Intimate Partner Sexual Abuse: A Guide for Listening and Responding to Survivors

ABOUT THIS GUIDE

WHO SHOULD USE THIS GUIDE?
All advocates working with victims of abuse perpetrated by an intimate partner.

WHY IS IT IMPORTANT FOR DOMESTIC VIOLENCE ADVOCATES TO LEARN ABOUT INTIMATE PARTNER SEXUAL ABUSE?
Sexual abuse by intimate partners is far more prevalent than many people realize. If you are counseling, interviewing, and/or advocating on behalf of victims of intimate partner abuse, research indicates that some of your clients have been victims of intimate partner sexual abuse. Additionally, intimate partner sexual abuse has consistently been identified as an indicator of increased risk of domestic violence homicide. It is also statistically associated with more severe and frequent emotional and physical violence, threats, stalking, unwanted pregnancy, abuse during pregnancy, sexually transmitted infection, and risks to children.

Intimate partner sexual abuse is often described by survivors of intimate partner violence as the most traumatic and humiliating aspect of their abuse. Understanding the dynamics of intimate partner sexual abuse and knowing about the abuse in your clients’ lives is critical to gaining a full picture of the domestic violence, assessing the specific risks that your clients are facing, and referring them to appropriate counseling and other services that respond specifically to the sexual abuse.

HOW SHOULD THIS GUIDE BE USED?
This guide provides a brief and high-level overview of best practices in working with survivors of intimate partner sexual abuse. However, it should be used in conjunction with—and not as a substitute for—an in-person, interactive advocate training on intimate partner sexual abuse that discusses best practices for interviewing and working with clients who have been victims of intimate partner sexual abuse.

The term “abuse” encompasses a continuum of behaviors, from verbal abuse relating to sexuality to criminal sexual assault, rape, and torture. Sexual assault, rape, sexual violence, and sexual coercion all fall under the broader category of abuse for purposes of this Guide.
WHAT IS INTIMATE PARTNER SEXUAL ABUSE?
Intimate partner sexual abuse involves forcing, threatening, coercing, demanding, or pressuring an intimate partner to commit sexual acts, including but not limited to:

- unwanted sexual touching
- forced nudity
- forced viewing of pornography
- unwanted vaginal, oral, and/or anal intercourse
- unwanted interference with birth control use and safe sex practices
- sexual degradation and humiliation
- sexual regulation and monitoring, such as forced inspection of undergarments and regulating partner’s clothing.

Intimate partner sexual abuse occurs within heterosexual and same-sex relationships. This includes married couples, individuals who have children in common, and dating and other romantic or intimate relationships.

Intimate partner sexual abuse may occur alongside physical and/or emotional abuse, or it may occur as the sole form of violence in the relationship.

HOW PREVALENT IS INTIMATE PARTNER SEXUAL ABUSE?
Research indicates that between 45 and 75 percent of women who are physically abused by an intimate partner have also been sexually abused by that partner. In a 2010 survey by the Centers for Disease Control and Prevention (CDC), more than half of female victims of rape and three quarters of female victims of sexual coercion in the United States reported that the perpetrator was a current or former intimate partner. The same CDC survey found that approximately one in 10 women in the United States reported rape by an intimate partner and one in six reported sexual violence other than rape by an intimate partner in her lifetime. Additionally, one in 12 men reported sexual violence other than rape by an intimate partner in his lifetime. In its 2010 Survey, the CDC acknowledged—as many researchers have before—that rates of sexual violence are considered to be widely underreported.

WHAT ARE THE UNIQUE DYNAMICS OF INTIMATE PARTNER SEXUAL ABUSE?
Widely held cultural myths and norms about sexual abuse and gender roles in relationships perpetuate the false belief that non-consensual

---

4 Ibid., 42.
5 Ibid.
6 Ibid., 91.
or forced sexual acts with an intimate partner do not constitute “real” rape or sexual abuse. These myths often consciously and unconsciously influence survivors’ experiences of their abuse as well as advocates’ interpretations of sexual abuse disclosed to them by their clients. Here are a few examples of how these myths and norms may create barriers to disclosing and accessing services for survivors of intimate partner sexual abuse:

• Survivors, service providers, and advocates may falsely believe that consensual sexual acts prior to or following sexual abuse minimize or change the nature of the abuse itself. In reality, any forced or coerced sexual act by an intimate partner is sexual abuse, regardless of consensual sexual activity before or after the abuse.

• Survivors may not identify what they have experienced as sexual abuse or rape, particularly if they believe their intimate partners are entitled to sexual intimacy as part of the relationship.

• Some survivors may fear that honesty with providers about the sexual abuse will result in the partner suffering criminal consequences and/or stigmatization as a “rapist.”

• Survivors are often discouraged from telling anyone, including friends and family, about intimate partner sexual abuse due to fear of not being believed or taken seriously by service providers or law enforcement, shame and humiliation about the abuse itself, and long-standing social prohibitions on talking about sexual matters.

• Survivors may fear that others will mischaracterize the sexual abuse(s) by their partner as “merely consensual sex,” particularly if the survivor and his or her partner have engaged in consensual sex before or after the abuse(s).

Listening and Responding to Victims and Survivors

Responding to and supporting victims of intimate partner sexual abuse begins with listening. What are the survivor’s wishes, goals, and objectives in seeking your assistance and support? All survivors are experts in their own lives, and we must let clients’ own response(s) to their circumstances guide our advocacy.

This “client centered” approach is particularly critical when advocating on behalf of survivors of intimate partner sexual abuse. Because sexual abuse is, by survivors’ own accounts, one of the most violative and humiliating forms of intimate partner violence a victim can experience, many survivors may not be ready to volunteer the details of their abuse to anyone. Even when a survivor does disclose sexual abuse by his or her partner, that survivor may be hesitant to label the experience with terms like “rape” or “sexual abuse.” Additionally, survivors seek-
ing legal remedies like orders of protection or criminal prosecution may request that the sexual aspects of their abuse be excluded from these proceedings.

These realities inform our advocacy. When responding to the needs of survivors of intimate partner sexual abuse, our focus must remain on meeting survivors “where they are.” Taking into consideration the individual comfort level, concerns, needs, and goals of every survivor, best practices for identifying and responding to intimate partner sexual abuse with your clients should include the following:

PSYCHO-EDUCATION AND VALIDATING THE CLIENT’S EXPERIENCE

As discussed above, many survivors of intimate partner sexual abuse may never volunteer information about the sexual abuse in their relationship(s), may be reticent to discuss this difficult and painful topic, or may not frame their experiences as “sexual abuse” at all.

For this reason, it is critical that we signal our own comfort with and willingness to discuss the topic of intimate partner sexual abuse as well as validate the client’s experience and emotional response. One of the best ways to do this is through psycho-education, which can be done effectively in a number of ways. Here are just a few examples:

- When discussing types of abuse and domestic violence with clients, always include descriptions of sexual abuse.
- Use language that describes specific behaviors—for example, forcing a partner to view pornography, refusing to use a condom, having intercourse while a partner is asleep or intoxicated, threatening physical or other violence and then immediately demanding sexual intimacy—rather than legal terms like “rape” or “sexual assault.”
- Include sexual abuse behaviors in all visual aids or handouts used with clients, including “Power and Control Wheels” and “Houses of Abuse.”
- If a client is seeking your help in filing a petition for an Order of Protection, provide the client with examples of the types of behavior that may be included in the petition, specifying that instances of forced or coerced sexual acts can be included.

LISTENING FOR CUES

Listen closely during screening, intake, and other conversations with clients for cues that may indicate that the client has experienced sexual abuse by his or her partner. Below are some examples, though by no means an exhaustive list, of the types of cues that might indicate the client has been a victim of intimate partner sexual abuse:

- “I am his girlfriend/boyfriend, so I have to do what he wants.”
- “She threatens me if I don’t do what she wants.”
- “He likes to have anal sex all the time, and sometimes it’s very painful.”
- “I take sleeping pills every night just to fall asleep. I just want to fall asleep as soon as I get in bed.”
- “When he wants sex, he watches pornography with me to get in the mood.”
- “I told him that I don’t want to, but eventually I just do it to get it over with.”
- “Sometimes she makes me do things I don’t like.”

When responding to these cues, use open-ended questions that invite the client to elaborate. Questions that can be answered with a simple yes/no or with just a few words should be avoided whenever possible. Questions should be as broad as possible in order to avoid inadvertently giving the client the impression
that you are judging him or her or that you are
drawing conclusions about the client or his/her
partner. Included below are some examples of
appropriate open-ended questions:

• When you say ______, what do you mean by
  that?
• Can you tell me more about that?
• What would happen if you told him/her you
did not want to watch pornography?
• Can you tell me some of the things he/she
  forces you to do as his/her girlfriend/boy
  friend?
• What do you think would happen if you told
  him/her you were in pain?

HOW TO BE A RESOURCE AND SYSTEMS EXPERT FOR
YOUR CLIENTS
As advocates, we must be experts in resources
and systems available to address our clients’
needs. It is also important to educate ourselves
about domestic violence and sexual abuse re-
sources in the community and to make appro-
priate referrals to sexual abuse victim service
providers in order to better support survivors
of intimate partner sexual abuse.

1. Discuss Intimate Partner Sexual Abuse When
Safety Planning
Intimate partner sexual abuse has been consist-
tently identified as an indicator of increased risk
of domestic violence homicide, more frequent
emotional and physical violence, stalking, abuse
during pregnancy, and risks to children. The
statistical prevalence of and increased safety
risks associated with intimate partner sexual
abuse mandate that we specifically discuss
and consider this type of abuse when safety
planning with clients. Additionally, be sure to
incorporate protective strategies related to
your client’s sexual relationship(s), brainstorm-
ing ways that your client can remain safe from
sexual violence and reproductive coercion as
part of the overall safety plan.

2. Educate Yourself about Services for Intimate
Partner Sexual Abuse Survivors
Familiarize yourself with the hospitals, medi-
cal clinics, and other health care providers in
your community that specialize in working
with patients who have been victims of rape
and sexual abuse. Be knowledgeable about the
specific, time-sensitive medical options avail-
able for sexual abuse survivors and the best
places for survivors to go in their communities,
including local emergency departments, Sexual
Assault Forensic Exam (“SAFE”) Centers of
Excellence, and Rape Crisis centers.

3. Refer to Specialists Working With Sexual
Abuse Survivors
Develop meaningful relationships with victim
advocates, legal service providers, and other
professionals in your community who special-
ize in working with and supporting victims of
sexual abuse. Make appropriate referrals to
legal service providers who can fully inform
your clients about their specific options with
respect to sexual abuse victimization, such as
criminal prosecution, the importance and/or
potential consequences of listing sexual abuse
on requests for orders of protection, and laws
prohibiting publication of the names of sexual
abuse victims in criminal and/or civil cases.
More Information, Training, and Resources on Intimate Partner Sexual Abuse

Free Online Intimate Partner Sexual Abuse Training:
WWW.NJEP-IPSACOURSE.ORG

Rape, Abuse, and Incest National Network:
WWW.RAINN.ORG/PDF-FILES-AND-OTHER-DOCUMENTS/PUBLIC-POLICY/ISSUES/

Safe Horizon:
WWW.SAFEHORIZON.ORG

The Center for Court Innovation:
WWW.COURTINNOVATION.ORG

Information on Reproductive Coercion:
WWW.KNOWMORESAYMORE.ORG/KNOW/

Washington Coalition of Sexual Assault Programs:
WWW.WCSAP.ORG/INTIMATE-PARTNER-SEXUAL-VIOLENCE

Information about Rape Crisis Centers in your area:
CENTERS.RAINN.ORG

Acknowledgements

This guide was a joint effort between Safe Horizon and the Center for Court Innovation as part of a grant awarded by the federal Office on Violence Against Women. Thanks to Jillian Torres and Victoria Padilla from Safe Horizon and Anna Ulrich from the Center for Court Innovation for their writing and contributions. Thanks also to members of Manhattan’s Intimate Partner Sexual Assault Court Working Group Subcommittee—in particular, Maureen Curtis and Miguel Rodriguez of Safe Horizon, Monica Pombo of St. Luke’s-Roosevelt Crime Victims Treatment Center, and Kathryn Ford and Robyn Mazur of the Center for Court Innovation for helpful feedback and edits.