Coping and Survival Strategies Implemented by Women Who Faced Partner Rapes

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Abstract
This article presents the results of an exploratory study conducted among five young Belgian women (25-year-old in average), former victims of marital rapes who separated from their spouse a few years ago. Five instruments were used in order to investigate our research questions: an anamnestic questionnaire, a semi-structured interview, the Body-Image Questionnaire (BIQ - Bruchon-Schweitzer, 1987), the Multidimensional Inventory of Sexuality (MIS - Snell, Fisher & Walters, 1993) and the Questionnaire on Negative Thoughts and Concerns during Sexual Relationships (QNTCDSR - Ravart, Trudel & Turgeon,1993 - inspired by the work of Beck, 1988). Our results show that, when they have to face non-consensual sexual assaults from a violent spouse, the victims use various verbal and physical tactics to resist their abuser. However, the more important the author's determination is, the less effective the victims' strategies of resistance are. Sometimes, the women have no choice but to suffer these abusive and non-consensual relations which coerce them into setting mental process in order to stand this dehumanizing act. Marital rapes generate significant trauma, especially in the field of sexuality. Most of our subjects react with more or less intense sexual inhibition. Others engage in sexual practices that provoke emotional anesthesia (sadomasochism, multiple sexual relations, etc.) in order to maintain an active sex life. After the separation, the victims prefer to implement strategies of disengagement (minimization, denial, ...) allowing them to avoid the resurgence of painful affects related to the past abuses. However, the use of such defense mechanisms obstructs the access to mental care and therefore to the elements of a potentially life-saving resilience

Keywords: marital rapes, coping strategies, sexual trauma

Introduction

Domestic violence can be psychological, verbal, physical, sexual, economic and spiritual, but may also takes the form of a deprivation of liberty or homicide (Margairaz, Girard & Halpérin, 2006; Morbois & Casalis, 2000; Raffin, 2007). Whatever its forms, domestic violence is generally defined as instrumental (Rondeau, Brodeur & Carrier, 2001), that is to say, exercised by a spouse in order to impose his domination on his / her partner (Kelili, 2004).

Marital rape is a particularly violent physical, or mental, power grab over the spouse. Two categories of marital rape can be highlighted, themselves divisible into subclasses, depending on the manner and context in which the sexual relationship is imposed on the victim. The spouse may, for example, resort to non-physical sexual coercion, either by invoking the responsibility of any woman in the satisfaction of male desires (social coercion), or by using his influence within the relationship (interpersonal coercion). Nevertheless, the sexual act can sometimes be imposed by force or threat. In this case, various situations are possible: rape is an "extension" of the violence already present in the couple or the rape is "obsessive / sadistic", that is to say, characterized by an excitation of the spouse to the realization of unusual sexual acts or to inflict pain on his partner (Martin, Taft & Resick, 2007).

A study conducted by Dedicated, Amnesty International Belgium and SOS VIOL in 2014 showed that marital rape is not an isolated event. Among 1023 Belgian women surveyed, around 25% declare having been, or being, the object of sexual violence by their spouse. However, a reliable estimation of the conjugal rape rate is complex, particularly because victims do not always recognize their experiences as rape (Martin *et al.*, 2007). Contrary to popular belief, marital rape can affect all women regardless of age, social class, grade level, or sector of employment (Bécour, Vasseur, Chuc & Renaud, 2014).

Rape is a dehumanizing act with profound and lasting psycho-traumatic consequences; it is a symbolic killing of women (Bennice, Resick, Mechanic & Astin, 2003; Bessoles, 2001; Lopez, 2002). These consequences are particularly serious in case of a repeated act and even more when the woman is in a close relation with the aggressor, such as in a conjugal relationship (Boughima & Benyaich, 2012). Despite this, the scientific literature and the media rarely explore this phenomenon when it concerns the conjugal sphere. Many popular myths indeed contest the existence of partner rape (Bennice & Resick, 2003) and prevent the victims from associating their experience with rape (Mgoqi, 2006). On the other hand, works on incestuous rape, rape by a stranger or by acquaintances are relatively numerous. Their results show that 80% of rape victims are at risk of psycho-traumatic disorders such as post-traumatic stress disorder or post-traumatic dissociation (Salmona, 2010). Due to abuse, some victims also suffer from sexual dysfunction (Phillips, 2000), sometimes accompanied by negative feelings about men and sex (Martin *et al.,* 2007). For others, an over-investment in sexuality is observed as well as "unusual" sexual urges (Gauthier, 2009). This trauma can generate behaviors of avoidance of all that concerns, directly or indirectly, the sex (sexual relations, gynecological examinations, flirts, ...), or "dissociating" behaviors (violent or unsafe sexual practices, pornography, substance abuse, etc.), provoking emotional insensitivity and thus allowing the practice of sexuality despite past abuses (Salmona, 2010).

The few studies that focused on marital rapes highlighted that all victims do not resist forced sexual acts. This can be explained by fear of injury, fear of being too weak to defend themselves, belief in "conjugal duty" or fear that their reactions compromise the relationship. Some women nevertheless manage to stand up to their aggressor. Gidycz, Van Wynsberghe and Edwards (2008) implemented a longitudinal study indicating that the use of specific strategies during sexual abuse depends on, among other things, various situational factors such as e.g. the level of aggression by the perpetrator.

When women manage to seek help, they often have to face the social stakeholders' lack of training (Bennice *et al*., 2003; Bergen & Barnhill, 2006). Therefore, the symptoms induced by partner rape tend to become permanent and cause severe damage to the emotional, social, professional, sexual and family life of the victims (Salmona, 2013). This is why our study aims at exploring the consequences of this violence, particularly in the sexual field, but also the survival strategies that victims try to develop, hoping so that this research will improve the knowledge of the professionals involved in this kind of psychological care.

Methodology

1. Purpose of the research

The purpose of our research was to achieve a better understanding of the traumatic consequences of partner rape and to explore the possible opportunities of psychological support.

2. Research questions

Our research questions were: What are the effects of partner rape on women's sexuality? What are the effects of partner rape on the relationship victims have with their bodies? What are the coping and survival strategies implemented by the victims facing attempted marital rapes? What are the strategies implemented by the victims to cope with the symptoms of rape?

3. Instrumentation

Five instruments were used in order to investigate our research questions: an anamnestic questionnaire, a semi-structured interview, the Body-Image Questionnaire (BIQ - Bruchon-Schweitzer, 1987), The Multidimensional Sexuality Questionnaire (MSQ - Snell, Fisher & Walters, 1993) and The Questionnaire on Negative Thoughts and Concerns during Sexual Relationships (QNTCDSR - Ravart, Trudel & Turgeon,1993, inspired by Beck, 1988).

The anamnestic questionnaire

The anamnestic questionnaire gave us the opportunity to collect information about individual life course. This information was completed by some identifying data (age, education, employment, children, age at the beginning of the violent relationship, duration of the violent relationships). The anamnestic questionnaire authorized us to offer a description of the sample's characteristics.

The semi-directive interview

The semi-directive interview aims at respecting the interpersonal dimension of communication by using a framework of themes to be explored. This is why the interviewer generally has a prepared interview guide. Interview guide helps the researcher to focus on the selected topics without constraining them to a particular format. Our interview guide was centered on topics related to the violence lived during childhood and adolescence, relational context and the occurrence of rape, the awareness of rape, the impact of rape on the relationship to the body and sexuality, current beliefs about rape and coping strategies.

The Body-Image Questionnaire (BIQ - Bruchon-Schweitzer, 1987)

The Body-Image Questionnaire is a self-questionnaire developed by Bruchon-Schweitzer in 1987. It consists of 19 items that assess perceptions, feelings and attitudes induced by or expressed towards one's own body (Bruchon-Schweitzer, 1987). Presented in bipolar form (good / bad health, for example), these items are evaluated on a 5-point Likert scale: 1 = many or often; 2 = rather or quite often; 3 = between the two or neither; 4 = rather or quite often; 5 = a lot or a lot. The final score of the questionnaire is obtained by adding the scores of the subject to the 19 items. The total score varies between 19 (minimum) and 95 (maximum) and can be interpreted as follows:

Table 1: Interpretation of BIQ total score (Bruchon-Schweitzer, 1990; Demets, 2013; Lupant, 2011).

Total Score	Interpretation
Between 19 and 37	Faulty body image
Between 38 and 56	Poorly invested body image
Between 57 and 75	Satisfactory body image
Between 76 and more	Very satisfactory body image

The Multidimensional Sexuality Questionnaire (MSQ - Snell, Fisher & Walters, 1993)

The Multidimensional Sexuality Questionnaire (MSQ) is a self-report instrument designed to measure psychological tendencies associated with sexual relationships. It consists of 60 items evaluating 12 psychological dimensions of human sexuality with 5 items each (Snell *et al*., 1993). Each item is evaluated on a 5-point Likert scale: 1 = "do not characterize me at all"; 2 = "characterizes me a little"; 3 = "characterizes me more or less"; 4 = "characterizes me enough"; 5 = "characterizes me a lot". The score of each of the 12 subscales is calculated according to a method given by the authors and the total score is the sum of scores for all subscales. The subscale scores equal to, or greater than, 12 reflect the significant presence of the studied dimension (Demets, 2013; Lupant 2011).

The Questionnaire on Negative Thoughts and Concerns during Sexual Relationships (QNTCDSR - Ravart, Trudel & Turgeon,1993, inspired by Beck, 1988).

The Questionnaire on Negative Thoughts and Concerns during Sexual Relationships is inspired by the work of Beck (1988). This tool is used to examine the frequency of

negative thoughts during sex (Trudel, 2000). It has 58 items evaluated on 5 scales: 1) worries about oneself, 2) worries about the other, 3) worries about the relationship, 4) thoughts like "I have to" and " I must" and 5) other negative thoughts. The items are measured on a 6-point Likert scale: 0 = "never"; 1 = "rarely"; 2 = "occasionally"; 3 = "frequently"; 4 = "most of the time"; 5 = "always". It is a clinical tool that was not designed for statistical purposes. The authors did not mention a threshold value from which an interpretation can be made. We will therefore carry out a qualitative analysis (item by item).

4. Sample and research planning

Our sample included five young Belgian women (25-year-old in average), former victims of partner rapes who separated from their spouse a few years ago. We met every woman at their home or in a local belonging to the University (according to their request). First, we got to know each other thanks to the anamnestic questionnaire. This first step also allowed to install a climate of confidence inducing a more serene approach of the next phases. We then asked the participants to fill a consent form and listened to their questions about our research. Finally, the semi-directive interview and the psychometric questionnaires were proposed successively.

Main results and discussion

1. Anamnesis information

Our subjects were about 17.8 years old at the beginning of the violent relationship that lasted on average 3.6 years. All victims suffered repeated marital rapes and other domestic violence. They are all French-speaking and characterized by various levels of education (from none to higher); 3 are unemployed and 2 employed. All are separated from the violent partner (for 3.8 years on average); 3 are living with a non-violent partner and 2 are single. Three subjects are mothers and two of them had a child with the abusive spouse. Their children have an average age of 2.3 years.

2. Psychometric tests and semi-directive interviews

What are the effects of partner rape on women's sexuality? What are the effects of partner rape on the relationship victims have with their bodies?

Except one (S1), all our women hesitate to become involved in new sexual relationships and report experiencing more or less intense sexual inhibition. The main results to the MSQ highlight that S1 has a different profile from our other subjects; she is sexually very active with sadomasochism practices. She explains this choice by the need to regain control over her sexuality (and thus to emerge from victim status).

Table 2: main results of the Multidimensional Sexuality Questionnaire (MSQ - Snell, Fisher & Walters, 1993)

Sub-scales	S1	S2	S3	S4	S5
Sexual estime (/20)	**14**	0	0	11	1
Sexual satisfaction (/20)	**19**	0	0	0	13
Sexual concern (/20)	**12**	8	4	8	8
Sexual depression (/20)	**0**	20	11	16	13
Fear of sexuality (/20)	**8**	16	12	14	16

During the interviews, S1 mentioned that she is able to reach orgasm only through sadomasochism. The young woman reproduces the submission she faced but that time, with a feeling of control. However, her results to MSQ do not fully highlight the significant sexual appetite described: we can therefore hypothesize that the adoption of such a practice is the result of a need to regain control over her sexuality and to free from victimhood. Among the other women, some had also previously experienced a period of "hypersexuality" in which one-night relationships were frequent, considering men as sexual objects.

These two forms of alteration of the sexual desire have been pointed out by Salmona (2010). According to the author, the trauma of rape can actually lead to sexual avoidance behaviors or on the contrary, to dissociative behaviors that generate an emotional insensitivity allowing to have sexual relationships despite suffering. The results to the QNTCDSR confirm that negative thoughts and concerns during sexual relationships are clearly present. In the interviews, some of our subjects emphasized their fear of being raped again as one of the reasons they avoid sex.

Other reasons were also mentioned as a feeling of being sometimes "dirty", a disgust towards men or a repulsion for sex. For Martin *et al.* (2007), marital rape can actually induce strong negative feelings about men and sex.

The results to the Body-Image Questionnaire show that the body image of the victims is altered but the results don't allow us to strictly isolate the consequences of rapes because other elements are taken into account by the test (other violence suffered, especially physical and verbal, and other events such as weight gain, pregnancy, etc ...). Generally, all our subjects are however adverse to bodily experiments. Nevertheless, it should be noted that S1 specifically obtained a high score on the "non-erotic / erotic" item of the first factor: she is therefore the only one to show a certain openness to the sexual order experiences.

Three subjects judge their sexual needs unfulfilled. In interviews, most indicated that they avoid sex, which probably justifies this dissatisfaction. According to Phillips (2000), rape actually causes significant sexual dysfunction such as sexual arousal disorder or difficulty reaching orgasm. Most of our subjects also consider themselves as bad sexual partners, which is probably related to the difficulties mentioned, namely

a more or less intense sexual inhibition or a sporadic absence of desire. According to Martin *et al.* (2007), low self-esteem is indeed often identifiable among victims of marital rape.

None of our subjects believe that their sexuality is mainly determined by events external to themselves and three women even think that her sexual life depends clearly on their own behavior. These remarks can be explained by the ultimatum gave by some new spouses about resolving their sexual inhibition or by the conviction of some who believe that satisfying the partner is a proof of love.

What are the coping and survival strategies implemented by the victims facing attempted marital rapes?

When they are confronted with an attempt at marital rape, the majority of our subjects use what Ionescu, Jacquet and Lhote (2012) call a "vigilant coping". Various strategies are so implemented by our subjects to face the violence of their spouse by controlling or preventing it. Three of them use the "verbal resistance" described by Martin *et al.* (2007) which, according to the authors, is the most frequent strategy applied in such a context. But this verbal refusal doesn't often stop the assault of theirs partners who then forced them (by undressing them, by holding them so that they cannot run away, ...). Most of the victims (4/5) therefore have to struggle and to use the "physical resistance", also mentioned by Martin *et al.* (2007). After realizing the ineffectiveness of this physical opposition, the victims once again turn to verbal strategies such as begging their partner to stop the violence by screaming (2/5) and / or crying (3/5) or by reporting their pain (3/5). According to Gidycz *et al.* (2008), the use of verbal resistance may be related to the degree of physical restraint of the perpetrator. However, this last resort to verbal resistance did not often result in the desired effects and the victims felt that they have no choice but to accept the sexual act. De Puy, Gillioz and Ducret (2002) point out that some victims stop giving up resistance because they know that the energy deployed doesn't put an end to the act of rape.

While their partner abuses them, 4 subjects implement cognitive strategies such as e.g., thinking of nothing ("closing their eyes" or "fixing the void"), focus their thoughts on the end of the act and/or on the tv programs. Some experiment the sexual assault mechanically. According to Louville and Salmona (2013), dissociative strategies such as being mentally disconnected from the event and adopting automatic behaviors allow subjects to calm the emotional distress caused by the traumatic event. These strategies therefore seem to correspond to an avoidance coping which, according to Bruchon-Schweitzer (1990), is effectively exploited when the event is perceived as inevitable.

All also use behavioral bypass strategies as defined by De Puy *et al.* (2002): e.g. hiding a knife under their pillow as a means of threat, avoiding the marital bed, falling asleep before their partner comes to bed, triggering quarrels, encouraging their companion to consume alcohol, returning late from visiting their loved ones, neglecting their physical appearance or ensuring never be alone with their partner. Nevertheless, these subterfuges are not always effective on the long term and do not allow them to escape from repeated assaults. In order to find a final solution to the rapes, two women sought for the help of a professional stakeholder and one ask their

relative to speak with her spouse to make him think about their actions. Again, these attempts to resolve rarely yield any satisfying results.

The separation then constitutes the last resort for all our subjects. Nevertheless, according to De Puy *et al.* (2002), couple's separation is not always easy to set up because it requires a great mental and material preparation. Furthermore, according to Kabile (2012), romantic attachment is also an obstacle to separation because it potentially encourages victims to ignore violence.

What are the strategies implemented by the victims to cope with the symptoms of rape?

Two subjects first implemented disengagement strategies and didn't immediately consulted a professional because they were convinced that the rapes had no deep impact on them. It is the resurgence, or the anchoring, of symptoms that finally led these women to consult. The first consulted stakeholder is not necessarily a mental health professional. Indeed, it may be, for example, a specialist in the legal field (in order for the victim to ensure her own safety and the protection of her children, or to fill a complaint). One of our subject first consulted her physician to soothe her physical symptoms. However, the women in our sample were later referred to a psychiatrist, psychoanalyst or psychologist. Nevertheless, most of the participants discontinued these follow-ups because of the cost of the sessions and/or the improper attitude of the professional, which is in line with the remarks of Littleton and Radecki Breitkopf (2006) as well as those of Taft, Resick, Scott, Vogt and Mechannic (2007). Three women decided to consult a psychologist to continue later their reconstruction work. The others put an end to their psychological follow-up because they considered that the evocation of their past did not solve their suffering, even amplified it. Caret (2011) confirms that these two attitudes are possible in the face of a traumatic event.

Conclusion

Our results show that, when they have to face sexual assaults from a violent spouse, the victims use various verbal and /or physical tactics to resist their abuser. However, the more important the author's determination is, the less effective the victims' strategies of resistance are. Sometimes, the women have no choice but to suffer these abusive and non-consensual relations which coerce them into setting mental process in order to stand this dehumanizing act. Partner rapes generate significant trauma, especially in the field of sexuality. Most of our subjects react with more or less intense sexual inhibition. Others engage in sexual practices that provoke emotional anesthesia (sadomasochism, multiple sexual relations, etc.) in order to maintain an active sex life. After the separation, the victims prefer to implement strategies of disengagement (minimization, denial, ...) allowing them to avoid the resurgence of painful affects related to the past abuses. However, the use of such defense mechanisms obstructs the access to mental care and therefore to the elements of a potentially life-saving resilience.

References

Beck, A. (1988). *Love is Never Enough : How Couples Can Overcome Misunderstandings, Resolve Conflicts, and Solve Relationship Problems Through Cognitive Therapy.* New York : Harper Collins

Bécour, B., Vasseur, P., Chuc, A., & Renaud, B. (2014). Violences sexuelles conjugales à Paris : Etude analytique prospective de 100 cas. *Médecine & droit,* (127), 89-95. DOI:10.1016/j.meddro.2013.08.009

Bennice J., & Resick, P. (2003). Marital Rape: History, Research, and Practice. *Trauma Violence & Abuse*, *4*(3), 228-46.

Bennice, J., Resick, P., Mechanic, M. & Astin, M. (2003). The Relative Effects of Intimate Partner Physical and Sexual Violence on Post-Traumatic Stress Disorder Symptomatology. *Violence Vict., 18*(1), 87–94.

Bergen, R., & Barnhill, E. (2006). Marital Rape: New Research and Directions. *Applied Research Forum: National Electronique Network on Violence Against Women, 1-13.* Retrieved from https://vawnet.org

Bessoles, P. (2001). *Le meurtre du féminin : Clinique du viol.* Nîmes : Champs Social.

Boughima, F.A., & Benyaich, H. (2012). Les violences sexuelles intraconjugales (étude descriptive de 28 cas). *Sexologies, 21*(1), 16-18. DOI:10.1016/j.sexol.2011.08.012

Bruchon-Schweitzer, M. (1987). Dimensionality of the Body Image : the Body-Image Questionnaire. *Perceptual and motor skills, 65*, 887-892.

Bruchon-Schweitzer, M. (1990). *Une psychologie du corps*. Paris : Presses Universitaires de France.

Caret, E. (2010). *Destins psychiques de l'évènement traumatique*. Paper presented at the symposium *« Le symptôme dans l'analyse freudienne »,* Lille.

Dedicated, Amnesty International Belgique, & SOS VIOL (2014). *Etude des opinions et des comportements de la population belge en matière de violences sexuelles*. Retrieved from http://www.amnesty.be

Demets, M. (2013). *Estime de soi et image du corps des mères adolescentes* (Master's thesis). University of Mons, Mons.

De Puy, J., Gillioz, L., & Ducret, V. (2002). Intimités piégées : La violence conjugale en Suisse. *Nouvelles Questions Féministes, 1*(21),57-80 DOI : 10.3917/nqf.211.0057

Gauthier, C. (2009). Le médecin de premier recours face aux abus sexuels. *Revue Médicale Suisse, 7*, 790-793.

Gidycz, C.A., Van Wynsberghe, A., & Edwards, K.M. (2008). Prediction of Women's Utilization of Resistance Strategies in a Sexual Assault Situation : A Prospective Study. *Journal of Interpersonal Violence, 23*(5), 571-588. DOI : 10.1177/0886260507313531

Ionescu, S., Jacquet, M.-M., & Lhote, C. (2012). *Les mécanismes de défense : Théorie et clinique*. Paris : Armand Colin.

Kabile, J. (2012). « Pourquoi ne partent-elles pas ? » : Les obstacles à la sortie de la situation conjugale. *Pouvoirs dans la Caraïbe, 17*, 161-198. DOI : 10.4000/plc.867

Kelili, C. (2004). *Expliquer le mal par le mâle : Approche systémique, vers une nouvelle compréhension de la violence conjugale* (Master's thesis). Institute of Higher Education in Social Work, Nice.

Littleton, H., & Radecki Breitkopf, C. (2006). Coping with the Experience of Rape. *Psychology of Women Quarterly, 30*, 106–116. DOI: 10.1111/j.1471-6402.2006.00267.x

Lopez, G. (2002). *Conséquences du traumatisme sexuel.* Retrieved from http://www.sfsc.fr/publi/pub1301.htm

Louville, P., & Salmona, M. (2013). Traumatismes psychiques : Conséquences cliniques et approche neurobiologique. In M. Salmona, Le traumatisme du viol. *Revue de Santé Mentale*, (176), 1-57. Retrieved from http://www.memoiretraumatique.org

Lupant, J. (2011). *La représentation de soi de la femme prostituée* (Master's thesis). University of Mons, Mons.

Margairaz, C., Girard, J., & Halpérin, D.S. (2006). Violences au sein du couple et de la famille : Implications pour le praticien. *Forum Médical Suisse*, *6*, 367–373.

Martin, E., Taft, C., & Resick, P. (2007). A Review of Marital Rape. *Aggression and Violent Behavior, 12*(3), 329-347. DOI:10.1016/j.avb.2006.10.003

Mgoqi, N.C. (2006). *The Role of the Assault Severity, Rape Myth Beliefs, Personality Factors, Attribution Style and Psychological Impact in Predicting Coping with Rape Victimization* (Doctoral thesis). University of Witwatersrand, Johannesburg.

Morbois, C., & Casalis, M.-F. (2000). La violence masculine à l'encontre des femmes. *Actualité et Dossier en Santé Publique,* (31), 42-51.

Phillips, N.A. (2000). Female Sexual Dysfunction: Evaluation and Treatment. American *Academy of Family Physicians, 62*, 127-142.

Raffin, V. (2007). *Homicides conjugaux et crimes passionnels : La presse quotidienne comme outil de comptabilisation et vecteur de représentations* (Master's thesis). University of Paris I Panthéon-Sorbonne, Paris.

Ravart, M., Trudel, G., & Turgeon, L. (1993). Questionnaire sur les pensées négatives durant les rapports sexuels. *Les dysfonctions sexuelles (2è éd.) : Evaluation et traitements par des méthodes psychologique, interpersonnelle et biologique* (pp. 581-584). Québec : Presse Universitaire du Québec.

Rondeau, G., Brodeur, N., & Carrier, N. (2001). L'intervention systémique et familiale en violence conjugale : Fondements, modalités, efficacité et controverses. *Collection Etudes et Analyses, 16*, 1-94.

Salmona, M. (2010). *Les violences sexuelles*. Retrieved from http//www.memoiretraumatique.org.

Salmona, M. (2013). Le traumatisme du viol : Le viol, un crime absolu. *Revue de la santé mentale*, (176), 1-15.

Snell, W.E., Fisher, T.D., & Walters, A.D. (1993). The Multidimensional Sexuality Questionnaire : An objective self-report measure of psychological tendencies associated with human sexuality. *Annals of Sex Research, 6*, 27-55.

Taft, C.T., Resick, P.A., Scott, J.P.., Vogt, D., & Mechannic, M.B. (2007). Examining the correlates of engagement and disengagement coping among help-seeking battered women. *Violence and victims, 22*(1), 3-17. DOI: 10.1891/vv-v22i1a001

Trudel, G. (2000). *Les dysfonctions sexuelles (2è éd.) : Evaluation et traitements par des méthodes psychologique, interpersonnelle et biologique*. Québec : Presses Universitaires du Québec