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Linking Advocates & Researchers

Intimate Partner Sexual Violence

Letter From The Editor

JANET ANDERSON, ADVOCACY EDUCATION DIRECTOR, WCSAP

Inside

Interview:

Raquel Kennedy-Bergen, Ph.D.
pg. 3

Research Articles
pgs. 7-15

Contributors

Janet Anderson, editor
WCSAP

Kathleen Arledge
WCSAP

Raquel Kennedy-Bergen, Ph.D.
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Those of us working in the anti-rape movement know that, statistically, the majority of sexual assaults are perpetrated by someone the victim knows, including intimate partners. According to sociologist and author Raquel Kennedy-Bergen, "Intimate partner sexual violence is abuse or assault of a sexual nature perpetrated by someone in an intimate relationship to the survivor. It includes a wide variety of offenses including rape, coercion, forcing the partner to perform sexual acts they are uncomfortable with, etc., and can occur in all types of relationships, be it marriage, cohabitating partners, dating relationships, and same-sex relationships. It stems from issues of power and control, gender-role stereotyping, religious, cultural and sociological factors, beliefs held about marriage and obligation, and a whole host of other issues."¹

Research indicates that approximately 10% to 14% of married women experience rape in marriage (Finkelhor & Yllo, 1985; Russell, 1990). When broadening the definition to include other forms of sexual assault, and including cohabitating partners (not necessarily married), the statistics are even higher. For example, according to Mahoney, Williams & West's study in 2001, they found that approximately seven million women had been raped or sexually assaulted by their intimate partners in the United States.

When examining the underlying conditions that perpetuate this type of violence, one contributing factor is that historically it

¹ An interview with Raquel Kennedy-Bergen, Ph.D., associate professor and chair of sociology at St. Joseph's University in Philadelphia.

has been legal and acceptable for men to rape their wives, as women have been viewed as property owned by men. Although by 1993 marital rape had become a crime in all 50 states under at least one section of the sexual offense code, (Bergen, 2006; Laura X, of the National Clearinghouse on Marital and Date Rape), there are still states in which a marital rape exemption still exists. As of May, 2005, in 20 states, the District of Columbia, and on federal lands, there are no exemptions from rape granted to husbands. However, in 30 states, including the State of Washington, there are still some exemptions given to husbands from rape prosecution. (Bergen, 2006).

Although the prevalence of intimate partner sexual violence is extremely high, little attention has been paid to this social phenomenon by social scientists, researchers and the field in general. However, based on the research that has been written, we do know that given the fact that the majority of victims experience more than one assault, and that the sexual assault typically occurs in conjunction with physical battering, the physical, emotional, and psychological impacts are often severe and long lasting.

As I reviewed the literature, I realized that this dearth of research has major implications for those working to address the problem. The major questions that I was hoping to answer through this *Research & Advocacy Digest* still remain unanswered. Questions I was hoping to shed light on included: How does one address this issue? What are the best practices in working with victims? What kinds of counseling and advocacy services work best? How does intimate partner sexual violence impact traditionally marginalized communities? Unfortunately, due to limited research, we still don't know. However, in an effort to address these very questions, WCSAP will host a two-day training on the topic of intimate partner sexual violence on March 19–20, 2007. Presenters will include Raquel Kennedy-Bergen, Ph.D., associate professor and chair of sociology at St. Joseph's University in Philadelphia, and Marianne Winters, director of Everywoman's Center at the University of Massachusetts Amherst. For more information about this upcoming training event, please contact Kathleen Arledge at Kathleen@wcsap.org.

Lastly, another question that must be answered is: Whose issue is this? Is this a domestic violence issue? Is this a sexual assault issue? Is it both? I believe that the answer is that those in the domestic violence *and* sexual assault movements need to address this issue. We must both learn to ask the questions about intimate partner sexual violence directly, often, and in multiple ways. And we must both be willing to learn about it and be willing to bear witness to it. When it comes to intimate partner sexual violence, it becomes apparent that we cannot compartmentalize victims' experiences. And I believe that when the two movements work together, collaborate together, run support groups together, and do whatever else it takes, it can only help to alleviate the suffering of victims.

Interview with Raquel Kennedy-Bergen, Ph.D.

Associate Professor and Chair of Sociology
St. Joseph's University, Philadelphia, Pennsylvania

INTERVIEWED BY JANET ANDERSON, ADVOCACY EDUCATION DIRECTOR, WCSAP

WCSAP: Can you briefly describe your background and how you became interested in Intimate Partner Sexual Violence (IPSV)?

RKB: I started in this field when I was working on my undergraduate thesis. At the time, there were only two books written on marital rape, that being Dianna Russell's and David Finkelhor's work. Because the field was so limited, I felt that this was something I would be able to make a real contribution to. I currently have been working in the area of intimate partner violence and violence against women for over 18 years. In essence, I have made it my life's work.

WCSAP: Can you provide a definition of IPSV?

RKB: Intimate partner sexual violence is a very complex issue. It stems from issues of power and control, gender role stereotyping, religious, cultural and sociological factors, beliefs held about marriage and obligation, and a whole host of other issues. Intimate partner sexual violence is abuse or assault of a sexual nature perpetrated by someone in an intimate relationship to the survivor. It includes a wide variety of offenses including rape, coercion, forcing the partner to perform sexual acts they are uncomfortable with, etc., and can occur in all types of relationships, be it marriage, cohabitating partners, dating relationships, and same-sex relationships.

One thing that makes IPSV complex is that the issue hasn't really landed anywhere. In other words, is this a domestic violence issue? Is this a sexual assault issue? Is it both? We are not sure where it goes or how to address it, and because of that I have found that programs often don't know how to ask about it, talk about it, educate others about it, and consequently, women frequently experience a gap in service provision due to the dual nature of the abuse.

WCSAP: Can you describe the characteristics of IPSV? Are there different types?

RKB: In my study, I interviewed 40 women who were survivors of sexual abuse by their partners. They were in a variety of locations; some were currently in shelter, some had previously been in shelter, some were living on their own, and some still living with their batterer. To further explore the issue, I also spent time at a shelter programs and rape crisis centers to see how advocates were addressing this issue.

The results showed that women experience IPSV along a continuum. The first type is called "force-only rape." Force-only rape means that physical violence does not accompany the sexual violence; in other words, the person generally is not battered. This accounted for approximately 25% of the

population. The women didn't identify themselves as being "battered" or "raped" and therefore had a difficult time labeling what had happened to them. This is important to understand because while most women are both raped and battered, not all of them are.

The second type is called "battering rape." This means that the women have been both raped and battered at the same time, particularly after the cycle of violence and the abusive partner wants to have sex to make up. This also occurs when women were being raped and their partners were not satisfied and they would get beat up afterwards. While my study indicated that this occurred to 33% of the population, some studies show a statistic that is as high as 80-90%.

The third type is called "sadistic" sexual assault. The women reported that the experience was bizarre in some way, perhaps it involved pornography, forced to be involved with others, pets, etc. This accounted for 5%. There are also combinations of these types of abuses. For example, force-only and battering was experienced by 20% and battering and sadistic was experienced by 17%. As you can see, the majority of these women are experiencing some combination of physical and sexual violence in the same relationship.

WCSAP: Can you talk about some of the short- and long-term impacts of IPSV?

RKB: The impacts are very similar to other forms of sexual and physical violence. The women report experiencing post traumatic stress, depression, anxiety, and extremely low self-esteem. Women who are raped by their partners often experience severe distortions of body image and issues around sexuality and intimacy which may last for 10-20 years. IPSV often involves severe physical violence, threats of violence, and the use of weapons by men against their partners. Some researchers have found that compared to batterers, men who batter and rape are particularly dangerous and more likely to injure their partners and can potentially escalate to murder. This impact occurs especially for women who were raped while asleep. I have worked with men who were in a batterer intervention program and they talked about forcing their partner to have sex while their partner was sleep. Angela Brown and Jackie Campbell also talk about this being an indicator for homicide.

WCSAP: We discussed whose issue is this. Is it a DV issue? Is it an SA issue? Is it both? How can we begin to work on this issue in a more meaningful way so women don't experience the gap in service? What is the best way to screen for this?

RKB: I think this a tough issue, particularly with shortages of money available and the history of tension between the two movements. In my travels around the county I have found that pure DV programs tended not to ask about the sexual violence, or felt hesitant asking about it, because then they would have to bear witness to it and this can be difficult if one isn't trained to deal with it. Rape crisis advocates may not ask questions about the physical violence. I think that this is a really tough issue for us to talk about, more so than any other type of violence in our culture. It makes us rethink issues of what is sex in marital relationships, women's right to say no, what should be going on in the bedroom, etc. Advocates may feel hesitant to ask these questions. It may be because of their own personal history or because they have to be prepared to deal with the answer.

Ideally, I believe that women are best served by dual programs if they are prepared to hear about

both the physical and sexual aspects of the violence and can step in with regards to that. Where I ultimately hope to see us going is no matter what type of organization; be it DV shelter or rape crisis center, is that we all be prepared to ask these questions.

When I did surveys of dual programs and rape crisis centers, I found that dual programs could provide the shelter but often didn't provide the medical or legal advocacy, and rape crisis centers often couldn't provide the shelter but could provide the advocacy. We need to work based on women's experiences; we need to ask about it in a variety of ways. Some of the women I worked with said that they were more able to discuss the physical violence because that is what they were asked about. The sexual violence was often ignored but that is what they needed to get it off their chest.

To screen for this, you need to ask a variety of questions in a variety of ways. Many women do not identify what is happening as rape, particularly if it is their husband, so asking it in alternative ways is helpful at getting to the issues. They may not realize that pressure, coercion or their partner having a sense of ownership over them is part of the sexual violence continuum. For example, ask if they are being forced to do things sexually that they feel uncomfortable about; change the language but ask directly. Again, we many want to shy away from asking about this and women most often will not report or discuss it unless they have been asked very directly about it. It is also important to ask about it several times. Make this a part of your typical intake question, counseling topic or support group topic. Talk about what obligation means for the women involved and their partners.

With that said, once they do screen, the question becomes what is the best way to address it. Are there specific counseling strategies or other methods that work better with this population than others? Unfortunately there is very little research on this topic. So at this time, we don't know the best counseling strategy. The problem with dealing with women who have experienced IPSV is that they have a variety of needs. They need shelter, they need a sexual assault forensic exam, and they also need someone with good crisis intervention and effective counseling skills. I don't think that we currently have a good way of dealing with this yet because many of us have not been trained. I do want to point out however, that Jane Doe, Inc. has developed an IPSV training manual, so that might be a good place to start.

Additionally, most of these women may need both individual and group counseling. If a shelter program or a rape crisis center is running a support group, include IPSV as a topic during one of your sessions. However, another issue that comes up is how to get women to come to a group if it is not being held in the shelter? Therefore, even outreach can be problematic. One thing to do is to put information about it in your brochures, your mission statement and include it as part of all your educational programs; thereby making it part of the work that both SA and DV programs do.

WCSAP: How can the DV and SA advocates work together in partnership?

RKB: I first think that it is crucial for both movements to address this issue. It becomes difficult to try and compartmentalize women's experiences. So if both movements included this as part of the work they do, we might see less women falling through the cracks. One strategy that might work is to host a support group with both a DV and an SA advocate so both issues can be addressed within the context of a single group.

Also, advocates need to become trained in the issue, know the issue, and know the resources.

Because this takes an entire system to address, they can become instrumental in bringing all sorts of folks to the table, law enforcement, medical, policy makers, advocates, etc. to discuss what each can do to address the issue. North Carolina has done some promising work doing this form of collaboration.

WCSAP: Are the dynamics different within communities that have been historically marginalized?

RKB: That's a good question. Unfortunately, there is even less research done in this area for those populations. I know that Lori Girshick has done some work around IPSV within same-sex relationships and Shamita Das Dasgupta has done some work as it pertains with south Asian communities. Walter Dekeseredy is doing some ground-breaking work looking at rural women's experiences of IPSV during separation and divorce, but not much else. Obviously this is a research gap that needs to be explored.

WCSAP: Is there anything else you would like to say before we conclude?

RKB: It is important to look within your community to see what is out there, and to identify where we can build bridges to reach out to these women. Again, we don't do justice to women when we try to compartmentalize their experiences, so we all need to own this issue and understand the larger construct of violence against women. This is a critical issue to work on and working together, learning about it, and addressing it can only help survivors in ways that we might not imagine. Good luck to all of you and thank you for the work you are doing.

WCSAP: Thank you as well, Raquel, and thank you for all the work you have done around this issue.

Raquel Kennedy-Bergen, Ph.D., is associate professor and chair of the Department of Sociology at St. Joseph's University in Philadelphia. She is the author of numerous scholarly publications and books, including Wife Rape: Understanding the Response of Survivors and Service Providers and Issues in Intimate Violence. She has also edited the Sourcebook on Violence Against Women and is a founding member of the journal's editorial board.

Prevalence of Wife Rape and Other Intimate Partner Sexual Coercion in a Nationally Representative Sample of Women

BASILE, KATHLEEN, C.
VIOLENCE AND VICTIMS, VOL. 17(5),
OCTOBER, 2002, PGS. 511-524

Although studies have been conducted on the prevalence of wife rape, they have had some shortcomings due to limited definitions of rape, limited sample sizes or because they are out of date. The purpose of this study was to provide a national estimate of victims of wife rape by a current spouse, and to provide national estimates of female victims of seven types of sexually coercive behaviors by a spouse or other intimate partner.

Data was collected from a 1997 nationally random telephone survey of 1,108 residents in the continental United States. The initial question asked was, "Have you ever had sex with husband or intimate partner when you really didn't want to?" If they answered yes, it was followed up with questions that included various types of coercive behaviors such as: 1) money being spent on you, 2) because of a sense of duty, 3) after a romantic situation, 4) after he begged or pleaded, 5) bullying or humiliating you, 6) threatened or hurt you if you did not comply, and 7) after he used physical force to have sex.

Results indicated that 34% of the women were victims of some type of sexual coercion by a spouse or partner in their lifetime. Regarding current spouses, 51% indicated it was their duty to have unwanted sex, 34% had unwanted sex because their spouse begged or pleaded, 33% had unwanted sex because of a romantic situation, 30% had unwanted sex because money was spent on them, 12% because of bullying or being humiliated, 9% due to physical force, and

4% due to threats of harm. When combining physical force and threatening behavior, 13% were raped by current spouse.

Regarding incidences of unwanted sex with a current partner, (non-spouse) results indicated that 43% felt it was their duty, 29% indicated this occurred after a romantic event, 26% had unwanted sex because their partner begged or pleaded, 24% had unwanted sex after money was spent on them, 9% were bullied or humiliated, 7% due to physical force, and 3% were threatened to be hurt if they did not have sex. When combining physical force and threatening behavior, 10% were raped by their current partner.

This study is significant in that it demonstrates the high prevalence and seriousness of rape and sexual coercion experienced by women by spouses or intimate partners.

This study is significant in that it demonstrates the high prevalence and seriousness of rape and sexual coercion experienced by women by spouses or intimate partners. Additionally, this study also examined the rates based on demographics. Demographics (age, race, ethnicity, etc) were not found to be a significant factor, demonstrating that this phenomenon cuts across all categories of women. This study also sheds light on the fact that intimate partner sexual violence needs to be given much more attention in the literature, in the media, as well as by those who work with victims of both sexual and domestic violence.

Demographics were not found to be a significant factor, demonstrating that this phenomenon cuts across all categories of women.

Counseling Services for Battered Women: A Comparison of Outcomes for Physical and Sexual Assault Survivors

HOWARD, APRIL; RIGER, STEPHANIE;
CAMPBELL, REBECCA; & WASCO, SHARON
JOURNAL OF INTERPERSONAL VIOLENCE, VOL.
18(7), JULY 2003, PGS. 717-734

This study sought to determine whether counseling would have different outcomes for those who were victims of physical abuse alone versus those who experienced both physical and sexual violence within the context of their intimate relationships. Researchers predicted that women who were both battered and raped would have lower pre-counseling well-being and coping scores and would make less progress from pre- to post-counseling than battered-only women.

To determine measures, researchers collaborated with service providers across the State of Illinois and asked them in surveys and focus groups to determine intended impacts for counseling services and identified the following evaluation objectives: 1) decreased self-blame, 2) increased ability to discuss the abuse, 3), increased ability to build and access support systems, 4) increased sense of control, self-esteem, self-efficacy, and enhanced problem-solving skills, and 5) use of healthier coping skills.

As the first statewide evaluation of community-based counseling services for battered women, the results have major implications for service providers.

Prior to counseling, data indicated that women who were both raped and battered had lower levels of well-being and self-esteem, felt less in control of their lives and less ability to identify and use support systems than women who were battered only.

Post-counseling indicated that over time, all women in the sample made progress in counseling and had higher pre-counseling well-being and coping scores. However, across time, the raped and battered group had lower well-being and coping scores than the battered group. This supported the one prediction. It was also predicted that the raped and battered group would make less progress in counseling than the battered group. Results indicated that there was significant improvement from pre- to post-counseling for this group; therefore, the second prediction was not supported.

This study demonstrated that those who have been both raped and battered responded to counseling services differently than those who are battered.

As the first statewide evaluation of community-based counseling services for battered women, and the first study to demonstrate how intimate partner rape survivors respond to counseling services offered, the results have major implications for service providers. This study demonstrated that those who have been both raped and battered responded to counseling services differently than those who are battered. While both groups showed improvement in well-being and coping from pre- to post-counseling, those who were both raped and battered had higher overall improvements (even though they had lower scores), suggesting that counseling may have more of an impact on these women.

Marital Rape: A Student Assessment of Rape Laws and the Marital Rape Exemption

KIRKWOOD, MARY K.; & CECIL, DAWN
VIOLENCE AGAINST WOMEN, VOL. 7(11),
NOVEMBER, 2001, PGS. 1234-1253

Although all 50 states have laws in which the forcible rape of spouses can be prosecuted as a crime, there are still states that have a marital rape exemption. In those states, marital rape exemptions mean that there are circumstances by which men can legally force their wives to have unwanted sex. This study sought to determine student opinions about marital rape compared to rape between other types of victim-offender relationships. To provide a backdrop to this study, the authors first offer an examination of the history of rape laws.

Various sexual assault case scenarios were given to 469 undergraduate students. Variables included demographics (age, sex, race, marital status and political orientation), victim-offender relationship, nature of the act (force, lack of consent), type of penetration (vaginal, anal intercourse and oral sex), and object of penetration (penile, objects). These scenarios sought determine if the students considered certain acts to be rape, whether the act was severe, and whether the victim-offender relationship should be considered during sentencing.

Although all 50 states have laws in which the forcible rape of spouses can be prosecuted as a crime, there are still states that have a marital rape exemption.

Results indicated that 93% viewed it as rape when force was used to have vaginal intercourse while only 74% considered it rape if there was no consent. There were significant differences in perceptions about lack of consent pertaining to gender. 81% of females and 68.8% of males viewed vaginal intercourse without consent as rape. 87.9% of females versus 72.8% of males believed that anal intercourse without consent was rape. The only scenario where gender was not a factor had to do with viewing oral sex without consent as rape. This scenario had the lowest percentage of participants viewing it as rape (68.2% of females and 63% of males).

The results indicate that some students believe marital rape to be more acceptable and less severe than other types of rape.

The study also compared the differences between spousal rape scenarios to other types of victim-offender relationships (strangers, date, separated and ex-spouse). The results clearly demonstrate that the victim-offender relationship was a significant factor to the participants. For example, in marital vaginal intercourse without consent, 74% viewed it as rape while 90% felt it was rape in all other victim-offender relationships. Less difference was found when force was used (93% for wives, 99% for other relationships). The study also asked participants to rate the severity of the incident based on victim-offender relationships. The mean rank for stranger rapes was 3.9 (4.0 was the most severe) while the mean rape for spousal rank severity was 0.55, clearly demonstrating that participants did not view spousal rape as severe.

While acknowledging limitations of the study, the results indicate that some believe marital rape to be more acceptable and less severe than other types of rape, but scores were lower than anticipated.

Separation and/or Divorce Sexual Assault in Rural Ohio: Preliminary Results of an Exploratory Study

DEKESEREDY, WALTER & JOSEPH, CAROLYN
VIOLENCE AGAINST WOMEN, VOL. 12(3),
MARCH 2006, PGS. 301-311

Although research has shown that women who attempt to leave a domestic violence relationship are at increased risk for murder, physical and psychological battering, less research has focused on the risk of sexual assault among the same population. This study sought to determine whether sexual assault is more frequent and severe during or after a separation or divorce, and whether victims from rural areas experience multi-dimensional forms of abuse and sadistic battering or obsessive rape.

The researchers defined sexual assault as: 1) sexual contact (fondling, kissing or petting arising from menacing verbal pressure, misuse of authority, threats of harm or physical force), 2) sexual coercion, (unwanted sexual intercourse arising from menacing verbal pressure or misuse of authority), 3) attempted rape (sexual intercourse due to the use or threat of force, or the use of drugs or alcohol), and 4) rape (unwanted sexual intercourse arising from the use of or threats of force and other unwanted sex acts such as anal or oral intercourse or penetration by objects other than the penis arising from the use of or threat or force, or the use of alcohol or drugs).

The results from the 20 participants interviewed indicated that separation and divorce sexual assault is a serious and major problem for women in rural areas.

The results from the 20 participants interviewed indicated that separation and divorce sexual assault is a serious and major problem for women in rural areas. More specifically, 65% (n=13) reported sexual contact, 75% (n=15), reported being sexually coerced, 20% reported an attempted rape and 80% (n=16) reported being raped during this time. Additionally, 55% of the women experienced the sexual assault when they were trying to leave, and 40% experienced a sexual assault after they left.

Because the risk of sexual assault by an intimate partner is extremely high during a separation and/or divorce, this information should be passed along to victims from those who seek legal and counseling advice for prevention efforts.

Violence, Injury and Presentation Patterns in Spousal Sexual Assaults

STERMAC, LANA; DEL BOVE, GIANNETTA & ADDISON, MARY
VIOLENCE AGAINST WOMEN, VOL. 7(11),
NOVEMBER, 2001, PGS. 1218-1233

The purpose of this study was to identify whether spousal sexual assaults differ from other known-assailant assaults. More specifically, the research examined the characteristics of the sexual assault, how victims presented for help and what services they received, and compared these variables between spouses, boyfriends and other known assailants.

The participants came from a database of clients that presented for assessment and treatment to a hospital-based sexual assault program in Ontario. Of the participants, 97 were sexually assaulted by a spouse, 256 by a boyfriend, and 194 by another known assailant.

Measures included: 1) client demographics, 2) presentation and service delivery characteristics (circumstances surrounding presentation to the center and medical services received), 3) coercion (verbal threats, alcohol and drugs, physical restraint, assault while sleeping, physical violence, and use of weapon, and 4) physical injuries incurred. In addition, each client received a mean severity index developed by experts in the order of severity: being sexually assaulted while sleeping, coercion/verbal, drugging, physical restraint, and violence.

Results for client characteristics indicated that women of color were disproportionately over-represented for sexual assault by both spouses and boyfriends. Women who reported being assaulted by a current or previous spouse were older than women assaulted by a boyfriend or acquaintance and 6.2% who were assaulted by current or previous spouse were also pregnant.

Results for service delivery characteristics indicated that victims of spousal attacks (76.3%) were the most likely to involve police which differed significantly from the acquaintance group (58.2%) but not for the boyfriend group (70.7%). Those reporting spousal and boyfriend assaults also arrived at the hospital sooner than clients assaulted by acquaintances. Additionally, contrary to predictions, victims of spousal and boyfriend assaults were also more likely to complete a forensic exam.

Those sexually assaulted by spouses and boyfriends incurred more severe levels of physical trauma and injuries than those assaulted by acquaintances.

Regarding coercion, boyfriends used the highest number of coercion tactics which differed significantly from acquaintances but not from spouses; the same held true for severity of coer-

cion. Boyfriends were most likely to use severe methods of coercion and were more likely to use a weapon.

Finally, those sexually assaulted by spouses and boyfriends incurred more severe levels of physical trauma and injuries than those assaulted by acquaintances. The majority of these victims received trauma to the head, neck and face.

The overall results of this study clearly demonstrates a relationship between sexual assault characteristics and the relationship to the offender and provides new evidence about the nature and extent of violence and coercion in spousal sexual assaults. Many of the findings challenge community stereotypes about intimate partner sexual violence because it verified the severity of sexual assault and violence used by spouses and boyfriends.

Intimate Partner Violence and HIV/STD Risk Among Lesbian, Gay, Bisexual and Transgender Individuals

HEINTZ, ADAM, J.; & MELENDEZ, RITA, M.
JOURNAL OF INTERPERSONAL VIOLENCE, VOL. 21(2), FEBRUARY 2006, PGS. 193-208

Although some attention has been paid to intimate partner sexual violence, (IPSV) less has focused on the LGBT community. The authors hypothesize that those within the LGBT community may experience difficulty in successfully negotiating safer sex due to intimate partner violence and consequently may be at greater risk for contracting HIV/AIDS or sexually transmitted diseases (STDs).

Surveys were collected from 58 participants who attended the Sexuality Training and Research (STAR) Program at the HIV Center in NY

between May of 2002 and June 2003. Those who indicated incidences of IPSV were asked to participate in the survey. All but two identified as gay, one identified as bisexual and another declined to provide a sexual identity. The survey consisted of 13 questions that measured: 1) sexual violence history, 2) frequency of safer sex, 3) changes in frequency of condom use, 4) decreased use of safer sex protection, 5) safer sex negotiation and 6) deceptive condom use – the partner saying they were using a condom when in fact they weren't.

36% of men who had sex with men,
9% of women who had sex with
women, and 40% of those identifying
as transgender indicated fear of
negotiating for safer sex.

The results indicated that a high percentage of those who were physically abused reported having been forced to have sex with their partner (41%) and one half of those who had been raped reported that their partners had not used safer sex protection. Additionally, 32% reported not engaging in safer sex negotiations for fear of their partner's response. More specifically, 36% of men who had sex with men, 9% of women who had sex with women, and 40% of those identifying as transgender indicated fear of negotiating for safer sex. The data also demonstrated that those who were forced to have sex with their partner were 10.3 times more likely than those who had not to report using protection because they feared their partner's response.

Overall, this research supports the notion that there is a significant risk of HIV/STD transmission among victims of IPSV among those within the LGBT community. Because sexual assault is a high concern within this community, more researchers and community-based organizations need to become aware of this issue and provide counseling and awareness training to their clients, staff and community.

Domestic Violence, Sexual Ownership and HIV Risk in Women in the American Deep South

LICHTENSTEIN, BRONWEN

SOCIAL SCIENCE AND MEDICINE, VOL. 60, 2005,
PG. 701-714

The purpose of this study was to examine the relationship between domestic violence, sexual assault and gender, class, and HIV risk in women in the Deep South, known as the Black Belt area in Alabama, an area plagued by the highest rates of HIV in the United States and extreme and chronic poverty.

The study was conducted at a large public clinic that provides medical and social support to over 1200 HIV-positive persons. Once the participant group was established (n=50), the sample was compared to women receiving services (n=464).

The racial composition of this participant group was 84% African American, 12% white and 4% Hispanic. 88% of the participant group lived below the poverty level. Measures included questions regarding domestic and sexual violence history as well as history and mode of HIV transmission.

This study is significant in that it sheds light on the correlation between HIV risk and domestic and sexual violence.

Results from the participant group indicated that 88% became infected by a regular partner and 12% became infected by an unknown person. When asked about history of sexual and physical violence, 100% indicated that they had experienced domestic violence and 88% indicated they had experienced forced sex.

The study also offers some anecdotes about their partners and histories of domestic and sexual vio-

lence. A theme of being a “captive body to be beaten, raped, confined, deprived or isolated by men who view women in terms of use value through sexual ownership” (pg. 706) was pervasive. Additionally, in terms of their HIV status, most women believed that domestic violence played a crucial role in becoming HIV-positive because they were not able to, due to threats or force, to negotiate safer sex practices. (pg. 706). Interestingly, however, when asked about other women contracting HIV, many respondents indicated that promiscuity or lax morals attributed to their HIV-positive status.

This study is significant in that it sheds light on the correlation between HIV-risk and domestic and sexual violence. Consequently, those who work with domestic and sexual violence victims should tell victims of this relationship as well as encourage them to receive medical screenings for HIV when their perpetrators are spouses or intimates.

Intimate Partner Violence and Abuse Among Active-Military Women

CAMBELL, JACQUELYN; GARZA, MARY;
GIELEN, ANDREA; O’CAMPO, PATRICIA;
KUB, JOAN; DIENEMANN, JACQUELINE;
JONES, ALISON; & JAFAR, EIMAN
VIOLENCE AGAINST WOMEN, VOL. 9(9),
SEPTEMBER, 2003, PGS. 1072-1092

Although the prevalence of intimate partner sexual and physical violence is high, little research has been done seeking this information from active military women. This study compared the prevalence for intimate partner violence for both lifetime and during military duty. Data was collected from January, 1998 to October, 2000 using the Defense Enrollment Eligibility Reporting System database. The final sample for this study was 616 active military women.

The women were screened for abuse using a modified version of the Abuse Assessment Screen, which is widely used. The modification included two separate questions relative to emotional and physical abuse rather than a single question. Prevalence of intimate partner violence (both physical and sexual) was calculated by using the years the women reported the abuse to have occurred and the years they reported being in the military.

The results indicated that 30% of the women reported lifetime intimate partner sexual violence and 21.6% reported the same while in the military. In addition, 117 women also reported emotional abuse and/or stalking, thereby demonstrating a combination prevalence of all forms of adult lifetime abuse at 44.3%. Of all types of abuse, the largest single group (34.4%) reported physical and emotional abuse, while 21.8% reported physical, emotional and sexual abuse from an intimate partner. It should be noted that few women only reported sexual assault (3.3%).

The data revealed that during their military service, 18.5% were abused by a civilian intimate partner, 4.3% were abused by an active military service member, and 38.4% were abused by a retired military intimate partner.

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It is interesting to note that women ages 21-29 reported the lowest lifetime and military service abuse (23% and 18%), while those ages 40-49 reported the highest lifetime (33%) abuse, not during military service. African Americans reported the highest lifetime prevalence of inti-

mate partner violence at 44%, which was two times higher than Caucasian women.

The prevalence of intimate partner violence among military women is similar to civilian experiences. Although promising strategies have been implemented to address this issue, the prevalence indicates that more strategies are needed that are consistent with military tradition and the reality of intimate partner violence.

Assessing Physical, Sexual and Psychological Violence Perpetrated by Intimate Male Partners Towards Women: A Spanish Cross-Sectional Study

GARCIA-LINARES, M., PICO-ALFONSO, M., SANCHEZ-LORENTE, S., SAVALL-RODRIGUEZ, E., CELDA-NAVARRO, N., BLASCO-ROS, C., MARTINEZ, M. (2005)

VIOLENCE AND VICTIMS, 23, 99-123

This article explores intimate partner violence as defined through physical, sexual and psychological violence. The researchers attempt to control for additional variables by exploring the “lifetime history of women’s victimization and aspects of women’s behavior and feelings” (Garcia-Linares, et al. 2005, p. 99) while the violence is occurring.

Researchers hypothesized that by consenting to unwanted sex, the subjects would reduce their likelihood of being sexually abused. Results indicated the contrary.

This study utilized a sample size of 182 women from the Valencian Community of Spain. Participants were grouped into a control group (women who did not experience abuse with their current partners) and a study group (women who were experiencing one of the three elements of abuse within their relationship with a current partner). All subjects were interviewed by a trained psychologist four to six times, each session taking 1½ hours. Questionnaires were distributed that assessed subjects’ sociodemographic profile, their relationship with the batterer/partner, and the characteristics of the violence perpetrated by the batterer.

The study group was divided into three study groups: non-abused (n=52), physically abused (n=75) and psychologically abused (n=55). All of the subjects in the physical abuse group also experienced psychological abuse, and 32% were also sexually abused. Of the psychologically abused group, 16.5% had also been sexually abused. These results indicate an overwhelming need for practitioners to screen for all three types of abuse during the assessment and intake process. The most frequent form of sexual violence committed against the subjects was vaginal intercourse. Subjects reported being physically attacked during the sexual abuse, and threatened if they refused to participate in the sexual activity. 30% of the subjects felt in danger of death during the sexual attack.

The impact of violence on women’s health and recovery

Researchers found that “the specific characteristics of the violence women experience, which determine its intensity, severity and controllability, may influence the impact the battering has on women’s health and their recovery” (Garcia-Linares, et al. p. 118). The researchers also found that “the fact of being sexually attacked makes the physical violence more severe (Garcia-Linares, et al. p. 118). The sexually abused study group experienced more

punches, kicks, and were attacked with knives or similar objects when compared to the study group that did not experience sexual abuse.

Researchers hypothesized that by consenting to unwanted sex, the subjects would reduce their likelihood of being sexually abused. Results indicated the contrary; in the physically abused group, 40% of women that accepted the unwanted sex still experienced sexual abuse and only 5.6% of those that did not accept the unwanted sex experienced sexual abuse. These results indicate that consenting to the sexual activity does not prevent the sexual attack.

Results also found that one third of the subjects who were both physically and sexually abused felt that their lives were in danger while being sexually attacked. Furthermore, less than 33% of the women who experienced both physical and sexual abuse were unable to predict when a sexual attack would occur.

This research confirms the idea that women who are sexually abused in the context of domestic violence experience a greater lethality risk and an increase in the negative health outcomes when compared to the other sub-groups and control group.

Resources

Upcoming WCSAP Training Opportunities

INTIMATE PARTNER SEXUAL VIOLENCE

March 19 & March 20, 2007

Presented by Dr. Raquel Kennedy-Bergen & Marianne Winters

This training is for both sexual assault and domestic violence advocates. The first day will provide a sociological overview of intimate partner sexual violence and the second day will provide advocates with strategies for working with victims. For more information, contact Kathleen Arledge at www.wcsap.org or call Kathleen at 360-754-7583, ext. 112.

WCSAP Library Resources

Bergen, R.K. (1996) *Wife Rape: Understanding the Response of Survivors and Service Providers* Thousand Oaks, CA: Sage

Finkelhor, D., & Yllo, K. (1985) *License to Rape: Sexual Abuse of Wives* New York: Holt, Rinehart, & Winston.

Russell, D.E. H. (1990) *Rape in Marriage* New York: Macmillan Press

Jane Doe, Inc. "Private Nightmares, Public Secrets: Sexual Assault by Intimate Partners Training Manual" This is a detailed training manual developed to assist those who provide educational programs on intimate partner sexual assault. To order, contact Jane Doe, Inc. via phone at 617-248-0902, or visit the Web site: www.janedoe.org.

Additional Resources

NATIONAL CLEARING HOUSE ON MARITAL AND DATE RAPE

Women's History Research Center, Inc.

2325 Oak St.

Berkeley, CA 94708

510-524-1582

<http://ncmdr.org>

Provides information on state laws, telephone consultations for a fee, and speaking on wife rape. A State Law Chart is provided on the Web site.

MARITAL RAPE INFORMATION

Women's Studies Library

University of Illinois

415 Library

Urbana, Illinois 61801

217-244-1024

Provides information on researching wife rape and documents on wife rape.

WEB RESOURCE

<http://www.wellesley.edu/WCW/mrape.html>

Contains basic information about the definition of wife rape; legal status of wife rape; commonly asked questions, and bibliography.



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