are a black slut, you are a fucking dog.

Juana – Loss of self-respect, drug and alcohol, and sex work

I dealt with it through drugs and alcohol to block it out. I was drinking and taking marijuana. I remember going through a phase where I didn't care about anything, just drank and smoked and even lost respect of myself. I thought I was a sexual object so I would pick up men – that's what they wanted and I was lonely. Then, after a few years, I did go into the escort service. I thought, 'If this is how I'm going to be treated, they can pay for it'.

Lee – Self-harm and suicide ideation

Boy, have I thought about not being here a lot. I'm not really that important so I'd be quite happy not to wake up tomorrow. Just too much shit. Not fair ...

I'm a nervous wreck. I stress a lot, I tear at my face, and self-mutilate constantly, and the worse the problem gets, the worse I do it …

No-one can really help except yourself. Only in the last couple of years I've gone to get help. Doctors have suggested sending me to psychiatrists and I think, I'm better than that, I'm a very intelligent person, and not silly enough to believe that by paying someone else to sit and listen it's going to fix me. That's how tough I am … I get nervous and smoke, I've got no positivity so it's my way out. I just watched Mum die of lung cancer but that doesn't matter because I know it's my way out. I'll just get sick and there you go. So that's OK ...

Fraser – Chlamydia

He got a sexually transmitted disease. I had an IUD after my daughter, and went to the obstetrician. I said to him, 'I have to wear a pad between periods, what's happening?'. And of course, I had Chlamydia. When certain circumstances have happened, or I've been stressed, that triggers pelvic inflammatory disease. So that was a little bonus.

Sarah – Sexual identity

Animals, instruments and other partners. He'd do it wherever he liked. If we went away, we'd just pull over. Nine times out of 10 it was, 'I don't really want to do this'. He would just say that if he didn't get it, he would go somewhere else for it, and I didn't want to lose him. Fuck, I didn't like it. I never thought I would be that way. I felt like a slut.

Kim – Isolation and withdrawal

Both of us have had a high profile in the town because of my work and because he owns a local business, and he was elected leader in an international organisation so we've had our photos in the paper ... I felt totally violated. Probably for about two months I completely shut down. I couldn't get out of the house, I couldn't drive my car. I couldn't go to the supermarket. I felt dirty, I felt that everyone was looking at me, people didn't believe me... I really don't feel comfortable going into the main shopping centres here. I avoid people where normally I'd embrace them ... I look at people in the community and when they see me, they turn their eyes away.

Silenced by shame

More than half of the women (13) did not talk to anyone about the rapes they were enduring from their partners. The fundamental reason was that we have a vested interest in preserving the family unit. While we commodify sex and sell it where we can, there is little dialogue about sex within relationships. Sex to make money is everywhere – magazines, billboards, brothels, live-sex clubs, pornographic films. It is the exchange of ideas about sex in the context of minds, hearts and relationships that is taboo.

The first barrier for women in talking to others was the deep shame they felt. Even those who sought help for violence against them balked at mentioning sexual abuse by their husbands. For each woman, it seemed to be only happening to her, as an individual. It didn't happen to other people because no-one spoke about it. It was not an issue in the media the way family violence or AIDS or drug abuse was. So it could only be happening to her. And if this was the case, then she must be to blame. Even if not to blame, women felt they 'had made their bed'. They had contributed to their situation and now had to cope.

> *You're not really in a safe place to be talking about those kind of things because you're really vulnerable. You're embarrassed and ashamed. (Anne)*
>
> *This has been all sick, real sick stuff. I didn't tell anybody at the start. I was horrified at this behaviour and what he was doing. I've found it very difficult to talk about – with the anal rape. If you strike up a conversation and you say this is what he did to me, and I've taken it for years, you're also saying to them that you're a total wuss. I'm probably still not prepared to say to people I endured this for 20 years. (Fraser)*
>
> *It's tough to tell someone that your partner for all these years had done something like this. If I don't believe it how do others? (Sandie)*
>
> *Nobody else talks about this in their relationship. It's like I'm the only person that this is happening to. There's not another person saying, 'My husband is doing that to me, and he's not allowed to'. They don't talk about it. That secret causes you to become a liar without knowing it because you're not informed. (Cheryl)*

Women who told police and doctors about the violence mostly could not and did not mention the rapes. One woman was working in a refuge helping other women at the same time she was enduring partner rape and she did not feel she could turn to other workers or women for support. She did not want to feel judged.

> *I had fantastic support with the doctors who looked after me very well. I didn't tell him what had happened though. I didn't tell anyone about the rape. (Amanda)*

There was no way I was going to the police. It wasn't open to discussion with anyone. The reason was that there was so much shame in my life. I'd had a breakdown. The marriage was emotionally crippling ... I didn't trust even to ring the help lines – that didn't seem an option for me. Maybe younger women feel it's an option. I just felt so judged. Felt so bad about myself and my self-disgust that I didn't want to put it out there. (Victoria)

The second barrier in talking to others was the fear of not being believed and the third was not knowing where to go for help. Some attempted in a guarded way to open the subject with health professionals or ministers, only to find a reluctance on their part to do anything or to even talk about it. Women who were searching for answers twenty years ago or more said no support services existed for them.

I didn't know the help was out there. I thought it was just me in this big wide world with no-one believing me. (Julia)

The fourth barrier, established in law for older women, but no less real for women looking for help after 1985 and up to 2006, was the suspicion that there could not be rape in marriage. They had married this man and had to put up with it and shut up about it. No-one wanted to know.

I still would have to have recognised it as rape and I don't know if I would have. But society at that time suggested it was OK for him to do what he did, and it was almost like I had no right to complain about it. (Katherine)

The fifth barrier emerged from the broader violence that characterised their marriage or relationship. Only five of the women did not suffer other forms of violence in addition to the rapes, so for most of the women, seeking help was limited further by the psychological control they felt. Their ability to think and act independently was affected by the man who controlled their every move. Another spoke of being too 'busy protecting' herself to seek help, and another had full responsibility for children and had to focus on moving on and coping.

The last identified barrier to seeking help was more complex. Some spoke of wanting to protect their extended family, mostly ageing parents, from the trauma of knowing what was happening to their daughter. Some spoke of not wanting dad or a brother to know, because 'he would kill him'.

Response from health professionals

Helpful responses

Doctors and other health professionals such as counsellors, obstetricians and chiropractors either exacerbated or alleviated the suffering of women depending on their reaction to women alluding to being raped by their partners – or, indeed, stating the fact.

Those who helped were spoken of in glowing terms. They helped by listening, believing and understanding that these women were victims of criminal acts. One GP named what the woman described as 'rape' and insisted on addressing the issue and the guilt the woman was feeling. Where health professionals were helpful, they referred on, in one case bringing in a social worker on the same day. They were able to appreciate the gravity of the situation and act without delay. They persisted in knowing more when women alluded to what was happening to them, or they questioned injuries they could see. One time, a particularly helpful GP enquired about more than the flu injection she was asked to administer.

I had gone to the doctor for a flu injection and I just fell apart and she sat me down. I just lost it. That's all it needed for her to say to me, 'How are you going?' (Elizabeth)

When I was telling my doctor, I said, 'He had his way with me', and my doctor said, 'No, he raped you'.

The chiropractor asked me how it happened and I alluded to it. Sometime later, he was trying a different technique, and he said, 'You're not progressing as well as you should', and he said the underlying issues hadn't been dealt with. [After some treatment and at another appointment] he held up a piece of paper and it had 'rape ' written on it. We talked about it a lot … He actually said, 'You've got to deal with this because it's impacting on your ability to get better'. (Fraser)

Unhelpful responses

Where doctors were unhelpful – and these were the majority – they showed little reaction to disclosures, minimising it with euphemisms (like being 'less physical'). They gave the clear indication of not wanting to know, and if it was mentioned, they never mentioned it in subsequent appointments. They were clearly uncomfortable with the subject. Some women spoke of never imagining it would be possible to talk to her doctor about the rapes because they anticipated such reactions, saying their doctor was male or elderly.

Unhelpful doctors had a tendency to medicate women with valium or anti-depressants rather than talk about it or refer to a counsellor or psychologist. Some women described their doctors' reactions as apathetic and patronising, and ultimately supporting the 'right' of the husband – despite the illegality of his actions.

[My GP] wasn't very forthcoming with anything much. All he said was 'This is a bit bizarre'. (Sandie)

After my second husband died, I was under a psychiatrist for a while, but as soon as another man was in the picture, this psychiatrist decided I didn't need that help. He would always shy away from these things. He concentrated on the early ages the children left home and how that made me feel, and of course the incessant valium. We'll start you out at two a day, and then increase it every fortnight. There was nobody to talk to. (Janet)

My doctor … said, 'What caused this?' I remember saying. 'I was raped by my husband ... and I wanted it documented in case I then wanted to take this bastard to court. His comment was, 'Well, you'll have to be a little less physical next time'. It was like he was thinking I don't want to go there, don't want to get embroiled in the legality. I was aware his response was very flippant. (Fraser)

I did go to my GP. It's interesting because I don't think he's brought the thing up ever since. I went there after I'd gone to the police and told him what happened. But I couldn't use the rape word. It was very difficult for me to use that word. I said I'd been forced to have unconsensual sex. He said who with? And I explained it was [my ex-husband]. He made a note of that and to this day he's never brought it up. It's like, we're not going there ... They just won't ask a direct question. Absolutely will shy away from it ... If it hadn't been my husband I think I would have got a different response. (Victoria)

A lot of GPs are so discomforted by it, they just don't ask the appropriate questions. I wish they were skilled up and didn't feel they're going to make it worse. It's already very bad, there's nothing they can say that would make you feel any worse than what you're feeling. (Louise)

The doctors were apathetic and patronising. 'You'll be all right dear. Go back'. They were all male doctors then so that probably didn't help. (Laura)

Response from the religious sector

Two of the women talked about seeking help from the church – unsuccessfully. One through her own efforts, and the second through a neighbour's intervention. The two women who were spoken to by Church representatives were disappointed and felt they were meant to offer themselves up in sacrifice. Both women were told to go home and do as their husbands asked. Interestingly, neither woman accepted this advice. One changed her Church, and the other was never an active Church going member.

I went to a counsellor at Assemblies of God […] and they told me to pray. I wanted real physical help. I'd say, 'Don't you think I've tried praying?' I'm not saying it doesn't help but sometimes you need more than that. (Julia)

She then contacted the priest, and I'm not religious, I'm fairly anti-religious actually, so I was uncomfortable with that to start with but being naive and ignorant to a lot of things I agreed. And he then came to the house in secret and discussed with me what was going on, and I told him, and he actually was awful. He actually told me that my responsibility as a wife was to do whatever my husband told me to do. (Louise)

Another two women spoke about the importance of their faith to them. One woman was 'not allowed' to go to church during the time she was married and the other spoke of her husband 'putting down' her faith. This woman, in particular, received ongoing support from the Church through her process of seeking annulment of the marriage.

With annulment, you have support if you ask for it. It took me six months. I started in November and finished in June. I needed to go through it. I want it so badly. I want the church to recognise that it wasn't a marriage ... . I was crying too much trying to fill in the form and I couldn't write. One of the nuns sat beside me and said, 'Why don't you just call it what it is?' I was really lucky in that ... you talk to others and it sits there and says this is what it is. Instead of saying you were forced, why not call it what it is? (Anne)

In total, five women participating mentioned faith in God, and spoke of God looking after them; of God being with them; or of faith helping.

Response from the legal sector

Only four women sought help from police and the legal sector (i) at the time of the assaults, and (ii) for rape. Five contacted the police and raised the issue of violence only, and two enquired about laying charges years later. The other ten women have not involved the police through lack of belief in themselves or the system, and two through lack of trust in the police.

I didn't go to the police because I'm not a dog. I don't go to the coppers about anything. I don't really trust them – especially after them [releasing information that endangered me]. That made me not like them even more. (Monique)

I didn't have trust in the police. (Juana)

I don't think you'd get any help from police. I don't think they'd class it as rape. Even rape that happens by someone they don't know, I don't think they really see it as a big deal. (Jacqui)

I had an incident once before with [my son's] father who's dead now … I went to the […] police, many years ago. He rang them and said we just had an argument, and

there was nothing to worry about. They sent me home. I know legally they can't do [certain] things. I was a probation officer. I was state president of [a legal entity] and President of [a legal association]. I never got over that with the police. (Elizabeth)

After being subjected to partner rape, one woman waited till her husband fell asleep and left him in the house with four sleeping children while she went to the police station in her town. The police left her standing in her dressing gown in the public foyer with people coming and going. They then suggested she go and stay with a friend. She lost faith then, and 'shut down'.

Less than a quarter of the women attempted to seek help from the police and the justice system. In hypothetical terms, women said they should be able to expect empathy and belief from police and improved processes to allow for privacy and confidentiality. They expect timely and comprehensive information on their rights and options, including referral information. They expect to be in no doubt that police view partner rape as a crime.

Again, you'd hope you'd get a listening ear, someone who's going to be empathetic to what you'd endured … If you're going to the police I guess you're going to press charges and I'd hope to have the support from the police and others to press charges. (Anne)

If a woman goes to the police, she needs to know that she's not going to be doubted, that they'll take her seriously. They won't give off the sense that, 'OK, so what did you do?' It should be, 'Please tell us what happened'. If nothing comes of it that's fine. Well not really, but you need to be able to go there and not feel ashamed, that they're not going to look at you like it's your fault. (Katherine)

Four women reported very positive experiences of police support. Two from the same town stated clearly that their positive experience was because of two specific members of the Sexual Offences and Child Abuse Unit (SOCAU). They mentioned over and again that they only persisted in their actions against their abusive partner because of the belief and encouragement of these police officers. Other police officers were appreciated by women for referrals they made to CASA or Family Violence services. Another woman is considering pressing charges against her ex-husband on the advice and urging of local police who have other evidence against him and want to see him charged.

It was the police who helped me. There was this one policeman – when [my partner] bashed me the last time, it took a long time to find him because he hid his car and hid in the bush. This one policeman rang me all weekend and said, 'I really want you to go to court'. He rang until I went to court. Other than that I wouldn't have gone … When [my partner] came out with the axe, there were two police – one was a young guy and another one who were really nice. I wanted to send him something to say thank you for helping me and convincing me to do it because otherwise I'd still be in that same position I was. (Kate)

I had a particularly motivated SOCAU man who didn't make me feel disbelieved or guilty or at fault. I was so lucky to have this empathic man. When the case went from SOCAU to CIB, the woman then was the same. I never felt disbelieved by them. If I had felt that, I wouldn't have gone as far as I did. They weren't saying you have to do this and this. They allowed me to talk to them and then gave me my options. They said it would be difficult and they'd have to get the OPP [Office of Public Prosecutions] to believe, to make a case. They didn't give me false hope but absolutely believed me and didn't disengage with me … They were very, very professional, kind, [and] made me feel like a person. (Victoria)

Two of the three women who went to court described experiences that they found damaging. One was there simply for an Intervention Order. They felt disbelieved and re-victimised. The flaws in the system seem to begin in a lack of preparation by police and prosecutors about what the woman can expect in court. It continues with women not being told who their representative is, and constantly changing legal representation. They spoke of very poor communication throughout the whole procedure of having the case heard in court, and of having to repeat their story four or five times to different people.

Once in court, it was as if the woman herself was on trial. The past is brought up, including prior sexual abuse, and intimate details are discussed in this public forum that consists mostly of men. The women felt silenced and abused. The time delay of around two years inevitably means that life is taken over by getting through the ordeal. Both lost faith in the system, stating they would not recommend that other women take their case to court because it was so traumatic.

> *I do have a problem with the total lack of information given to the victim. Already we feel powerless, we give our statements, do all of that work, then in my case wait two years, have two adjournments, and then be just thrown in two days before the court case. It's just hell ... My past was brought up, my abuse from my childhood. His defence said it wasn't the first time I'd been abused ... My prosecutor didn't object once. The judge did more for me than my prosecutor did ... It didn't work for me and it's not about the actual outcome. I wasn't asked the right questions and I couldn't go off on my own tangent. I didn't feel heard at all. I didn't feel like I got my day in court. I thought no matter what, I would have it over with, but sitting here now, it's that futility. If I'd known that I'd feel that shut down and unsupported by my own prosecutor, I wouldn't have gone ahead ... Just having to share your story four or five times. To keep having to repeat it to someone who just doesn't understand it. It's just too hard. I really do support women who choose not to go ahead. (Victoria)*

> *I think sexual assault is a really heinous awful crime and I think because of the injustice I went through with the court, it's stopping me from healing. There's no closure for me ... I have to look at what's in it for me and what's best for me. If I'm going to end up with more trauma and a high probability of not seeing justice done, then it's not in my best interests. However, having said that, I think that women's voices need to be heard in the court and I wasn't allowed to use my voice last time but I will next time. They won't gag me next time. There's a part of me that feels really strongly and a part of me that's in limbo. As we go along I'll decide. (Sandie)*

Poisoning the family – effects on kids

Men raping their wives and partners inevitably hurt their children. The spectrum of hurt ranged from men who sexually and physically assaulted their children (both sons and daughters); to the man who raped his wife in front of children; and to the 100% of men spoken about by the 21 women who created an unhealthy atmosphere in the family home through their words and their behaviour.

> *A few weeks later, my children complained that he was assaulting them too. My eldest was seven. I was straight down to the police. You can do what you want to me, but leave my kids alone. It shows how he had destroyed my soul that I didn't care what he did to me. But when it came to my children that was a different thing. The defining moment was when my four year old looked up and said to me, "Mummy, please tell daddy that his penis hurts my bottom'. I thought, 'This child doesn't know these words,*

it's got to be right what he's saying'. My two older ones still will not admit to me to this day that it happened to them. They've been so frightened. That was the end of that marriage. (Janet)

He wanted it regardless of anything. He didn't care if the kids were around or not ... He'd walk around with no undies with an erection. I ask him not to, but he did it anyway. He'd do it in front of the kids. [My daughter] was only two or so. It happened until she was six or seven when I separated ... My daughter did make a statement to the police about what he was doing to her. (Rhonda)

The women's concern was always with the children and often this was the catalyst for leaving the relationship. A primary concern was for the mental and emotional health of their children. They observed their children's anger or their terror. They knew their children could see the pain they felt and their struggles to survive in the relationship, and the women did not want their children burdened in this way.

My oldest son is a lot like me and real emotional and the thing that kills me is that he saw it all. If people talk loud, he thinks people are fighting and he's petrified. I blame myself for that. He's 11. He's so soft like me. (Kate)

My son is 17 and he saw a lot of it. It was either my son or me who was going to get hurt. Everything I went through, my son saw. His dad doesn't like my kids or me and everything about us. He is a white man. (Sarah)

The effects on my children gives me a lot of guilt because I can see they're heading into 30s and 40s where the way I've brought them up, because of the way I was treated, it's having repercussions going down generations. (Janet)

It has affected my children. I talked to one of my daughters about rape because she was having some problems and we discussed it all. I tried to find out how much she remembered as a child of what was happening in our house. She cried because she had a boyfriend who raped her. She's the only one in the family I spoke to about her dad. She says she doesn't remember but she's a very angry woman and saying she knows why she's angry but she's not ready to deal with it. (Laura)

It was very worrying when the women saw indications that one of her sons was becoming like the father. The early signs that the sons were learning this abusive behaviour from observing the nature of the parents' relationship caused women to leave to prevent this happening. Even after leaving, women spoke about verbalising their fear with their sons and explicitly saying to them they must never treat a woman this way.

Women said they were consciously worried their sons would rape other women. They struggled to deal with sons growing up to be and to look increasingly like the abusive man they had left. This fear was sometimes felt by the son himself. One woman spoke of her young son seeing a psychologist for help with his fear of the future.

I knew I had to change for my son's sake because I was so nervous and so scared ... otherwise my son would grow up with a mental retard as a mother and it wouldn't do him any good ... A number of people have said to me – learned people, counsellors – 'Why don't you say something nice about [his] father?' After I tell them what it was like, I would ask them, 'What do you want me to say about him?' [My son] would ask to go see him and I'd say he was in jail so we can't. I said he wasn't a nice man but I didn't go into details. He knew he was a drug addict and the marriage was not happy but I never went into any details ... It's difficult for [my son] because he thinks he's going to turn out like [his father]. At least he did

[think that]. That's one of the reasons we were going to [the psychologist] – he was violent to me. He was just like an abusive husband ... It doesn't take much to get it into his head that there's a genetic connection. He worked it out himself. I didn't tell him. (Julia)

I don't want to make things more difficult for [my son by reporting to police]. I think he's endured enough without those kind of things coming out a lot more publicly ... I hope that I can show [him] what a normal relationship is, what a normal family is and hopefully he'll never do the same. I'll be furious if he does. [My son] sees the pain. He worries ... I know at times when he is a bit like his dad I get agitated and have to explain. 'I'm really sorry but Dad used to do that and … it makes me agitated and I don't want to be treated like that or spoken to like that. I know you love your dad and you should love your dad'. I try to explain things to him. He's 12 now. He's recognising so much. (Anne)

Equally, the women did not want their daughters learning to be victims in unhealthy relationships, or taking on angry, abusive behaviours themselves in reaction to their parents' relationships.

[My daughter] says she doesn't remember but she's a very angry woman and saying she knows why she's angry but she's not ready to deal with it. (Laura)

My daughter is in so much pain from him that she's trying to control him. She knows she's got the power over him now. She knows he can't love her … She's on the defensive now and bleeding him for whatever she can get out of him. And shut him off. The behaviours we've had to develop to cope with him are disgraceful. (Lee)

[My daughter] was so incredibly violent and hideous and horrible and I used to think she was possessed by the devil, the things she would do. But she was only – like most children do – acting out what she was living, which was very natural. (Louise)

On the other hand, women spoke over and over about their stark and unrelenting awareness that this was the children's father. He was always going to be their father. Particularly when women were considering what action to take, whether to call the police or whether to press charges, they were often stopped in their tracks by the thought that their children's father would be arrested, or known as a 'convicted rapist'.

I had this feeling that I didn't want the children to be ashamed of their dad being locked up. So you don't do it [lay charges]. It's a very awkward situation to be in I think ... It was only later when I realised it was starting to affect my children … I remember watching my son who was five or so starting to be rough with my little daughter who was about three. He was learning from his father. I didn't want him to grow up like that, and I didn't want that for my daughter. Now he's a lovely family man, and a lovely husband, and I don't think he would have been if I'd stayed. He turned out to be so gentle. (Marcia)

I wrote in my witness impact statement, I didn't want [him] to go to jail ... One part of me really wanted him to suffer for what he's done, and yet he is the father of my children and it wouldn't be good for them to have a convicted rapist as a father ... My son went into therapy for a while. I thought, 'How does he feel about the fact that his dad has done this?' I need to say to my girls, 'You don't let men treat you like that, even if you've separated' ... I want him to go to jail and want him to rot but I'm so worried about what it will do to the kids and who they're going to be in the world. If

they're going to be nasty like their father. I tell [my son] he can never, ever touch a woman like this. I worry about him thinking he has the capacity to do something like this. (Victoria)

The dilemma for women is knowing how much to tell children about their husband raping them. There was generally a reluctance to say anything and a preference for keeping quiet so the child (even if an adult now) would not have to deal with the thought of their father as a rapist.

I haven't ever blackened his name because he is the father of the two kids and if I can keep that quiet I will. (Amanda)

Another of the many challenges is when women recognise a particular child as the product of 'one of these times' when they were raped by their husband or partner.

When they told their children about the rape, they did so as part of explaining what was happening to them in getting over the trauma they had dealt with through partner rape. They were trying to get on with their lives and had to face it.

For one woman, it was addressed as part of family therapy to address her daughter's anger; for another, as a way to explain her inability to cope; for another to respond to criticism from her daughter that she was unfair to her husband; for another when her daughter was raped by another man. One woman described how she 'freaks' if someone tries to restrain her because it brings up memories of being restrained and anally raped. She said her older teenage children don't know why she freaks out. She said, 'One day they will'.

And I've told – well actually I told my children, because I couldn't remember the first two years of the marriage and I got told that it was because it was so severe whatever went on that I couldn't remember and I ended up having flashbacks and that was creating me to actually have blackouts, and so I didn't know what was going on. And so I went back to therapy and thought 'What's going on? I don't understand'. Then my children were freaking out thinking 'What's wrong with Mum?' and I was frightened to tell them. But we ended up doing group therapy and actually disclosing what had happened. My son was too young to remember but my daughter remembers and we openly talk about it today. (Louise)

Without exception, the women spoke of trying to put aside their feelings and get on with life for the sake of their children. This was sometimes a pragmatic and conscious decision to not address what had happened to them so they could function on a daily basis and bring up their children.

Dealing with partner rape had to wait until they were no longer responsible for their children. They moderate their behaviour for the children – putting aside thoughts of 'smashing the house' and suicide until later. One even sought a new relationship so she could be 'a role model' to her daughters.

I have two daughters and I have to pull through everything, even give another relationship a go, because I am their example. I have to work this out so they have a future ... I had a row with my daughter, and it was like, 'Dad this, Dad that' and she asked why I left him. I said, 'You want to know why I left him? I left him because he raped me in front of a porno. Do you know what it's like?' She hasn't mentioned her father once since then. Daughter number two said, 'Dad's in your life whether you like it or not'. She said this in 2006. I left him in 1991. (Rebecca)

One woman spoke of not needing to be around now that her youngest child had just left home: 'I mean for me the answer is to just opt out because that's the easy answer. And now I don't have any responsibilities I can do that and it's a very, very, very attractive offer'. And another wondered why she was still alive after all she'd been through, saying, 'I have an inherent belief that you're put on this earth for a reason and that until I do that I can't die'. When we finished our interview, she disturbingly said that maybe this was the reason and now she'd fulfilled her purpose.

SECTION II – NOW

Lasting damage from partner rape

Often, in consideration of the children and the need to keep functioning while raising them, women delayed dealing emotionally with the effects of rape until many years later. As a result, women described how 10 or 20 or even more years later, details of the rapes were coming back to them.

> *It was 20 years since I've left him but I'm having flashbacks to what he's done … Some of the fine details I'm still remembering. It's just coming out. (Rhonda)*

> *What had happened that night had changed me for the rest of the time. I had closed down and stepped away from it, like it didn't happen. You push it aside until something comes about and something is said and you realise that's exactly what's happened. You find different ways to deal with it until it says, 'You're going to deal with me properly' … I think I was looking for an understanding about what happened, why I'm feeling what I am even though it's so long ago. (Katherine)*

> *And still to this day if I'm getting physically hurt while having sex I still have difficulty saying it hurts. (Louise)*

Just two of the 21 women were unambiguous about having recovered completely.

> *I don't think about it. I've dealt with it as far as I'm concerned. It doesn't impact on me now. (Amanda)*

> *I'm over it now completely, thank you very much! (Marcia)*

The remaining 19 women described the ongoing effects of partner rape on their current health and wellbeing. They spoke of feeling lost and questioning the reason for their being alive. Their self-worth was volatile – regularly hitting rock bottom. One spoke of herself as a different person now. Her personality had been changed. She was no longer the funny, positive and uplifting person she had been.

> *[What help should doctors give you?] Probably a brain transplant so I could stop thinking. I know this isn't me. I know I'm happier than this. It's like I can't find myself. I can't find who I used to be. I've changed a lot. I was always funny and happy and doing daggy stuff and always had people laughing. Then I stopped being like that around him. I still don't know who I am or what I want. I just feel like crawling under a rock. I've got nothing to show for anything … That's been over two years now. I slow everyone down. I have no energy. I'd rather sit home and do nothing. A lot of my friends come around. I always lock my doors, and they know I'm home but I won't answer the door … Since I split up with [him] I've been with a couple of guys … I don't know how to be a person any more. I don't know what's normal and not when you're seeing someone in a relationship. (Kate)*

> *I'm [Janet] now – I've only just started to be [Janet]. I'll be independent for the first time since I was 16. What's happened to me is soul destroying, absolutely soul destroying. I lost faith in humanity. I feel violated, unworthy. If that was what life was about, well, why was I born? (Janet)*

> *My sense of self is pretty shattered at the moment … I sometimes I feel enormous despair … I don't want to spend the rest of my life alone and yet I cannot see a way through to appreciate my life any more, so that makes me really sad. (Victoria)*

I feel really, really lost right now. (Sandie)

Two were self-harming and had been for some time. Some drank to excess or turned to anti-depressants to get through each day. Some described being withdrawn and agoraphobic. Most had recently sought help for mental and emotional anguish, two checking themselves into psychiatric hospitals to try and deal with the mental pain they continue to suffer. One woman spoke of still feeling angry and needing to 'get the hate out'. Some spoke of becoming violent themselves.

I can't mutilate my body anymore. I don't know what else to do. I go through these stages of running and losing lots of weight and at the moment I feel empty and keep shoving lots of food in my mouth. I don't know how to stop the abuse. (Victoria)

Sometimes I just feel like screaming. If I didn't have my kids, I'd smash this house. It's not like I want to hurt anyone, I just want to get the hate out. I'm sick of hating. I can't no matter how much I want to let it out. Then I take it out on other people. .. I just want to be locked in padded room so I can go absolutely psycho. (Kate)

And I even know that the actual abuse has created me to be actually to a degree abusive myself. Not only to myself but to others. (Louise)

I'm scared of me if I'm scared of anyone, because I don't know which person will push that button … I want to be aggressive now, that's why I'm going to counselling. (Cheryl)

The women described no longer knowing how to be a person or to be in a relationship. Most avoid new relationships, too frightened now to be with a man. Trust was mentioned over and over. They were unable to trust anyone – men, girlfriends, even gentle new partners. One spoke of always waiting for the moment when the man would reveal that he was interested in just 'that bit' of her, and not her as a whole person. The outcome for women feeling sexually ambivalent is often loneliness.

I've had one boyfriend in the last 10 years, so it's been locked away. (Victoria)

I finish relationships right there and then if that happens [any pain through sex], because I can't possibly be with that person any more. So it's a huge effect. (Louise)

I am too frightened to put myself in the position of being with a man. (Elizabeth)

Even today I have trouble trusting someone. I think, 'If you have a falling out will they go and betray you?' (Juana)

I can't allow anyone close enough just in case they might be like that. (Laura)

I don't trust men as far as I could throw a stick. (Rhonda)

I'm 51 and can't be bothered now with men. (Rebecca)

It made me wary of men. And why they wanted to be with you. (Amanda)

Trust has to be earned. I'm still reluctant to be free and easy with it … Trust is a big thing even with my husband now … He'd been through shitty things. When we met it was a case of, I don't know – there was a lot of testing of trust. Basically, I don't trust anybody. Yes I trust my husband but it's subject to review at any moment. I know it goes back to this business with my first husband. I became very cynical. I was very, very, very cynical for a long time. You close yourself, you put up barriers, you don't let anyone inside. You don't put yourself out there to let anyone in. My husband now jokes about it. He says, 'Your barriers were noticeable – you could see them' … They will go up at any time. It's a defensive thing. I used to ask myself, if someone you

trusted implicitly would do that to you, what is someone who you don't mean anything to, what are they prepared to do? (Fraser)

I don't really seek another partner which is really quite unnatural. That thought was, 'Oh God, what are you going to want? How much of me are you going to want before you want just that bit of me?' That's the worse thing, that they want just that bit of you. They don't want to know who you are and how you feel. That's all just too hard. So why should I put myself out there for that to happen? (Lee)

I think it has affected my relationships. I thought, ' I've got to be in control'. I've never lived with anyone [since], but have had relationships with men and some were very good, but I thought I could never function sexually. (Laura)

I've tried twice with two different guys to have sex but I can't even go there. You tell yourself you will be normal, you will be able to have a normal relationship. The doubts are back. I can step out of it, but right now it feels like shit. (Cheryl)

I still wonder if I would do that now to keep a man. I probably would. Is that a learned behaviour? Why would I do that? There's that fear. There are so many things in there. Would you do all that shit with another man? … I have a fuck buddy now and whatever he wants in the sack I'll give him. I don't know why I do that. It's like it doesn't matter. Do you understand that? I don't understand that. It must affect me. It's got to. (Sarah)

One described feeling more sexual in recent years, and wanting to have a full sexual relationship with her current (loving) partner but she felt something was holding her back from that. She was unable to orgasm and wanted to feel sexual fulfilment. There were no answers for her.

But it also has created me to be sexually more active – bizarrely – than normal …. I can't have a full, open sexual relationship with my husband because something is holding me back … I want to enjoy sex, I want to orgasm. Sometimes I go months without an orgasm. I don't know if it's because of what happened to me. (Juana)

One woman's recovery was helped by her sexual relationship with a friend.

Here's this single person who can have anyone he wants. This ongoing sexual relationship was fantastic for my esteem as a woman. It was imperative to my mental welfare at the time. That was really, really, really, really important. (Fraser)

Some women made a direct connection between their ill-health and the sexual violence they had been subjected to. One woman is facing major back surgery in the next 12 months as a direct result of her husband breaking her back during sex 20 years ago. One woman is still in recovery from cancer which she believes was brought about by the intense stress of her years of living with relentless sexual abuse by her husband. Others mentioned current issues with chronic fatigue syndrome, stroke, high blood pressure, memory changes and blackouts.

[The effect of the rapes on my health and wellbeing has been] enormous, yes, huge. It's created cancer, it's created chronic fatigue, it's created all sorts of issues. (Anne)

I'd just basically lie on the couch and wanted to die all the time, that was just how I was, and I ended up having a mini stroke … And when I do get to this point like I am now, I physically get sick all the time. I'm in and out of being ill all the time. (Louise)

I'm terrified of this surgery coming up. It's major, whether I survive or not, it's major, major, major. If that wasn't there, maybe I could be more forgiving, I don't know. (Fraser)

Seeking help

Professional help

Partner rape is not easy to get over. For the 18 women who sought professional help from those in the counselling and mental health sector, more than half (11) spoke very highly of their counsellor, even to the point of relying on them and identifying them as the only confidant in their lives. However, even amongst these 11 were women who were still feeling suicidal and struggling to cope with daily life. Others could point to useful things they were told by counsellors but generally did not feel it was very beneficial. They felt that healing came down to themselves and no-one could do it for them. Some women thought it was a useless exercise. What was the point of talking and talking with no response, no advice, no resolution? Others spoke of the damaging effects of medication and the willingness of health professionals to provide them as a first step.

> *I've been to counselling but counselling can't help me, all I'm doing is talking. I'm the one who has to solve these problems. I have to get over it. It's all very well to go and unload but I have to make the change. No-one can really help except yourself. (Lee)*

Some described unsatisfactory experiences with counsellors unsuited to them – old men who they couldn't possibly tell; a male counsellor who minimised the experience suggesting she should just get on with life; being passed from one to another; and one counsellor who fell asleep.

> *I've never found anyone who has made me feel happy or safe. They keep pushing me off to different counsellors all the time … I was getting shoved from one place to another. I'd go there and talk and cry and then come home, but I didn't feel better. It's like your head's just been spun around a million times and you don't know what they're supposed to do. All they've done is listen. Usually they talk more about my depression and anxiety and medication. It's doing my head in. It's not doing anything for me. It's not taking it away. I'm sick of feeling sick everyday. The medication I'm on, one day I'm up and then I'm down. They can't even get my medication right. (Kate)*

Yet, despite this, there is an underlying sense that interaction with counsellors provided most women with some threads to hang on to when they were most desperate. The interviews were replete with positive references to what counsellors had said to them as they tried to sort through what had happened to them and envisage how to go on. Some referred to seeking counselling as the best thing they did.

> *I got all I needed from the psychologist. I found it to be really good. It was a place where I could get out all I wanted. There was no excuse made for him. I felt very safe about doing it. It was one of the best things I ever did. Just speaking about it makes all the difference instead of being locked away. If you get it out, it's not a secret and you don't have to carry it around any more. (Katherine)*

> *I saw a family violence counsellor … when I really I wasn't dealing with things and had to tell someone I didn't know. It was one of the best things I did. She put a lot of things in perspective. (Jacqui)*

Comments from the women about counsellors reveals that a successful professional service can sometimes require years of trying one counsellor and then another until the 'right one' is found. The reason is clear. While some women spoke of the need simply to be listened to, believed, and reassured, others said this was useless in the absence of more direct challenging or advice. Some wanted a broader knowledge and to understand how it is 'from

the other side' and others wanted their counsellor to point out the harm that was intentionally done by their partner and the logic of their reactions in the face of such a breach of trust.

> *To be told that you're OK and you're not the strange one. (Fraser)*

The financial circumstances of women influenced what kind of professional help was obtained. Women went to private city-based clinics with both live-in and outreach services; and they went to free or low cost services including Community Health Counsellors; Family Care Counsellors; Family Violence Counsellors; Centre Against Sexual Assault Counsellor Advocates; and mental health services.

Response from doctors

As with counsellors, women had different stories about their current day experiences with doctors. They ranged from doctors who were sensitive and intuitive, and actually initiated the subject in order to help with referrals; to those who were clearly uncomfortable and avoided addressing the issue; to those who minimised or even negated the women's experience of partner rape.

The response of many doctors to prescribe anti-depressants for women rather than address what was continuing to affect their health was not helpful to some women, and the general tendency to pathologies and medicate was criticised by them.

> *Since the rape I completely stopped any anti-depressants because I realise I've been completely shut down. And this is not against GPs, but I want to feel my emotions, not deaden them. (Victoria)*

> *Well, I'm actually going to see my GP on Friday … I really want her to give me an opportunity to not necessarily take medication, I don't believe that's where I need to be. (Louise)*

> *When my son's behaviour started to get bad I went to the doctor. He said I had depression and wanted to give me tablets. I said no way. I was already struggling and taking more medication would not be a good thing. (Julia)*

> *Don't automatically give anti-depressants. That happens far too much. People need to know what's happened and have the support around then, not have medications to dull it. (Amanda)*

Family

Seven of the 21 women did not have a supportive family to turn to. Ten did, but for six of these women, their family was elderly or geographically distant. Four had extremely supportive families. Two did not mention family and two were ambivalent.

When women had not turned to their family for help at the time, they equally did not seek their support in later years. The passage of time inevitably meant that some parents were no longer alive to offer support. For those who were around, the women anticipated what their parents' reaction would be to hearing that their daughter had been raped by her husband. They anticipated distress and heartbreak for their ageing parents and chose to protect them from the knowledge. Or they anticipated more of the same attitudes they had been brought up with that were not helpful to them. One described her mother as controlling, another described her mother's 'stiff upper lip' no matter what. Many quoted their parents' clichés and could almost hear them saying, 'You've made your bed …'. In these cases, the women chose to protect themselves by not telling and not opening themselves to disappointment and judgement again.

When I was in a wheelchair …. my mum had to leave me in hospital. She had three other children. At 16, she said, 'You're on your own now'. I have had to do everything on my own. (Rebecca)

Three women had suffered sexual abuse in childhood and felt disbelieved and unsupported by their mothers. Bitter experience had taught them not to try again.

All I have in Australia is my mother. I don't have a good relationship with her. She struggled to acknowledge the abuse that was taking place for me as a child. When I was growing up, she was a bit of an alcoholic and ran off with my dad's brother. She was not my first port of call with regard to telling of any of this. (Victoria)

Four women had solid support from their parents. Two did not know about the rapes, but knew about the violent behaviour of the man their daughter was married to. Their parents were elderly and yet showed enormous support, both moral and practical, even in the face of threats to their own safety.

My mother said, 'I never raised you to be hit by a man. If he comes here, you have a choice. You do not have to go back'. (Sarah)

I moved in with my parents only for a couple of days but it ended up being for two years [with two children]. They were very supportive. They didn't know the full story. (Fraser)

The third woman spoke about her mother intervening when she saw her health spiralling down. Her mother, although apparently powerless in the face of this young man's extreme violence and criminal sexual behaviour, would talk to *his* mother in an attempt to moderate his behaviour. (Unfortunately, his mother supported his violence.)

My mum rang his mum and said, 'Can you come and get him because she's had enough' … I just started hating him in the end. I just couldn't be around him and that's when I locked myself in my son's room. My mum was worried. At first they thought I was in a bad mood, but I said, 'It's over, I don't want him here any more'. Mum said, 'You have to either work it out or not'. I said, 'I don't want to work it out'. That's when his mum came over. And that's when my mum started pushing things because I'd never done anything like locking myself away. She knew I was getting worse … I hurt my family so bad. They kept taking me back and they saw what he was doing to me. (Kate)

The parents of the fourth woman actually kidnapped and 'rescued' her and her two children from the army base where she had lived with her husband and two children. She had married her husband at the age of 17 and moved with him from Queensland to Victoria. When she was 24, her mother realised something was very wrong, and her parents actually came to the army base where she was living and literally kidnapped her and her two children. They all lived together for eight years while she was recovering.

They said 'You've got to understand, [Louise], that you went through six years of this and you lived with your abuser every day and you were not allowed to leave the house. You were imprisoned'. (Louise)

Friends

The women spoke of friends being critically important to them now. Although few tell friends about the rapes, they feel safe to share other aspects of what they have been through, and safe to share their feelings. Those who did tell about the rapes, chose friends who were gay, or were psychiatric nurses, or had been raped themselves. Three had close male friends they

turned to for friendship. Some noted that their friends are coming back to them, after years of being alienated by the actions of the abusive partner.

> *A friend is a triple certificate nurse, like me, who has done psych nursing … She listened, more importantly she believed me which was critical for me … She talked about the issues and allowed me to vent it and cry and not feel that I was offloading onto someone who wasn't able to cope with it. It was an issue for me – where do I go with this, who do I tell? We'd been friends for a very long time and I felt I could be emotionally honest. (Sandie)*

> *I cling to him and it's not me to be like this. I put him into the same category as Dad. He loves me warts and all and it's unconditional. He's so good to me … but it worries me that I put it all on [him] and I feel safe when he's around. (Elizabeth)*

> *I have a friend who would let me chat. I would ask him, 'Is this abuse? Is this what men do to women?' I wanted to see his response as a man, whether these things are right or not. (Anne)*

The women who did not have this kind of support identified it as important – to talk to other women and receive some affirmation of how they were feeling; to be allowed to cry; to get it out without feeling ashamed.

Strategies for self-help

The time comes when women have to turn their attention and energy to themselves. For some, it meant a period of introspection and reflection. They used meditation, journal writing and mindful self-talk. Many turned to books to understand their abuser, their society and their own experience. One woman drew inspiration from a film that portrayed a young women's liberation from expectations. One believed in karma and was able to let go of seeking retribution because of that. Some joined self-help courses or groups. There was a sense that women learn they have a right to be themselves – whoever they are and however they are feeling.

> *I'm trying to be positive and trying to – trying to put my hand up and say I'm not OK. (Louise)*

> *Joining women's groups and knowing more about women's rights has given me the strength to say 'No, that's not right'. (Juana)*

> *I wrote it down and dealt with it myself in my own story. (Monique)*

> *I know I was living successfully. I'd gone back to uni, I'd refused to walk around like a defeated woman although I did feel that way. (Victoria)*

> *I think of karma and I don't have to do the work. I try to breathe out the anger. Karma will come and get them. (Monique)*

> *I went to self-help groups and one day I just made a promise to myself that I would look someone in the eye every day and say hello and that's how I started to change. I had a bad habit of looking down at the ground. (Julia)*

> *In many ways I've empowered myself. When I first left, I used to watch the film 'My Brilliant Career'. I took that almost as my mantra and used to watch it over and over. She was breaking away from everything that was the accepted norm and throwing away the possibility of a wonderful life to remain totally true to herself, and that was empowering. (Fraser)*

> *Accept me as I am. If you can't it's your problem, not mine. (Anne)*

One learned enough is enough.

> *It became a critical time because if I was going to survive, my whole life, I had to say, 'No. No more'. I had to say no to [him], no to the perpetrator when I was young, no to everything. I'd had fucking enough. No-one was going to accuse me any more. I was done. I was terrified. I was done. (Victoria)*

SECTION III – ON REFLECTION

Rurality

The cons of rurality

For me living in [this large town], it's not harder. But for people in outlying areas it's really hard for them to get help. What about women on farms 20k from neighbours? What do they do? They're so isolated. They have community centres, but if that's happening to you, you're not going to walk in there. Your local police officer probably drinks with your husband. There's no way to escape it. So a lot of these women would probably just put up with it. I'm really passionate about domestic violence and outlying areas. So much must go on out there and those women must have to live with [it], with nowhere to go. My friend is a policeman … and he's great but some of the others are real pricks. If your husband's drinking with either of them how do you approach that and not feel uncomfortable about it? (Jacqui)

Distance

With partner rape, as with any issue of health and wellbeing for rural people, distance and isolation loom as insurmountable problems. Long distances mean high cost in petrol for those with private cars. For those without, public transport is very limited, and non-existent in and between some towns.

While access to information has improved markedly with the Internet, some are still unable to be connected, either through lack of private resources or lack of adequate public communication infrastructure.

I might as well be one of the trees in the paddock. No-one can afford to come out here, in time or petrol-wise… You've got to be able to afford it. (Lee)

So it's isolation. And I can only imagine, I've lived on farms I know on a farm, where do you go, unless you have a newspaper, access to information? How do you run away when you're miles from town with kids in tow? (Amanda)

Oh the only thing was transport, of course. We only had one car so if he wouldn't let me have the car, and to do shopping, or something, with the children, it was a bit difficult. (Marcia)

Living in the country makes it more difficult – the isolation. Many times he'd yell and I'd run out of the house but I had nowhere to go. You don't run to the neighbours although they would have heard what was going on. Maybe on the odd occasion I tried to run their way, but you don't impose yourself on them, so I just sort of hid for a while. No-one ever did anything. This is not as isolated as some but I imagine how it is for someone on a 40,000 acre place and they rip the phone out of the wall and there's nothing you can do. You just gather your strength and keep going. (Lee)

Then I tried to leave but I was like half an hour from any main city and I was even willing to walk there, and he basically – that's when the death threats started and he said that basically 'I'll track you down no matter where you are' – the usual blurb – 'and I'll find you and kill you' and so forth and so forth. (Louise)

Where women live on a farm, or are partners in it, the financial implications of leaving are complex. It is even more tortuous when it is a family farm handed down through generations or with several members of the extended family having an interest in the farm.

> *Rural areas' isolation makes it so much tougher and kids make it harder again. And if you've got an interest in that farm how do you walk away? That's your future so how do you stay in that situation? There are many things to think about regarding farms and many things rural women don't have access to. A woman's got to be strong to walk out. (Amanda)*

Nowhere to go

In rural areas there are fewer services than in metropolitan regions, and those that do exist are located in provincial centres. While some provide outreach, this is often limited. The scarcity of accessible services means waiting lists are usually long. Women spoke of there being nowhere to go.

> *When I first moved to [this small town] I was absolutely horrified and shocked that there were no psychologists that actually lived in town, that getting professional counselling of any description was just non-existent, and I was quite disgusted with that. That's about ten years ago … The only support was the government agencies which you had to wait weeks to get into, and which is still the case today … And so I find that even for myself I know I can't just pick up the phone … You do have to hold out which I think is quite bad but that's just the way things are. (Louise)*

> *Living in the country you can't get the help you can [in the city]. The fact I had the unit in Melbourne [was helpful]. I couldn't have had that counselling up here because there's none. It's the same with transport and with everything in the country. (Elizabeth)*

> *Living in the country does make a difference, especially if you are living on a farm because there's nowhere to go … There's nowhere to run to. [In town], you've got [services], the police. In the country if he takes you down to the river and does what he wants with you, where are you going to go? … I knew there was a police station but that's it. (Julia)*

Everyone knows everyone

Small towns mean that everyone knows everyone. The women felt that people knew what they had been through and that they were being watched and judged. This was exacerbated for two women whose husbands 'spread stories' about them, saying she had had a nervous breakdown, or was alcoholic, or was a liar.

One woman described how she worked in a major government organisation in her town, and if she had to leave that job through stress, she would be 'on the other side of the desk' telling her intimate details to former colleagues and having it recorded in files that they could all access. Another spoke of seeking out a counsellor, only to find they had worked together professionally in the past and they were both embarrassed by the changed relationship.

In the same way, women were reluctant to seek services like those provided by the Centre for Sexual Assault, for fear that people would see them going into the building.

> *There are a lot of people in this town who know everyone's business. Everyone knows everyone's business. I feel like taking off to the smallest town where no-one knows me. Secluded and away from everyone. So many people knew about [us] fighting all the time. I was sick of everyone knowing. There were different stories going around. (Kate)*

In a small community you don't want other people to know how stupid you've been … You can get lost in the city, but not in the country ... They spread stories about you and in a small town it doesn't take long for a story to go around so you can't make friends, you are isolated, you have no contact with anyone. (Janet)

Everyone knows everybody and you're so scared that everyone's going to find out. People pointing at you down the street. In the city you could probably hide but in the country you can't. (Juana)

I knew this agency was around. [But] because this is a small town and I was in business for so long, coming to CASA was not an option for me. (Victoria)

The small town connections are intensified when the husband or partner is popular with the local police or friends with the local GP. In conservative country towns, people do not want to believe a woman's story of rape by her husband, especially when he is recognised as a community leader. It is much more comforting to think she is making it up than to believe this could happen.

The country attitudes are still very limited. It's still very limited. Especially if they've known someone for years, they don't like to believe he could do something like that. 'He's such a great guy, do anything for you. And maybe he's not such a great guy to do something like that. They'll believe the guy before the woman. In a place like this, they like the old ways. (Katherine)

[He] was saying to people that I'd had a nervous breakdown … It's made me realise again that women really do get the rough end of the stick. (Elizabeth)

Everyone in the police station knows him; they go in and have visited his business from time to time. (Sandie)

Where do you go? Your family doctor, especially if the man you're married to is well known, could be [his] best mate, you've got no-one. (Amanda)

Living in the country is smaller networks. I remember going to a lady's place – she was married to a policeman and he used to rape her. I was still pretty young then. Where would you go in the country? What if I was to go and report a rape, and it was him at the police station? He's a policeman. He knows it's wrong, and he's doing it to his own wife. So you think, where do you go if you've been raped? (Juana)

One woman, whose husband was a prominent business man in the town, felt sure she would be ostracised from the community because she took him to court.

I know I'll be ostracised. To walk through this town and be myself will take every bit of courage. I was in business in this town for 12 years and there's a lot of people who know me. I know [he] has maligned me to the nth degree. Living in the country, by being in close proximity to everyone, and even through your children's friends, you get to know the cliques and everyone knows everyone. (Victoria)

Even at a professional level, where confidentiality is required in doctor/patient communication or lawyer/client dealings, this has not been assured for two of the women.

Going to GPs was not an option because I knew my story would go with me. When I did go to a lawyer, there was not an option to go to another if I didn't like him, because of conflict of interest. [My ex-husband] was going to the other one or his family. There were always obstacles. I've tried to consider that a lot of people don't know. But all the lawyers know. This stuff about confidentiality, information does get shared around. (Victoria)

But then I heard that [another police officer said to his wife], 'Bloody Smith did do that to Sandie. I heard the tape'. So there was a breach of confidentiality through the police station. That trust was breached. However, that was in my favour. (Sandie)

The pros of rurality

I'm very biased towards the rural environment. I was sitting on the couch this morning thinking, today is D-day and I don't know how I'm going to cope. But I'm thinking, look at those birds flying by and look at the shadow of the trees and shit like that, and to me, the rural environment is just so good for the soul. Where I am, I look out on to nothing much, and that's so important to me. When we renovated the house, we had floor to ceiling windows. The city can be one of the loneliest places. Here you go to the store to buy milk, and it's 'How're you going Fraser?', I don't think that would happen in the city. (Fraser)

Aboriginal women

Four Aboriginal women participated in the research. Three Aboriginal women had non-Aboriginal partners or husbands. A fifth woman is non-Aboriginal and was married to an Aboriginal man, and lived as part of the Aboriginal community.

Their stories were largely similar to the non-Aboriginal women in our sample.

Exceptions were: that two Aboriginal women talked about their non-Aboriginal partners using their Aboriginality as an insult, in the same way that the woman with a disability was insulted by her husband; two Aboriginal women spoke of not trusting police and were determined that they would not involve police because of this; and another suggested police would not attend to calls for help once they heard it involved an Aboriginal family.

Both Rumbalara Medical Corporation and Mungabareena Aboriginal Corporation were mentioned as supportive – generally in relation to health and wellbeing. Only one woman sought help for the rapes through this avenue.

The doors are always open and when you have connections in the Aboriginal service it's where you can tap into it. It's supportive. I know if I need help with anything Mungab are here. Sometimes I come here and I look like shit, and they say, 'Hey what's wrong?' [One of the workers] is my major supporter, she's always there, [another one] too. All the workers here have passion for the community. (Juana)

The non-Aboriginal woman who married an Aboriginal man spoke about the concept of 'blackfella's love'.

Blackfella's love. It was often talked about where the woman always got bashed. The woman always stayed with him, went back to him, got bashed again. That's just the way it was. I see it today with a lot of Aboriginal women … I have a lot of Aboriginal relations and friends and that's the way it is. Rarely do they leave their partner no matter what happens. Rarely do they talk about it. My sister in law had a very violent relationship and she's just starting to talk about it now after he's died. It's not spoken about and it's accepted. (Laura)

'It's not spoken about and it's accepted' could equally be applied to the findings of this entire research report. Partner rape in Australia is not spoken about and – we argue – is accepted though the complicity we offer men who rape their partners.

What women want for themselves

Women want to hear that their husband or partner is sorry for what he did. They want to understand why he raped them. And they want to be loved for the person they are.

> *If he'd only say I'm sorry for what I did. But he's never going to do that. (Jacqui)*
>
> *I was saying, I want some clues as to why he has done this. I wanted a clue why my partner of 30 years had done this. (Sandy)*
>
> *I felt desperately needy for love and wanted someone to love me for me and I realised I haven't had that experience yet. (Rebecca)*
>
> *All I've ever wanted all my life was someone to love me. Not what I've got, not what I can do, just me, just the person. (Cheryl)*
>
> *I want to have a beautiful relationship next time. (Anne)*

The here and now - advice to a friend

Ten of the 21 women said they would advise a friend to leave. This is an interesting contrast to *A Powerful Journey* which researched women leaving violent situations.[39] The 16 women involved in that research suggested the opposite – never tell a woman to leave her violent partner. They said she had to reach that decision herself and the role of a friend would be to listen and support. That ten women in this research said to leave – in no uncertain terms – is a significant difference.

> *My advice would be to get out now. He's not going to change. (Julia)*
>
> *… and that's when I decided to leave. That's my advice to anybody, but I mean if it happens, and they promise that they're not going to, and then they do it again, well then forget it, because it's going to continue, and it will only get worse. (Marcia)*
>
> *Leave, leave it all behind. If you've got children, leave your children with me, but get out. (Janet)*
>
> *I'd tell a friend to get the fuck out of there. (Sarah)*

The future - how to change things

Women said things would only start to change if people talked about partner rape as something that exists, and something that is wrong.

> *It does happen behind closed doors and your best friend could be in that situation and you don't know about it. Women won't talk about it and men certainly don't talk about it. (Amanda)*
>
> *It's just really sad that we don't talk about these things, because to me it's like, why shouldn't you? … we need to be far more aware socially of the abuse that goes on that we don't talk about. I know the people that I tell are horrified and they just go, 'Oh my God', and I think why are you so horrified with that, because it happens every day – to how many people - and we don't talk about it. (Louise)*
>
> *It's important that women understand what rape in marriage is about. A lot don't understand legally what rape is. It's something that needs to be put out there a bit*

[39] Parkinson, D., Burns K., and Zara C. (2004)

more … 'They,' the media, has such control through TV, newspaper, whatever. I think when they do talk about it it's not enough. The men haven't been made accountable. (Katherine)

It is fundamental to have recognition by men, women and the broader society that partner rape is a crime and that it is wrong. The same kind of open dialogue is needed on partner rape as we have seen over past decades with formerly taboo subjects like domestic violence and paedophilia. It could start with information on the illegality of partner rape in newspapers and TV community service announcements, much like the current campaign against domestic violence. It could feature as a topic in popular magazines, on current affairs programs, in soap operas, in best selling books and in films.

We don't talk about it, and it hasn't been a subject that you see on TV, or it's not a story that you talk about. You know, there's always the stories of girls being gang-raped. This happens or that happens – like with paedophiles, there's discussions of paedophilia. But there's never any discussion about women who are raped in their marriage or relationship and I think they need to be far more outspoken about it. And it's like it comes back to it's OK to do that because you're married or because you're living with somebody. (Louise)

The ad on TV ['Australia says No to Violence Against Women'] - that just threw me, that was my first real acknowledgment when the guy said, 'Oh, she said, "Stop", but I kept on going'. That was a real eye-opener. (Cheryl)

There was a movie, with Julia Roberts, 'Sleeping with the Enemy'. That's when I realised I'd been so close to death. The moods, the anger, the possessiveness. That frightened me, I couldn't watch it again. I still couldn't watch it now. (Laura)

Each woman pointed to the lack of discussion about partner rape as confirming her fear that it was just her alone suffering this abuse. Some described the amazement they felt in reading our advertisement asking for research participants on the issue of partner rape, saying it was a strange relief to see that it must happen to other women. One read it over and over again.

We are now in the 21st century yet this subject is yet to be addressed. No-one wants to know. Perhaps because we don't want to believe men could do this. Or perhaps because it is not in the interests of society to challenge an institution as entrenched as marriage or de facto partnerships. This 'unit' is the basis of viable economies, so we don't want to expose the nuclear family to examination. It's behind closed doors, and a man's home is his castle.

FINDINGS – THE POLICE

Police procedures

When a woman tells a police officer she has been raped by her partner, the response can differ depending on whether the police officer is from the uniformed branch; the Criminal Investigation Unit (CIU officer); or the Sexual Offences and Child Abuse Unit (SOCAU officer). Who she speaks to will often determine the route taken next.

If a woman has been supported by services such as the Centre Against Sexual Assault (CASA), she is more likely to be directed to a member of the SOCA unit. If police are called to the location of the rape, they are likely to be from the uniformed branch and from the CIU. If she attends directly to a police station counter, she will see a uniformed officer in the first instance.

Members of SOCA units are police officers who are specifically trained in dealing with child and adult victims of sexual assault and child physical assaults.[40] Their role is to take initial reports of what happened and to explain police procedures and the options available to victims. They may take detailed statements - either written or by video tape. The detailed statement about the incident would include particulars such as times, places, actions, names, witness information, feelings and descriptions. Statements may also be taken by CIU members or uniformed police.

Any police officers (SOCAU, CIU or uniformed) may gather evidence and take photographs or videos at the scene, and may request forensic testing, e.g. of clothing or bedding. They must refer the victim to CASA for counselling as soon as possible or within two hours of the arrival of the first police officer. They may request a medical examination be carried out by a Forensic Medical Officer (FMO), who may take samples as evidence. Police receive a report of the FMO's findings. The woman will be given the name and telephone number of the officer responsible for the investigation.

> *Once someone says they've been raped, you would be contacting the Forensic Medical Officer and arranging an appointment for them to be examined and injuries to be treated and documented. Injuries are photographed. It's documenting the visible injuries and it's a forensic examination in relation to the sexual assault. In a recent sexual assault, you take exhibits, like clothing which has to be bagged and labelled and forensic samples. You have a chain of continuity and that has to be documented until they [the exhibits] can be conveyed to Melbourne for examination for DNA testing. (SOCAU officer)*

Police ensure the safety of the victim by seeking medical assistance and by obtaining an Intervention Order where required.

> *With any rape, the victim's welfare is number one. If there's violence and if the victim needs medical treatment, you put away the investigation - their health and safety is number one. We have to get a Complaint and Warrant, and Intervention Orders … If we can see signs of a black eye or bleeding and they're the only two in the house, he might not be charged with the assault but we're obliged to apply to the courts and put in place Intervention Orders … A Complaint and Warrant is a warrant to arrest the*

[40] Throughout this section, we will refer to 'victims' because this is the word used by the legal sector. When we discussed the use of this term with police, we were advised that in their sector, the understanding is that there cannot be a crime without a victim.

person for the purpose of issuing an Intervention Order against that person. Those conditions might be that they're not allowed to reside with the person anymore. Intervention Orders are civil - they are not a criminal act. It's on the balance of probabilities, not beyond reasonable doubt. (Uniformed officer)

After investigations, the police decide if there is enough evidence to take the case to a criminal court. If so, the victim is required to give evidence in court based on the statement she provided to police earlier.

In most cases, police are obligated to abide by the victim's wishes with regard to pursuing an investigation. Initially, she may not want to make a formal statement; or she may make a report or a detailed statement but not want it to be further investigated (a statement of no further action). Once police have gathered the evidence, her decision to proceed can be delayed until she is ready.

The issues are very raw, their intake of information is lowered, it's a process and you're giving the basics if they're unsure. You've got your evidence, you can give them time. They don't have to do it right then and there. They don't even have to make a statement if they don't want to. They may not want to press charges and go to court. They have the option to make a statement to that effect … They may want to proceed in a week or a month and they can have that investigation reopened. (SOCAU officer)

Police are reluctant to act as complainant and press charges where the woman does not want to proceed. Spouses have the right not to give evidence in court against their partner. Without a victim testifying, police have no case.

We can instigate Intervention Orders now, even if the victim doesn't want to. One of the philosophies behind giving these powers to police to be the complainant is so there is no blame on the victim of domestic violence. However, at the end of the day, we still need their evidence to do anything about it. (Uniformed officer)

The difficulty is that in the absence of her evidence at court we have no case. If she's made a sworn and signed statement outlining what had occurred and the fact it was rape, we can use it. However, they still have open an exemption to giving evidence against their spouse. We can force the female to court under a subpoena, we can put her in the witness box but she can ask for an exemption under certain circumstances. In those cases she can refuse to testify and we don't have a case. In those cases we pay the costs. (Uniformed officer)

We couldn't press charges unless she wanted to. We need to have a victim willing to say this has happened to her … If we have seen injuries then, even without her, we could still charge him with assault if we have other evidence, and if there were witnesses, we certainly would. We could press charges too. It would be up to the magistrate as to whether this went ahead. She would not be compelled to give evidence against her husband, and if it is a partner she can apply for a particular exemption. It would come down to the magistrate hearing the case. (SOCAU officer)

However, in particular circumstances where there is public risk, a police inspector could override her wishes, for example, in the case of a serial rapist.

The Office of Public Prosecutions (OPP) prepares and prosecutes cases for the Director of Public Prosecutions (DPP). If police believe there is enough evidence to prosecute a case successfully in court, they submit the case internally to a supervisor, and from there to the OPP. The OPP decides if the case will go to court. This counters the general perception that a victim can take a case to court. It is only if the OPP believes a case can be won that public money will be spent in this way.

We have 'Points of proof'. With theft there are seven points of theft we have to prove. People think, 'I've been raped therefore this person should be charged and go to jail', but it's not that simple. (CIU officer)

Once you've got the statement, you've got the complaint, and you have all the evidence … then it would all be put together as a brief of evidence and submitted to my superiors for their consideration … they would look at … the quality of the statement. If they thought that the statement needed improving then they would probably suggest that I go back to the complainant and get further detail. If they felt that the statement, the complaint, couldn't be taken much further, or any further, they would look at the record of interview and see how strong that is, and that's where they'd make their decision … based on the likelihood of it being successful at court … There are a number of factors they take into account. The welfare of the victim … [They would be] less likely to prosecute if they felt that the success of it would be unlikely and they were going to put these people through undue pain and stress. (CIU officer)

The police are keenly aware of the limited resources available to the DPP to prosecute.

That's why we like it when people say, 'No Comment' … If we lose a case, we have to foot the bill, but there's case law saying if someone says, 'No Comment', it makes it harder to get costs awarded against you because they were given the opportunity to say something. So we say, 'You beauty', when they say, 'No Comment'. (CIU officer)

The Australian legal system is established on the premise that a person is innocent until proven guilty, and in the criminal system, the onus is that it must be proven 'beyond reasonable doubt'. Police and the OPP, therefore, need substantial and credible evidence before taking a case to court. In the civil courts, the onus is it must be proven 'on the balance of probabilities'.

It is important to understand that police may fully support a woman in her allegations and believe her, but still be unable to take the case to court. When a case does not proceed it does not necessarily mean the woman is not believed.

Investigations by police to determine the veracity of the allegations include checking police records for any previous complaints made against the alleged perpetrator. Although prior criminal activity – even that which has been proven in a court – cannot be taken into account or presented as evidence, it supports the current allegation from a credibility point of view. It is for this reason that women are often encouraged to make a statement to police, even if they do not wish to proceed further with a case against the man who raped them.

Usually the first step after that is to look into the background of the person the complaint is made against, look into their history – if they have any criminal history, whether there are any family violence orders against them, or any family violence incidents recorded on our system or anywhere else. Say if a lady comes in and she makes a complaint against her partner, we'd not only be looking at things that relate to her and her partner but also maybe things that relate to her partner and his previous partner – go right back and see what the history is. Some offenders have got a history not just with one partner, but they have a history of violence with other partners. (CIU officer)

In addition to formal procedures, police offer women information about other services which may be helpful, such as financial support through Centrelink, the Victims' Assistance Program, domestic violence services, emergency accommodation and housing support, drug and alcohol services, health services, CASA and other counselling options.

The approach of uniformed police officers

The uniformed police were very clear that their role at the scene of the crime where partner rape has been alleged is to complete four basic steps: (1) protect the crime scene; (2) look after the victim; (3) isolate the offender; and (4) contact CASA. They call in specialist investigative police officers from the CIU. If SOCAU officers are available, they will be called in too.

> *For any complaint that's made, it is vitally important that the investigation is entered into without bias – whether or not you believe the complainant. In my view, we should approach things in a clinical matter which is why we have specifically trained police and CASA to deal with it. We need to be able to prove without a reasonable doubt that the defendant committed the act knowingly and with the appropriately guilty mind. (Uniformed officer)*
>
> *So even though a victim may allege rape we still need to prove it beyond reasonable doubt and the law is written to make sure that no innocent person is convicted. The philosophy behind that is that it is better for 10 guilty men to go free than to wrongly convict one person. The victim is always going to be at a disadvantage. (Uniformed officer)*
>
> *It's really important to be objective, not subjective. That has to be the test. That's the test, assembling the evidence rather than taking sides, becoming emotionally involved. (Uniformed officer)*

The approach of CIU officers

Criminal Investigation Unit officers are brought into a partner rape case after initial inquiries have been made by uniformed officers or SOCAU officers. They see their role as investigative and clinical. They do not provide support to victims.

> *We don't get involved with scenarios facing uniformed police who respond to domestic violence or do doorknocks. We're notified of something. We hear that someone wants to report a crime to us. A protocol says the main role, the support, would be done by SOCAU. They deal with the victim for the majority of time to get to statement stage. (CIU officer)*
>
> *I have been doing this for that long, I don't have emotional attachment. It's just another job. You have that separation so you can think more clearly and act professionally. Although sometimes we might come across as uncaring, it's not the case. We have to keep emotions out of it to perform to the best of our ability. (CIU officer)*
>
> *We investigate it but we're not the counsellor or preacher. (CIU officer)*

The approach of SOCAU officers

The SOCAU officers differed in their approach in that their role has a greater element of support for the victim. They have been specially trained to deal with people who have experienced sexual assault. They spoke of ensuring the person is as comfortable as possible, and explicitly acknowledged the difficulty victims face in describing what has happened to them. Some felt particularly suited to this work and believed they were making a difference in people's lives through their work.

I try to make them as comfortable as possible. It's important for them to tell you what's happened ... I use their terminology back so they don't feel they're the only one sitting in the room saying these things. Show them you're listening with a caring and sympathetic ear. I'm dead honest with them. I don't promise anything that's not going to happen. I don't tell them it's going to be easy. (SOCAU officer)

I never thought I'd do this kind of work but I did some temporary duties eight years ago and haven't left it since. I thought I'd be too angry but I can't think of a time when someone said, 'I don't want to talk to you'. It's happened to others. So obviously I'm in the right spot. If they can walk in and feel comfortable - of course adults, and especially children. So I better stay here, because they might not want to talk to others. I can't help what's happened before they get here, but if they leave with a smile on their face, they might sleep well. (SOCAU officer)

Team work

All three branches of the police force work in close cooperation with each other, clear about their differing roles; the uniformed branch to screen and conduct initial investigations; the CIU to conduct further investigations; and the SOCAU officers to offer an element of support to victims while completing initial investigations.

You'd dive in to determine if it really did happen and based on what you find, you'd take certain steps involving CIU and SOCAU. (Uniformed officer)

[The SOCAU officer would] take the initial complaint whether it be through statement or notes. Or if it's something that's a recent sort of complaint then she would also be present and also organise and coordinate the examination, forensic examinations, notification of anything to CASA or to have someone there for support - whether it be a relative or a CASA representative. As an investigator, the initial part of any complaint is probably handled by someone other than me. It then gets handed to me as a file, which has all those things I just mentioned. (CIU officer)

We'll be introduced to them, but if I have questions I speak to [a SOCAU officer]. I'll ask her to find out stuff I need to know. Once the statement is done, we take over the investigation and start dealing with the victim. (CIU officer)

Gut responses and professional conduct

With few exceptions (two from the sample of 30), police stated that partner rape is a criminal act and a serious crime. They spoke of conducting their investigations into the case with professionalism and objectivity, setting aside any reservations they may have in their search for evidence.

A new list of protocols just came out for sexual assault and rape. A new Victorian police policy. If there's a rape you need to investigate it and not have a coloured view or be thinking if you believe it or not. If the evidence is there your opinion does not matter. It's the same with partner rape. (Uniformed officer)

The uniformed police described drawing upon their observations of a woman's body language and demeanour; their analysis of the situation; and their experience in the job to aid decision making in relation to the investigation. Despite these intuitions, they stressed their job is to put these aside to do their job in gathering the evidence.

To me, it's body language, demeanour, eye contact, the look. (Uniformed officer)

Of course we might have certain perceptions. We get perceptions of people straight away, you have a gut feeling but it doesn't change how you go about investigating it. (Uniformed officer)

The first thing you'd think of would be the credibility of the woman. She has to be genuine and get a personal rapport. If you think she's bullshitting, inside you'd think this is crap. You have to get the evidence. (Uniformed officer)

If a girl was to present to the counter, the police would immediately take them somewhere private and if they thought it was legitimate, they'd call in SOCAU and the CI in the first two hours. You'd make a decision, 'Shit, this is fair dinkum'. (Uniformed officer)

We take the merits of each case. You'd be professional and go through the steps as in any other rape. (Uniformed officer)

In answer to our question, 'What is your gut response when a woman says she's been raped by her partner?', the uniformed police often said, 'It depends'. They offered examples of where rape allegations have been unfounded. While SOCAU officers spoke of there being no difference in legal terms between rape by a partner and rape by a stranger, one officer voiced an occasional hesitancy to accept partner rape allegations on face value where there had been previous dealings with particular couples.

To be honest, I'd go through two things. If I know the person, there would be an assessment, there may be times when I'm sceptical if I know them and know what their relationship is like and know them through previous dealings. If not, I would accept it on face value as another report. (SOCAU officer)

The sense of certainty in being objective was stronger with CIU officers, perhaps because they are not given a case to investigate until it has been screened by either uniformed police or SOCAU officers.

Quite often the report is through uniformed police first. They will be notified and as soon as they believe this is genuine, they notify CIB immediately.[41] *(CIU officer)*

If a … wife comes in with a rape allegation, it's a serious indictable offence. It's a serious crime, rape … As an investigator you have to treat everything and do everything as professionally as you can. We do have opinions but the way we investigate and treat it has to be the same, it doesn't matter who the victim is or the perpetrator, you have to investigate it the same way. (CIU officer)

My immediate thoughts are, 'This is serious'. We go into investigation mode where we really do think this will require intense and thorough investigating. You concentrate on what you're doing and what you shouldn't miss. You step up your intensity of investigation with serious crimes and rape is considered a serious crime in the Crimes Act. (CIU officer)

Believing the victim

The focus of police is clearly on gathering evidence to prove a crime has been committed. Yet the majority spoke of the critical importance, to the victim, of being believed. Across all three police branches, officers identified and acknowledged this.

[41] Some officers referred to the 'CIU' [Criminal Investigation Unit] as 'CI' or 'CIB'.

It's important to tell the victim that you do believe what they say. I make a point of doing that at the end of an investigation. (CIU officer)

It's a personal [response] – mine is that it's a rape until its proven otherwise. (Uniformed officer)

I make sure I tell them I would believe them because sometimes even that makes a difference. Even if doesn't get to court, it makes a difference that someone's believed them. (SOCAU officer)

I don't try and condemn anybody at that stage, it's not for me to judge. Be patient and show that you're interested and show the belief. The single most important reasons people don't report sexual offences … is the fear of not being believed. (SOCAU officer)

Partner and stranger rape investigations

In theory, the police approach to a rape investigation does not change depending on whether the perpetrator is a woman's partner or a stranger.

There are certain procedures you go through. If there's enough evidence to charge someone we do so. And if we don't, we don't. It's the same if it's the partner, or if the offender is not known. (CIU officer)

If somebody comes in and reports rape, whether a partner or unknown, as professionals, we treat it the same and we're obliged to go through certain steps. The investigation process doesn't vary. (Uniformed officer)

I don't think of it in terms of partner rape – to me it's a rape. (SOCAU officer)

I don't see it as differing at all. It's still dealing with a victim of rape … I deal with the victim. I have a victim in front of me alleging rape so my response is the same. (SOCAU officer)

The rights and obligations are the same as a normal rape. You treat it the same. Course you do. It wouldn't make any difference. (Uniformed)

The procedures police follow generally remain the same. Differences in partner rape are that the perpetrator is known so there is no need for a police search; and evidence of sexual activity taken from the victim is not incriminating for a partner, as it would be for a stranger. Evidence of coercion through physical injuries or witnesses is more important in proving a partner rape.

There are a couple of minor differences in the process. Generally though they're the same. For example,[in rape by a stranger] you'd be looking for a search for an unknown person and need to organise resources for a search and the media get involved. Whereas for a person known to the victim, we know the identity of the offender. (CIU officer)

There are other factors that come with partner rape that wouldn't come with a rapist unknown to the victim, or if you met at a pub that night. There has been consensual sex in the past. (SOCAU officer)

Evidence collection can be more difficult. If they say, 'On Wednesday night we had consensual sex but the next night was rape', there's still going to be DNA everywhere. It's one person's word against another. (Uniformed officer)

The big legal problem is the issue of consent. We have to prove beyond a reasonable doubt and if an offender says, 'No we're married and she was consenting', and she says no, and there's no other evidence, how do you prove it? (Uniformed officer)

Physical injuries provide corroboration of the victims' story. If you don't have the physical injuries we'd still go about our investigation in the same manner, it's just extra evidence for the fact that perhaps there wasn't consent. There's no doubt it's in your favour if there are injuries … No injuries and you've got one word against the other. Added injuries provides more weight to the victim's story in assisting us to prove beyond reasonable doubt. (Uniformed officer)

The police noted that the mental state of the victim is different because there are different emotional and practical issues for a woman raped by her partner. Unlike a woman raped by a stranger, she shares her home with the man who raped her. He may be the father of her children. There are big questions for her about her future and that of her children - questions relating to basic human needs like housing, income and safety. After acknowledging she has been raped by her husband and reporting it to police, everyday life must change.

Someone who is a victim with a partner as perpetrator - they have a lot to consider in a very short space of time. They've got to think of the ongoing relationship afterwards. After police get involved, 'Will I still live with this person?' (CIU officer)

In normal rape, two people who are unknown to each other, the decision making process won't affect them in the long term. But with a partner they have to think about family, kids, house, where they're going to be in the future. They'd be thinking, 'What about the kids'? (Uniformed officer)

How often do police encounter partner violence?

The attitude of the individual police officer towards partner rape seemed to influence his or her recollection of having encountered cases of partner rape. This was the same with health and community sector workers. A woman who has been raped by her partner is more likely to speak to a worker who understands that partner rape exists and is a crime than one who is uncomfortable with the concept and would rather not know about it. While some police officers conveyed a deep understanding of the issues underlying partner rape and the difficulty for women in speaking – to anyone – about it, others knew very little about it, and had worked on very few cases, if any.

We're dealing in dangerous ground because the word 'rape' puts a shudder through most people because it's a filthy crime. Rape is: a girl gets off a train, starts walking home, out from behind a bush jumps Mr. Rapist, assaults her, and has his way with her. That's a rape … Partner rape is very rare. I haven't been involved. They are very few and far between. Very hard to prove if it did occur … I think it's one in a million. (Uniformed officer)

I don't think I've ever been involved in intimate partner allegation of rape. I was in the CI for a long time. In all my experience, I don't think I've ever had one. (Uniformed officer)

In the police focus groups, there was disagreement amongst uniformed police attending about the extent of partner rape reports. As in the previous two quotes, some stated they could not remember even one case, yet others remembered many.

I've read on running sheets where cops have been called to an address or spoken to a female here saying she has been raped by her current boyfriend or de facto or husband. (Uniformed officer)

On the weekend I was notified of one here in [this] region … she has reported two incidences of rape. It's at the very early stages. I was on call and was notified. (Uniformed officer)

Now that I think about it there's been quite a few of them but you don't distinguish between who they've been raped by. (SOCAU officer)

We see so much partner rape, a fair bit of it happens. I don't think the community is aware of how many sexual assault offences occur against women and children. (CIU officer)

Opinions and impressions

The great majority of police who informed this research stressed that they strive for objectivity in their approach to a partner rape investigation. Their years as police officers, however, means they go into a new case with previous experiences. They spoke about their common observations of alcohol playing a role in partner rape cases; of rape often coexisting with other forms of violence; of how the socio-economic status of people calling them is usually low; of the man being offensive and of the woman as having low self-esteem and little understanding of her rights. These were generalisations, and police also spoke of exceptions, such as the respected, well-educated and well-resourced women they remembered who reported partner rape.

In response to our question about their 'gut reaction', several wondered aloud about levels of false reports and the possible reasons women would (or would not) report rape by their partner. They wondered too, if women were unaware of their rights in believing that they 'had to put up' with ongoing rape. And they observed that some men are less than sensitive.

False reporting

While a very few police officers suggested false reporting, their examples were often about women falsely reporting stranger rape for a range of reasons.

I'm wondering whether false reports are quite prevalent. I would suggest they're very prevalent … The motivation for false reporting could be to seek sympathy from an existing partner; or 'I got drunk and slept with the wrong person last night'. Especially with young girls falling pregnant; even attention seeking. One I'm thinking of wasn't able to get the boyfriend to make a commitment so in order to get him angry and stirred up and possessive of her, she said she'd been raped. On that occasion it was totally false and didn't help that relationship. (Uniformed officer)

For the most part, police felt that very few women would falsely report partner rape.

You can tell if people are doing it out of spite. The way they communicate. You can read a statement and when you deal with them you know something's not right. There's not a great deal of false reports but usually there will be underlying issues, e.g. he may have slept with someone else. In partners, false reporting would be less than 5%. (CIU officer)

My opinion is it's not easy to come in here and talk about it . Only a minority come in and lie. I don't think someone would lie in a relationship – there's too much to lose. (SOCAU officer)

The one example given of women making false reports about their own partner or husband raping them was hypothetical – positing that women could do that as a way to gain power over a violent partner.

My gut response is show me the evidence, establish the facts and differentiate that we're not dealing with a domestic where he's given her a black eye and her means of retaliation is calling rape because she can measure up to him [in that way]. (Uniformed officer)

Fuelled by alcohol

Police suggested that alcohol was often a contributing factor in domestic violence incidents which may have escalated to include rape.

I'd wonder about some of the victims as to whether they'd be capable. Most of the time they'd be off their head with alcohol, or drugs or stressed out of their head. Both of them. When you walk in, it doesn't seem there's been a sexual battle, more a physical battle where they've been throwing things at each other. Could have been a sexual battle the day before. (Uniformed officer)

It's all grog and it's domestic violence with a bit of sex thrown in. It's perceived as he's just forced himself upon me and they write it off as he's intoxicated and I guess that's why they don't report it. It hasn't been named as a rape because they're in that relationship. They don't see it as the same thing. (Uniformed officer)

The majority of the rapes reported are when the relationship is at a low or coming to an end. It tends to be a theme of reporting rapes in intimate relationships … Alcohol is a factor, usually by both. There's always alcohol - it tends to be somewhere in the mix. (CIU officer)

There are certain things - I would suggest it happens when alcohol is involved and as part of domestic violence as a form of power. It's another weapon they use to control a person. (SOCAU officer)

Men think they're entitled to sex

In considering their own personal reaction to partner rape, some reflected that the men think they are entitled to sex from their wives, and particularly women from an older generation think they are obliged to give it to them.

Think of dairy farmers, out a bit, dad's been working all day, comes home, has tea, they go to bed and he has sex. She doesn't want it. She puts up with that for years and then he drops dead and she's happy. She no longer has to put up with him breathing beer down her neck and smelling like cow shit. [They put up with it for] probably security, because of the kids. She's got no-one to tell, it could be that the guy's father's farm [is] down the road and the brother's farm down the other way. But they could live in the commission where he's worked at SPC all day, he's at the pub till nine o'clock. She puts up with it, she hates it, it hurts her. But she just says, 'Oh well, that's life'. You would take a lot of education to change attitude ... You have to make hard nosed cynical old bastards realise that women have got rights here … No, men would not call their actions rape, they would classify it as their right. If they had to be 100%

honest they'd say, 'I did take advantage of her but stuff it, she's my missus anyway, it's Saturday night'. (Uniformed officer)

A lot are vulnerable through other domestic violence. Some females are not informed; they think because they're married the guy can have sex whenever he wants. It comes down to knowledge and vulnerable females. (SOCAU officer)

These days it's a generational thing. The older Australian generations tend to grin and bear it and put up with it. The younger women I believe are better educated and more resourceful and probably would step forward. (Uniformed officer)

Women won't report it

One police officer spoke of women being reluctant 'to report rape by a partner and a reluctance from society to admit that it is an offence'. In these circumstances, describing in detail what has happened is almost impossible. Even where police suspect that a woman has been raped by her husband, she will rarely offer the information.

You just know that nine times out of 10, it wouldn't be reported. (Uniformed officer)

I haven't had a lot to do with partner rape. I don't think many spouses report. (CIU officer)

You don't know unless she says she's been raped. Sometimes you can pick it up. You ask them questions and you know. (SOCAU officer)

They don't have any qualms talking about physical assault and the control but it's one out of hundreds who would talk about sexual assault in that that's what's happened but you know they won't verbalise it. (Uniformed officer)

A lot find it hard to describe the sexual act that was committed on them. It's a difficult area for a lot of victims feeling comfortable to describe what's happened to them. (CIU officer)

There was general agreement that few would report. The women's financial security and low self-esteem were other reasons they would not report.

I believe, in long-term domestic violence, rape or whatever, there's a degree of self-esteem issues with the female. I would suggest if he hits you once you could probably forgive him, if he hits you twice you sleep with one eye open and if he hits you three times you shouldn't be there. They're still there because of self-esteem and insecurity issues. They find it difficult to say, 'I love this man and he's a violent arsehole' not 'I love this man that I first met'. (Uniformed officer)

Without exception, police understood that women thought if they reported partner rape, it would mean the end of their relationship and the end of family life as it had been, and that this proves an almost insurmountable barrier for many women.

They may not want the relationship to end because of family, children. They may want to be with that person, but they don't want it ever to happen again. They just want that behaviour to end. Reporting it may be the end of the relationship. (SOCAU officer)

It's a more complex issue. It would be exceptionally hard to get the partner [to make a charge]. They'd be thinking of everything that will come into effect from when they say, 'I've been raped'. They will evaluate everything that they will lose, their children, partner. They'd think really hard about how far they want to go. (Uniformed officer)

The barrier is weighing up the relationship. They're going to go to the police, they're going to be investigated. I think, it should be accepted that if the person complains about rape, it's the end of their relationship. It should be. (CIU officer)

If a woman reported, how could she return to a marriage when she recognised her husband as a rapist? One police officer spoke in terms of 'betraying' and 'ratting out' if women reported and others spoke of women 'protecting' their partner from public scrutiny by not reporting.

Absolutely it would damage the relationship [if reported]. It's the betrayals and to rat out your husband, and if you've got children, there's no way. I really don't think unless it's life threatening, there's no way would they do that. (SOCAU officer)

And it's, 'This person is the father of my children and all my family and friends and neighbours are going to think he's a rapist'. Protecting him, and in turn, protecting themselves as well from being made open to the community. (CIU officer)

In the end, most women stay and certainly do not report partner rape. Many do this for the children. In her thinking, the man who has raped her is also father of her children. What damage would this knowledge do to the children?

If kids are involved maybe that's the reason the woman won't say anything. It would be too disruptive for family members and the home life. (Uniformed officer)

That's a hard thing for a woman to accept because then, they're married to a rapist and what kind of marriage is that and what effect is that going to have on the children? (SOCAU officer)

Family, kids, they put everyone else before themselves ... Most will have children and that's what they'd be thinking about. (SOCAU officer)

She thinks it's her fault

Perhaps the main reasons suggested by police for women not reporting are the fear of not being believed and the misconception that it is not rape when you are married to the perpetrator. Police felt that often women blame themselves for the violent actions of their partner, and this prevents them from reporting, or even recognising the crime against them.

In an intimate relationship where there's been a history of consensual sex and it's been forced upon them this time, I think there would be a lot of women out there who wouldn't report. Their self-esteem would be low as it is, they'd think, whose going to believe me, I'm in a marriage with this person, there's no witnesses, and no visible injuries to support [the allegation]. (Uniformed officer)

[Women don't report because of] fear of not being believed, the low self-esteem and perhaps blaming themselves. There are a lot of hurdles a victim of intimate rape has to get over. Self-doubt, wondering whether it was my fault. They still even have that when making a statement till someone says, 'No, that wasn't your fault'. (SOCAU officer)

I wonder if women don't think they can report that type of rape, if it will be taken seriously or not. (CIU officer)

A lot of times, people don't realise what's happened to them until they speak to someone. They confide in someone who says, 'Do you realise you've been raped? Maybe you should report this to the police'. (CIU officer)

Police have heard women saying they were partly at fault or wondering if they had said or done something to cause the rape. Their tendency to turn the blame on themselves means they will not report or pursue a crime against them.

> *She was taking part responsibility for the sexual assault and didn't feel comfortable reporting that. (SOCAU officer)*
>
> *A lot of the time you hear of the women involved saying, 'What have I done wrong to deserve this?' They start to have insecurities thinking they have done something to initiate it. Self-blame. 'What have I done to contribute?' (Uniformed officer)*
>
> *At some point there'd be a certain degree of inwards blame. 'I asked for it', that kind of thing. That's just my perception. They do the guilt thing, particularly in an intimate relationship. (Uniformed officer)*
>
> *I think they don't report because it comes down to the inner guilt. They sit back and they go, 'Well, it was my fault, I put myself in that position, I did this'. (Uniformed officer)*

Her fear of escalating violence

Fear of retribution by the violent partner is another factor for some women.

> *Some won't let you go. Stalkers, if you're in a relationship and he's dominant and likes it, and up to now you've copped it. Then someone gets in your ear and builds up your self-esteem and he says, 'No way love, you get back here'. That could be an issue. Or the perception could be that you can't get away and he'll follow me to the end of the earth. (Uniformed officer)*

The middle class – smarter about how they belt their wives

Uniformed police officers observed that the great majority of their work is with people from lower socio-economic backgrounds. However, they also noted that people with more resources have other options than calling the police, and are, perhaps, more skilled in hiding their violence.

> *Particularly in the lower socio-economic, that's where 80% of our work comes from. But generally, it's alcohol, financial, related to other issues rather than sex being first and foremost. (Uniformed officer)*
>
> *A lot of victims are of low socio-economic status, low income, low educated. You don't get the well educated or upper class coming in. They're always in the lower socio-economic class of people. I supposed they don't know how to accept no and have a blasé attitude. Whereas in your middle and upper classes, they may be more disciplined. (CIU officer)*
>
> *The only lady who put her hand up, she was quite wealthy. That's the thing with domestic violence, that it affects all social scales … She's a mature, professional woman, not an uneducated person who wasn't aware of the ways of the world. (Uniformed officer)*
>
> *[The middle classes] do it away from kids and make sure they can't be heard, and she can't be heard screaming. It's how you manage it if you've got half a brain. The middle classes are a bit smarter about how they belt their wives. (Uniformed officer)*

Why women *do* go to the police

In understanding all the barriers that prevent women from reporting partner rape, police offered reasons why some women do report to police. They suggested that women want to know that someone believes them. Some want the man to have to answer to someone for the rape. They want him to be held accountable for his violence and to know that she was strong enough to stand up to him.

> *Some people are wanting information/options and just want someone to believe them. I've seen people come into the office and we go through the options and later they ring back and it's like a different person because someone has listened to them and believed them. (SOCAU officer)*

> *Sometimes victims are just satisfied that the other party was interviewed … They have had to answer to the police. They've had to answer to someone. And [they've] realised that [their partner has] got some power and been strong enough to do. It's just getting the strength to do it. (SOCAU officer)*

For other women, it is to provide a statement against this man on record, so that if other women go to police, there is more evidence to back up their claims. Even though this evidence cannot contribute to the evidence that helps decide if a case will be taken to court or not, it builds a picture for police of the behaviour of the man they are investigating.

> *I'd use it more as a tool, not so much as evidentiary value but just to go back and get a picture of what he's like. It can be evidentiary if they wish to make a statement against him but it's more of a tool just to see the way he behaves and see the sort of person that I'm dealing with. The decision for it to be prosecuted, his criminal history wouldn't be influenced one way or the other. (CIU officer)*

Issues for police in partner rape cases

Victims withdrawing charges

> *We do get into a norm where 'Oh, it's another rape, I wonder where this will go'. (CIU officer)*

A challenge for police in investigating partner rape cases is whether the victim will make a statement and whether she will follow it through to court (if there is sufficient evidence for the DPP to take it to court).

> *You'd be a bit concerned how far down the track the investigation would end up … If they are reported, they are withdrawn. Every case must be dealt with individually. You can't say stereotype, 'Here comes another Sunday morning rape'. (Uniformed officer)*

> *They may refuse to make the statement in the first place or they make the statement and withdraw it. The next day, the honeymoon period starts. (SOCAU officer)*

> *You spend all this time doing complaint warrants then you see the couple together again and you think you've wasted time on them. It tarnishes your opinion and lowers their credibility. (Uniformed officer)*

Police spoke of feeling frustrated when they attend a crime scene and commit significant resources to investigating the crime only to have the charges withdrawn. If a victim is reluctant to make a statement at the outset, she may not agree to a medical examination or forensic testing when it is still possible to be collected. Police know that if she wants to

proceed at a later date, the chance of a successful prosecution is greatly reduced by not having the evidence.

> *You're losing things as well because you've got a crime scene. It's difficult for investigators because you really don't know if they want to proceed. At the start of an investigation, there's so much to be done. (SOCAU officer)*

> *It's difficult because some women don't see getting a medical examination as being helpful. They don't see what police are doing as being helpful to them but in the long term it makes a difference to their wellbeing. They think it's a hassle. They've been raped and the police want to probe and prod and take photos and continue the embarrassment. But it's obviously for us to gather evidence to use in court. (CIU officer)*

When victims are reluctant to make a statement or proceed with an Intervention Order, police feel frustrated that the women seem to be 'choosing' to remain in a violent situation when they are offering other options.

> *Sometimes you want to strangle them and I get so angry that they are going back into these positions and putting themselves and their children at risk. (SOCAU officer)*

Yet, almost in the same breath, they recognised the difficulties for women in leaving, and the imperative to wait until they get the strength they need to face the increased wrath of their violent partner. We know that separation increases the risk to women of being killed by their estranged partner.[42]

> *I know that these people, regardless of the help you give them, won't take that help until they reach the part of their lives where they reach out for help. You can't help them until they're willing to help themselves. (SOCAU officer)*

Having voiced their frustration, police also recognised the reasons women call them in the first place and the reasons many women often cannot leave and cannot proceed with a charge against their partner.

> *I think it's because there was that security issue there. He was the bread and butter. They want you (as police) there to stop it. We intervene to stop the fighting, it takes focus off her, it stops the abuse. They don't want us to arrest or charge him. Or call you at the heightened moment and by the time you get there it's all changed, they don't want you there. 'Sorry, I've made a blue, I'm going to get another hiding now for calling you.' They've got the strength to call and that was all they had. Or in desperation they grab the phone and call 000. (Uniformed officer)*

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[42] '… a substantial number of the women killed were killed by their estranged partners: separation, or the threat of separation, was a precipitating factor in almost half the female partner killings. Most men who kill their estranged partners do so within a relatively short period of time (a few months) following separation, although women have been killed by their former partners several years after a relationship has ended. Because men risk losing control over their partners when they leave the relationship and wish to maintain that control, separation from abusive partners may increase the risk of homicide to some women.' Gouda, N. (2000) Legislative And Criminal Justice Responses To Stalking In The Context Of Domestic Violence. Criminal Law Review Division, NSW Attorney General's Department. Paper presented at the *Stalking: Criminal Justice Responses Conference* convened by the Australian Institute of Criminology and held in Sydney 7-8 December 2000. http://www.aic.gov.au/conferences/stalking/Gouda.pdf accessed 5.4.2008.

Problems with court

Police speculated that even thinking about reporting partner rape would lead women to imagining themselves in court, saying out loud to a room full of people the most intimate details of the sexual violence their own partner had inflicted on them. They would take it further, imagining the gossip in the community and newspaper articles.

> *There is embarrassment going on from that, thinking they may have to go to court and tell their story again and again. (CIU officer)*

> *It will come up in the papers, in open court. And knowing it's an open court to the public and media frightens a lot of them. (CIU officer)*

Although there is an opportunity for the prosecution to request a media ban (when certain criteria are met) police described the myriad ways the legal system damages women in rape cases. They suggested that the legal system itself stands as a mammoth barrier to justice in rape cases and consequently, to women proceeding with a partner rape case. Police know that the chances of a conviction are slight, and they give women this information.

> *People often come in wanting that person to go to jail. I tell them that's probably not going to happen. It's going to be very disheartening if that's all they want. (SOCAU officer)*

They described problems with the court system beginning with a waiting period of 18 months to three years before a case even gets to court.

> *It makes it very hard to support a victim from the time they report a rape to the time we know they get to court three years later – how do you explain it's going to take three years to be resolved and that person's going to go through so much emotionally and physically in that period that by the end of the three years, they'll say, 'No, I don't want to'. They don't want to rehash it. (Uniformed officer)*

Once in court, police described how the woman is attacked and blamed by the defence in front of a court room dominated by males, and made to recount everything that happened in the rape.

> *The line of attack is still there – what the woman is wearing. Half an hour of questioning of what the lady's pants were, how tight they were. Were they hipsters. It goes back to courts because judges see how people dress and think they ask for it … Half the jury will be male. The judge is probably male. Defence and prosecution are highly likely to be male. (SOCAU officer)*

> *Often a victim who's been through a rape trial is made to feel like dirt because she's blamed as being the cause of it all. She's led the guy on. (Uniformed officer)*

In most cases there will be no conviction, and in seeking justice, the details of the rape are on the public record.

> *It's very hard to explain – by the time it's over, all their intimate business is everyone's business. It's going to be in the papers. The media is going to know. In the box, they're cross-examined; it ends up like they're the one at fault. (Uniformed officer)*

Ultimately, it can be more damaging for women than doing nothing.

> *There are days when I ask why am I in this job? What are we achieving? We go into this specialised field to help people and see them come out the other side as a person who is happy and can move on from this experience. So what are we doing, sending them into a court to be barraged by a barrister, to be further embarrassed and discredited, all in the name of justice? (SOCAU officer)*

How many wish they hadn't gone through when there's no conviction. They think they should have just shut up in the first place, knowing what's ahead of them. (Uniformed officer)

One police officer described a particular case which summarised his objections to the court process:

I don't like the way the system is, I don't like what it does to people when they are put in the witness box, and belittled and put down and the stress that causes. This is not a one week process, it can go on 12 to 18 months. A young girl was raped last year by a male. She had to report it, she had to go through the process of making statements, going to doctors, getting medical swabs. We then interviewed the person and charged him. We then had a committal hearing four or five months down the track, where it's a fact finding issue. The defence have a barrister from Melbourne who questioned the girl - the ins and outs of her life, put her down with a view of saying, 'Well you're just doing this for money, you're just seeking attention'. So they have the last 6 months of getting ready to go to court and they've been belittled, they walk out of court on that particular day, and now have to front up 12 months later for trial and this time with a judge and jury. All these people with wigs and gowns who are pompous and not personally involved. They don't have to deal with that victim after court. They get paid and they leave and they don't have to justify those five or six hours or the three days that girl's been put in the witness box. I would not do it. With these rapes, there are two people, and one is the victim and the witness. Very rarely are there [other] witnesses. They belittle the victim to the point they don't want to go ahead with it. They walk out and say, 'You can stick this right up your jumper because I'm not going through this again'. I hate it. I've been a detective since '98, a policeman for 17 years. I really don't like trials involving sexual assault because they attack everything that's got nothing to do with the case. They don't get down to the issue of this man did this to this woman. They create all this mystique of DNA and will attack anything that's not evidence.

Would police advise a close friend to report?

We asked police if they would advise someone they loved, a daughter or sister, to report a partner rape. Only six of the 30 said they would advise to report. Twelve were non-committal in their responses, suggesting they would outline to their friend or family member the options available to her. Almost a third of police interviewed (12) said they would not advise someone they loved to report that she had been raped by her partner.

YES

My advice would be to report it. (CIU officer)

I think reporting is the right thing because it avails you of all the support services. (Uniformed officer)

Yes, I'd probably advise to them report because then they have support and options and someone to trust. (Uniformed officer)

I wouldn't advise them to report straight away. Individually, you'd go back to that case. Does this prick need punishment? Can this girl stand up to the rigours of the court case? If you loved the girl and you thought she was strong enough and she wanted to, I'm the sort of prick who would say, yes we're going to the cops and you'll feel like shit for a while, but you must do it. No pain no gain. (Uniformed officer)

Report it … Once reported, it's on the record, and if the situation deteriorates and there's another rape or serious injury later on, and some of these end up in murder, you've got some record of it. (Uniformed officer)

You can just report, we don't need to make a court case. It can simply go on the record and be noted and how far the person wants to take the issue is up to them but if it does deteriorate, it gives the victim and the police something to go on. (Uniformed officer)

NO

I don't think the system works well enough. If she went to cops and said she'd been raped by her husband, there'd be too much bullshit. (Uniformed officer)

I would definitely advise them to get out of that relationship but not necessarily report. (Uniformed officer)

If it was my daughter or a family member, my advice to them would be not to proceed with it. Which is sad. Whether the court case is won or lost we're the one talking to the victim asking what was that all about. Even when you win, they're still left with a hollow feeling. Having the court case finalised doesn't make the whole situation easier. (CIU officer)

I wouldn't report it because I know in the long run it's the right thing to do for them. (Uniformed officer)

I don't always see a case going to court as the ultimate outcome. I don't think it's good for all people. (SOCAU officer)

If it happened to my daughter, I wouldn't put it through the court process. I just wouldn't. (CIU officer)

If it was me raped, I wouldn't bother from a police perspective. From a women's perspective and knowing what's going on, there's no way I'd report a rape. (Uniformed officer)

It would be three years to get to court. Being husband and wife, there'd be no evidence. It's her word against his. He just has to say, 'She said yes'. (Uniformed officer)

You know it may be a waste of time to be put through that trauma. (Uniformed officer)

To be honest, if I was ever in a position where any of these things had happened to me, I don't think I would go to the police. It's not the police, it's the justice system. You can't find justice in an unjust system and that's what it is. (SOCAU officer)

Historic reporting

Women are more likely to report partner rape years after its occurrence because many of the barriers to immediate reporting are no longer there. Children have grown up; the relationship has ended; elements of fear and control have reduced; the legacy of time passing meant they saw they were not to blame; they became stronger in themselves.

Police said they were more familiar with historic reporting of partner rape cases than with recent cases.

> *If it's something that's historic which is what I've experienced here - being here for 18 months most of my work here would have been with historics - so the crime scene's non-existent. (CIU officer)*

Most is historically based, not immediate. Very rarely is it a recent complaint. (CIU officer)

One police officer speculated that the impetus for reporting is so that the woman can get on with her life with some psychological wellbeing.

When they can't deal with it there and then, with a lot of historical stuff, five or 10 years and they leave the partners and they need to deal with these issues because they don't go away, their life is coming down and they pick out these issues. They realise this may go back to six years ago when my husband did this or that to me, and I haven't been able to deal with it. Women, in particular, and all victims, just keep it to themselves but you can't keep hiding it. (CIU officer)

One officer mentioned the sadness of seeing the effect of partner rape on women coming in to report some time after, and that in making the statement the woman had to relive the experiences.

Over the past few years, we've had a lot of historical cases because it wasn't OK to report it years ago. But historically you don't have medical evidence. But what's sad is what's happened to the victim. There's a lot of drug and alcohol issues as a result … Doesn't matter who you are, you might not have talked about it for years, but once you make that statement, it's fresh again. Especially the amount of detail we require in our statements. (SOCAU officer)

Investigation of historic cases is more limited because there is no crime scene and no opportunity for forensic evidence collection. Instead, police will conduct interviews and seek corroborating evidence. Although historic cases are generally very hard to prove, interviews with the perpetrator can sometimes result in a charge when he admits to the crime.

With historical cases, you go through the process of obtaining a detailed statement. Usually there's no evidence and no crime scene. DNA is not relevant in partner rape unless you're talking about a recent incident within the last six hours or so. You take a detailed statement, see if there's corroborating evidence, and interview the suspect. They have the right to say nothing. Quite often they do say, 'I did this'. You'd have no evidence but they agree they did it. When arrested, they get a solicitor and most advise to say nothing. It does happen sometimes that people say, 'I did rape her'. We charge him. When people do admit, the victim doesn't have to go to court. It's very rare but it does happen. (CIU officer)

How police view rurality

Being in a rural area is significant both to the woman experiencing partner rape and to the police having to deal with a partner rape investigation. For women, there is the practical problem of distance and isolation. For women on farms, neighbours are too far away to help; nothing can be done without a car; there is little access to support services; and increased isolation means increased possibilities for control. Accommodation services are almost non-existent, so reliance on family and friends assumes a greater significance for country women.

A woman abused on a farm can't rely on the fact that neighbours would hear her cries for help that she would get in a suburban area. If she's surrounded by 1000 km of pasture, would it occur to her, 'How do I prove this? Where's my corroboration? It's my word against his.' Whereas in a built up area, there is more chance of that. (Uniformed officer)

In rural areas there is certainly more opportunity for men to restrict women on farms. Taking the car keys and locking her in. There are firearms on farms. (Uniformed officer)

If it's a victim with a good family base and support, that would be anywhere, but rurally, it's important [because] it's very difficult to find accommodation. (SOCAU officer)

Living in the country absolutely poses additional problems. It's a community for a start. Everyone knows everyone's business or knows the other party. Will they be believed? It's distance, isolation, resources. (SOCAU officer)

Emotionally, women are constrained by their knowledge that everyone knows everyone in small country towns, and nothing is confidential. There is a sense, too, that the woman herself may be blamed if she makes a partner rape report. If the man is known as 'a good bloke' or if he has importance to the community, like a much-sought-after GP, his wife will almost certainly be vilified for such a report.

Depends on their stature if they're well respected or the lower scale as to what the rest of the community may see. If the husband is the only GP in town, for his wife to say, 'He raped me', she's going to be ostracised, because they see him as an outstanding member of community. But the average bloke no-one knows much about may be seen differently and she may be supported more by community. (Uniformed officer)

In a very small community everyone knows what's happening and if you're hearing that your partner's the best thing since sliced bread, you're thinking, God, who's going to believe me. (SOCAU officer)

She could be ostracised by a lot of people depending on their beliefs. (Uniformed officer)

A lot of people here will know someone who knows the victim or knows the male and they have the fear the whole bloody town will know. (SOCAU officer)

It's a fairly intimate thing to occur, and do you want the whole town to know, particularly when whole town knows you? (Uniformed officer)

Conflict of interest is an issue for police in small rural areas. Police officers are known by virtually all the locals and move in the same social circles as some of them. This, combined with few police resources in isolated areas means that an officer may be called out to a crime scene involving someone they know. When police resources are so limited that they attend alone, they are open to allegations of unprofessionalism.

If you know them, you still have to do it until someone else could take it over. If someone complains that I'd gone easy on him … if you're on your own in Broadford or Yea, you're on your own. In the metro area, you'd have a 100 coppers there. If you know the bloke or not, it doesn't matter. But you're open to allegations. (Uniformed officer)

For police, rurality has stark resource implications. Police officers who had recently moved to stations in the Goulburn Valley and north east Victoria from Melbourne compared the resources available to them; and compared the staffing levels. Rural areas are very definitely the poor cousins.

Preston had 16 detectives on the floor. The crime rate here would be 600 more than Preston. We have 1800 serious crimes a year, Preston has 1100. Preston has 16 detectives and we have three! (CIU officer)

They tried to improve it years ago. You have to get rape victims to CASA within two hours. They have no idea what happens in the country. In the city you make 10 phone calls and everyone comes. Here you make 50 calls and you've got to do it yourself … There's no understanding of the country. (CIU officer)

One change

We asked police what they would change if they could change one thing to improve the situation for women who have experienced partner rape.

Provide more rural services and rural police resources

Police resources are stretched. The uniformed and CIU officers stated that SOCAU officers are more skilled in speaking with victims of sexual assault but are not always available.

Some stations have had one or two detectives in the SOCAU unit, so if a rape case comes in that detective can run with it, and can have all the information. We don't have the resources to spare a detective into the SOCAU unit here. We're actually four down at the moment. There's only three of us. Resourcing is a big issue for us. (CIU officer)

Even with our SOCAU people, they're experts in dealing with Victims of Crime and with them not being available, it comes to uniformed members and a lot don't have experience either. When SOCAU get there they know how to ask questions. (CIU officer)

We need more resources. Even in the SOCA unit here. It's not staffed that well. They have training in initial reaction to sexual offences and child offences. But quite often, it's just me. (CIU officer)

The case study below illustrates the lack of resources available to police from small rural police stations and the demands on them when called to a crime scene after hours.

There's not a lot of resources. I'm [in a small town]. If it's in the middle of the night, where do you go to get the help for her? You've got to go by the seat of your pants and try and find it. There's not a lot available and it's probably 3 o'clock. You may have to wait. It gives her a chance to change her mind. You need an immediate response … Predominantly most is going to be time delay. Most of us work in isolated areas where immediate access to any of those services is limited. By the time you notify the specialist areas you're looking at hours down the track before we can get them. They're not nearby. You're limited in what you can do because generally you're trying to deal with the victim, get services and [work within] time frames. It can get difficult and maintaining an interaction with your victim is hard. You seem to be leaving her alone but you're trying to get her services … If you're attending a situation where she's alleging rape and you're in the family home, you have to take steps to isolate her and protect her and maintain the crime scene as well so specialist investigators have every advantage. With our limited resources, if we've only got two police, how can we maintain services and credibility? Does one stay with her, does one get services? At 3am where do you get those other resources? We make it work so it never changes. It's a big issue but doesn't get addressed and rectified because we deal with it. Even the latest policy says we have to protect the crime scene, look after the victim, isolate the offender, and contact CASA. Four things you try and do at once. There are people that can change things. We can't change it. (Uniformed officer)

Most counsellors work from nine to five and are not available for after-hours emergency call outs.

> *We really struggle in the country. Most rapes are at night, or in the early hours of the morning. We've got no-one. (SOCAU officer)*

> *We are going through a crucial time for regional services in attracting staff with the skills required. We've got the services but keeping staff is problematic … At the moment, there's a big void, a big need for basic resources. (SOCAU officer)*

> *The service sector has to give us immediate resources instead of waiting. Be available. It doesn't happen nine to five Monday to Friday. When rapes occur, we know what time of day it's likely to be. It's rarely nine to five. (Uniformed officer)*

This situation has now changed for areas close to Wangaratta and Shepparton where CASA received funding in 2007 for an after-hours crisis service. However, smaller and more remote parts of the region remain unserviced after hours. Even within office hours, access to sexual assault counselling in this large rural region (Department of Human Services 'Hume region', comprising a fifth of the state) is limited to particular geographic areas.

Access to forensic medical officer (FMO) services is limited and untimely. Police officers spoke of having to sit and wait with victims of rape for many hours. In one major centre in the Goulburn Valley and north east Victoria, if the FMO is not available, police have to take women to Melbourne for examination – a two hour drive one-way. Police did not place the blame on the individual FMOs; rather they saw them as overworked. There are just not enough forensic services. One officer suggested trained forensic nurses as an adjunct.

> *I'm confident in the system but there's not enough of it. Especially with the medical side of things. After hours. The lack of resources in the start of an investigation is testing. Especially if it happens at four in the morning or on a Saturday or Sunday. (Uniformed officer)*

> *Poor old [name], the local forensic medical officer, is just flooded. He can't keep up … It's horrendous at [this hospital]. [The FMO] does upteen other jobs. You just have to wait … We could be sitting around for hours and hours and hours … Trained forensic nurses could be more readily available than [the FMO]. (CIU officer)*

> *We have one or two Forensic Medical Officers here. If one's away and if the other can't get away to assist, what do we do? We put them in a car and take them to Melbourne. (CIU officer)*

Another suggestion was to change 1800 numbers so that calls are no longer directed to metropolitan centres, where counsellors generally have no understanding of the rural context.

> *We have a lot of TV promotion re. recognising violence and where you can go for help. And I think 'Call 1800' numbers make it distant, less personal. I would feel uncomfortable ringing a 1800 where I speak to someone in Melbourne. If I live in country Whorouly I want to ring a 57 number and speak to someone who knows where I am and knows the demographic problems I have in relation to being a victim. I think 1800 numbers are shockingly cold. (Uniformed officer)*

Improve the legal system

Several police would make their 'one change' to the legal system. They would take the 'cruelty' out of the court process for rape victims by changing the questioning of victims and defendants; they would see time delays greatly reduced; see more cases being put forward

from the DPP; and increased rates of convictions. One mentioned that change is happening slowly with a recent innovation being that victims can give their evidence by video (on special application) and not have to be in the same room as the perpetrator.

> *The court process I would change. I know we're talking about intimate partner issues here and to have a victim of sexual assault have to stand in a witness box and be cross-examined in the way they are cross-examined is almost an unusual cruelty I think. There needs to be some amendments or changes in the way victims give evidence and they way they are cross examined in court. (CIU officer)*

> *I'd change the court process. It can be a cranky old copper but if he investigates or takes the statement, if he's done a good investigation, you can criticise him but at least the job's been done. The problem is the process, the court system. More cases need to be put in front of the courts. They don't see a lot of what goes on. (SOCAU officer)*

> *It has to come to the legal system because the time delays they create give a negative attitude. They'll see a series of highly reported cases being lost so the attitude of the community is that the justice system doesn't see it as rape, and women say what's the point of reporting anything because nothing's going to happen. (Uniformed officer)*

> *Slowly but surely we're getting there, like video. People have access, we have to apply for it. The fact that a victim doesn't have to be in the same room is a step forward … I think why does a victim have to undergo questions from a defence counsellor about questions outside the actual incident? … If they are allowed to ask the victim what their sexual preference was prior to the incident, what they were like beforehand, if this is relevant to the victim, it should be relevant to the defendant especially in sexual assault cases. (SOCAU officer)*

Increase awareness of partner rape in the community

An important change is to increase everyone's awareness that partner rape exists and that it is a crime. Police spoke about changing community perceptions through education and through advertising. They spoke of the benefit of early education to boys and girls about how to behave in a civilised society through school programs, perhaps as part of the current sex education program. Parents have the primary responsibility to teach children how to behave, and educating children about respectful relationships is elementary.

> *We should look at education in the early stages before they get into that flow. Just as we've done with everything else … If you look at the age group now that they're giving sex education to, or alcohol and drugs education, why can't you educate them about domestic violence?... But we can't totally rely on the teaching sector, parents have to take responsibility, everyone has to take it on board. (Uniformed officer)*

> *Maybe take it even one step further, they're slowly changing the cultural beliefs re. alcohol and driving and that's taken decades, and it's going to here. But even go back to education and kids. 'This is how we behave in a community'. You still have to deal with issues now, but as kids are entering the adult community they should know what's expected and that there are consequences. Go back to when mum says boys don't hit girls. (Uniformed officer)*

> *Education for the males. That females are not just a piece of equipment to be used whenever you want it. That's the only way to try and reduce it. I don't think any other thing would change it more than the education. There are still too many prehistoric attitudes. (SOCAU officer)*

For some families, this will not be possible as children watch their parents in unhealthy and violent relationships. The success of the current domestic violence media campaign (through television, radio and printed media) may to some extent counter what children are learning in their own home. Police discussed how every member of families where violence is enacted can see that the attitudes of the perpetrator are out of step with the rest of the country. The message is particularly clear at the end of each advertisement when the voice over and wording reiterates 'Australia Says No to Violence Against Women'.

> *There will be a certain lead time and we are already moving down that track with advertising and it gets inside everyone's lounge room and here comes an ad with dad giving mum a hiding and chucking her into the bedroom and all this abuse, and then what to do about it. That's an immediate picture and we probably need more of that to increase the awareness. (Uniformed officer)*

> *I don't think it's going to fix the male that believes that's how he should treat his woman. The male who thinks that she's eating out of his fridge, so she's gotta come across. He can't change the essence of his personality. That's already formed. But what the ad is highlighting to him is that his behaviour is unacceptable. He's watching that and so is every household in Australia and for him to think that's OK for him to do that, he's the odd one out. I don't think the guy who rapes or is physically violent to his girlfriend … and thinks if he wants sex then he's supposed to get it, I don't think those ads are going to get to him. Maybe not as they are, but why can't you customise a whole new campaign? (Uniformed officer)*

> *Massive programs like that over a long period of time will have some effect on community education. (Uniformed officer)*

Police want to extend the campaign to explicitly include sexual violence and extend the message to encourage victims to report the crimes against them.

> *Community perceptions are only going to be changed through education, and maybe advertising. I'd change people's perceptions to know it's OK to come forward, encourage people to come forward when they're the victim. Through education and more resources. (CIU officer)*

> *There may be people who don't believe rape in marriage or partnership is rape. There should be more publicity that this is a crime. (CIU officer)*

Interestingly, one police officer suggested a grass roots approach to educating people about acceptable and unacceptable behaviour, through police themselves asking questions about violence in community settings.

> *It's education but it's also as simple as more direct contact with community. Foot patrols. There's no reasons why doing foot patrols, you couldn't say, 'G'day Joan, how you going?' and if Joan has a black eye, stop and have a talk, ask, 'Is everything alright?'. If they want to talk they can. (Uniformed officer)*

Provide rehabilitation for sexually violent men

A proactive approach would prevent men from repeating their sexual violence with the same partner or with subsequent partners. There needs to be a greater focus on the rehabilitation of the violent partner so that he changes his behaviour.

> *We're not really fixing the problem. We're not stopping that man going out and doing that again. And when he hooks up with her he's going to be lovely, bringing flowers and romancing and probably bloody doing the dishes and vacuuming. But in two or*

three months time he may well force himself on her because it's his right and he may well biff her around the ears because he can't manage his own issues. We need to address what's causing the problem. (Uniformed officer)

What have we got, though, for male aggressors? We've got an anger management course which we send them to as a matter of course when Intervention Orders are issued. What else have we got for male aggressors to nip it in the bud? Now she's finally left him and got the support and he's hooked up with another lady, what have we got that stops him from hitting her? Because it's in him, it's not in the victim, it's in him. What have we got beside anger management that we can send him off to? (Uniformed officer)

FINDINGS – THE HEALTH PROFESSIONALS

What health professionals know about partner rape

Prevalence of partner rape

The health professionals who informed this research included a women's health nurse, a community health nurse, a forensically trained doctor, social workers, a maternal and child health nurse, a community midwife, refuge workers, domestic violence workers, CASA counsellor-advocates, Aboriginal Corporation workers, and psychologists.

At one end of the spectrum, one health professional, a General Practitioner, was in the process of undertaking forensic medical officer training. At the other end, one health worker had virtually no knowledge of partner rape, saying she never came across it and that she was very uncomfortable with the topic. In contrast, another reasoned that because we know from research that one in three women are sexually assaulted by the age of 18, it was fundamental that she consider this as a possible contributor to presenting symptoms in the women coming to her for help.[43]

Some ruminated on how to distinguish between partner rape and compromise. As asserted early in this report, our conclusion is that what makes it rape is a culture of fear and control in the relationship; or knowing 'No' is not an option; or where consent is not gained.

> *Sometimes within a loving relationship you might not feel like a sexual relationship that night but you do it anyway, and that's a healthy thing because you love each other. But that's a healthy attitude, and if I said no then it wouldn't be on and I know that. (Health professional #8)*

> *There [are] a whole lot of things that [women] can do, that abused women can't do. Even in a relationship where it is healthy, where both husband and wife have an understanding that if he wants sex they have sex, or they won't… It's the curtailing of the person's life, and where this [is], abuse is, and so if the person's life is being controlled and curtailed, then I would think sex is also used for that reason. (Health professional #10)*

Like police, the health professionals generally conveyed a sound knowledge and understanding of partner rape. They, too, disagreed about its prevalence. Although most started the interview by saying it was rare to have a partner rape case, their conversations were peppered by their statements of surprise at remembering so many. Some stated outright that it is a common occurrence.

> *I'm just thinking of another woman – they're coming out of the woodwork in my memory now … (Health professional #8)*

> *Now I'm thinking of another, as soon as you start, you think of more and more. (Health professional #4)*

> *It's a frequent occurrence. [I've seen] quite a few clients where there has been sexual abuse as part of their relationship - maybe 15-20% as a guess. (Health professional #6)*

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43 Fergusson, D. M., & Mullen, P. E. (1999). 'The prevalence of sexual abuse during childhood'. In D. M. Fergusson & P. E. Mullen (Eds), *Childhood sexual abuse: An evidence based perspective*. Thousand Oaks, CA: SAGE Publications, Inc., pp. 13–34

I've seen a lot of women who have described what I consider to be rape within their marriage or partnership. (Health professional #9)

I think there needs to be a lot more acknowledgement that rape by intimate partners is very, very common. (Health professional #12)

Case studies in sensitive primary health care

If someone discloses sexual violence, I lower the chair, and the woman on the table so she's higher than me. Not being the powerful health professional that knows it all; sitting on a chair lower than a bed. It's not easy doing a pap smear from that angle but you work around it. Most women who experienced sexual violence have their throats held and are not able to speak out. If they're not able to speak, when you put the speculum in the vagina it can cause a flashback and they can't actually talk and tell you to stop what you're doing. Even something as subtle as - I have gloved hands and when I touch a woman's labia, sometimes without her conscious awareness, you can see their sphincter muscle of their anus being pulled in, and their vagina being pulled in. It's a deeply subconscious thing. It's like when you touch the labia they withdraw from you. I ask if they're OK, and they say, 'Go ahead'. Some may not be aware of abuse that's happened to them. It's really interesting that it happens on subconscious level. If women discuss previous sexual abuse before the pap smear I will tell her, 'I'll put the chair lower than you and I'm going to be doing the pap smear and your knee will be pulled up so it's right near my head. If you can't say what you need to say to stop me doing what I'm doing, kick me with your knee'. (Health professional #1)

My response is 'that sounds very much like rape within marriage or rape within partnership and it must be horrible for you to go through that experience, and to experience a lack of choice over whether you say yes, or you say no, and the fact that it's often not a loving experience'. I had one woman saying 'I feel like a toilet. I am just there for him to use, no affection, no emotion, it's purely so he can get it over and done with, and that's it'. My response was 'that's certainly acknowledging the abuse, that sounds like a very abusive situation. That sounds very much like rape. It must be horrible for you to go through that. You deserve a lot better than that. Can you tell me about a time when you had a loving sex experience, or the way you would like it to be in terms of being respectful and sensitive and having some kind of choice in what's happening?' Some can't find a loving sexual experience. A lot have been subjected to childhood sexual abuse and it's just a continuation of that. Quite a few don't know any different. (Health professional #9)

I say, 'How are things at home?' We do a depression scale. I use the K10 scale from the Black Dog Institute so, for example, it can give me a score out of 50 to see whether or not [there is depression]. The closer someone is to 50, that says how depressed they are. I do that on anyone who comes in if they've got somatic symptoms like back pain, headache, or things like that. I say, 'What do you think? Could it be depression?' And they say 'Maybe', so I do that depression score. If it comes up significant, which is anything over 20, we look and we say, 'Well what do you think may be causing your depression? Work? Children? What's happening at home?' Or 'I notice you asking for Panadeine Forte a lot, is there anything behind it?' [I would ask], 'Do you feel that you are asking for it for physical pain or for emotional

pain?' And then they say, 'Well, yes, maybe', so then I ask 'Well what could be going on?', 'How are things with your partner?' or 'Is your partner ever violent towards you?' I do ask, and that's why sometimes I kick myself because sometimes I'm not as direct as what I need to be because it's very difficult to be really direct and say 'Have you been raped?' But I know that often when I ask that question I've got a little bit of a hunch that that might be going on. I'm just surprised at how willing women are to answer yes, and to talk about it. (Health professional #12)

I've made a stand. I will never, ever put up with violence. I've told my husband if he ever hit me, that's it, no second chances. If he's going to play up, make sure she's a good one, because he won't be coming back. Seeing that back then, I think it made me a stronger person, and living through it I can actually help other people. And that's why I do use myself and my personal experiences a bit when I'm trying to help somebody, just to let them know that they're not alone, that other people have gone through it. And I think I'm a success story – I've been kicked out of home, I've been through drugs and alcohol, I've been raped, I've been through domestic violence, I've dropped out of school. And now I've gone back to study, I'm married with three kids, I've got a pretty good income and job. I think I've turned myself around. And it's been hard along the way. At one stage I had to make the choice, do I want to go down that professional road or do I want to stay back with all my friends and party, and keep that going? That was really hard, and you do cop the flak from the family and the community – 'oh, look, they think they're good'. (Health professionals focus group C)

If she says there's been rape, I ensure there is a safety plan for her. Discuss how she keeps herself safe. Strategies around the home, having a phone, parking in certain spots, we've gone through certain things. Down the track talk about the rape in the marriage and certainly giving her the information around her rights and normalising the emotions that go with rape in a marriage. (Health professional #5)

Why she won't talk about it

Most health professionals were certain that partner rape was under-reported to police and rarely disclosed to anyone. They elaborated on why this would be the case, echoing what we were told by the women and police officers we interviewed: Women thought it was his right and her obligation in a marriage or relationship; they were afraid of not being believed or of being blamed; they feared the man's violence; or the end of the relationship and the financial and emotional insecurity that may follow for them and their children. For some it was an extension of other forms of violence. One of the immediate barriers to disclosing is deciding who to tell. Women may have read the signals from doctors, nurses and other health professionals that they often would rather not know.

What we see, from my experiences as a forensic medical officer and also as a GP, is probably only a small amount of cases as I would think that a lot of women just don't present to their GPs with rape. So we do not see most of it. (Health professional #12)

It probably does happen a fair bit and the women probably don't know the difference between being forced – they wouldn't be able to tell the difference. They just have to do it. (Health professional #7)

They probably don't see it as rape because when they come to me they're in an abusive relationship anyway, and they're walking on eggshells and they give in to keep the peace. (Health professional #2)

When they speak of it, it's as a matter of fact and part of other abuse. It's difficult because it's gained an acceptance in the marriage as part of it. Whether seen as abusive or not, its part of the marriage rather than what it is – a crime. (Health professional #5)

It's never told as a criminal offence, it's seen as almost legal and part of the marriage. It's not presented as being a rape case out of that relationship. People tell it almost as if it's acceptable. (Health professionals focus group C)

If you acknowledge this is rape or this is abuse, then you're also acknowledging maybe there are other choices and other options with some kind of pressure that maybe she shouldn't be putting up with this. It does place them in a real dilemma. (Health professional #9)

It's just a terrible betrayal. I don't think anyone's ever afraid really to tell their therapist, I think they're afraid to tell themselves. (Health professional #10)

Perhaps there is a denial. It's within the whole of the relationship which very often involves children. It sits around society's belief and value system of how women are valued. What women's belief system is around sex within marriage and whether it is rape.' Isn't forced sex rape?' Those questions you can raise. 'Were you ever able to say no, ever able to not participate?' Well no is often the answer. A lack of awareness that it is rape and even if there is some wanting to get out of that relationship there is fear because they can identify dominance, control, power and authority, but they can see all that in other ways but not in the sexual relationship. (Health professional #4)

It's very clearly, too, about how women value themselves.

You'll see often that sign of poor self-esteem, lack of confidence behaviour … 'that's what I deserve because I'm not good enough, I'm inadequate'. That's why they don't use the language of rape, because they don't see that as being rape, it's just another form of punishment, just another form of behaviour that they've deserved. (Health professionals focus group B)

Rurality and complicity

Are we all complicit? I think we are. (Health professionals focus group B)

The health professionals who informed this research identified the complicity of society in condoning partner rape. In Australia, it plays out through misogyny and sexism; the police and courts; religion; sport; and the health and mental health system. However, the complicity seems sharpest in rural Australia.

Patriarchy is strong in country towns, and strongest in isolated rural areas. The lack of confidentiality in small towns has been well identified in this research, and was reiterated by health workers. The practical difficulties of distance and transport mean that services are few across much of the Goulburn Valley and north east Victoria. If women do not have a means of transport and the autonomy to travel, there is little opportunity to access services or plan a way out of a violent relationship. The presence of guns on farms increases the danger for women in violent situations.

I don't know how easily accessible some of these services are for country women. I don't think it's always easy for a woman who's in an abusive situation and get off a

farm and get to Wangaratta to be seen, or even to get into a town to be seen. I think it can be really isolating. (Health professional #8)

In small places, everyone knows everyone and confidentiality is pivotal to these cases. When people talk, it's the women who are isolated in these places. On rural properties, especially out in the scrub, a lot of women are trapped in an abusive relationship. A lot of women don't have the opportunity to come into town. Their access and means to get in to town is stopped. The male usually shops with them, and they come in with the male, they do the shopping with the male and then they go home with the male. It's pretty full on. (Health professional #3)

The little isolated towns, the women I see in very bad situations are the ones who are out on properties, they don't have access to a vehicle, when they do go somewhere the husband checks the mileage, rings them, 'You said you would be an hour, where are you? What are you doing?' [There is] a lot of surveillance behaviour. There are guns on the property. There is always the threat if something goes wrong. Everybody knows your business. If you go down a dirt road, the neighbours will say, 'I saw so and so going along there' or 'I saw your wife in town'. Everybody watches everything. This has shocked me. I joke to my friends that it's like deliverance territory.[44] *(Health professional #9)*

Coexisting with distance, isolation, surveillance and violence, there is the overarching culture of patriarchy. This allocates particular roles to people based on gender, and values these roles differently. It assumes a defined and entrenched power structure also based on gender. Within this system women are seen to be lesser, and subject to the will of men.

Living in the country, there's still a whole belief system in the marital ownership of women … it's a really silent belief system. Otherwise it wouldn't be allowed to happen. Men are not in there fighting for us. They are quite happy to hold the power. It's not just a country thing, it's about power and control. (Health professional #1)

I initially came out to the country after doing a Masters degree in mental health and I specialised in rural counselling, so I became interested in rural issues. I initially came because of the drought and effects on farmers and suicide rate. I've found since coming out here I hardly ever counsel men and it's virtually all domestic violence. I would say most of the women I counsel, it's the effects of abuse. I think the drought exacerbates it but I think it's the culture, the patriarchal 'women have their place which is to meet the sexual needs of men and raise the children and clean the house'. Women are very, very silenced here. (Health professional #9)

I think that some women see it as a normal process - that it's a God-given right for a male to do those things and it's part of the relationship or marriage that the male is afforded those rights. That's been brought out in small rural areas. There's a strong Protestant ethic that the male is the be-all-god and the woman knows her place. We see that quite a lot. We call that the old time thought processes - those 19th century thought processes where the male is dominant and the female is submissive. We see it a lot in the farming community. The women see it as normal because they've been conditioned to see it that way. I can't see any other reason behind it … It comes back to being conditioned in a clear and concise set of rules of what their role as a wife is. (Health professional #3)

[44] Deliverance is a 1972 film directed by John Boorman, based on a 1970 novel of the same name by American author James Dickey.

Health professionals spoke of women not knowing their rights, and indeed, of them not having rights. The role of a woman within a family is well defined and not to be reshaped.

> *I see a lot of women in the smaller towns … and a lot of these women do not see that they've got rights within the marriage. (Health professional #9)*

> *[It is] the ruralness and isolation of many, many women - particularly in some of the isolated places. You look at the geography and they're in a valley surrounded by mountains on isolated properties. For some it's the belief system that it goes on, it's the norm, 'My mother experienced that or my mother-in-law'. (Health professional #4)*

> *Particularly in Wang, being such a small town, people would get to know she's charged him with rape and you can just see what people would judge her as. It's a real stigma … people have closed minds and they wouldn't understand what that meant. And they'd believe there is no such thing as rape within an intimate relationship. A lot of women think that too. She'd be laughed at and ostracised. (Health professionals focus group A)*

> *I see in a small rural community … I see men who have got more control over women in that sense … The reluctance to come forward gets back to people being looked down on, or suggestions that they're the cause, or they're this or that. It's alright probably for the perpetrator, 'Oh he's a good bloke, she deserves it'. It gets back to all those things to do with male rights. (Health professional #3)*

Discrimination based on gender is structural and cultural. Women have lower pay and fewer rights as a consequence of how society is structured socially, politically and legally. This is a difficult concept for some people who see it as just the ways things are and have always been. Perhaps it is most easily recognisable in financial autonomy – or its absence. A women's dependence on a man is assured when finances are controlled by him and she is excluded from any ownership or decision making.

> *I'm just thinking of another woman I saw privately who came, again with a depression, but when I started talking to her there was all sorts of abuse within the marriage, including sexual abuse, and it was just such a big issue for her to be able to get off the farm and move away. She eventually did, she got a unit of her own and she's done very well, but the fear, the fear – you know she had a husband who had guns. And she was worried about the destruction of what possessions she did have, if she was moving out she wanted to be able to at least take some things with her and she was frightened he would destroy some. (Health professional #8)*

> *Some men come from very powerful families that have been here since the late1800s. They have huge social standing and wealth in the community. A lot of women in domestic violence situations don't have a bank account, they've never had a bank account, they don't have any access to money. They may be seen as wealthy, but there are no liquid assets. A lot feel they can't get out and would never go through a property settlement or divorce because that would rob their children of their inheritance. A lot of it is to do with the way money and economics are set up around the farming community. And also, they marry into a wealthy farming family. That house and that money is not seen as theirs - ever. (Health professional #9)*

Complicity, rurality and patriarchy work together to tolerate – if not nurture – a culture of violence against women in isolated rural areas that is more pronounced than in provincial

towns or metropolitan areas.[45] Women told health professionals how police, ministers, nuns and doctors knew what was happening to them and did nothing.

> *I came from the city, and from what I've seen a lot of the country community is pretty patriarchal. There's a lot of pressure on women to keep their mouths shut, to not talk about this stuff. One woman in a small country town was raped very badly by her husband. She told the local minister and the local police about it and they counselled her to keep her mouth shut, and that if she revealed this it would affect a lot of people in the community and she would get a very bad name. So she kept it a secret for 30 years. She was in and out of psychiatric hospitals for 30 years. This man was quite high up in the community, he had a very good public face and was of an old family in the community. The two people she went to for help silenced her very effectively, and she was effectively mad for the rest of her life … You'll sit and listen to the psychiatric workers say she's making it up, or she's imagining it, or she's psychotic, or she deludes, 'Look at the way she acts' … It's the culture amongst the churches, in the education system, in medicine, in psychiatry. (Health professional #9)*

> *Recently, a woman on a farm … actually said to me that if she's found dead not to let people pass it off without investigation. And she's told her family the same thing. Again, I've tried to encourage this woman to consider leaving and she said that she would be petrified to leave him, that he would kill her, that he would find her and he would kill her. And this is a woman who already had a sutured face and major injuries on the farm. She feels she can't be protected, and this is a very, very capable woman, a very capable woman. The police have known, a local friendly policeman has been and seen the injuries, but nothing's happened. (Health professional #8)*

> *She'd say when the stuff started to really come undone was when he broke her nose. She had to go to the Catholic School to pick up her son, and she had been to the doctor and had her nose strapped and bandaged and the nuns would say to her, 'What's happening for you?', and she'd say, 'I just walked into the door'. People knew but did nothing about it. (Health professional #1)*

> *The GPs I've spoken to, one was totally obstructive and looked at me like I was from planet zero and he said, 'It happens to men too'. You're up against pretty strong attitudes particularly in the country because those GPs have been around for years. The GP thing is that their word is god and how dare you even question it. It's the attitude that sex is a man's right. The judge presiding over your case can have that same attitude. The attitude is so pervasive that a lot of people don't even reflect about the framework that we operate in and don't imagine there could be another way to operate. (Health professional #12)*

There were several accounts of police trying to dissuade women who had gone to them for help from taking action against the perpetrator of sexual violence against them. They suggested women not involve their friends in their own problems; or that partner rape was so hard to prove there would be no point in pursuing the matter. There was a suggestion, too, that the complaint was trivial.

> *[My friend] was ringing [the police] to say he'd been harassing her on the phone … and she said, 'I've got witnesses', and they said, 'You don't want to bring your friends in on your dirty washing'. Sort of, 'What kind of person are you?' (Health professionals focus group C)*

[45] Professor Kerry Carrington, Chair of Sociology at the University of New England, in her keynote presentation to the SWCASA conference, 'Sexual Assault: Awareness, Treatment and Prevention in a Rural Context', 27.10.06.

Just last week there was a client who … was just going to get the Intervention Order against him. But the rape happened about six months ago so it was a different scenario. The lawyer she had there for the IO [Intervention Order] said, 'It's going to be a whole lot harder to prove, are you sure you want to go down this line?' They try to talk them out of it because it's very hard to prove in court. The police will say to get the Intervention Order, but they're still not looking at the actual charge of rape. The police and the court system don't believe the women, unless it's a black and white case, aggravated rape, been bashed. If they're well presented they just don't believe them; 'You look OK, what are you complaining about?' (Health professional #2)

It's the reaction from police and people in high places – you think the whole point of them being there is to help and you'll be treated fairly and all that sort of thing, and then you come into contact with the police and they doubt you. Then the women feel why do they have to go through this? – they're turned away and not believed. (Health professional #7)

Another woman date raped went to the police and from their reaction, she decided not to press charges, and she finally did after some counselling and we talked about the impact that it would have on her and she was more worried about impact from the whole town on her. She was isolated and this person was well known, the perpetrator, she felt like the one who had done the wrong thing. Can you change attitudes to women? (Health professionals focus group B)

The GP with forensic training spoke from a position of knowledge about sexual assault against women in one part of the Goulburn Valley and north east Victoria and from her observations of life in a large provincial town. Her opinion was that there is complicity in violence against women from the community and from police.

We don't have zero tolerance here … We have 100 per cent tolerance of violence, I reckon. At the hotels, I see so many – and again I'm speaking from my forensic point of view – I see the women at the hotels who are taken down the side alleys, the women who are raped walking home, the women who have drinks spiked. [There was one victim of drink spiking] who was blamed by the police officer. A complaint is going against the police officer, but she was blamed by the police officer that this wouldn't have happened if she hadn't had too much to drink … (Health professional #12)

Others reiterated the supportive culture of violence towards women through sport. In country towns, football and netball are often a significant, if not the only, social outlet available to young people.

And I see at a very young age, especially in the local football community when there's a bit of drinking and that sort of thing going on, that the attitude towards women is not real good. I've observed it in a number of communities – not just Benalla, but I've seen it in Benalla – and I've seen it in other small country towns. I'm not sure how this change could happen. (Health professional #8)

If there's football on, they find that their partner can be more violent towards them. It's that whole drinking culture, they go out with the football, they come back, they're pissed and want to have sex. So I think this whole elevation of the football culture is really closely linked to, 'It's OK to be violent'. (Health professional #12)

Getting police involved

Given the many accounts of police trivialising criminal offences against women, health professionals spoke about the need to know which officers to report to, and importantly, who to avoid.

> *I provide numbers to police that I trust. I have relationships with police for this. [In referring to] police I would certainly have to trust the people we're dealing with. I'd think, 'Who would I go and see?' (Health professional #3)*

> *I'd encourage clients to ask for certain police officers. Some are shit. I have a tendency to encourage the clients to ask for certain police officers, you know they will be more sympathetic. I've had run-ins because I haven't been happy with their responses or the treatment of my clients or me. (Health professional #6)*

> *I'd take her down to see [named officer]. I like [him], he's one good policeman, and he's really come on board doing stuff with the community. We did a forum last year and [he] was a big part of that. (Health professional #7)*

For Aboriginal women, there can be even higher barriers to seeking justice through the legal system. An historic distrust of police because of previous injustices and discrimination can prevent any thought of reporting partner rape.

> *I wouldn't go to the police because of this thing I've always had about the police. There's a very deep and real mistrust of the police, not just in me, but in the [Aboriginal] community. It's very scary, because you don't want it to be like that. I wonder how they're going to treat my kids and grandkids when they grow up. I want it to be safe for everyone. A lot has happened in my community with the police here, but then it happens everywhere, too. (Health professional #7)*

Naming it as rape

It became apparent during interviews with workers that whether to actually use the word 'rape' with women who had described legal rape is controversial.

Some workers are convinced that if they do not identify it as rape to the women, they are complicit in society's pretence that partner rape does not happen. If workers echo the women's words and use euphemisms like 'he took her', 'rough sex' or 'she'd said no but she had to do it anyway', then they side with the man. They cover for him. Why should he identify his actions as rape when no-one else does? When even his wife's counsellor softens his rape into a little marital transgression? Naming it can be empowering for women. It can free them from their sense of guilt and self-blame.

> *It's about empowering them and naming it. (Health professionals focus group B)*

> *It was part of empowering her to take her freedom back, to enable her to be healthy and get her power back. (Health professional #1)*

> *We're always saying, 'That's criminal, what he is doing is criminal'. We name it. They often deny it ... When I've said, 'That's actually rape', they look up and then look down, but they won't actually say that word. It's acceptance of their situation. (Health professionals focus group A)*

The most important thing is actually acknowledging it, naming it, externalising it so she sees it's not her fault. It's a problem for her mental health but she's not to blame for what's happening to her. (Health professional #9)

I don't think they use the word 'rape', they say he forced himself onto me or forced me to have sex. I define it as rape to them, and the majority would just nod that, that's what it was. (Health professional #6)

It's quite a long time into their therapy, they will then start talking about what is rape or describing it, and it's not until I say to them, well that's actually rape, that they start to even think about it . (Health professional #10)

I tend to be brash. I'll say, 'I've noticed bruising on your thighs, you've talked about domestic violence and it's very common in domestic violence that men will also be sexually violent. Is that what's happening to you?' I might also say, 'I'm doing forensic training and seen bruising on women who've been raped. Where do you want to take it?' I will say, 'It's a criminal act, you can actually charge him'. Mostly, they will have a panic and they'll say, 'Don't tell anyone', and they will not want to do anything about the domestic violence or the sexual violence. They've come in for a pap smear. They don't expect someone who's going be compassionate enough to notice it and ask. (Health professional #1)

These health professionals understood there was a risk that some women would find it confronting and may initially leave the therapeutic relationship, but they described women coming back to them after some time. The workers named 'rape' but gave women the tools to begin to address this so that if they did not come back for some time, there were other avenues of help for them.

I don't mind asking questions and naming it. I've usually got a good idea if it's happening and usually by the second time around that I've seen them, I'll recognise and I know it's most likely abuse. So I will then start naming it and I talk about different aspects of abuse … often they won't come back because they're not prepared, because it's too confronting. But I have made sure that even if they don't come back to me they have information and referrals, so these services are available to them … it might be several years down the track and they will ... women come back two years on. We leave the door open for that. (Health professionals focus group B)

Case studies told by health professionals

I see the women coming where you have the emotional abuse and you see the physical result of domestic abuse, and then to add rape is a total violation. There's no part of her that hasn't been tormented and hurt. So many times the children witness what's happening to her. You have these little children with tormented faces. A little child doesn't have the understanding of rape, and yet they're witnessing it. It is extremely confronting for a worker to hear from a child, 'And daddy was on top of mummy and he was hurting her'. As a worker, you feel the hurt of the children and the women. The woman feels guilt, and the child feels responsible; 'If I hadn't done this, Daddy wouldn't have hurt Mummy.' Or the child will blame the mother. 'If you hadn't said that, he wouldn't have hurt you.' Mum takes them away from their home, their toys, their school, and it's Mum's fault. And if Mum doesn't leave, it's her fault. (Health professionals focus group A)

A client recently has been raped [by her partner] and she tried to separate from [him]. What he would do, was, when he would have contact with their son, he'd ring at 2.00 in the morning and say, 'If you don't come and get this fucking child … he won't shut up and this and that'. He was actually using the child as a ruse to

When you let women know they have been forced to have sex without their permission, they probably go away and think about it, and then maybe, if they're having ongoing counselling, they'll talk about it more the next time. It's probably a bit of a shock to some of them. (Health professional #2)

It probably provides an opportunity to look at reporting. My initial response is, 'It's not on, these things are against the law and as a woman you have rights'. You look from a legal perspective and then you look at a relationship level at what boundaries are there, taking into consideration your environment and what type of person you are. I'd ask, 'Are you ready to sit back and allow this to happen or do you have enough strength or courage to talk to someone and do something about it and change something?' (Health professional #3)

The position of other workers was to carefully guard the fragility of the woman and assess if she was strong enough to hear the word, 'rape', or if the recognition would further erode her sense of self. It often depended, for them, on whether the woman had left the relationship or not.

I've never said to either one of them 'You were being raped'. When telling their story they're upset enough. Maybe they'll feel even more self-hatred. Then they'll be thinking they let themselves be raped and they're more of a victim, whereas they're trying to tell me their strengths about wanting to get out of the relationship. So if I said 'you've just been raped' then I think I would take away their self-esteem a little and instead of being strength-based driven … It can be a powerful thing in both ways, but I think they need to be out of the relationship and take on the power. If they're still in the relationship it can be a self-esteem killer – 'that's happened to me and I continue to let it happen, and it's going to happen' – and I think that would kill their self-esteem. It's got to be the right point in time to say 'that was rape, do you want to take action on that?' (Health professionals focus group C)

I think the whole process can disempower women once it's been named if the focus is on being a victim and being powerless. (Health professional #9)

Although these health professionals initially talked about the risk to some women in stating what they had experienced was rape, further conversation suggested that it was actually more about judging the readiness of the woman to hear, rather than saying that the word 'rape' should never be used.

get her over to her house to have sex and she wouldn't be allowed to leave until she'd done it. She saw it as something that needed to be done, she had to do it to get out of there and to get her and her son away. (Health professional #6)

One [young woman] had been married three months and her partner was a real Jekyll and Hyde. It was amazing how he kept up the play for 12 months before they were married. On her wedding night he became very physically violent and sexually violent. She was in shock for[the] first three months. The disempowerment that happened rapidly regarding finances, him hitting her in the face and her not going to work - within a period of time, she was taking so much sick leave she lost her job. When I saw her it was in the throes of domestic violence and sexual violence. It was talking her through the power differential … She said the hardest thing was telling her parents. Her father didn't believe her. One night, he beat her so badly, she rang her parents and they called an ambulance to get her out of the house. It was at that point her father started to believe her and support her to get out of the house. [Her husband] had been literally trying to make her a prisoner in her own house – in the space of three months … [Another time I remember was when] a woman in her mid 60s came in. She'd

recently lost a partner who'd passed away … She started sobbing. She said, 'My husband was a pillar in the community but in the home he was an absolute bastard. He abused me physically, socially, financially. This is the first time I've been able to go to a medical clinic to find out that I'm well and not have the beeper or a phone call and him banging on the door asking what I'm doing and why I'm here. Then she talked about what he did to her in their sexual relationship. He had many people come to his funeral. He was a very well-known community member. Everyone respected and admired him but she knew the truth of what he was. It was never ever consensual sex because of how violent he was to her. (Health professional #1)

In one case, for example, a woman has early menopause, in early 40s. Her husband doesn't understand - as many don't - the physiological changes with menopause. They use the old saying that 'the missus is off the boil'. He doesn't understand that physiological changes are happening to his wife. He gets angry and starts to question, 'What the bloody hell's going on here?', and he starts to question, 'OK, she's having an affair'. They get very jealous. You then have this conflict and there's usually, 'I have this right as a male. It is my right, you are my wife, I'll have whatever'. It can get quite out of hand

> *I acknowledge it to her. That it is what it is. Once they really do get to the point of [acknowledging], and they stop blaming themselves quite as much, I think it frees them … I suppose that it's a bit of respect for them, that if they're not there at this point, it's not my place to go in … I feel that's pretty important part of the therapy, to not go too far ahead of where she is at. To be aware when she knows that [it's rape], and to not skip over it either. [It is important] for her to be able to name it, and to let her know that we can talk about it. (Health professional #10)*
>
> *If you named it, it would just be too much for them to cope with, I would have a fear of tipping her over the edge. I probably just need to say whatever it is … maybe I do need to use some of the harder words, this is what it is and you have every right to do whatever you want to with this. (Health professional #4)*

In their responses to interview questions, workers would often start out saying it would be too damaging to women to hear that they had been raped, when they had been describing 'having to have sex when they didn't want to'. And yet in the same breath, workers would talk about instances where they had named it for women.

> *You're taking a quantum leap, to say 'rape'. To talk to a woman about abuse. She reels … I will name what I hear is happening. That knocks them for four, they don't want to hear it, believe, it, so once I've named it, I then ease off and try to make sure I keep her engaged, but I do name it so that she knows. (Health professionals focus group B)*
>
> *I'll lose the woman if I use the word 'rape', there's a negative stereotype around that. In an intimate sexual relationship there's unspoken trust and the women go into shock. He couldn't be doing that to me. And self-blame. The language I hear a lot of is 'should' - I should be responsive to him as a sexual partner, it's part of my duty. They don't see that they have a right to say no … When I suggested it to her it was rape, she didn't like the word, she dismissed it. It would have been a month or two later, she said, 'When someone's saying no and no means no, then, you're right. He's not respecting what I need and he's raping me' … Sometimes I'm very confrontational and will just say it, and other times I'll dance around it. I might say, 'Sometimes when women have non-consensual sex it's called rape'. They'll say, 'No it's not rape, I'm still in the bed with him and I'm consenting to a degree'. It's about the obligation in the relationship. It's the idea of being property and owned by that person. 'It's my*

duty.' The older post 50 women, I still see up to 72 year old women having pap smears and they talk about that aspect of being owned by the partner. (Health professional #1)

If you're asking do I say that's rape, then no I don't. I would like to do that. The consequence of that would be if a woman was to disclose that, I would probably lose rapport and maybe lose some trust with them. By exploring with them and acknowledging how they feel about it, it's supporting their empowerment. Generally through that exploring they actually know it's not right. They know deep down that it's not OK. It's better for them to come to that than for me to tell them. When they come up with it themselves, then I would use the word and say it's what we know as rape and it does occur in marriages and relationships … They already know that it's wrong and they know that it's rape. A lot of times it's about whether or not they're ready to hear that. It's about respecting where she's up to … At times there isn't an understanding that there is rape. I will at that point, point it out that it is rape. That's after exploring, with some women it would be different, it may be two sessions along, I may realise they don't understand that it's not OK, and I will talk to them about it and that it is not OK and that it is rape, that's only done when there's no understanding that its not OK. (Health professional #5)

There was agreement from workers spanning both approaches that it is important to be comfortable with the conversation and not evade it when women speak about 'having to do it'. Workers described ways to take the conversation further and ask questions that would allow the woman herself to see her partner had raped her.

That was more a description about what was carried out. It was not a naming of rape. However, she was able to recognise the rape once we'd had a conversation around it. (Health professional #4)

During the interviews, and their reflections on whether to use the word 'rape' or not, one worker became aware that her reasons for not using the word may indeed have more to do with protecting herself rather than the woman.

I say, 'He comes and takes her' instead of, 'He comes and rapes her'. Maybe it's part of the worker thing because you're powerless to change that for her when she chooses to stay in the house … To enable yourself to deal with a client who accepts that behaviour, maybe that's part of why we don't use that language, 'rape'. It makes it easier for us to deal with it. What are we going in regard to violence. I hear this from him rather than her. It becomes very heated. If you've got the female, she might just say, 'We are having hassles'. They won't disclose a lot of the nitty gritty. It think it's a shame and it's a shame that a female's role, her cultural role, is well defined, especially in a marital relationship. It comes on, part of it, as shame, 'I'm not being a good wife. I'm not looking after my man'. She feels responsible. (Health professional #3)

I can remember one woman saying that life was good, she could be assured of a good day, if she just had sex every morning. Lie back and think of England. If she didn't have sex with him every morning, she talked about irritability and not physical abuse but certainly verbal abuse throughout the day. So it's like a husband's right, I suppose, is what some women think. She didn't think it was a big price to pay. When I explain 'well, no it's not a husband's right', there is a reluctance to go there. (Health professional #8)

This particular time that I'm thinking of is an incident that occurred where [a woman] was meant to be guest speaking in front of a lot of people and she ended up not turning up. She had been anally raped by her partner. (Health professionals focus group C)

This woman has been suicidal, she's been

admitted, because she was suicidal earlier this year, and was also raped by another man in the community and she felt powerless with him and told her husband about him raping her. He didn't want to protect her, but went around telling everyone that she allowed this man to abuse her. Her husband, he takes her whenever he wants her. She's very damaged. I've talked to her about leaving and protecting herself but she can't see that she can do it. She's in another room but he just comes and takes her. She did lock the room, but because she ended up in the [institution], and put in there, she feels she's got no say. (Health professionals focus group B)

to do about it if she's choosing to stay there? If we can't empower her enough to make a decision to change it, we have to make it OK for her to continue to endure that. (Health professionals focus group B)

Previously, in this report, it was suggested that until there are changes to the legal system, it is perhaps wiser for women not to report to police that they have been raped by their partner. This is because of the pain caused to women of going through a court case where statistics suggest there is little likelihood that there will be a conviction. Perhaps, using the same logic, one worker suggested women may be better off not to 'make a big noise' about a violent rape she endured because it may cause further violence towards her.

I know of one [woman who said she was raped] … she was physically abused, her vagina was physically abused and they never reported that. I know she saw other counsellors in the hospital but it was never discussed … If she's going back into that house and community, as a worker, you have to be careful how she names it. Because … if they decide to lay criminal charges, for the physical abuse or rape and you send her back to where she came from, the perpetrator is still there and there's a bigger payback for her. So in many ways for her it's better for her if she doesn't declare who did it and that it was rape, and when she goes back there may be a brief lull that he'll leave her alone. If she cries out and makes a big noise about it, there will be a payback. (Health professionals focus group B)

There is a difference between suggesting women make an informed decision before putting themselves through the court system, and suggesting women return quietly to continuing rapes. This old argument is that it is better for victims of domestic violence not to make a stand because the ramifications for them can be worse violence. We do not take this position in relation to neglected or abused animals, or child abuse, or theft of property. Why, then, with women raped by their partner?

Inconceivably, the reluctance to use the word emanates even from within the domestic violence field. The three workers at one focus group discussed the professional development they had undertaken having a similar euphemistic approach to partner rape. If women are affirmed in their euphemisms - that she was not raped, it was just that 'something happened' - by individual counsellors and health professionals, and this approach is sanctioned by the very sectors that are meant to work to stop violence against women, nothing changes. The man continues on, believing his criminal actions to be nothing more than his conjugal rights. The woman continues on, thinking it is her role to be abused. The status quo is preserved.

I have never thought of it as rape either. It's the first time I've ever stepped in another direction to talk about it. I've seen it as abuse but not rape. I'm just as bad in identifying it as rape. It's brought it to the forefront of my mind because I feel I may have let down a lot of women because of not looking at it that way and not talking about it. In training I've had, I've been a counsellor for 14 years. I did Domestic

Violence Core Training, did updates, never had we called it rape. It is seen as just an extension of physical aggression.

Part of an ante natal risk assessment project, that the community midwife program were also involved in, was an investigative tool designed for family violence, to pick up ante natal family violence … we were a pilot site. We didn't look at intimate partner rape in that either. We talked about it and had training on it. If it comes up for me, it's 'wrong' and I've said that to women, it's 'wrong.' But not that it's rape.

I've been working with a woman last year and I know her husband is raping her, but I wouldn't call it rape. I'd say he was sexually abusing her … It's made very aware to me that I haven't called it rape, and I haven't called it rape and I need to, and I can change things by calling it rape.

(All from Health professionals focus group B)

One worker was particularly clear and articulate in stating that counsellors should use the word, 'rape'.

> *It's got to be out in the open and they've got to say it's against the law. Nothing changes while it's kept in the cupboard, and that's why [the perpetrators] get away with it. They think no-one's going to do anything about it. (Health professional #10)*

Women who *have* identified - either with or without the support from counsellors and health professionals – that their partner has raped them often want to use the word with the man who raped them. They want a conversation with their abusive partner that states what he did, states its damage and its illegality.

> *Some women are long term here, the majority are not, and the ones that are, it's taken them two or three years to get to the point of saying, and usually they can't say it. They will write it in a letter to him that usually they don't post, 'You raped me'. It takes them a long time, to get to that point of saying that's what it was. Part of it is probably the thought, 'Well they've been married'. I notice with some of them, that they do get to that point. They're really angry once they realise, that that's what it was. (Health professional #10)*

Willing to hear about partner rape?

Given the opportunity this research provided to reflect on their approach to clients presenting with experiences of partner rape, many health professionals acknowledged their own reticence to address it. One remained oblivious, saying she never came across it so it was not an issue for her at all. Some were acutely aware of the prevalence of partner rape and had sought professional development opportunities to increase their skill in this area of their work or had developed their own strategies – both to help the women and to resolve their own concerns.

The few who apparently continue to refuse to pick up on signals from a woman seeking help deny the woman an opportunity to address rape by her partner.

> *I've never asked the question. I don't know how to bring that out unless they bring it out. I said I've never come across it, but I'm thinking now that it could be because I've never asked. (Health professional #7)*

> *I don't get people talking about partner rape in the general counselling setting here. But then again I must admit I don't ask. And that's something I did bring up at a staff meeting with the counsellors and asked them what their experiences were, and they all*

said that it's something that they don't ask clients. They are really uncomfortable with bringing it up. The feeling I got was that they really just wanted to deal with whatever the issue was that was coming in. (Health professional #8)

I've never had a client disclose that sort of information and I've been doing this for a few years. I've had women disclose rape, but never in their marriage or partnership. (Health professional #11)

If I find this hard to talk about as a third person, it must be extra hard for women to talk about what has happened to them in their relationship. (Health professional #4)

A lot of health professionals won't do that [extra training in violence] because it's confronting them about their own perceptions of society and themselves. (Health professional #1)

Some felt it was a very challenging issue because they felt powerless to help. They anticipated that the woman would not want to talk about it, or leave, let alone report, so they did not want the burden of knowing about her suffering.

I feel powerless at times to help make change ... [when] you think things are going OK, and you find out it's not, you feel you've let her down, and you haven't done enough work and haven't said the right things or done enough to help her. (Health professionals focus group B)

But if it's just the woman disclosing to me and she wants no further action at all other than just sharing it with me, I've got to carry that. And that could be quite unsettling, I would imagine. (Health professional #11)

I think it comes and crosses over into our personal lives. I really think we learn to skim the surface on things because there is an impact on me as a worker, emotional, sadness, anger, impact on my own marital relationship. So sometimes I think it's a self-protective mechanism. (Health professional #4)

One counsellor had been physically threatened by the violent partner of his client.

If you have issues out on a farm and that person's not coming into town, and you do a home visit and you have an arsehole carrying on outside in the car, it becomes a safety issue too. I've been threatened. I've been there at court. There are the ones who want to go to court with IVOs [Intervention Orders] and so on, and I provide documentation to the court. Bloody hell, I've been threatened that I'll have the shit beaten out of me, be knocked out. I'm a bloke too, and as far as I'm concerned I think they're weak as shit. (Health professional #3)

Some were unsure of their skills or ability to deal effectively and constructively with a woman presenting with this kind of problem. They wondered what they could do when the issue presented in their work because they were not qualified in counselling.

How am I going to bring it up? There's anxiety. How am I going to word it? You get tied up. You're not trained in counselling yet it presents in my work. We have limited counselling in how to respond to a woman who discloses. (Health professionals focus group B)

For those who had reflected on their own responses to clients presenting with partner rape, they felt it brought up vulnerabilities for them as women, and particularly if they had experienced a form of sexual assault themselves. They felt saddened by hearing what was happening to women in their own communities.

For me, I work from a feminist point of view, so for me personally, each time I hear it, I feel a sense of being a woman myself, a sense of being disempowered myself when you hear it. Of course, being mindful of ensuring that my own values don't play a part. (Health professional #5)

And then I personally have been through it so I know a little bit about it. But I was a lot younger when it happened to me and I didn't realise it was rape myself at the time till I got a bit older and looked back on it and thought actually that was rape. Because it was my ex partners, I think at the time I didn't think it was rape because I had been with these two people and had sex with them in the past, and I thought that it would not be believed because I had been in a relationship with them. And I think a lot of it is people won't believe you, it's their word against your word and you're in that relationship and part of that relationship is sexual. (Health professionals focus group C)

I've gone through partner rape as well when I was younger. I find when I'm hearing, in a domestic violence situation, I start feeling their pain and relive my pain ... when they start saying things that you've gone through yourself … When the women are saying the same things to me, I think, 'Oh my God, I feel for you', because you have to build your inner strength and be a little more out there to attract anyone else, anyway. I don't know, I just feel their fear and their sadness. (Health professionals focus group C)

You just feel sad. I feel really sad when I hear what this woman is going through. When she walks out, I have to try hard to not imagine what's going on for her. (Health professionals focus group B)

These workers tackled the issue and their responses and learned strategies to deal with it. Some had reached the stage where they felt comfortable to discuss it, and to address it or refer on to specialist services.

I feel relatively comfortable working with intimate partner rape. Prior to this job, I worked at CASA for a year so it's not a topic that's taboo to me. I feel comfortable asking questions about sexual abuse. (Health professional #6)

If they were to disclose some problem, I don't think I could deal with it myself but I might suggest them seeing somebody that could help them, if that's what they chose. (Health professional #11)

I'd get CASA in for a secondary consult and support for me. (Health professionals focus group A)

I also do make a very conscious effort, and that's part of what I do having taken this work on over the last three years, that was a very conscious decision for myself, that I didn't want to burn out and take it home with me. (Health professional #12)

The profound effects of partner rape

Workers spoke of the effects of partner rape, reiterating what the women themselves told us. Their clients who had suffered partner rape were sometimes agoraphobic; were self-harming; often had low self-esteem; suffered from depression; and displayed feelings of suicide. Their sense of self was damaged.

The incredible effect that sexual abuse and rape has on a woman's sense of self and her identity, and so many women dissociate because of it and go through times where memory or the trauma is triggered and they'll be in foetal position on the floor crying.

They'll have times where they feel out of control and quite mad, and self-harming, the cutting, the suicidal ideation, the compulsive desire to either run into a tree, or overdose, the feeling that they'd like to kill that man. Women can lose time, lose hours, don't know where they've been or what they've done. Like they're in a dream or in a trance. I've seen women severely dissociate from the effects of the trauma, and it's quite frightening to witness that. (Health professional #9)

One worker felt that even where women consciously saw their situation as a trade-off between submitting to unwanted sex and remaining in the relationship, they were hurt at some deep level.

If it is not an every time occurrence and it's just like when they're drinking or something like that, and it's just a little bit of rough sex, they're going to outweigh the good to the bad anyway. The good is he's a good father, a good provider, and yes, we do have great sex when he's not drinking and it's not nasty. Why would you think of it as anything else? And you wouldn't go and report them or take it further, or take legal action or anything like that for fear of losing that nice side of that nasty person. It sounds very logical and rational when we put it like that, but I wonder about the impact of that even occasional rough sex. Their self-esteem is affected and it's getting people to identify what's causing their low self-esteem, because many other areas are fine, but it would impact on their wellbeing … In the relationship the lines are not clear. If you meet someone outside of a relationship out in the street the boundaries are very solid, but they become wish-washy within the marriage, in the role of every day being a wife. (Health professionals focus group C)

Aboriginal women

"I want to make the point that violence is not and never was part of Aboriginal tradition … We have no cultural traditions based on humiliation, degradation and violation. Let me make this point abundantly clear. Most of the violence, if not all, that Aboriginal communities are experiencing today are not part of Aboriginal tradition or culture … I acknowledge that violence is not just an Aboriginal problem, but unfortunately seems to be endemic in all societies, including the broader Australian society. It manifests itself differently in different societies, it may be more or less visible, and it evokes different responses in different societies." (Professor Mick Dodson, 11.6.2003)

Seven of the health professionals had a direct role in working with Aboriginal women or communities.

Four of these were Aboriginal themselves and spoke of recognising the discrimination against Aboriginal people from police and other figures of authority in mainstream society. One noted that Aboriginal women living outside of Aboriginal communities in mainstream society in local towns face enormous discrimination because of the racism they encounter. This affects their willingness to access health and community services.

For Koori women [it's different] if they're living as part of a collective or [Aboriginal] community, or if … they're living mainstream. [46] *If they're living mainstream, they're*

[46] Although we have consistently used 'Aboriginal' in this report to describe Aboriginal women and men, many of those interviewed used the term 'Koori'. We have kept their original words. The Victorian Department of Human Services 2006 publication, *Building Better Partnerships* states: 'The definition of 'Koori' and other terms are directly derived from Aboriginal languages and are the names often used by Aboriginal people in specific areas when referring to themselves. Note that many Aboriginal people from other areas of Australia reside within Victoria and still use their traditional names'.

behind the eight-ball even more for the simple reason that these small places are systemic in racist views. They're behind the eight-ball even more. We see that quite often. With access to services – there are a lot of examples. If one of the girls goes to the hospital, there will be noses turned up or questions like, 'What are you in here for?' They are very rude and have judgemental attitudes - particularly to Koori women. And to Chinese and Vietnamese women who come here for transitory work. The racism is very apparent. (Health professional #3)

One health professional remembered violence in her childhood and spoke of now working to improve the situation for younger generations. She felt well placed to do this because she was recognised as belonging to the community. She was able to relate to the Elders in her community and to the young people. She was trusted.

I want to do something, to try and make change. I saw a lot of domestic violence in our community when I was young. I saw my own mother go through stuff ... There were a lot of good times, it wasn't all bad stuff. I'm just hoping I can make things better by doing something out here. That's probably why we do get on because Koori women, we all know – in that way there's probably a bigger trust with me – because I think we just sort of know within our own. I just love being around my Elders and them telling their stories. I love getting the young women to come in, because I think, 'You're going through what I went through, maybe'. I didn't have anyone to help me, but now they've got someone who can help them get along and make it better for themselves. This is what I want to achieve. (Health professional #7)

The health professionals identified that a different style of work is required to work effectively with Aboriginal communities and that there is a need for Aboriginal workers. The worker quoted above is seen to have shared the common personal history of enduring discrimination and hardship; and a common cultural history of suffering, loss and injustice. She spoke of every family being affected in some way by this recent history.

We've been through a lot. With most Koori families, there's always something in their family – I don't care what they say, it's there from way, way back – that has impacted on us in such a way that we go through all this stuff. It's a cycle that's gone around and around and nothing's really changed. The only way it's going to change is if people like me come to work in mainstream organisations, and we've got to try to make changes for them. They won't come to mainstream organisations for help because of having to talk – a lot of them don't like talking about this stuff or even asking questions. I know, because I was like that myself ... I work differently to other workers. I do home visits, I sit with them for an hour maybe. They look at me as their auntie, and some of them do open up a lot, but nothing about rape. (Health professional #7)

Aboriginal women spoke of workers treating them condescendingly because of a racial stereotype held by the worker. They felt they were not treated as a unique woman, worthy of respect.

It's the shame thing that stops women using other services. The low confidence, the low self-esteem. All that stuff comes into it – 'Did I ask for it? Was it my fault?' With Koori women, when they do go to a mainstream organisation, it's the way people look at them and talk to them that turns them off. They'd rather just walk away than have to deal with that sort of stuff. (Health professional #7)

Women are coming in more now. When I first started, I hardly had any women, I went everywhere to let them know I was here as a Koori family violence worker ... Now I'm getting more, and they're coming in from out of town looking for me. It's educating the

services. I tell the women I'm working this way, and there are other services out there if they need them. You have some that will go to them, but a lot of them don't ... Even with me, it took a long time for them to come. (Health professional #3)

The practice employed in the domestic violence sector to move a woman and her children to a refuge far from the violent man usually does not work for an Aboriginal woman who does not want to be removed from her community.

It's a bigger issue for Koori women, probably because they have other women and men look down on them culturally. Being in this situation is even harder for Koori women than for other women in the community. We don't like whisking women away. (Health professional #3)

The workers spoke of an apparent acceptance of violence within some Aboriginal communities. This means women will not disclose that they have been raped by their partner to anyone.

It's always been wrong – the hitting and everything – but we sort of accepted it, I think.

My mother went through it, I've seen my relations go through it. That probably makes it an acceptable thing ... We watched that domestic violence DVD, 'They say it's Koori love', Black man's love, or something like that – it's true, because a woman said that to me the other day, she said it's always been around and I said I'd never heard it said before in that way – they say it's black love. When the woman gets hit or bashed, it proves he loves her because he hits her. It's on the DVD , but I don't think that ... With Koori women, they don't open up much about what happens in their relationships anyway. I was there myself many years ago, in an abusive relationship with violence. You just don't talk about it. I never did. I never went to my sisters or my mum. I don't know why, maybe I didn't want to lose the partner ... I dealt with it myself. (Health professional #7)

Sometimes all they've known is a bad relationship. They don't know any different. One girl who was in a bad relationship on the mission, she came off the mission and was with my son, but she couldn't understand why my son wasn't bashing her or yelling at her. She thought he didn't love her like the others did because they always kept her in line. It was a psychological thing, they see it as a demonstration of love – 'he must love me because he's always jealous of me, and if I talk to that one I get a beating, and it's because he loves me'. It's so negative. But because I've been brought up differently, I can't think of it that way. (Health professionals focus group C)

Given this reluctance to find support from family or friends, Aboriginal women would certainly not report to police who have played a significant role in the racial discrimination they have felt.

I think a lot of women probably wouldn't – this is my way of thinking, and maybe it's just me – but I know for a fact I would not go to the police because of the believing. All that stuff comes into it, too. And there's the issues Koori people have with the police, that's another thing ... We have a lot of trouble talking with police. It's a constant thing that happens every day. It's something we have to battle with every day ... The police need to be educated in a lot of stuff where Koori people are concerned. With the women, how the police deal with clients, the youth – there's a lot of problems with the youth when they get locked up, how they are treated ... But this sort of stuff was going on from the time I was a child. It's been there, but it's more so today, too. Things are getting harder. The law's the law, and you abide by the law, but then you treat people

in a proper manner, too. All we want is respect and we give it back. (Health professional #7)

Instead of disclosing or reporting partner rape, Aboriginal women tend to return to their community where they face the possibility of continuing violence against them. Like the non-Aboriginal women in this report, they go home because where else can they go?

When you see women, Aboriginal women, who come in and you know they've been raped, the STI [sexually transmitted infection] and damage to their bodies has been treated; physically they have been repaired, but you send them back out there, knowing it will happen again, from their partners or anyone else in the community, that it's going to happen again and again. Often you don't use that word 'rape' again in that case – it's abuse, but you don't use the word 'rape', because legally nothing's going to be done, because she won't report it. It's not rape then. (Health professionals focus group B)

My first day working in the Koori community I was told by an Elder to go and see her granddaughter and I asked about consent; 'Does she know I'm coming? Does she want to see me?' And I was told, 'Just tell her Nan sent you, and take another nurse with you'. And when we got there the girl had stab wounds all down her back from the night before, and it was not done by an Aboriginal man, it was done by a white man. But the family wouldn't allow the police to be involved and wouldn't let her go to a hospital because it would be seen that Koories were causing trouble again. So a lot of the time there's just no going to the police about it. And I'm sure that a lot of this would be not just black men to black women, but from white men to black women. I'm told that. (Health professional #7)

The women take on the blame themselves and are blamed by other community members.

If Koori women are living in [Aboriginal] communities there are relatives and relations and usually they are the same mob. They would not necessarily be supported in a rape situation though. There is shame when one of your family members or kin is perpetrating. And there's more of a blame factor on the woman. It's seen to be her fault. Although there have been times when a bloke's been taken off and given a flogging by the other guys. Or a talking to by the community … Koori women won't come in with their husbands. Very rarely. The ones that do can either be blasé or they won't mention it. They're ashamed of it. Koori women are not likely to disclose. (Health professional #3)

I do a lot of work in the Koori community and it's not just confidentiality, but if a woman was to make a complaint and that man was to end up in gaol then she would feel a heap of a lot of guilt and she would have a lot of blame put on her if he was to self-harm in jail. She would shame the community. (Health professional #8)

What works in helping women

Ask the question

Workers described how they look for signs that a woman may be subject to partner rape. The signs may be something she says or evidence of violence on her body. It may be her state of mind or even asking for prescriptions for painkillers or sedatives. It seems that workers have the choice of whether to pick up on these signs and give the time to the woman to unravel what she is dealing with, or whether it is easier and safer to ignore them.

I always I look for signs like obviously if there's physical violence, control around their finances, where they go, who they see, what they wear, how they're wearing it. I do ask the question. (Health professional #5)

If they say something like, 'Oh the sex', it probably is a clue. (Health professionals focus group A)

Probably the only time I bring it up is if there is already some other form of abuse that I've picked up on. If there are issues of control or other subtle forms of abuse, I'll often ask if there is sexual abuse happening, too. (Health professional #8)

Now that I'm forensically trained, I know what to look for, like bruises especially on the inner thighs. It's usually not obvious, it's very subtle. It could be fingertip bruising. (Health professional #1)

[A clue could be] asking for repetitive scripts of painkillers or Valium or sleeping tablets. Not that I necessarily give them out, but the asking from the client's point of view. Depression, and even though we ask with depression, sometimes the woman is not prepared or not willing to actually give away information that it's due to conflict in her own relationship, or violence, or rape. (Health professional #12)

Sometimes I have a hunch, and I'd directly ask them. They start to allude to it, they'd go, '… and sex', and shake their head. And you think, right. You start to put some frameworks around it for them. 'This is what abuse is about'. They sometimes don't see that what's been happening to them is abuse. When you start to open it, they see. (Health professionals focus group A)

If a woman says something to a health professional that suggests she has suffered partner rape, or visits a doctor or women's health nurse at a time she has bruises, it could be that she is looking for help. We have learned how hard it is for women to talk about their partner raping them. It is critical that health workers ask the question.

If we're not asking the questions, the barrier could be us … If we're not astute enough to pick up on a hint of something, and don't ask the right questions, it will go past until some future time, until they feel more comfortable and more forthright with it. (Health professionals focus group B)

Some of the main reasons why women don't tell their GPs about rape and sexual assault is because they're not asked; because they didn't think it was relevant to the consultation; and because they didn't trust the doctor. Those are the three main reasons … I often find myself, when I ask, [having] to get over that feeling of 'That's too confronting, I shouldn't really ask that' … but if you don't ask you won't know. It's like if you seek you'll find, sort of thing. So I always think I have to remind myself, 'If you don't ask you won't know' … I have to constantly remind myself … is there violence, is there sexual violence behind what's actually happening to this woman presenting to me? So doing all this extra forensic work that I'm doing, the sexual assault work … has really helped me with all that. (Health professional #12)

Believe

Women need to be believed when they disclose partner rape. The 21 women who informed this research told us this. The police understood this. Workers, too, stressed how critical it is that women feel believed.

Partner rape is not like car theft. Until 20 years ago it was considered to be a man's right to rape his wife. There was certainly no law against it until 1985. In court case after court case,

judges cast doubt on the veracity of a woman claiming her husband raped her. Men are not held accountable for their violence. Doctors diminish the gravity of partner rape. Priests advise women to go home and pray. Community members move the blame to the woman. Friends and family wonder if it's really true. It is little wonder few women disclose partner rape. They have nowhere to go and no-one to tell.

The health professionals advised that the most effective first step in helping a woman is to believe her.

> *I affirm that it's happened to them because a lot aren't believed and they don't believe it themselves in the first instance. (Health professional #1)*
>
> *You know what they want is the recognition. (Health professional #10)*
>
> *The main thing, when I'm counselling and a woman talks about rape, is believing them. The way you respond is very important. You can't act shocked. You have to accept it, take it, believe it, and give her the chance to keep talking about it and believe in what she says. And for her to know it's not something she's done, it was not her fault, there's no way that has changed her as a person, that she's still got all her rights as a woman. So just giving her the power back … It's hard, but when you walk out of a counselling session … you can feel that you've listened to her and she's got the feeling that someone believes her, and there is something she can do, and she can change things if she wants to. (Health professional #2)*

Equally important is to acknowledge the depth of the wrong that has been done.

> *If you'd been a political prisoner in Iraq and someone had tortured you, it would be acknowledged, but you're tortured in your own bed by someone who's supposed to love you. I say to women, 'You are a survivor of torture'. (Health professional #9)*

Refer

Like police, health professionals were very familiar with specialist services and ready to refer women to the kind of services best suited to their needs. While a long list of potential referral places across the region was produced as a result of our interviews, there are problems involved in how accessible services are – both in the problem of limited provision and in terms of rural women physically being able to travel to the point of service.

Workers referred women to CASA and domestic violence services; to SOCAU; to medical and legal support; to accommodation services; to Centrelink and financial services; and to counselling.

Travel at the woman's pace

It is frustrating to health professionals, as it is to police, that women stay with or return to the man who has raped them. However, they work hard to be objective, not placing their own values onto their clients. They understand at an intellectual level why women are often not able to leave immediately, but human concern gets in the way. Workers described how they had to remind themselves of all the reasons women are trapped, and within this framework, work with the woman to set goals in place.

> *What frustrates me the most is walking the journey at the women's pace, not mine … if something's obvious in front of people's face and they still won't do anything, it's the most frustrating thing. (Health professional #1)*
>
> *It can bring up issues of frustration when a woman is constantly in a sexually violent situation but chooses to, for what ever reasons, stay in that situation. I have to stop*

myself from being judgmental and seeing the solution as an easy 'she can just leave' sort of thing, but to remember to actually be there for her and help her interests rather than mine - which might be to get her out of there and to "help" her. (Health professional #12)

I have to do a lot of reassuring around the fact that, 'You may not be ready to leave now, you may be ready to leave in 10 years, so we'll put in place a safety plan, and put a crisis plan into place, tell you who to contact, who to ring if things blow up and get difficult, and we'll leave the choice up to you about what you want to do about your relationship'. (Health professional #9)

Court support from health professionals

Having established from the women, police and health professionals who informed this research that women are unlikely to report partner rape, when they do report, domestic violence workers, CASA counsellor advocates, and sometimes other health workers may act in a court support role for the woman. This tends to happen more often in supporting women to obtain an Intervention Order rather than in a criminal case against the perpetrator.

I'd take her to [the] police station straight away if she wants to pursue criminal charges, or we get the police to come here. They're pretty good … It doesn't happen much that women want to press charges ... It's hard to report him, especially if it's an intimate partner. Much easier to go with an IVO or [other] order rather than go with a sexual assault charge. I haven't had a woman charge her intimate partner. (Health professionals focus group A)

The workers stressed they are guided by the woman in her choice to report the crime and pursue charges or not. If a woman wants to report, workers see it as an important part of their work to discuss their options fully, and to give a realistic picture of how the legal system works; what is likely to happen during that process; and the statistical chance of a criminal prosecution.

Sometimes we get people come in here and they think, 'Oh well, we're just going to go to the police, he's going to get charged and he's going to go to jail'. Well, it doesn't quite work like that … you might want to just warn them how many risks there are about it. I know [she] wants something done, but one of those situations we do have to deal with is people being disappointed. It's about support, and we'll say to them quite often, it's not that we do not believe you, it's just that the level of proof is beyond a reasonable doubt. (Health professional #10)

I would afford them the opportunity to look at the importance of reporting it. We'd go through this in depth. These need to be recognised. I would certainly not push them, but would guide them through the reflection process. (Health professional #3)

The thing is you'd have to look at the stats on intimate partner rape. How many are proven ... What does the research tell us on people's experience of court who have accused someone of rape? It would be less than responsible if the balance of information didn't include that ... I'd try and help them, but I'd be very scared for them in regard to what might happen to them if they pressed charges, and what they'd be put through ... In some cases, women are not believed, they're judged. People would ask, 'What did she do?' (Health professionals focus group A)

The domestic violence workers suggested their presence at court gave women extra credibility within the court system. Practically, too, they were able to advise women on how to present their case in court for the best outcome.

> *I've been at court and the woman will say, 'My domestic violence worker is here'. If the judge is aware of that, it almost strengthens that what she's saying is true because she's getting help. It gives it a language so the judge sees what's happening. It's easy for people to say, 'He abused me, but I suggest to them to say, 'He pushed me into a wall and punched me'. It benefits women to have a professional person with them. (Health professional #6)*

Change one thing

Increased awareness of partner rape by the community

The majority of wishes for 'one change' were that attitudes in the community would change. The current stance that excuses rape within a relationship and blames women should be replaced by a commitment to enforcing the law in recognising partner rape as a crime. Along with this, there should be widespread public education of what characterises a healthy relationship. There was a strong theme in responses that media exposure and education was needed to help people understand that partner rape is a serious crime and will not be tolerated by our society.

> *There needs to be acknowledgement that partner rape happens and is more common than is understood out there, that she's not nuts in calling it rape, in calling it what it is. (Health professionals focus group A)*

> *It should be acknowledged in the media and books. It should be more out there. There's not a lot of media around it. (Health professional #1)*

The health professionals referred to the domestic violence campaign 'Australia Says No to Violence Against Women' and suggested it be extended as an effective way to educate the public and change the culture of ignorance and acceptance. They considered mass communication works in conveying public health concerns.

> *I think more knowledge of it – it's like the domestic violence [campaign], but put out there that rape is not OK. (Health professionals focus group B)*

> *Like the ads that you see now, the ones that say it's abuse, and that it's against the law. I think ads like that are really good and they're taking notice of them. The more they see it, the more it will make them think. Does the man just think it's natural and normal that they can do what they want in most cases? (Health professional #7)*

> *We need more education in primary schools and secondary schools that 'No means No'. More advertising campaigns to educate people. (Health professionals focus group A)*

> *By education, by us getting out there and educating. You do see some posters and things and that TV commercial ... We need more positive stuff ... so that people can read it or hear positive stories and think ... 'I don't have to keep going this way, other people have got out of it, they're leading successful lives'... Real stories. (Health professionals focus group C)*

Along with the knowledge of what it is, people need to know what actions to take once they recognise partner rape.

I would like there to be a bit more focus on the fun with intimacy ... what intimacy feels like and what safety feels like ... [to say] 'If you aren't in a safe relationship like this, here's what you can do', you know, 'Talk to someone, talk to your GP, talk to a trusted friend, here's the number of the legal aid service in your area where you can ring and ask about your rights'. (Health professional #12)

Increased rural services

Health professionals wanted increased services so that women and workers can access counselling and specialist services more readily, particularly after-hours services. Promotion of these services is equally important so that people know they exist and how to contact them.

[To know] how to access counselling, especially after hours. [With] the forensic cases that I see in Victoria as opposed to NSW, [the women] do not come in with a sexual assault worker and often only have a telephone contact with someone in Melbourne. Whereas in Albury, the women come in with a [sexual assault] worker who can stay with them and be with them before, during or after the exam. Not the case in Victoria which I think is APPALLING! [47] (Health professional #12)

I'd like CASA to have a stronger presence here. In that way the service would be promoted and you'd get more women accessing the service. (Health professional #6)

Training of health and community sector workers and police

Health and community sector workers would benefit from training in partner rape, to understand the concept of it as a crime and the theory of how it plays out in women's reluctance to disclose or report or, sometimes, to leave a relationship. Workers need to be able to ask the questions, and to name rape so that doors are opened for women to begin to address it for themselves. In order to do this, many workers need training in asking the questions and in knowing where to refer women for specialist services. Police officers need to access ongoing training to increase the sensitivity they bring to women reporting partner rape.

I would like to see an understanding of it being a crime. I would like it to be seen by the community and services. (Health professional #5)

[If I could change one thing] it would be mandatory training for all service sector workers - training to even begin to understand the concept of partner rape and to know it does exist – in its very subtle forms and its very obvious forms.[48] (Health professional #1)

Educating people re. asking the hard questions and validating the experience of a person in that situation. I think people are a bit scared to talk about crimes or anything of a sexual nature. (Health professional #4)

Improve access and training for workers like us, how to recognise, how to ask the right questions and how to draw out that information. (Health professionals focus group B)

Ongoing education with police is good in terms of having sensitivity or an understanding, educating that rape is never OK, even in marriage. (Health professional #6)

[47] Since 2007 Both GVCASA and UMCASA have offered after hours crisis care but this is limited to particular geographic areas.

[48] One example mentioned was training offered by the Education Centre Against Violence (ECAV).

Training of GPs

The way medical billing is structured means it is difficult for doctors to devote the time to women to investigate suspicious bruises and cuts or to follow up on something a woman has said that indicates partner rape.

> *I think there should be mandatory training for GPs. GPs are in a position of seeing some of the injuries from married women and it's all too hard for them … There is very little opportunity [for a GP] to go into depth on how they got the thigh bruise. And they don't want to. It opens a can of worms. They would see it more than I do. I have 45 minutes for first time and 30 minutes for the second time. I have flexibility in my practice to see people for longer if I have to. (Health professional #1)*

The forensically trained GP suggested mandatory training for GPs in what signs to look for and what to do about women suffering partner rape. There are modules on sexual violence and rape already developed which GPs could study.[49] A readily achievable approach for all doctors – and other health sector workers - would be a checklist to identify women at heightened risk of partner rape, much like doctors have now in regard to who is at risk of heart attack and what actions should be taken.

> *It's not necessarily rocket science with this, this is what some of the other studies show – the women who are most vulnerable to sexual assault are young women, women who are single, women who have been sexually assaulted before, one, two, three … We know that they're the women who are at risk. If you were to say to any doctor, 'Who is at risk of a heart attack?', they'd say 'A male in his 50s, smoker, high cholesterol, high blood pressure' ... This is our cultural approach to prevention for high risk serious illnesses, OK? So with the girls, we say 'These are the ones who are at risk'. Let all the workers know these are the ones who are at risk. It's a single mum, it's a single woman who has predatory males floating around, be they boyfriends or de factos or ex-husbands or soon-to-be husbands. (Health professional #12)*

[49] An example is one from the Royal Australian College of Obstetricians and Gynaecologists released in 2005 or 2006 which was sent to all GPs registered with the College.

APPENDICES

Appendix 1 - ABS data on partner rape 2005

Table 1 shows that 7.3% of the Australian women who experienced sexual violence in the past 12 months stated they experienced an incident of sexual violence by their current partner. This estimate represents approximately 0.12% of Australian women over 18 experiencing sexual violence from their current partner in the past 12 months.[50]

Table 1

Women experiencing sexual violence by perpetrator type

	Less than 12 months ago		Since the age of 15	
	000s	%	000s	%
Stranger	33.7	26.7	387.8	26.4
Boyfriend/Girlfriend or date	24.1	19.1	439.3	29.9
Current partner	* 9.2	7.3	30.8	2.1
Previous partner	23.9	19.0	318.9	21.7
Any other known person	61.3	48.6	678.8	46.2
Total	126.1	100.0	1469.5	100.0

*estimate has a relative standard error of 25% to 50% and should be used with caution.

Personal Safety Survey 2005, Australia (cat. no. 4906.0) ABS Customised data

Table 2 shows that for women who have experienced sexual violence by a current partner in the last 12 months, an estimated 1,400 of the most recent incidents of sexual violence were perceived to be a crime, while 8,600 were NOT perceived to be a crime – a much higher number.

A similar pattern exists with 'Boyfriends, Girlfriends or dates' with 7,800 sexual violence incidents perceived as a crime and a higher number, 14,700, NOT perceived as a crime.

The same pattern exists with the category of 'Family or friend', with 12,300 perceived as a crime and 26,000 NOT.

The statistics support our findings in this qualitative research, where women are forgiving of people they love and reluctant to think that a partner, boyfriend, family member or friend would commit a sexual violence crime against them.

The converse is also true. Categories of 'Previous Partner', 'Stranger', and 'Other known person' all show that higher percentages of sexual violence incidents were perceived as a crime than NOT. (See Table 2 for figures.)

[50] Australian female population 7,693,100 over 18 from *Personal Safety Survey* Appendix 1, p. 46. 9,200 divided by 7,693,100 and multiplied by 100 is 0.12%.

Table 2

Women experiencing sexual violence in the most recent incident by perpetrator type (last 12 months and since the age of 15) – whether or not the incident was perceived as a crime

	Incident perceived as a crime		Not perceived as a crime		Total (a)(b)	
	000s	%	000s	%	000s	%
	Less than 12 months ago					
Stranger	* 15.4	26.5	* 15.5	19.5	27.7	22.0
Boyfriend or Girlfriend or date	* 7.8	13.4	* 14.7	18.5	* 19.8	15.7
Current partner	** 1.4	2.4	* 8.6	10.8	* 9.2	7.3
Previous partner	* 12.7	21.9	* 12.7	16.0	23.5	18.6
Family or friend	* 12.3	21.2	26.0	32.7	30.2	23.9
Other known person	25.8	44.4	* 20.6	25.9	40.3	32.0
Total	58.1	100.0	79.4	100.0	126.1	100.0

	Incident perceived as a crime		*Not perceived as a crime*		*Total*	
	000s	*%*	*000s*	*%*	*000s*	*%*
	Since the age of 15					
Stranger	132.5	32.6	87.3	15.3	203.8	21.6
Boyfriend or Girlfriend or date	62.3	15.3	168.1	29.5	222.9	23.7
Current partner	* 5.4	1.3	* 20.4	3.6	24.2	2.6
Previous partner	90.7	22.3	124.4	21.8	203.8	21.6
Family or friend	60.5	14.9	99.7	17.5	149.2	15.8
Other known person	113.0	27.8	146.6	25.7	239.9	25.5
Total	407.0	100.0	570.7	100.0	942.0	100.0

* estimate has a relative standard error of 25% to 50% and should be used with caution.
** estimate has a relative standard error greater than 50% and is considered too unreliable for general use. (As a result, this figure has not been used in calculations used in this report.)
(a) Components may not add to total as a person may have experienced a most recent incident of both sexual assault and sexual threat, and provided their perception of whether or not these events were a crime for each most recent experience
(b) Does not include most recent incidents which occurred more than 20 years ago.
Personal Safety Survey 2005, Australia (cat. no. 4906.0) ABS Customised Data. Australian Government 2007.

Appendix 2 – Notes provided by ABS to accompany customised data

The data provided in Customised Tables 1 and 2 relates to estimates of women who have experienced sexual violence, by various perpetrator types.

It should be noted that the totals in Tables 1 and 2 differ. This is a result of the way the survey questionnaire was designed. Respondents were only asked whether they perceived the incident as a crime in relation to the most recent incident of sexual violence. If other incidents were mentioned subsequently, the relationship to offender was recorded, but not whether or not this was perceived as a crime.

Thus, Customised Table 1 provides the estimates of women who had experienced sexual violence by the various perpetrator types, while Customised Table 2 provides more detailed breakdowns of the most recent incident of sexual assault by perpetrator and whether or not this was perceived as a crime.

Definition of sexual violence

Sexual violence includes any incident of sexual assault or threat.

Sexual assault is an act of a sexual nature carried out against a person's will, through the use of physical force, intimidation or coercion. It includes attempts to force a person into sexual activity. However, attempts are not separately identified. It includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects and forces sexual activity that did not end in penetration. It excludes unwanted sexual touching and incidents which occurred before the age of 15. Incidents so defined would be an offence under State and Territory criminal law.

Sexual threat or threatened sexual assault is the threat of acts of a sexual nature which are carried out against a person's will, through the use of physical force, intimidation or coercion. The person must have believed that the threats were able, and likely, to be carried out. It only includes threats that were made face-to-face and includes verbal threats, threats with a weapon, and threats to harm children. It excludes if threats were made and then a sexual assault was carried out and includes that occurred before the age of 15.

Most recent incidents

If the incident occurred 20 years ago or more, information was only collected about relationship to perpetrator. This information is therefore not included in Table 2, but is counted in Table 1.

Relationship to perpetrator

The person's relationship to the perpetrator at the time of the incident. If there were multiple perpetrators involved, the person was asked to focus on the person they considered to have been mainly responsible for the incident.

Current partner includes both married and de facto relationships. If the incident occurred while the person was dating a person they later married, the perpetrator of the incident would have been described as boyfriend/girlfriend or date.

Previous partner includes both married and de facto relationships. Includes partners at the time of the incident from whom a person is now separated and partners a person was no longer living with at the time of the incident.

Appendix 3 – Literature review

Expose The Hidden - Rape Is Rape (By Sue Cowan)

Melanie Heenan conducted a comprehensive literature review (2004) *Just keeping the peace: A reluctance to respond to male partner sexual violence*. This literature review builds upon Heenan's appraisal of human rights and patriarchal resistance, with a provisional update of socio-political movement towards change, and the review of the rural and Aboriginal and Torres Strait Islanders contexts of partner rape.

Partner rape is an abuse of women's fundamental human rights. Heenan (2004, p.26) challenges all service sectors which may act as gatekeepers of social reform, to attest to this injustice and champion the eradication of all forms of violence against women through policy and appropriate practice response. This traverses all levels of the justice system; of law enforcement; government; health, education, and social services; popular media; religious and cultural entities. The aim is to capture solidarity and generate societal outrage against partner rape (Heenan 2004, p. 26; Keel, Fergus & Heenan 2005, p.11).

However, sustainable change to women's rights must also negotiate prevailing attitudes, social mores and norms that reward women's subordination, and misconstrue commitment to intimacy as entailing the sacrifice of women's dignity, autonomy and safety (Hegarty 2006, p. 23). This positioning continues to attribute blame to women and to speak of the 'appropriate victim', in spite of the legislative absolution of common law conjugal rights (Heenan 2004, p.5; Dobash & Dobash 1979, 32). It places the victim as responsible for their own victimization and regulator of their recovery (Neame 2003, p. 9) As Dobash & Dobash (1979, p.43) maintain, societal institutions, such as marriage, continue to comply to patriarchal tyranny, male dominance and male determination; and the asymmetrical gendered power and control silences women's anguish (Dobash & Dobash 1979, p. 43; Dobash et al 1992, p. 71).

This subscription to patriarchal entitlement diminishes the seriousness of partner rape as opposed to other modes of sexual violence, such as stranger rape and even date rape, weakening the gains of criminalization (Bergen 2005, p.3). The delivery of justice is compromised through perceptions of gendered entitlement and questions around consent, misconception of intimacy, and societal preparedness to admonish or pathologise the victim (Heenan 2004, p.27; Roberts, Hegarty & Feder 2006, p. 10).

Bergen (2005, p.11) highlights the contradiction of societal valuing of intimacy and the indifference to spousal rape. Partner rape confounds the notion of privileged human connectedness, mutual honouring, and respect, which are lost to the betrayal of sexual violence. Therefore Heenan (2004, p. 14) postulates the prevalence of rape is grossly underestimated given the reluctance to recognize this injustice, and to name partner rape, as rape. Sadly this re-traumatises women as the lack of validation of the psychological, emotional and physical pain of rape impairs their ability to articulate what the man they love(d), has done, and speak of the …deeply private and traumatic experiences (Heenan 2004, p.10,13). Such acts are often ongoing and administered with brutal intentionality, devastating women's dreams, mind, body, and soul (Heenan 2004, p.13; Dobash & Dobash 1979, p. 7).

Without liberating women's voices they will continue to suffer silence beyond the hands of the abusive partner, as they struggle to find explanation in an uncaring Australian society (Heenan 2004, p. 13). Societal apathy abandons women raped by their male partner to …accept the unacceptable (Easteal & McOrmond-Plummer 2006, p. 36). Hence onerous

responsibility lies with service providers to diligently strive to restore women and children's dignity to combat their experience of sexual violence.

Equally, responsibility lies with society – and with men – to refuse to be complicit in it (Pease, 2006). Men who are not physically violent themselves can, nevertheless display behaviours and hold attitudes which allow other men's violence to continue. Pease (2006) describes these men as 'perpetuators of violence'.

Construction of intimacy

Rape is a tortuous and life altering experience, suspended in a social void. It is in this silence that (predominantly) women are deprived of trust, reciprocity and respect from their intimate partner. What ever is done behind the closed doors of the 'private realm' continues to be socially permissible, forcing fortitude upon women who are to cope with the deprivation to their selfhood, and expected to find the strength to obtain justice. Indeed the desire to pursue punitive justice is overshadowed by the immediacy of the violence, as women just want the violence to stop (Office for Women's Policy 2001, p. 13). To escape from the duress and fear is far from reality for many women. Confidence to leave must emerge from the often inseparable sexual and physical assaults, and accompanying psychological, social and economic abuse (Bergen 2005, p. 2: Mouzaa & Makki 2004, p. 19). Women are needlessly asked by society to redefine and legitimate their experience of such overwhelming pain. This is explained by the very culture embedded in society that constructs a way of thinking about male violence which determines the behaviour choices of its members and the way power and privilege are manifested (Nobbe & Bettman 2003, p. 42). Certainly then, the spotlight must be to challenge the male violence endorsed by patriarchy that misplaces responsibility for partner rape upon women (Neame 2003, p. 8).

Power, Kock, Kralik and Jackson (2006, p. 182) propose intimacy and romantic love promote self determination and exploration. However, in abusive relationships this may give the male perpetrator a soul to imprison and torture, imparting near insurmountable shame (Bergen 2005,l p. 4: Chiroro, Bohner, Tendayi Viki, & Jarvis 2004, p. 427; ABS 2006 Personal Safety Survey). The perpetrator's misconception of intimacy and love informs patterned abuse within marriage relationships (Dobash & Dobash 1979, p. 7). Intimacy is posited as a powerful entity, binding two individuals in a journey, to independently and bilaterally share, resolve, and enhance sexual, emotional, physical, and intellectual qualities with each other (Adler & Rodman 2006, p. 193; Peterson 2004, p. 447). Peterson (2004, p. 477) highlights the common theme of relational development wherein mutual devotion requires the individual to often disengage from personal needs and tensions to esteem the other in this commitment. Hence equality is fluid in the deepening and maturing of the relationship (Peterson 2004, p. 476).

Adler & Rodman (2006, p. 197) state the interplay of personal relinquishment (coming together) and self-actualisation (coming apart) embodies intimacy. This emotional connection requires both parties to communicate and deflect the potential for exploitation (Peterson 2004, p. 446; Schnarch 1997, p. 64). This healthy negotiation is absent in the manipulation, coercion and force of rape which does not respect women's personal growth, but forces the perpetrator's intolerance of boundaries and separateness (Schnarch 1997, p. 105). Such acts are encouraged by patriarchal ownership (Heenan 2004, p. 6); excessive male self-determination (Kerrie, Seddon and Brown 2002, p. 2); misconstrued conceptualization of being loved and giving love (Adler & Rodman 2006, p. 202; Schnarch 1997, p. 65, 105); and social and legal abdication of accountability (Heenan 2004, p. 6; Eastel & Feerick 2005, p. 185). Schnarch (1997, p 65) suggests social indifference to rape

upholds this perverse emotional fusion, above the betrayal to human connectedness, morality and trust. Clearly rape does not, in any sense, constitute intimacy.

Fortune & Enger (2005, p. 1) acknowledge that the manipulation and misinterpretation of doctrine, values and directives by leaders and followers of prominent religions (Christianity, Islam and Judaism) subsequently upholds patriarchal ideals and fails to protect and elevate women. They do this by overlooking such behaviours within the sanctum of marriage. Fortune and Enger (2005, p. 2) identify that men (and indeed some women) have integrated within personal value systems an unwavering expectation of women's passive endurance. This may be further sanctioned by the spiritual instructions of submission and forgiveness. Alternatively, Beaman–Hall & Nason Clark (1995 p. 9) found that … theology centres on the idea of transformation. Thus, once the abusive individual understands and adopts a Christian work-view, his violent behaviour will stop. However, with a heightened sense of hope for this transformation, women endure horrific violence while waiting for the 'new man' to emerge.

Other religious-cultural notions of 'chastity' and 'purity' attached to male honour and status furthermore places women at risk of male manipulative or perverse sexual behaviours (WHO 2005, p. 93). Thus, the integration of tenets of spirituality can inadvertently further diminish women's choice to refuse both the depravity and the offender of rape (Fortune & Enger 2005, p. 8). Scutt (1990, p. 129) notes that a common response of family, medical practitioners, ministers of religion, priests and marriage counsellors, was that marriage is made to last, forever. But at what cost? Intimacy is therefore pertinent to the feminist analysis of gendered oppression within intimate relationships.

The impact of rape

Bergen (2005, p.1) identifies three modes of partner rape: 'Force only rape' – the male partner inflicts sufficient force as coercion; 'Battering rape'- occurring concurrently, prior to or following physical battering; and 'Sadistic/ Obsessive rape' – the use of torture, forceful inclusion of children or others, and obscene sexual acts. Across the jurisdictions the act of rape implicates vaginal rape, anal rape and oral rape (Heath 2005, p. 34, 35). This has been reported to cause lacerations, tearing of muscles, stretching, bruising, ulceration and infections to these fragile areas by both forced penile penetration, use of any part of the body and/ or use of objects (Bergen 2005, p. 2; Campbell & Alford 1989, p. 949; Heath 2005, p. 34, 35).

Other consequences include physical manifestations such as fatigue and vomiting, in addition to inflicted fractures and breaks, bodily bruising and wounds (Bergen 2005, p. 2). Gynecological effects carry long-term physical and psychological ramifications such as ensuing miscarriages, stillbirths, bladder infections, sexually transmitted diseases and resultant infertility (Bergen 2005, p. 2). Psychological effects traverse generalized to obsessive compulsive anxieties; Post Traumatic Stress Disorder (PTSD), crippling phobic fear, depression and suicidal ideation, insomnia, eating disorders, diminished self-image, devastated psychological hardiness, and social detachment (Bergen 2005, p. 2; Stewart 2005, p. 2).

Tinning (2006, p. 41) reports the experience of violence invokes trouble concentrating, sleep disturbance, fear, hyper vigilance, intrusive thinking (re-experiencing the trauma) and psychic numbing including dissociation. Research (Bergen 2005, p.7) has also denoted the long-term impact of sexual dysfunction, associated pain and flashbacks decades following the cessation of sexual assaults.

Statistics

The provision of empirical evidence is necessary to understand the prevalence of partner rape. However, as Heenan (2004, p.13) suggests, statistical representation of the incidence rates of partner rape within Australia accessed within 12 month timeframes varies across the literature. Rather then discrediting differing results, this outcome reflects the inconsistency of methodological approach, and the lack of agreed understanding as to the definition of rape (Cook & Bessant 1997, p. 13; Heenan 2004, p. 3).

When considering the global magnitude and extent of the impact of partner sexual violence, evidence points to partner rape being a universal manifestation of violence against women (WHO 2005, p. 6). However, its prevalence varies considerably. International reviews of developed countries (WHO 1999, cited in WHO 2005) indicated between 10% and 30% of women reported the experience of sexual violence by an intimate partner. However, upon comparison with 'multi-country' research that targeted undeveloped nations (WHO 2005, p. 6), findings showed that in Japan, 6% of women experienced sexual violence by intimate partners (ever in their lifetime) compared to 59% of Ethiopian women. Consistent across the studied countries was the greater prevalence of violence in provincial areas. The rate for Australia reported in the *Australian Component of the International Violence Against Women Survey* (Mouzos & Makkai, 2004, p. 20) for women ever experiencing sexual violence is 34%.

The recent ABS (2006) *Personal Safety Survey* used an evidence-based definition of sexual violence as the combination of sexual assault: an act of sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, or any attempts to do this, and *threats* of sexual assault which a person believes were likely to be carried out, However, omitting 'unwanted touching' [51](ABS PSS 2006, p. 1). The ABS Personal Safety Survey (2006) reports sexual violence is primarily at the hands of intimates. Within the last 12 months 1.6% (126,000) of women and 0.6%(42,300) of men reported sexual assault. The most recent incident of sexual assault as follows: 22,100 (22%) by a stranger, 21,500 (21%) of women were assaulted by a previous partner, 39,000 (39%) by a family member or friend in which the majority of assaults took place in the home, 7.7% (7,800) by current partner, and 35,000 (32%) by other known person (Victorian Law Reform Commission 2006; ABS 2005, reissue, p. 33). Violence is exhibited primarily by males, as both male and female were three times more likely to suffer at the hands of a male assailant (ABS PSS 2006). This is supported by Lievore's (2004) findings of the apprehension of alleged sexual offenders across all jurisdictions stating 97 to 99% of offenders are males. After the age of 15, the proportion of women affected by sexual violence increased to 19% (1,469,500), compared to 5.5% (408,100) of men.

Overall violence against women is more commonly experienced by the previous rather then current partner (ABS, 2006). Heenan (2004, p. 13) suggests rape by intimate partners carries potentially a more devastating and long-term psychological impact than that of strangers (ABS 2006, Mouzas & Makki 2004, p. 41; Neame 2003, p. 10). As Bergen (2005, p. 4) states, women who are raped by their partners are likely to experience multiple assaults and completed sexual attacks, exacerbated by the fact that they are raped by someone whom they once presumably loved and trusted. The negligible downward shift in the preponderance of violence including: physical, sexual, stalking and harassment since 1996 is a disconcerting finding of the National survey. In the last decade little has changed in the prevalence of violence. A notable limitation of the data (limited to the 12 month timeframe) is due to the questionable accuracy of responses. The data excludes the

[51] The effect of this omission may be to minimise a woman's felt repulsion to the sexual violence and may increase self-doubt as to the gravity of the experience (Mouzas & Makki 2004).

contribution of women who did not disclose their experience as they were, perhaps, emotionally unprepared to acknowledge their overwhelming pain and distress; or risk personal and children's safety given the close proximity to perpetrator.

Instead they apparently chose to maintain the socially constructed senses of loyalty to the perpetrator and the current relationship; and not risk the loss of social and economic security upon the dissolution of their relationship (Mouzos & Makki 2004, p. 2; ABS PSS 2005, p. 1).

Moreover, without time to reflect upon the repeated or singular rapes, women are unlikely to recognise and name their experience as rape (Easteal & McOrmond-Plummer 2006, p. 213). Nonetheless, of the 16,100 women who experienced violence by their current partner and held an intervention order against the current partner, 3,200 reported this did not deter the male partner.

A further limitation of the 2005 Personal Safety Survey is the contentious exclusion of remote Australians. This omits those marginalised by psychosocial disadvantage and resultant violence. Furthermore, the Personal Safety Survey rejects secondary reports of violence, that is, upon nominating a physical assault the woman is then instructed to exclude further violence eg. sexual violence (ABS 2005 PPS, p. 47). This may skew the results.

A final concern is that women's experience of most recent sexual assault is limited to a 20 year timeline. Thus, women over 35 are inhibited from recalling any experiences of their youth and early partnerships (ABS 2005 PPS User Guide 2005, p. 4). This narrowed parameter further minimises the extensive long-term consequences and gravity of partner rape.

Conversely the 2004 'International Violence Against Women Survey' (IVAWS, n = 6,677), measured the distinctive criteria of 'unwanted sexual touching' (Mouzos & Makki). Comparatively, these statistical findings are a closer representation to the complexity of intimate partner dynamics, although it is acknowledged that the extent and frequency of this reality is difficult to capture (Mouzos & Makki 2004, p. 2). The IVAWS (2004, p. 38) reported 34% (2,282) of women nominated sexual violence across their lifetime and 4% (242) during the last 12 months.

Further clarity is offered by measurement tools: being forced or attempted to be forced into sexual intercourse; being touched sexually in a way that is distressing; and any other sexual violence (IVASW 2005, p.10). Mouzas & Makki (2004, p. 20) extrapolate from the IVAWS Survey 2002/2003 that sexual violence may occur concurrently with physical assault. Over the previous five years, 25% (1,692) of women reported sexual and physical assault occurring in the same incident, or on separate occasions (Mouzas & Makki, 2004p. 20). Such violence includes: kicking, hitting, belting, stabbing, strangulation, suffocation, burns, and threats or use of guns/weapons, prior to, during or following the sexual violation of rape (Campell & Alford 1989, p. 947; Mouza & Makki 2004, p. 20).

The risk of overall violence was higher for younger women of both surveys, albeit, the percentage (ABS 2006, reissue) has decreased from 38% (152,500) to 26% (95,500). However, what is concerning (ABS 2006, reissue) is the rise of violence against women aged 45 and over, increasing from 15% (60,500) in1996, to 25% (92,100) in 2006 within the prior 12 months. Hegarty & Taft (2001, p. 434) report middle aged women are twice as likely to disclose the occurrence of sexual violence to their general practitioner, and the experience of concurrent physical and emotional abuse.

However, further research must be conducted to capture the explanation for this significant increase.

Cycle of violence

Rape, as a component of sexual violence, is often not an isolated behaviour but pivotal to the overall patterned behaviour of subordination constituted within family violence. The 'Women's Safety Strategy' 2002-2008 (Vic 2002) offers a definition of family violence.

> *Violent threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships is called family violence. This encompasses not only physical injury but direct or indirect threats, sexual assaults, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear (Women's Safety Strategy, Vic 2002, item 2.2.1.p. 20).*

Parkinson, Burns & Zara (2004, p. 13) state women enduring intimate partner violence are stripped of the capacity to leave, as fear of imminent harm to both the woman and her children, coupled with the likelihood of social and economic deprivation undermines the empowering notion of hope for an improved future (Parkinson et al. 2004, p. 13; Edwards 2004, p. 5). Edwards (2004, p. 4) reports other factors identified as enabling women to remain in the home are: strong attachment to their homes; the removal of the violent partner by police/ court order; and personal resilience wherein the woman developed a range of 'safety measures' to combat the overwhelming sense of fear. The fear invoked by the perpetrator is the result of tactics of power and control, which encompass physical intimidation; emotional humiliation and incessant mind games; social isolation; restricted personal interests and expression; manipulation / abuse of children as vehicles of guilt, denial or transference of blame; yielding of religious beliefs and tenets; and financial deprivation (Pence & Paymar 1993; Parkinson et al 2004, p. 5; Heise 1998, p. 263 ; Tinning 2006, p. 17; Dobash & Dobash 1979, p. 3; Edwards 2004). Each of these facets of the *Power and Control Wheel* is results from the felt entitlements of the perpetrator to exploit and subdue the victim (Pence & Paymar 1993; Dobash & Dobash 1979, p. 3; Tinning 2006, p. 17). As Tinning (2006, p. 17) states, *'Many men use violence to reinforce their authority. Some recruit agencies or systems to reinforce their authority and make her do something she would otherwise resist, to stop her from doing preferred actions and to punish her for making a stand against his violence'.*

Violence is an action of intent, it is a choice. Intentionality is inherent to partner rape as the perpetrator generates and maintains dominance and power through the perceived normalization of coercion, threats and completed acts of sexual violence (Hegarty 2006, p. 26; Power et al 2006, p. 182; Pence & Paymar 1993; Dahlberg & Krug 2002, p. 5; WHO 2002, p.5). Vic Health (2006, p.23) adds further understanding to the debate of intentionality reporting that 93% of respondents disagreed with the statement, 'A woman cannot be raped by someone she is in a sexual relationship with'. This suggests that people understand forced sex in the context of a relationship is a crime. The debate of partner rape motivation focuses on distinctive aggressive tactics of dominance, verses sexual gratification. Arousal is acknowledged as part of the sexual experience, however, research (Chiroro et al. 2004, p. 247) reports it is the sense of exhilaration attached to wielding physical and political power over another that motivates rape. Furthermore a significant correlation exists between rape myth acceptance (feeling entitled to do with women as they please) and the inclination and tendency to justify rape (Hegarty 2006, p. 23; James, Seddon & Brown 2002, p. 4).

Cunningham et al. (1998, p. 36) contends debunking such social myths exposes both criminality of rape and other forms of more sophisticated abuse (1998, p. 36). However, many women unduly … blame themselves for it. They take responsibility for it. They feel complicity in it (Heenan 2004, p. 4; Easteal & Feerick 2004, p. 190). This felt shame is

universal across cultures. It is reported to be profoundly integrated within women's sense of failure as a wife, lover and mother as they are unable to fulfil the depraved needs of the abusive partner, or facilitate change to his behaviours, and ensure safety for both her and children (Lievore 2003, p. 116; Heenan 2004, p.15). Lay (2006, p. 17) adds both implicit and explicit conformity to gendered roles and identity are intrinsic to many (CALD) culturally and linguistically diverse communities that decree women's responsibility is to keep the family together to showcase respectability and status. However, this is disproportionate to women's lowly political positioning within the landscape of patriarchal culture.

To provide greater understanding of patriarchal dominance and control, James et al (2002, p. 4) reports two main categories of the styles of violence. These are the 'tyrant' (predator/dominator) and the 'exploder' (affective response to perceived threat), with subsets of variant behaviours within the perpetrators partnered responses. The four combinations include: Tyrant Patriarchs – who maintain dominance is necessary and attributed to the woman's insufficient submission; Tyrant Rescuers – who offer guidance to the incompetent partner; Tyrant Exploder Victims – who are owed a destructive entitlement given his historical background of victimization, Thus, the relationship provides compensatory control; and Exploder Martyrs – who use punitive means of both acts of omissions and violence that is commissioned to injure and/or punish the ungrateful partner (James et al. 2002, p. 8).

Findings from this qualitative research (James et al 2002, p. 19) note the construction of the violence held by the 24 interviewed men was inseparable from the issue of control. Rarely was violence a single offence, but it was rather a course of conduct of adherence to a competitive and masculine culture that afforded legitimacy to the males' patriarchal persuasion (James et al. 2002. p 19; Stewart 2005, p. 3). James et al (2002, p. 19) also reported the astounding admission that the men generally did not view their behaviours as violent nor violating. The World Health Organisation (2002, p. 5) notes the premise of cultural acceptance as central to the held perceptions of violent men in that, despite the adverse health effects, damage is not perceived.

Hegarty (2006, p. 23) acknowledges such a theoretical framework is compelling and helps unpack why men engage in violent behaviours as it takes into account the interplay of personal, situational and socio-cultural factors (Heise 1998, p. 263). Nonetheless, this may also blur societal tolerance of violence, and overshadow the findings that rape is not enacted by *all* men despite the exposure to the same patriarchal cultural messages across their lifetime (Heise 1998, 264). Nor is sexual violence confined to perpetrators of select socio-cultural or socio-economic characteristics as violence is not consistent within societies, nor between communities, but rather reflects the social construction and acceptability of violence (Vic Health 2006, p. 54; WHO 2005). Men have the intrinsic capacity to choose their behaviour, regardless of the circumstances. Furthermore Crome (2006, p. 4) challenges the popular theoretical explanation of violence within the expected trajectory of child abuse to adult perpetration, i.e. victim-to-perpetrator cycle.

Indeed Crome (2006, p. 4) acknowledges that to break the cycle of violence, intervention must recognize the necessity for the healing of historical child abuse to allay psychosocial maladjustment and/or developmental consequences. However, the question still lingers as to the misplaced social responsibility that does little to impede the perpetrator pathway (Laing 2002, p. 5, Crome 2006, p. 4).

Crome (2006, p. 4) further asserts the aspect of choice is fundamental to the child victim/survivor who has chosen to drawn upon personal capacity to refuse to succumb to, nor perpetrate, violence within adult relationships. Internal and external messages are therefore implicated in the integration and acting out of social myths. Recent research (VicHealth, 2006, p. 54) reports the concerning adherence to social myths. For example,

two out of five respondents believe rape results from men not being able to control their need for sex.

Women's perceptions of rape

It is not only society but raped women who have minimized their experience. Masking the recognition of violence is a prevalent attitude that violence happens to other people (Tinning 2006, p. 41). Mouzos & Makki (2004, p. 96) report women's perceptions of victimization differed given the proximity to the relationship, i.e. one in 10 were more likely to consider the latest incident with the current partner as a crime, whereas, given the space of time to reflect on the violence of a previous partner, this increased to four in 10. Similarly perceptions of the violence varies, informed by socio-cultural constructs that mitigate women's own appraisal of the seriousness, and causation of the violence and women's response to stay or leave (Davies 1998, p. 19; Young 1999; Parkinson et al 2004). Young (1999) writes that many women attempt to save the relationship as they often bear the emotional bond to the perpetrator and to the marriage. Heenan (2004, p. 15) confers, referring to the sadness women feel as they perceive they have failed as a wife or partner as the result of both social forces and internal pressures to engage in the ideals of family and family life. Chung, Leary and Hand (2006, p.20) state this is further compounded by legislative and political ideologies and indeed idealization that would preserve the family unit as a mechanism of economic and social stability, in as much this is appealing to family centred strategies.

Alternatively Baker (2005, p. 2) states post-feminist understanding of women's apparent choice of relationships has become ambiguous and problematic. This presupposes that enhanced personal power privileged by improved life chances and economic opportunity for women equates to gendered equality, Thus, social issues at the intersection of gender and class / ethnicity / age are superfluous and no longer seen as socially produced. Baker (2005, p. 2) found the majority of young women (n=55) espoused gendered empowerment of individualist overtones. However, this also informed their perceptions of experienced sexual violence within intimate relationships as a wrong choice and contributed to the attrition of wellbeing, as this made it difficult to process the violation to their human rights and bodily integrity.

Tinning (2006) nominates the following factors as barriers to disclosing and/or leaving the violent relationship: the accessibility to informal supports, understanding of services, duration of the relationship, proximity to assistance, age, education and work opportunities and fear (Women's Safety Strategy 2002-2007; Mission 2006; Tinning 2006; Parkinson et al 2004). Commonly women desired to maintain the relationship and took on responsibility to find ways to contain the violence before seeking assistance as many saw the problem as their own and to be dealt with privately (Young 1999). In attempts to stop the violence before it erupted, women used creative tactics such as '*conflict avoidance'* by controlling aggravating events situations to disarm the perpetrator's known triggers (Young 1998). Heise (1999, cited in Walsh & Weeks 2004:31) also notes the strategy of women in 'defensive acquiescing', that is giving in to stop the escalation of violence, although this may require the women to endure horrendous sexual abuse and/or diminishes her reproductive freedom (Walsh 2004:10).

Other strategies to promote coping and resilience within the tumultuous relationship were the use of *diversionary tactics, disassociation* and *active resistance (*Young 1998). *Diversionary tactics* entailed being exhaustively busy and inaccessible within schedules of children, home or work; *disassociation*, wherein women mentally transcended to another place in the act of sexual violence or intimidation; and *active resistance* where women

physically or verbally challenged the perpetrator (Young 1998). Another mechanism of coping was to dull the pain with the use of drugs and alcohol.

These responses often preserved a sense of self worth and selfhood despite the berating and/or debilitating sexual violence. However, as reported by Vic Health (2004), the cost of intimate partner violence has attributed to the death of 5% of women between the age of 15-44 who have been pushed to suicide as a result of family violence. Suicidal ideation is also a ramification of intimate partner violence as abused women are four times more likely to struggle with this overwhelming burden (Taft 2003). Guggisberg (2006, p. 2) would also extend the correlation of victim-blaming attitudes and suicide of abused women. VicHealth (2004,) reports 9% of the total disease burden of Victorian women aged 15-44 is attributed to family violence and 3% of all Victorian women.

Mouzas (1999) writes that leaving the relationship poses the greatest risk to women's safety and wellbeing and that of her children (Mouzos 1999; VicHealth 2004). A total of 60% of femicides are by current or former partners and one in four occur after separation. Alternatively, when considering the homicide of males, less than 10% are by intimate partners. In 90% of such cases a history of domestic violence perpetrated by the male partner has been identified (Mouzos 1999).

Tinning (2006, p. 64) speaks of the realization of many women that violence does not end following separation, nor upon seeking the protection of the legal system. Rather violence continues, or is manifested by other covert measures of control, such as seen within the years of family law custodial resolution, and/or overt abuse through ongoing harassment, stalking, physical violence and further rape.

Pregnancy for women also poses considerable risk to safety. Walsh & Week (2004, p. 13) noted that pregnancy did not offer immunity to women, as 27% (n=108) reported a combination of violence in the current relationship. Of the total participants 2% (n=8) reported forced sex and 4.3% (n=17) were manipulated and coerced into unwanted sex. For the majority of women, historical violence within the relationship was a precursor to violence that continued during the pregnancy(Walsh & Weeks 2004, p. 13). These findings are further supported by the Australian Bureau of Statistics (Personal Safety Survey, 2006, reissue) whereby 36% (239,800) of women reported violence during pregnancy, and 17%(112,000) experience violence for the first time when pregnant.

Recent research (Easteal & Feerick 2005, p. 187, 189) highlights women's experiences of entering the legal system, captured by the textual analysis of 21 committal hearings, a longitudinal study of a crisis service data sets, and qualitative research of 21 rape 'survivors'. The interview findings illuminated some aspects of under-reporting as seven women did not report the incident as they held religious values of submission and marital unity; three women stated the rape (and accompanied physical force) was a one-off incident; six women experienced the threat of, or on-ongoing, violence and whilst reporting the physical assault, remained silent over the sexual violations. And finally five women disclosed extensive violence to police. The longitudinal study noted only 17% of women living with current partners reported the incident/s to police, compared to 47% of women assaulted by the previous partner (Tinning 2006, p. 64).

ABS (2006) reported an estimated 34% of women reported the experience of violence and/or obtained an intervention order. Similarly Young, Byles & Dobson (2000, p. 3) reported of the age cohort 18-23 (n=674), only a third of women pursued police and proceeding court orders or professional services, whilst the remaining sought out family and friends. Mouzos & Takki (2004, p. 44) (IVAWS) states this is indicative of the detrimental

'public' constructs that inhibit women disclosing well beyond the scope of federal Women's Safety Strategy.

In summary, the issues that complicate women's disclosure of rape are: a reductionist standpoint of the criminality and/or trauma of partner rape; the fear of threatened retaliation to herself and children; economic dependence; internalised sense of shame, failure and embarrassment reinforced by society; cultural and religious incongruence; lack of social supportive networks; dissatisfaction of previous engagement with police; or insensitivity or inadequacy of services to manage crisis and risk (Mouzos & Takki 2004, p. 43 & 105). However, the consolidated model of the *Victorian Police Code of Practice For the Investigation of Family Violence* (2004) informed by 'The Way Forward: Violence against women strategy' may retract the historical disparity of police inaction, now replaced with pro-arrest and criminal investigation to enhance a collaborative and integrated intervention approach (Victoria Police 2006).

The nature of female violence against men

The occurrence of partner rape, is indeed gendered. It is committed principally by males against females (Belknap & Melton 2005, p. 1). However, at this point it must be acknowledged that rape may implicate an adult male victim, and furthermore extends to same-sex relations (Bray & Bradford 2005; Crome 2006, p. 1). The Personal Safety Survey 2005, (ABS 2006, reissue) reports the sexual assault against males was experienced by 42,300 (0.6%) over the 12 months prior to the survey. Of this figure 18,500 (44%) by family member or friend, 14,900 (35%) by other known person, 13,900 (33%) by stranger, no percentiles were offered for partnered sexual violence. However, when considering the overall violent experience from the age of 15, (4.9%) 367,300 men, reported violence from previous partners. Nonetheless, this is eclipsed by the overall experience of 1,135,500 (15%) of women, again since the age of 15, who experienced victimization by previous partners. This is three times the occurrence.

It is widely recognized that low rates of reporting typify the many barriers experienced by victims to accessing justice. Crome (2006, p. 1) asserts the current social and political context influences the incidence, reporting and reactions of survivors, treatment options and ultimately community awareness of the sexual assault of males, as for females. The preponderance of female-orientated services denotes a lack of skill and resources to address male sexual assault (Crome 2006, p.2). Crome (2006, p. 3) highlights that male rape not only nullifies human rights, but strips the male victim of the masculine identity immersed in the patriarchal ideals: dominance, supremacy and control, as the man is rendered defenceless in the violation. Crome (2006, p. 5) suggests the significant impact and symptoms of male sexual assault include sexual orientation conflict, homophobia, male specific sexual dysfunction and compulsions, masculine identity confusion, and fear of women.

Additionally, the stigma surrounding male passivity and vulnerability is reinforced by the attitudinal response of police, judiciary and service providers, thereby impeding men from disclosing and pursuing support (Crome 2006, p.2). Service Assisting Male Survivors of Sexual Assault (SAMSSA, 2005) further debunks the myths surrounding male rape, stipulating that strong men do get raped; males although usually the perpetrators are also victims; and both heterosexual and homosexual males are raped. Thus, consistent with the literature, rape is fundamentally the exertion of power and dominance by males that irrevocably traumatises the victim (female or male) undermining psychological, emotional, social and spiritual integrity (Heenan 2004, p.10; Crome 2006, p. 6).

The discussion of rape of men by women has been found to be absent from the literature. In acknowledging the lack of comprehensive research on sexual violence generally, Heenan (2004, p. 3) states **the extent to which women are sexually violent towards men is almost negligible.**

In an attempt to quantify violence between intimates, Belknap & Melton (2005, p. 6) refer to the *Conflicts Tactic Scale* (CTS). This controversial scale has compounded understanding of the asymmetrical nature of intimate partner abuse (Dobash, Dobash, Wilson & Daly 1992, p. 72). For example if a women 'pushes' 'grabs' or 'slaps' her partner even in self-defence she will be categorised as an intimate partner abuser. The CTS is harshly criticized for ignoring the context, motivations, meanings and consequences of intimate partner abuse (Belknap & Melton 2005, p.3).

Belknap & Melton (2005, p. 6) conclude from the findings of police reports that female violence against men is motivated by self-defence. That is females resist, rather then exert power and control to invoke fear in their male partner. Perilla, Frndak, Lillard & East (2003, cited in Belknap & Melton 2005, p. 7) delineated the three following components to understand the gendered violent behaviours of women; l*earning, opportunity and choice*. Firstly, women have *learnt* from subsequent intimate relationships or from history of childhood abuse and/or witnessing intimate partner abuse of mother to defend themselves and children from attack. Secondly, o*pportunity* to 'retaliate', privileged by the intoxication, or vulnerability of the male abuser. This was necessary to abate the danger of further assault and moreover reduce the threat of homicide. And finally, *choice*. However, what must be noted is that the intentionality to be violent is not framed within dominance as previously discussed, but rather seen as a coping strategy (Swan & Snow, cited in Belknap & Melton 2005, p. 7).

There is debate as to whether the choice actually exists for women who have suffered recurrent violence from the abusive male intimate. This violence has invariably reduced the woman's personal resilience and psychological hardiness (Belknap & Melton 2005, p. 7). Belknap & Melton (2005, p. 7) emphasize that the severity of female-perpetrated violence upon the male partner is significantly less than that inflicted by male counterparts. It equates to only 5% of intimate partner abuse cases. Thus, the argument of gendered symmetry of violence, that is the equal likelihood to offend, does not hold, nor can it subtract from the extensive trauma enveloped within partner rape (Dobash et al. 1992, p. 72). The low rate of female violence in light of comparatively greater victimization, may suggest partner rape is crippling to many women rather then the impetus for intentional violence and retaliation.

Belknap & Melton (2005, p. 7) state a further implication for the 5% of women who were reported to perpetrate intimate partner violence, is the profound incongruence of intervention programs constructed to re-educate dominant behaviours, wherein female offence is often the result of the insidious or explicit tactics of the abusive male partner (Belknap & Melton 2005, p.7). Miller & Meloy (2006, p. 89) warn of the increasing levels of dual and single arrests within an American study whereby women's violence is not seen as distinct within gender-neutral mandatory arrest policy. The policy fails to legitimize self-defence, minimizing the relentless sexual, emotional, psychological, social, economic and physical abuse. Research (Miller & Meloy 2006, p. 102) reports of 95 women observed in Female Offender Programs. Ninety women were not labelled with aggressive violence', but moreover with 'frustration response behaviour' and 'defensive behaviour' of which 65% were attempting to desist the violence or exit the abusive relationship as they were exerting violence. From this study it appears that women instigating aggressive violence represent an insignificant minority.

Intervention strategies

Debate surrounds intervention strategies and the differential benefits for the varying approaches to amend the behaviours of sexual offending, and to reduce the long-term consequences of violence upon victims (Laing 2002, p. 7; Chung et al 2006, p. 6). Fundamental to program effectiveness is the political and social climate. Carmody and Carrington (2000, p. 355) state discrepancies exist across primary, secondary and tertiary levels of contemporary intervention where many strategies fail to resolve the normalization of male aggression and sexual violence to promote reciprocal and respectful relationship (Carmody 2005a, 2005b). Women are therefore disadvantaged and excluded from the experience of a mutual pleasurable relationship, and moreover attributed responsibility for the management of violence. For example, an international review (Carmody 2005a) found the disturbing consistency across primary anti-rape education programs noting: the construction that all men are biologically and socially violent; the limited provision for strengthening skill development and resolution techniques; the responsibility of women to avert victimization or revictimisation through using measures of avoidance or management of risk; and the lack of recognition of women's own sexuality and sexual desires (Neame 2003, p. 9).

Prevention is therefore weighted as women's responsibility, and does little to posit the criminality of male sexual violence (Carmody 2005a: Baker 2005, p. 2). Chamberlain (2006, p. 1) offers an alternative approach to prevention and intervention for the victim which encompasses the prevention continuum. It stresses the correlation of lifetime exposure to violence and the occurrence of predictable health consequences, hence informing strategies to counteract unresolved histories of victimisation of women and the incorporation of early detection mechanisms of health and welfare within best practice approaches. This shifts the notion of responsibility to harness effective and sensitive intervention for victim/survivors.

Alternatively, intervention to address offender behaviours and recidivism as a component of legislative mandatory intervention includes the attendance to contemporary tertiary programs: biological therapy, aversion therapy, systemic approach, cognitive behavioural therapy, relapse prevention; schema focused therapy and strengths based approach (Chung et al 2006, p. 5; Neame 2002).

Laing (2002, p. 4) argues that therapeutic responses that attempts to contend with personality and/or mental disorders, is often in isolation of socio-political context of the gendered experience and has been found to be ineffective to apprehend recidivism. Biological approach advocates invasive medical interventions such as castration, hormonal treatments and stereotaxic neurosurgery, however, the social determinants for change is not addressed (Chung, Leary & Hand 2006, p. 6). Aversion therapy utilizes classical or operant conditioning pairing unpleasant stimuli such as electric shocks or nausea inducing drugs to behaviours to modify sexual perversion, however, the basis of sexual gratification as discussed previously is attached to the motivation for power rather than sexual gratification (Chiroro et al 2004, p. 247). The Systemic Approach based on the family therapy model, negates power differentials of offender and victim, to rather emphasis the malfunctioning of the family unit. This promotes inappropriate blaming of the victim for the sexual violence or alternatively addresses external social stressors that account for the males' sexual violence (Hegarty 2004; Vivian-Byrne 2004; Carmody 2005). Prevention promotes the offenders awareness of patterned behaviours and the possible stimuli that leads to fantasising and decision making to re-offend thereby reducing risk (Leivore 2004). However, the perpetrator is validated when proven to be provoked beyond self-control. Schema Focused Therapy is a lengthy and arduous process to challenge enduring themes, distorted beliefs and values of

the perpetrator, such as informed by the suspiciousness hypothesis that portrays femininity as taunting, teasing and deceitful. In this the perpetrator's sexual aggression is framed as a response to the interwoven seduction and rejection of the female temptress (Mann 2004, p. 143). Some authors argue that limiting the focus to perceptions that apportion blame to women, falls short of exposing some men's intrinsic hatred for women. However, Mann (2004) states the reframing of perpetrator's distorted thinking does in fact reach to core misconceptions, and once identified by the perpetrator has lasting effects as this promotes personal insight into behaviours.

Behaviour Change Treatment programs are the most internationally recognized approach and are widely used for both mandatory and self-referred perpetrators within Australia. 'NO to violence' (NTV) (2006) offers competency based training to ensure standards of practice and delivery. However, controversy surrounds the effectiveness of Behavioural Change Programs to alter the value and belief systems of the perpetrator. Carmody (2006, p. 20) challenges the expectation that *all* men receive the benefits of behavioural change programs. Gondolf (2002) postulates one third of male participants of gendered cognitive behavioural change programs displayed complete transformation to resume respectful relationships, one third change only marginally, and the final third resists any reform to violent behaviours and misconceptions. No significant link was found between those who re-assaulted and pathological or psychopathic tendencies but rather the finding that the female partner was less assertive (Gondolf 2002, p. 191). Gondolf & White (2000, p. 468) states the cognitive behavioural approach confronts men with the consequences of their behaviour, holds them responsible for their abuse, confronts rationalization and excuses, and teaches alternative reactions and behaviours hence directly challenging the socio-cultural construction of violence. Nonetheless, Fergus (2004, p. 5) argues the message of these programs is contradicted by prevailing societal attitudes and the low national conviction rates of sexual assault estimated at only 2.5% of presented cases (Chung et al. 2006, p.3).

Program effectiveness does not carry to the unidentified numbers of perpetrators committing rape, veiled in what is a tenuous fusion of 'morality' and law. Thus, questions remain as to the capacity of behaviour change programs to challenge the preponderance of this crime, in a society that condones masculine aggression and controlling behaviours within intimate relationships (Cook & Bessant 1997, p. 8; Heenan 2004; Hegarty 2006, p. 23; Laing 2002, p. 4; Chung et al 2006, p. 30; Neame 2003).

Conversely Craig, Robyak, Torosian and Hummer (2006, p. 1111) report of the effectiveness of behavioural change programs wherein a significant shift in attitudes towards domestic violence and gendered roles was displayed by a large portion of the 107 participants. This was measured using the 'Inventory of Beliefs about Partner Abuse' and the 'Ambivalent Sexism Inventory'. However, it is recognised attitudinal change must be translated into action to redress the occurrence of physical and sexual violence, so the lack of follow-up evaluation was a limitation of this research to establish if change is sustainable.

Keel, Heenan & Fergus (2005, p. 7) would also caution the concerted focus on prevention and re-education for the perpetrator of sexual violence, as this is not matched by supportive structures and remedy for victims/survivors which could address the long reaching impact of sexual violence upon women's wellbeing. In this way, system failure, the fragmentation of services to abused women and the national criminal justice response impedes personal reconciliation and liberation of victims (Bergen 2005, p 2; Parkinson et al. 2004, p. 12; Llarianas-Angelas 2002; Gondolf 2002, p. 191; Laing 2002, p. 17). Fergus (2004, p. 10) poses the challenge is to not only amend the micro-behaviours of known convicted perpetrators but to challenge the acceptance and apathy towards tolerance of masculinised violence across society that compromises the safety of all women and children (Chung et al

2006, p. 30) This broader focus is essential to uphold human rights, as per due diligence through the implementation of robust legislation and practice principles to challenge and eradicate male violence (WHO 2005, p. 7; No to Violence).

Best practice approach

Keel, Fergus & Heenan (2005, p. 6) report the necessity of services to compartmentalize sexual violence for targeted service response has inadvertently placed rape within ambiguity given that rape often overlaps other patterned violent behaviours of family violence. This may forego the gravity and far reaching ramifications of intimate rape, as discussed, as women are shifted between family violence and sexual assault services to be subsumed by internal ideology, political agendas, funding parameters and lack of effective resources and specialised personnel (Keel, Fergus & Heenan 2005, p. 6).

Consequently Heenan (2004, p.3) cautions partner rape is often misplaced in a hierarchy of abuse, and moreover is often discounted in pursuit of reachable legal outcomes that are invariably limited as demonstrated by low conviction rates (Heenan 2004 p 4). The immediacy of the sexual violence crisis is responded initially under the stipulated protocols, input and codes of practice of specialist entities, for example the *Victorian Code of Practice 2004* implemented under *The Way Ahead: The Victorian Police Strategic Plan 2003-2008* entailing: Intelligent Policing; Confident Policing; Community Policing; and Partnership Policing (Code Of Practice For The Investigation Of Family Violence, 2004, p. 3).

The raft of physical, emotional, social and economic implications extends the need for sensitivity of practice approach of police, specialist police sexual assault units (for example SOCAU, Victoria Police), domestic violence services and medical services, and hold relevancy to all sectors as women may present for assistance following the incident/s without first engaging crisis services. As discussed, issues surrounding women's reluctance to pursue legal protection and safety, or indeed disclose the experience of partner rape, may result in a lapse of time. Tinning (2006, p. 69) suggests commitment to women-centred practice is therefore integral to competency standards and best practice principles of all services, encompassing government, NGOs, authorities and voluntary organizations to acknowledge the power disparity between perpetrator and victim/s, and gendered construction of violence that is principally against women.

This also addresses entrenched attitudes that further women's humiliation and entrapment within abusive relationships (Hegarty & Taft 2001, p. 433). An example is the systematic gender discrimination of general practitioners or primary care professionals who are reported to prescribe blame towards women experiencing sexual violence, in that presenting symptoms both physical and psychological are attributed to the women's 'mental instability' regardless of the damage and victimization (Taft 2003, p. 16). Taft (2003, p.14) argues such pathologising not only results in the abhorrent shift of blame, but lessens the ethical accountability of practitioners who hide behind such apparent professional objectivity. Conversely, Taket et al (2004, p. 26) explores the importance of the primary care role of medical practitioners, whereby findings reveal **women's wide acceptance to being asked if they are experiencing violence**. Taket et al (2004, p. 26) posits the mode of routine and/or selective enquiry validates women, prefaced by the provision of information as to the prevalence of sexual violence; the resources and services available to combat violence. As a protocol, this best practice approach can be broadly implemented to both raise awareness and provide explicit support to the eradication of violence against women.

The promotion of women's health encompasses the determinants and prerequisites of health as stipulated by the *Ottawa Charter for Health Promotion* (1986): to advocate, to enable and

to mediate, underpinned by principles of diversity and equity (WHO 1986, p. 357). With this sensitivity services can then allay social, cultural and gendered revictimisation and stigma of women raped by intimate partners throughout the service pathway (WHO 1986, p. 357; Heise, 1998, p. 263).

The integration of this broader perspective into professional training, education and practice developments can therefore promote effective assessment or screening of presenting women, management of disclosure and equally the accountability of all professionals to maintain the dignity of women (ACCSA 2005; Hegarty & Taft 2001, p. 433; VicHealth Promotion; Tinning 2006; p Hegarty & Taft 2001, p. 433). Furthermore, multi-agency collaboration can capture the economic, legal, long-term health and familial impacts of rape as a measure of prevention and intervention frameworks. In this, Heenan (2004, p. 21) suggests reluctance of professional engagement with partner rape is challenged at the foundational level of practice approach to ensure adequate and appropriate service, delivery and/or referral.

Some of the recent initiatives of the good practice responses are: the Forensic and Medical Sexual Assault Care (FAMSAC) ACT, providing high quality victim-centred care for victims of sexual assault. This collaboration provides evidenced-based forensic and medical care, giving the victim a choice of examining practitioner to conduct or co-ordinate the therapeutic and forensic procedures at the initial contact (www.health.act.gov.au/sexualhealth).

The best practice procedure ensures the capturing of evidence, sensitive care of the victim and procedural follow-up for the ongoing needs of women. The Rape Crisis Online service (NSW) is a therapeutic response program, by providing real time, online, person-to-person crisis intervention service via website (www.nswrapecrisis.com.au). This vehicle of communication is targeted to the younger consumers, and offers a mode of counselling savvy to meeting the needs of young victims. Northern Territory *Respect Relate, Stop Rape*, an ongoing community awareness/education program, targets year nine and 10 students within an educative focus of the silence around sexual violence and how to stay safe (AWARE 2005, p. 5). *A Resource Book – Working with young women who self harm* follows the trajectory of women who are abused and suffer the psychological effects of suicidal idealization, offering guidance for practitioners using the dialectical behaviour therapy www.zigzag.org.au).

The peak body Victorian CASA Forum Inc, auspices 15 Centres Against Sexual Assault that provide efficient, comprehensive support and intervention to victims. The active role of CASA both socially and politically maintains the currency of service provision and co-ordination across the catchment areas. Broader initiatives of CASA have included the introduction of 1800 number providing crisis access, for victims, family, police and indeed the alleged offender, and the development of the *Victorian Standards of Practice for Centres Against Sexual Assault* (www.casaforum.org.au). Service sectors have also developed practice guidelines and procedures to enhance the efficacy, accountability and transparency of service.

An example is the recent release (2006) *Code of Practice for Specialist Family Violence Services for Women and Children* that consolidates operational frameworks such as the referral pathway and the collaboration of service systems. A further advancement is the pilot program the *Common Risk Assessment Framework for Family Violence Service in Victoria* (2006, DHS) to provide the frameworks for standardized approach to risk assessment across service providers, congruent to the whole of government, reform objectives and initiatives and approach of *Victorian Police Code of Practice* (2005) (Victorian Law Reform Commission, 2006; Department of Human Services; Police Code of Practice).

Rurality

Pertinent to the understanding of women's domination is Crenshaw's (1991, p. 1241) proposed framework of intersectionality. This theory identifies the dynamic interaction of social factors such as: race, ethnicity, class, gender, geographical location, age, sexuality, socio-economic status, and motherhood that shape women's experience of family violence (Gray & Bradford 2005, p. 6). Crenshaw (1991, p. 1241) argues these are not mutually exclusive, but rather compose a richly woven fabric. Intervention must remain cognisant of the complexity of interconnecting factors integral to the overall individual experience. Gray & Bradford (2005, p. 6) suggests this tool locates the 'personal' within the interplay of socio-political, structural, legal, economic and institutional constructs, to identify the vulnerabilities of women and to provide a frame of reference from which their needs may be perceived and their well-being nurtured. Therefore this approach extends the feminist analysis to include multiple levels of domination that impart oppression, marginalization and discrimination at differing points of women's social reality.

Factors of rurality and gender together influence women's wellbeing (Alston, Allan, Deitsch, Wilkinson, Shankar, Osburn, Bell, Muensterrman, Georgias, Moore, Jennett, Ritter, Gibson, Wallace, Harris, & Grantley 2006, p. 484) Alston et al (2006, p. 484) posits the current political discourse prefers to view women's issues within the bio-medical model, negating the difference of the rural social experience. Rural women are neglected in the lack of safe, affordable and adequate services to deal with wider issues of women's health and from the lack of understanding of the constituents of rural health. Recent research (Australian Institute of Health & Welfare, as cited in Alston et al. 2005, p. 478) reports the correlation between the increased distance from metropolis and diminishing health. This highlights the inadequacies of health and welfare services in rural Australia.

Women continue to be subordinated and deemed invisible within rural social relations (Gray & Lawrence 2001, p. 72; Alston et al 2006, p. 9). Informing rural ideologies include masculine hegemony, agrarianism and localism. Masculine hegemony reinforces the superiority of the (male) farmer that diminishes women's substantial contributions of both on farm and off farm income and labour. This also contravenes women's intergenerational right to own land and be active within decision making. Agrarianism holds to the nobility of land ownership as a central value of rural identity. This attests to the relentless persistence and stoicism of the farmer (Gray & Lawrence 2001, p. 72). Localism inhibits women given the expectation to remain loyal to the community, hence there is a lack of autonomy and moreover privacy within often introverted rural communities. Consequently the tight-knit and self-sufficient tendencies of rural communities only magnifies social judgment, as women who seek out help for private issues of domestic violence are seen to dismantle the perceived ideals of rural lifestyle, and this constructs abused women as deviant regardless of the injustice and sexual violation of rape. This is further enhanced by the held suspicion of help outside the community (Slama 2004, p. 10; Lewis 2003, p. 6; Gray & Bradford 2004, p. 7; Mission Australia 2006, p.).

As Slama (2004, p. 10) asserts, rurality discourages women's self-advocacy and promotes self-abnegation. Thus, rural women are reluctant to disclose rape, seek services and police protection as this risks judgment and reprisal from members of the community who may also have direct connections with the abusive partner (Lewis 2003, p. 4). Lewis (2003, p. 6) suggests the incidence of sexual assault is grossly underestimated due to the strength of social surveillance that deters women to speak out and conformity to rural ideologies. American studies (Ruback & Menard 2001, cited in Lewis 2003) have reported comparatively higher rates of sexual assault as have other international reports (WHO 2005, p. 5).

Controls such as forced detention or imprisonment within the confines of the farm property, restricted or no means of transport, and no access to finances, nor to significant relationships furthers the intimidation and fear, privileged by the geographic distance away from the public gaze (Altson et al 2005). Additionally farming machinery and the presence of guns for destroying vermin or life-stock have also been implicated in the wielding of power.

Slama (2004, p. 9) suggests the rural context is not homogenous but rather exists along a continuum, displaying differences of demography, economic and social characteristics and acculturation of rural values, traditions and norms (Lewis 2003, p. 1, Mission Australia 2006, p. 2). Nonetheless, the common theme of the literature is the dramatic social, economic, and ecological change to the rural landscape and the increasing polarization of the rural / urban divide (Mission Australia 2006, p. 2). The continuing demise of family farms is indicative of threatened agricultural production under adverse climatic conditions and/or volatile, restricted and fallen commodity markets particularly vulnerable to global movement, hence subjecting the rural culture and inhabitants to mounting stressors (Gray & Lawrence 2001, p. 196). Farming families are increasingly leaving the farm, or are found to dig-in and persevere under unsurmountable debt and poverty in the struggle to marry economic and ecological demands (Gray & Lawrence 2001, p. 184). This places the demand to acquire both on and off farm income to remain buoyant, but this invariably exposes the deficiencies of the farmer. Research (Stamm, cited in Slama 2004) denotes such undue stress amounts to mental disorder and higher prevalence of substance abuse, depression, suicide and traumatic stress.

Occurring concurrently, is the flow-through effect upon the private and public sectors as the centralization and rationalization of infrastructure, such as police, hospitals, schools, banks, and welfare agencies has resulted in the downsizing, relocation or closure of services (Mission Australia 2006, p. 22). WESNET (2000, p. 19) suggests the service response to rural violence is clearly indicative of the rural disadvantage given the lack of early intervention and prevention services, emergency services and specialist domestic violence agencies and counselling (Stewart 2005).

Alston et al (2006, p. 478) assert the smaller rural populations are not able to support urban strategies within rural health visions, as corporate values, revenue and economic viability further contradict the isolation and marginalization of rural women (Lewis 2003, p. 3; Slama 2004, p. 11). Inequity of access to essential services include: the over-extension, poor recruitment and retaining of workers (Mission Australia 2006, p. 33; Lewis 2003, p. 6); lack of funding to enable services to provide greater scope and outreach to vulnerable families (Mission Australia 2006, p. 43); lack of public transport (Alston et al 2006, p. 478); low economic resources of rural families (Mission Australia 2006, p. 27); greater travel and waiting periods to centralized and fragmented service (Alston et al 2006, p. 478); greater outlay of time, accommodation and travel equating to lost income (Mission Australia 2006, p. 22; Slama 2004, p. 9); lack of collaborative service partnerships and reduced primary health care, maternity, domestic violence and mental health services (Alston et al. 2006, p. 475).

Alston et al (2006, p. 478) reports of the inequality of primary health care, as metropolitan consumers enjoy 308 GPs per every 100,000 compared to 77 to every 100,000 in rural areas, this is further compounded by the lack of bulkbilling in rural and remote areas.

Alston et al (2006, p. 482) report a national survey of 820 rural women revealed that inaccessibility to key services was common to 53% of women attempting to access mental health services, to 43% seeking counselling services, 39% seeking preventative health, 34% seeking a general practitioner, and 30% seeking emergency services. Also revealing was the finding of 35% of women who felt existing domestic violence services were inadequate to

meet needs, followed by the 52% dissatisfied with health services. Rural women raped by intimate partners face layered barriers, fraught with social disadvantage and isolation, destabilization of economic security and social identity, limited service access and reduced options for escape (Bray & Bradford 2005, p. 8).

Aboriginal and Torres Strait Islanders

The complexities and dynamics of sexual violence transcend socio-economic status and racial origin. Nonetheless, the alarming preponderance of violence within the Aboriginal and Torres Strait Islander communities' demands attention to cultural, historical and situational factors – exacerbated at the intersection of gender and race (Bray & Bradford 2005, p. 8). Mission Australia (2006, p. 34) reports the rate of family violence against women is highest for Aboriginal and Torres Strait Islanders women, and those from rural and remote areas are one and a half times more times likely to be victims of family violence then counterparts living in metropolitan areas, and 45 times more likely than the non-Aboriginal and Torres Strait Islanders population.

Recent reports present statistics of epidemic levels of violence with patterns of increasing severity (Indigenous Family Violence Task Force 2003, the final Report). Indigenous Victorian women are eight times more likely to experience family violence then non-Indigenous Victorian women and suffer consequent increased risk of female homicide (cited in Victorian Law Reform Commission 2006, p. 37). The Australian Institute of Criminology (2002) states Aboriginal and Torres Strait Islanders account for 13% of homicide victims whilst constituting 2.2% of the overall population. Mouzous (1999, p. 3) state the proportion of Aboriginal and Torres Strait Islander femicide victims killed by an intimate partner (75.4%) was higher than both Caucasian (54.2%) and Asian (51%) femicide victims killed by an intimate partner. Intimate partner relationships accounted for 58 % of all femicide victims.

And yet the extensive occurrence of sexual violence is grossly underestimated as only one in seven are thought to actually report the incident (Statistical Information 2003, ACSSA). Underreporting is stated to be linked to Aboriginal and Torres Strait Islanders' mistrust of the inept white justice system, in which the indelible impact of colonisation is reflected within ethnocentric attitudes of policing, court processing and incriminating cultural questioning. These indicate a wider structural violence (Victorian Law Reform Commission, 2006, p. 37). Thus, the exploitative power of sexual violence implicates the historical dispossession of land, and breakdown of family kinship systems, loss of right to Aboriginal lore, economic exclusion and entrenched poverty, alcohol and drug abuse, child removal policies, inherited grief, redundant male roles and status (Victorian Law Reform Commission, 2006, p.38). The Aboriginal and Torres Strait Islanders' narrative recognises that such factors underscore violence and deprive both Aboriginal and Torres Strait Islander men and women the validation of their cultural identity (Victorian Law Reform Commission, 2006, p. 38; Fergus 2004, p. 11). Anderson (2002, p. 409) suggests the replacement of historical context with individualistic responsibility negates the horrendous trans-generational oppression that has contributed to the production of violence.

A further dynamic of Aboriginal and Torres Strait Islander women's subordination and disempowerment is the succession of the Aboriginal and Torres Strait Islanders' shaming tradition, by punitive adversarial law. This adds to internal anguish, as violated women must weigh up the risk of forgoing kinships systems and preferred restorative justice of the collective, to stop the violence in both intimate and community relationships (Nancarrow 2006, p.96; Aboriginal & Torres Strait Islander Social Justice Commissioner 2006 p. iii). The alternative is to be scrutinized by the merciless and discriminatory adversarial legal system that facilitates further structural violence (McGlade 2006, p 6; Nancarrow 2006, p. 94, 96).

The relegation of Aboriginal and Torres Strait Islander women and young girls diminishes the need for legal protection given the defence of customary law practice, as evidenced by the legal recasting of rape under provisions of promised marriage (McGlad 2006, p. 7). However, this is directly contested by the traditionalist punishment of rape and abuse with spearing or death, stipulating the abhorrence to violence in the community (Huggins 2003, p. 5). Diminished racial and gendered value lingers to locate women within contemporary Australian race relations, where racist stereotyping of Aboriginal women as promiscuous, inherently bad, alcoholic, dishonest and culturally inferior is more befitting of patriarchal and colonialist undertones (McGlad, 2006, p. 7).

Tension also exists in the Aboriginal and Torres Strait Islanders' pursuit of community healing that constructs violence as a compensation of lost spirituality and culture. However, this inadvertently condones sexual violence against the individual woman by the intimate partner entrapping Aboriginal and Torres Strait Islanders women within cultural silence that precipitates the normalization of violence (Fergus 2004, p. 7). There is little illusion across the literature that Aboriginal and Torres Strait Islander victim/survivors have not been given easy access to legal and service protection as they are abandoned to rural/remote structural disadvantage, cultural barriers to report offences, and socio-political wrangling (Mission Australia 2006, p.26; Health 2005, p 4). In summary the social disparity is seen by the removal and shortage of culturally appropriate services; lack of social re-education; intervention and prevention programs; limited crisis services; nominal or misplaced funding; understaffing and poor infrastructure prevalent to rural/remote populations.

Human rights

Taft (2003, p. 8) asserts sexual violence is endemic and increasing. This is irrespective of ethnicity, race, culture, socio-economic status, or religion, threatening the safety and intrinsic human rights of women across the globe (Fergus 2004; 49th Session UN 2005; WHO 2005, p. 8).

Bessant and Cook (1998, cited in Fergus) argue the provisions of international Human Rights Law, the *Universal Declaration of Human Rights (*1948) and the *International Covenant on Civil and Political Rights (1966),* fail to protect women against all forms of violence. Although protection has been recently enhanced under the unprecedented advances of the international *Beijing Platform Action (1995), Beijing Plus Five (2000)* and negotiations for *Beijing Plus Ten* Work Congress conferences, the recommendations have yet to be instated across domestic policy. This results from a lack of political will and inadequate nation-state resources to implement support and sustain initiatives increasingly overshadowed by the decreasing momentum of existing signatories (49th Session UN, 2005). Winter (2002, p. 19) reports such recommendations are empty without the enactment of human rights treaties, through national legislative, judicial and policy frameworks. However, despite the growing international recognition of women's repression and subjugation, it is argued the enforcement and parameters of these treaties is too narrow and ineffectual for substantial change (Fergus 2004, p. 5).

The international community responds to rape, enslavement and displacement in war with political outrage as exhorted by United Nations 'Security Council Resolution 1325' (UNIFEM 2004, p. 5), but this same outpouring is not evident within many countries' domestic policy (Fergus 2004, p. 12). Amnesty International (2005) challenges this disparity, denoting the resistance of entrenched patriarchal practices, traditions and customs that endorse women's continued inferiority. This is linked to unchecked femicide; rape; customary mutilation/branding (e.g. female genital mutilation); forced sexual intercourse, marriage, pregnancy and sterilization; sex trafficking; imprisonment and punitive cruelty; and public

death (Winter 2002, p. 20; Fergus 2004, p. 12; UNIFEM 2004; Amnesty International). Fergus (2004, p. 6) stresses that accountability is not only inherent to state level but to individual actors, state bodies and governance, as they are all subjected to the international convention of human rights that condemns rape and the oppression of women.

Fergus (2004, p. 12) suggests even in progressive countries such as Australia where rigorous legislation and collaborative law enforcement is emerging under the directives of the Women's Safety Agenda 2004-2007, women must still endure social constructs of prejudice, masculine dominance, sexual harassment and discrimination of life chances, each pertaining to women's subordination (Office of Women 2006; Keel, Heenan & Fergus 2005,). This is contrary to Australia's ratification of (CEDAW) United Nations Commission for the Elimination of Discrimination Against Women by the Sex Discrimination Act 1984 and further endorsed by the 'Optional Protocol (2000); the Crimes (Torture) Act 1988; Human Rights (Sexual Conduct) Act 1994; and undeniably the integral principles of democracy that underpin political freedoms (1902), (CEDAW Report 2003, p. 5; Winter 2002, p. 20; Fergus 2004, p.5).

Importantly, there is yet to be provision made for women's equality within intimate relationships as part of Australia's constitution, as per article 16 of the *Universal Declaration of Human Rights* (Women's Rights Action Network Australia; CEDAW Report 2004, p. 5; Office of Women 2006). Impartiality towards gendered power and control is dismissed by the current political climate in which neo-liberal and capitalist ideals inform individualistic pursuits and furthermore underpin minimalist social and welfare expenditure as part of fiscal policy (Phillips 2006, p. 192; McDonald 2005, p. 275). McGlade (2006, p 12) states this is reflective of the rare prioritizing of women's concerns. Winter (2002, p. 2) asks if human rights are enough to navigate the mass and complexity of institutional, structural and societal resilience. Is this enough to ensure women's equal access to legal protection, social validation and a life without fear, and experience freedom in intimate relationship without torture or cruel, inhuman or degrading treatment (Human Rights Declaration 1998, Article 5, p. 2) precipitated within the so-called private domain Taft 2003, p. 14).

Legislation and legal system

Statutes in all Australian jurisdictions denounced marital immunity immersed in 'conjugal rights' (Easteal & Feerick 2005, p 185). Rape by an intimate partner is no less serious than rape by a stranger. In fact Easteal & Gani (2005, p. 47) posit the poignancy of broken trust would actually increase the depth and dearth of emotional and psychological pain upon women. However, this is rarely considered in the court of law. The level of harm to women of partner rape has been commonly found to be two-fold, as demonstrated by findings of the NSW Sexual Assault Committee (cited in Easteal & Gani 2005, p. 65) reporting 92% of women experienced both physical force and sexual assault. Nonetheless, it is acknowledged that offences of partner rape are less likely to be reported to police (Office of the Director of Public Prosecutions (ODPP) 2005, p. 2). The prevailing perceptions of members of the judiciary and law enforcement continue to collude with the construction of women as property in their legal inaction, despite absolution of common law rights ('History of the Pleas of the Crown 1736, p. 629, citied in Heenan 2004).

Leader-Elliot & Naffine (2000, p. 49) strongly argue that entitlement to commit rape still resonates in modern intimate relationships in both the conceptualization of consent and interpretation of rape law. This societal fallacy strips women of sexual autonomy and human rights.

Criminal justice for women raped by current or previous intimate partners is elusive. Successful conviction is determined upon the credibility of corroborating forensic evidence to locate burden of proof beyond reasonable doubt of the sexual assault. To simplify, the following factors apply: physical injury (physical element); the discernable intentionality of the perpetrator (fault/mental element) in which such components of *mens rea* differs between jurisdictions; and finally evidence of forced intercourse without consent (Easteal & Feerick 2005, p. 186; Leader-Elliot & Naffine 2000, p49; Easteal & Gani 2005, p. 41).

Easteal & Feerick (2005, p. 1992) quote ACT Police Prosecutor respondent, 'If it's sexual intercourse without consent, and the forensics is just semen in the vagina, then we're going to have trouble'. The most valuable forensics are injuries. This ODPP (2005, p. 83) suggestion reflects justification for the DPP's discontinuance of proceedings for partner rape in the light of limited prospects of conviction without concrete 'physical injury'. Additionally a study (Easteal & Feerick 2005, p. 194) highlights that both the DPP and judge deliberations are often underscored by the cultural consensus that understands rape as sex, hence diminishing the rate of convictions.

Easteal & Feerick (2005, p. 196) refer to such cases in which consensual sex was experienced prior to or after the reported rape, in as much this history blurs the distinction of consent and undermines the credibility of the victim. This sexual history is admissible evidence in some jurisdictions (Health 2005, p. 7). However, Easteal & Gani (2005, p. 7) strongly argue such attention should rather give context to the reality of patterned behaviours and the effectiveness of the cycle of violence. In this case consent is problematic.

The NT – Criminal Code (NT) s 192A(a), QLD, Tasmania – Criminal Code (Tas) s A(s)(a), Victorian – Crimes Act 1958 (Vic) s 37(1)(a), and Western Australia – Criminal Code (WA) s319(2)(b), each define consent as free and voluntary agreement. This refutes the occurrence of consented intercourse when force, fear of force, or fear of harm of any type is inflicted. Therefore the onus of responsibility is with the perpetrator, in which the lack of communicated objections or resistance is not considered as consent (Easteal & Feerick 2005, p. 206). Additionally, a recent provision of 'procuring sexual intercourse' within the Acts of the following states, New South Wales, South Wales, South Australia, Victoria and Western Australia now stipulates consent is not an element of the offence, rather emphasizing the power imbalance of coercion and intimidation (Easteal & Feerick 2005, p. 207).

Judges, although confined within statute, may reduce sentencing through discretional use of aggravating factors such as: breach of trust and use of violence or mitigating factors such as: absence of a record, remorse, good character, unlikelihood of recidivism of the sexual assault and pleading guilty (Easteal & Gani 2005, p. 44). Credence to mitigation is seen as a vehicle of therapeutic jurisprudence, that is, to enhance change to behaviours to primarily, heal the offender (Easteal & Gani 2005, p. 44). However, Stewart (2005, p. 5) retorts, this detracts from the suffering of the victim to become offender-orientated; despite protestations that it is able to accommodate equally both the safety needs of the victim and the future well-being of the offender. A further theoretical concept, restorative justice, opens the focus of rehabilitation to the act of the offender, community and victim. The aim is to restore offender accountability and the community is co-opted to rehabilitate and enforce change, such as gendered power imbalances, yet this is in the very community that harbours or produced the social conditions (Heath 2005, p. 6; Stewart 2005, p. 6). The feminist analysis situates family violence as not a health problem or disease but a conscious choice that results in health ramifications. In this regard, Stewart (2005, p. 17) explores the suitability of domestic violence courts to be established Australia wide (Stewart 2005, p. 8). This encompasses the provision of services and professionals; magistrates; offender assessors;

prosecutors; probation officers; defence lawyers; court support staff; victim advocates; behavioural change practitioners; family violence / sexual assault police units to enhance the expediency and efficacy of the legal processes (Stewart 2005, p. 10-14). This initiative encapsulates best practice approach to optimize the execution of justice, raise awareness of domestic violence within the community, decrease withdrawal of charges, improve collaborative interagency co-operation, increase convictions, and reduce violence (Stewart 2005, p. 8). Specialist courts will maintain the distance of offender and victim through video link, and minimal direct contact thereby respecting the vulnerability of victims to further harm.

Easteal & Feerick (2005.p.185) situate partner rape at the intersection of family violence and sexual assault, immersed in the increased risk of escalating violence at the point of separation. However, it is at this point, that Family Relationships Centres will provide mandatory mediation under the new legislative and policy approach of the Family Law Amendments (Shared Parental Responsibility) Bill 2005 (Tinning 2006, p. 8), with the aim to reduce court proceeding and waiting periods. Tinning (2006, p.12) notes such mediation for the resolution of family disputes will not provide the equal footing assumed, but rather will facilitate the further intimidation of women who have not disclosed the occurrence of family violence to authorities. The needs of women and children are forfeited other than when exempt from mandatory mediation upon disclosure (Blazey & Loughman 2006, p. 6).

The amendment has also implemented the inclusion of the qualifying operational definition of family violence attesting to criminality: when conduct (either actual or threatened) by a person towards, or towards the property of, a member of the person's family that causes that or any other member of the person's family *reasonably* to fear for or to be reasonably apprehensive about his or her personal wellbeing or safety (Blazey & Loughman 2005, emphasis added). However, this may continue to be omitted, as is often the practice, as judges are wary of relationship evidence entering trial proceedings (Leader-Elliott & Naffine 2000, p. 56). Consequently this may invoke the deliberations of the court or the reconstruction of the rape reality by the defence council, negating the evidence of continual manipulation and tactics of power and control (Leader-Elliot & Naffine 2000, p. 56). The victim may reasonably fear her abuser yet concede to acts of sexual violence in defensive acquiescence that is to quell escalating violence (Heise 1999, cited in Walsh & Weeks 2004, p. 31). Easteal & Feerick (2005, p. 198) write that the systematic rejection of women's testimonials may attribute to the prevalence of acquittals. Furthermore Tinning (2006, p. 66) suggests when presenting to the court, victims are unnecessarily re-traumatised.

Conclusion

The criminalisation of partner rape must be accompanied by societal rejection of this maltreatment of women. It is essential to dispel the myths and felt entitlements of men to a woman's body at any time, wherever he chooses, and within any means in the perverted pursuit of power and control. Human rights demand a socio-political landscape where commitment to women's safety elevates all women to be free of subordination, free from misconstrued cultural or religious beliefs, free from physical and psychological intimidation and free from legal and economic reprisal. Society can no longer distance itself from the endemic and increasing sexual violence it condones.

Appendix 4 – Research questions and interview schedules

Research questions

1. What differentiates 'keeping the peace' from rape?
2. How do women understand their experience and manage it?
3. What is the effect of (recognised /self-identified) intimate partner rape on women?
4. Does rurality influence a woman's experience of intimate partner rape?
5. Does rurality influence her experience of addressing intimate partner rape as an issue?
6. How do support services respond to a woman experiencing (or having experienced) intimate partner rape?

Interview schedule for women

1. How would you describe what's happened to you?
2. When (how?) did you first recognise that you were experiencing rape by your partner?
3. What made that a critical time in naming your experience as rape?
4. Did it happen once, or more than once?
5. Did you stay in a relationship with your partner? (For how long after naming the experience as rape?)
6. How did (do) you make sense of your relationship, where someone you love has raped you (continues to rape you)?
7. Would your partner recognize his actions as rape?
8. How did (do) you manage this situation on a personal level – physically and emotionally?
9. How did (do) you manage this situation in regard to your extended family and people who care about you, your children (if any)?
10. What has been the effect of rape by your partner on your health and sense of wellbeing?
11. Did you seek help or support from anyone?
12. If yes, who? What was their response?
13. If no, what stopped you from seeking help?
14. Say you went to a GP, what help do you think you'd get? What do you think you should get?
15. Say you went to the police, what help do you think you'd get? What do you think you should get?
16. Say you went to a counsellor, what help do you think you'd get? What do you think you should get?
17. If you had a friend in the same situation as you, what advice would you give her?

18. Does living in the country pose any additional difficulties?
19. Is there anything else you'd like to tell us?

Interview schedule for workers

1. What do you know about intimate partner rape from clients presenting to you?
2. Is there reluctance amongst your clients to acknowledge rape by her intimate partner?
3. How do you find out if a woman has been raped by her partner?
4. How do you respond?
5. What do you *do* to help a woman in this situation?
6. What help do you think she should get?
7. What are the issues for *you* (as a worker, or personally) in addressing intimate partner rape with clients?
8. What is your approach when faced with a client disclosing intimate partner rape:
   (a) if they address it specifically as a discrete issue?
   (b) if they treat it as a serious and criminal act?
9. What referral pathways are available?
10. What do you think stops women from seeking help?
11. If someone you care about was suffering intimate partner rape, what advice would you give them?
12. Does living in the country pose any additional difficulties?
13. If you could change one thing about community responses or service sector responses to intimate partner rape, what would you change?

Interview schedule for police

1. In your role as a police officer, how do you respond to rape in an intimate relationship?
2. How does your response differ when faced with partner rape as opposed to visible violence?
3. What are your rights and obligations as a police officer in the context of partner rape? For example, can you press charges without her consent? Would you ever do that?
4. What is your gut response when a woman says she's been raped by her partner?
5. What do you know about partner rape?
6. Is there reluctance amongst your clients to acknowledge rape by her partner?
7. How do you find out if a woman has been raped by her partner?
8. How do you respond?
9. What do you do to help a woman in this situation?

10. What help do you think she should get?
11. What are the issues for you (as a worker, or personally) in addressing partner rape with clients?
12. What is your approach when faced with a client disclosing partner rape:
    (a) if they address it specifically as a discrete issue?
    (b) if they treat it as a serious and criminal act?
13. What referral pathways are available?
14. What do you think stops women from seeking help?
15. Does living in the country pose any additional difficulties?
16. If someone you care about was suffering partner rape, what advice would you give them?
17. If you could change one thing about community responses or service sector responses to partner rape, what would you change?

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Oral presentations

Professor Kerry Carrington, Chair of Sociology at the University of New England (2006). 'Sexual Assault: Awareness, Treatment and Prevention in a Rural Context', presented to the South West Centre Against Sexual Assault conference, 27.10.2006.

Professor Mick Dodson, ANU Institute for Indigenous Australia, Address to the National Press Club, 'Violence, Dysfunction, Aboriginality', 11.06.2003

Professor Bob Pease, School of Health and Social Development, Deakin University (2006). 'Rethinking the links between masculinity and men's health: A gender relations approach', presented to the Upper Hume PCP and Women's Health Goulburn North East forum, 'Embracing the Principles of Equity', 6.12.2006.

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