Original Article

Sexual abuse among married females; A threat to mental and emotional health

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Abstract

Background: Any form of sexual hostility, including rape, child molestation, incest, and similar forms of non-consensual sexual contact that results in psychological stress and trauma in the victim is counted as sexual abuse. The person is then victimized with the feelings such as shame, terror, depression, guilt, and many blame themselves for the assault. Repeated abuse results in long lasting destructive and traumatic effects such as panic attacks, hyper vigilance and many females complain about sleep disturbances, suicide ideation, psychosomatic symptoms and flashbacks because of these sexual assaults. Unfortunately in Pakistan as far as the marital rape is concerned it is still considered as the right of men to treat, use, love, betray or built sexual relationship with his wife according to his own wish even if it is against the female's will. Method: An observational study was conducted that included the information provided by married females with their own will and submitted the data to the experimenter in a personal interview. Results: suggest that approximately 70% of the females were forced, threatened or even hurt to be intimate with their partners un-willingly even if they were mentally or physically unable to do so. There was a high ratio of females who were involved in the sexual encounter just to avoid verbal and physical abuse. *Conclusion*: However no women is willing to talk about such events happening in her life and do not consider any help in this regard because of a numeral social, cultural and religious barriers that are major contributors for her declining mental and emotional health.

Keywords

Sexual abuse, marital rape, emotional health

Introduction

Sexual and emotional violence is a social problems of epidemic proportion today. Available data suggest that nearly one in every four women experienced sexual violence by an intimate partner. (Hakimi, M., et al., 2001; Ellsberg, M. C. 1997 & Mooney, J. 1993) and up to one-third of adolescent girls reported their first sexual experience as being forced (Jewkes, R., et al. 2001; Matasha, E., et al. 1998 & Buga, G. A., et al. 1996). Stranger rape is a devastating one-time occurrence; on the other hand specifics of marital rape occurs consistently in series. It is not a random incident, but rather it is repetitive violence that can appear in different forms. The obligation for domestic violence is not strict and the offense considered to be less dangerous than other criminal offenses. This form of sexual violence has more difficult traumatic effects on the victim

and they often suffer from a debilitating psychological dependency that binds them to their abusive perpetrators, shown to experience a variety of psychological consequences that are a direct result of their unwanted sexual experience within marriage. It is still one of the most underreported violent crimes because it is socially tolerated, some abused women are afraid to report the violence because they rely financially on their husbands for their upkeep and children's maintenance while others feel unable to speak out due to fear and humiliation (Domestic violence against women in the Kyrgyz republic: legal issues and challenges, 2013). It is not necessary that all abusive relationships involve physical violence. Abuse can also be emotional, it may include verbal abuse such as yelling, name-calling, blaming, and shaming and its basic aim is to harm ones selfesteem. Isolation, coercion, and controlling behavior also fall under this category.

Additionally, abusers who use emotional or psychological abuse often throw in threats of physical violence or other repercussions. It is thought that physical abuse is far worse than emotional abuse, since it can lead the victim to the hospital with severe injuries and scars. While the scars of emotional abuse are very real, though, and they run deep. In fact, emotional abuse can be just as damaging as physical abuse and sometimes even more.

Types of marital rape:

- **Battering rape** when both physical and sexual violence occur together. Victims may experience the physical and sexual violence both at the same time or one after another. This kind of rape may occur after physical violence as an attempt to "make up."
- Force-only rape this type of rape happens when physical violence is not present. As with all rape, this type of spousal rape is spurred by a craving to exert power and control over another person. This desire manifests in acting as if sex is a right of one party over another.
- Obsessive/Sadistic rape involves torture or obstinate sexual acts. This type of marital rape tends to be very violent and result in physical injuries (Christopher, F. S., & Sprecher, S. 2000).

Cycle of violence in Domestic Abuse:



- **Abuse** Abusive partner lashes out with aggressive, belittling, or violent behavior. The abuse is a power play designed to show you "who is boss."
- Guilt After abusing, the abusive partner may feel guilty, but not over what he's done. He's

- more worried about facing consequences for his abusive behavior.
- **Normal behavior** The abuser does everything he can to regain control and keep his partner in the relationship and may act as if nothing has happened, or he may turn on the charm.
- Fantasy and planning He then begins to fantasize about abusing again. Then he makes a plan for turning the fantasy of abuse into reality.
- Set up finally the abuser sets his partner and creates a situation where he can easily justify his abusive behavior.

General warning signs of Domestic Abuse:

Classic abuser conveys a message to the victim that she is responsible for his negative behavior and abuse; he usually make her feel that she fails in roles that she is fulfilling and make her guilty; and that, without him, she is helpless. Victims of abuse eventually start to believe that they are powerless and they are ashamed of themselves. They seem afraid or anxious to please their partner, give in easily, decreased low self-esteem, show major personality changes (e.g. an outgoing woman becomes withdrawn), they are usually depressed and anxious (Eby, K. K., et al., 1995; Leserman, J., et al., 1998; McCauley, J., et al., 1995; Coker, A. L., et al., 2000; Letourneau, E. J., 1999; Plichta, S. B., & Abraham, C., 1996; Campbell, J. C., & Soeken, K. L. 1999).

Consequences of marital rape

However, sexual violence has a profound impact on physical and mental health of the victim. Along with physical injury, it is also associated with an increased risk of sexual and reproductive health problems, with both immediate and long-standing consequences (Jewkes, R., et al., 2001; Eby, K. K., et al., 1995; Leserman, J., 1998; McCauley, J., 1995; Coker, A. L., et al., 2000; Letourneau, E. J., 1999; Plichta, S. B., Abraham, C. 1996; Campbell, J. C., & Soeken, K. L., 1dd999; Holmes, M. M., et al., 1996; Collett, B. J., 1998). That is its impact on the mental health is as serious as its physical impact, and can be equally long lasting (Boyer, D., & Fine, D., 1992; Briggs, L., & Joyce, P. R., 1997; Creamer, M., et al., 2001; Cheasty, M., et al., 1998; Darves-Bornoz, J. M., 1997; Felitti, V. J., et al., 1998; Fergusson, D. M., et al., 1996).

Gynecological complications like vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections, have been consistently found to be related to forced sex. (Eby, K. K., et al., 1995; Leserman, J., et al., 1998; McCauley, J., et al., 1995; Coker, A. L., et al., 2000; Letourneau, E. J., 1999; Plichta, S. B., & Abraham, C., 1996; Campbell, J. C., & Soeken, K. L. 1999; Holmes, M. M., et al., 1996). According to the World Report on Violence & Health Women who experience both physical and sexual abuse from intimate partners are generally at higher risk of health problems as compared to those experiencing physical violence alone. (Darves-Bornoz, J. M., 1997; Felitti, V. J., et al., 1998; Fergusson, D. M., et al., 1996; Levitan, R. D., et al., 1998; Acierno, R., et al., 1999)

Methodology

An observational study was conducted on the basis of the information provided by married females with their own will. Around 10 females were personally interviewed. Participants' responses were recorded in a way that it was accessible only by the experimenters, all information provided was kept confidential. Data provided was then analyzed using Microsoft excel 2013.

Results

Our results suggest that approximately 70% of the females were forced, threatened or even hurt to be intimate with their partners unwillingly even if they were mentally or physically unable to do so. There was a high ratio of females who were involved in the sexual encounter just to avoid verbal and physical abuse.

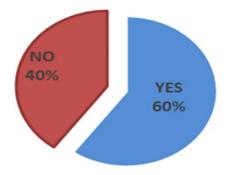


Fig 1: intimate relationship with partner against one's own wish

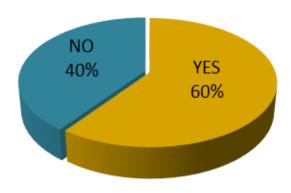


Fig 2: Sex between you and your partner is unpleasant

According to the results around 60% of the females were forced to be intimate with their partner even when they didn't wanted to. While only 40% didn't complain any such activity. 60% of the females reported to have unpleasant sexual activity with their partner whereas the remaining 40% were quite satisfied with their partner

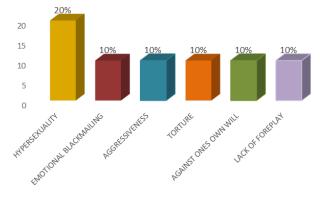


Fig 3: reasons that has sex unpleasant between you and your partner

Mostly females complained about hypersexuality, emotional black mailing, aggressive behavior, torture being the cause of unpleasant feelings during sex with their partner.

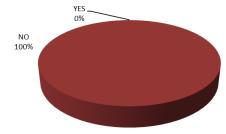


Fig4: Showing frequency of Women shared their problem with anyone or received help

Our results indicate that 100% of the females agreed that they were unable to share this problem,

or they didn't feel so comfortable sharing this issue with somebody else.

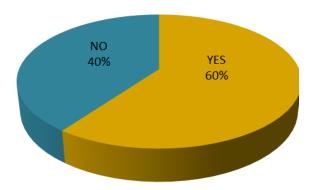


Fig 5: Give in to sexual activity to avoid fight 60% females agreed that they mostly give in to sexual activity even if they didn't wanted to, just to avoid fighting with their partners they usually preferred to fulfill his desires.

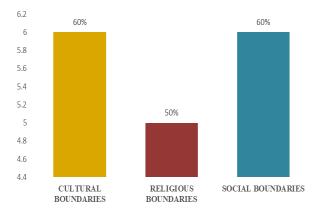


Figure 6: Reason behind silence

Figure 6 shows the reason reported by females behind their silence against sexual assault by their husbands. About 60% said that they didn't report because of the cultural and social boundaries while 50% stayed silent because of religious barrier. Fig 7 showed that about 80% of the females confirmed physical and mental changes in their body because of the continued torture by their partner. Fig 8 depicts emotional disturbances usually faced by females because of the sexual abuse. Female mostly reported self-blaming and feeling of isolation and anxiety. Some of them also reported that they felt guilty if they were unable to meet their husband's needs.

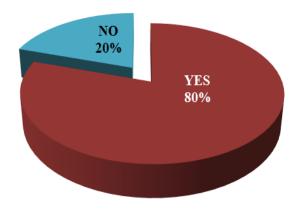


Fig 7: Physical or mental changes with your body

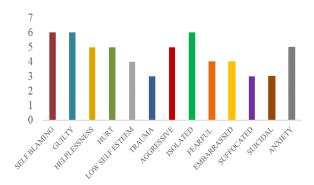


Fig 8: Emotional disturbances due to sexual abuse

Discussion

The topic of marital rape is a serious issue which is greatly affecting mental health of women worldwide. It remains a backward issue because still according to laws a man cannot be prosecuted for raping his wife. Moreover, females do not report any such activity because of some important factors like religious, cultural or social barrier considered as the core cause behind a females silence or females are usually afraid of receiving negative reactions upon disclosure of this domestic violence publically (Hoff, 1992). So women do not share it with anyone and neither require any help in this regard. And this isolation and suffocation leads to anxiety, trauma, and depression.

Females claim fear or threat being the biggest reason behind the intimate relationship with their partner, this fear proves to be the basic reason for not leaving their husbands. Mostly the victim give in to avoid fighting with their husband. And soon after sexual assault the abuser strategically use apology as a tool to cope with the adverse reaction from the female (Barnish M., 2004).

Women may also consider it as a sin to report marital rape. According to the religious policies all such activities come under "wifely duties." Including sexually satisfying ones partner against her own will. This however gives the freedom to do forced sex within marriages. (Yllö & LeClerc, 1988). Thus, the victim is blamed for her traumatic experience, because in our society it is claimed that sexual obligation after marriage itself is a crime and on the other hand forced sexual assault with one's own wife is not identified as the crime of rape.

Moreover women find herself burdened under many responsibilities, thoughts and emotions. The abusive partner may also use emotional blackmailing as a weapon to manipulate his wife. The abuser also use a range of insidious techniques to make his wife doubt on her own perceptions, her memory, and even her sanity and lastly victim finds herself guilty for everything rather blaming the abuser (Engel B., 2002).

Conclusion

Marital rape is considered as an issue that persists since ancient ages but remained in the background of domestic violence. However, it became apparent with the progress in civilization. Despite of being one of the leading problems today, it is still ignored and considered normal in our society because of the small number of complaints, privacy of the issue, unsettled laws and legislations on non-consensual sexual activity after marriage. Even in the areas where marital rape is criminalized, there remain formidable social, cultural and even legal barriers which keeps the women reticent, the women usually do not talk about the issue and even do not consider any help in this regard. This however make them incapable for achieving justice for the assault from their spouse in an intimate relationship. The causes of sexual violence are intricate and like many other crimes, it may not be completely understood and it cannot be clarified by a single factor.

References

- Acierno, R., Resnick, H., Kilpatrick, D. G., Saunders, B., & Best, C. L. (1999). Risk factors for rape, physical assault, and posttraumatic stress disorder in women: Examination of differential multivariate relationships. Journal of anxiety disorders, 13(6), 541-563
- Amos, P. M., & Manieson, E. Issues and challenges confronting married women in tertiary institutions.
- Battered Women's Justice Project/Civil Pennsylvania Coalition Against Domestic Violence,
- https://assets.documentcloud.org/documents/41 3656/marital-rape.pdf
- •Bell, R. R. (1971). Marriage and family interaction. Dorsey Press.
- Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. Family planning perspectives, 4-19
- Briggs, L., & Joyce, P. R. (1997). What determines post-traumatic stress disorder symptomatology for survivors of childhood sexual abuse?. Child Abuse & Neglect, 21(6), 575-582.
- Buga, G. A., Amoko, D. H., & Ncayiyana, D. J. (1996). Sexual behaviour, contraceptive practice and reproductive health among school adolescents in rural Transkei. South African Medical Journal, 86(5).
- Campbell, J. C., & Soeken, K. L. (1999). Forced sex and intimate partner violence: Effects on women's risk and women's health. Violence against women, 5(9), 1017-1035.
- Cheasty, M., Clare, A. W., & Collins, C. (1998).
 Relation between sexual abuse in childhood and adult depression: case-control study. Bmj, 316(7126), 198-201.
- Christopher, F. S., & Sprecher, S. (2000).
 Sexuality in marriage, dating, and other relationships: A decade review. Journal of Marriage and Family, 62(4), 999-1017.
- Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. Archives of family medicine, 9(5), 451.

- Collett, B. J., Cordle, C. J., Stewart, C. R., & Jagger, C. (1998). A comparative study of women with chronic pelvic pain, chronic nonpelvic pain and those with no history of pain attending general practitioners. BJOG: An International Journal of Obstetrics & Gynaecology, 105(1), 87-92.
- Creamer, M., Burgess, P., & McFarlane, A. C. (2001). Post-traumatic stress disorder: findings from the Australian National Survey of Mental Health and Well-being. Psychological medicine, 31(7), 1237-1247.
- Darves-Bornoz, J. M. (1997). Rape-related psychotraumatic syndromes. European Journal of Obstetrics & Gynecology and Reproductive Biology, 71(1), 59-65.
- DOMESTIC VIOLENCE AGAINST WOMEN IN THE KYRGYZ REPUBLIC: LEGAL ISSUES AND CHALLENGES, 2013, http://www.realisingrights.org/docs/newsletter/Marital%20Rape%20 Policy%20Brief%20for%20MPs.pdf
- Eby, K. K., Campbell, J. C., Sullivan, C. M., & Davidson, W. S. (1995). Health effects of experiences of sexual violence for women with abusive partners. Health care for women international, 16(6), 563-576.
- Ellsberg, M. C. (1997). Candies in Hell: domestic violence against women in Nicaragua.
- Especially in the case of marital rape, it is the violation of self-determination and the breach of trust of a female that are at the core of rape. And this gives rise to negative consequences like reduced self-esteem, increased risk for post-traumatic stress disorder, and more negative feelings about sex.7-10
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245-258.
- Fergusson, D. M., Horwood, L. J., & Lynskey,
 M. T. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: II.
 Psychiatric outcomes of childhood sexual abuse.
 Journal of the American Academy of Child & Adolescent Psychiatry, 35(10), 1365-1374.

- Guide-Domestic violence abuse types signs causes effects, https://www.ucdmc.ucdavis.edu/hr/hrdepts/asap/Documents/Domestic Violence.pdf
- Hakimi, M., Hayati, E. N., Marlinawati, V. U., Winkvist, A., & Ellsberg, M. C. (2001). Silence for the sake of harmony. Domestic violence and womens health in central Java Indonesia.
- Holmes, M. M., Resnick, H. S., Kilpatrick, D. G.,
 & Best, C. L. (1996). Rape-related pregnancy:
 estimates and descriptive characteristics from a
 national sample of women. American journal of obstetrics and gynecology, 175(2), 320-325.
- Jewkes, R., Vundule, C., Maforah, F., & Jordaan, E. (2001). Relationship dynamics and teenage pregnancy in South Africa. Social science & medicine, 52(5), 733-744.
- Leserman, J., Li, Z., Drossman, D. A., & Hu, Y. J. (1998). Selected symptoms associated with sexual and physical abuse history among female patients with gastrointestinal disorders: the impact on subsequent health care visits. Psychological medicine, 28(2), 417-425.
- Letourneau, E. J., Holmes, M., & Chasedunn-Roark, J. (1999). Gynecologic health consequences to victims of interpersonal violence. Women's Health Issues, 9(2), 115-120.
- Levitan, R. D., Parikh, S. V., Lesage, A. D., Hegadoren, K. M., Adams, M., Kennedy, S. H., & Goering, P. N. (1998). Major depression in individuals with a history of childhood physical or sexual abuse: relationship to neurovegetative features, mania, and gender. American Journal of Psychiatry, 155(12), 1746-1752.
- Matasha, E., Ntembelea, T., Mayaud, P., Saidi, W., Todd, J., Mujaya, B., & Tendo-Wambua, L. (1998). Sexual and reproductive health among primary and secondary school pupils in Mwanza, Tanzania: need for intervention. AIDS care, 10(5), 571-582.
- McCauley, J., Kern, D. E., Kolodner, K., Dill, L., Schroeder, A. F., DeChant, H. K., & Derogatis, L. R. (1995). The "battering syndrome": prevalence and clinical characteristics of domestic violence in primary care internal medicine practices. Annals of internal medicine, 123(10), 737-746.
- Mooney, J. (1993). The hidden figure: domestic violence in north London. The findings of a

- survey conducted on domestic violence in the north London borough of Islington.
- Plichta, S. B., & Abraham, C. (1996). Violence and gynecologic health in women< 50 years old. American journal of obstetrics and gynecology, 174(3), 903-907.
- Quick, J. C., & McFadyen, M. (2017). Sexual harassment: Have we made any progress?. Journal of occupational health psychology, 22(3), 286.
- Barnish M. Domestic violence: A literature review: summary. HM Inspectorate of Probation; 2004.
- Hoff LA. Gender-specific network influences on battered women. Gender constructs and social issues. 1992:235-50.
- Horton AL, Williamson JA. Abuse and religion: When praying isn't enough. Lexington Books/DC Heath and Com; 1988.
- Engel B. The emotionally abusive relationship: How to stop being abused and how to stop abusing. John Wiley & Sons; 2002 Nov 29.