

INTIMATE PARTNER SEXUAL VIOLENCE

In Canada and around the world, a large number of women have experienced both sexual violence and forms of intimate partner violence (IPV). These experiences can occur as separate incidents across the life course or together within the context of an intimate relationship. This newsletter will focus on the latter, commonly referred to as intimate partner sexual violence (IPSV). However, we recognize that IPSV is not the only way in which sexual and intimate partner violence intersect.

Generally, IPSV involves “deliberate intimidation or coercion.” The survivor may either be pressured to perform sexual acts that they are not comfortable with, or pressured to take part in acts that they do not wish to engage in.¹

The consequences of IPSV are real and often severe. Compared to survivors of non-partner sexual violence, survivors of IPSV experience longer lasting trauma, higher levels of physical injury, higher incidences of multiple sexual assaults, and an increased likelihood of violence resulting in pregnancy and deliberate exposure to sexually transmitted infections.² In addition, *women who experience IPSV are also more likely to be killed by their intimate partner.*³

Survivors of IPSV are also frequently met with disbelief, denial, minimization and stigmatization, at least in part due to the many misconceptions surrounding IPSV.⁴

Despite the significance of IPSV, we know relatively little about the issue and the many contexts in which it occurs. Why?

- Inconsistent and varying language
- Societal reluctance to acknowledge sexual violence perpetrated by an intimate partner
- Prevalence of myths and misconceptions
- Lack of representative and longitudinal research
- History of intimate partner violence and sexual violence service development as separate sectors

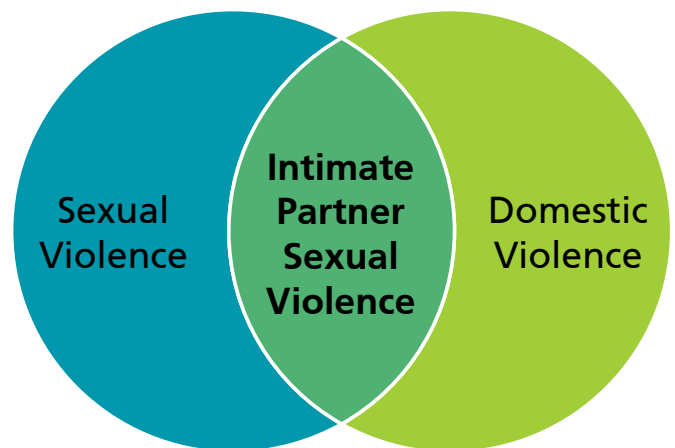
Survivor Voices

“I remember my husband making me have sex with him one time when people were in the next room and none of them guys would come in and help me. And they knew he was hitting me, but they figured that he was my husband. If it were a stranger, it would have been different.”

- IPSV survivor

Common intersections of sexual and physical violence

Intimate Partner Sexual Violence



Cross-type Re-victimization across the Life Course



In what other ways have you observed the intersection of sexual and physical violence?

Let us know at vawln@uwo.ca.

Language Issues

Although intimate partner sexual violence (IPSV) is the most common term used to describe this type of violence, it is important to situate discussions of IPSV within a context that recognizes survivors' diverse experiences, that does not overlook the root causes of violence, and that does not produce or reproduce messages that minimize acts of violence. This newsletter uses the term

IPSV but recognizes that it is viewed as limiting or problematic by some.

An agreed upon common language and definition helps efforts to recognize and name this violence and to advance research and practice.

The following terms are also used to refer to IPSV:

Co-occurrence of Physical & Sexual Violence

Dual Perpetration

Intimate Partner Rape

Dating Partner
Co-victimization

Marital Rape

Control of Reproductive & Sexual Health by an Intimate Partner

Sexually Abusive & Controlling Acts

Intersection of Sexual & Domestic Violence

Simultaneous Victimization

Domestic Sexual Assault

Intimate Partner Sexual Violence

Unwanted Sexual Contact

Wife Rape

Sexual Assault in the Context of an Intimate Relationship

Sexual Coercion

Poly-victimization

Date Rape

Partner Rape

Intimate Partner Sexual Assault

Dating Violence

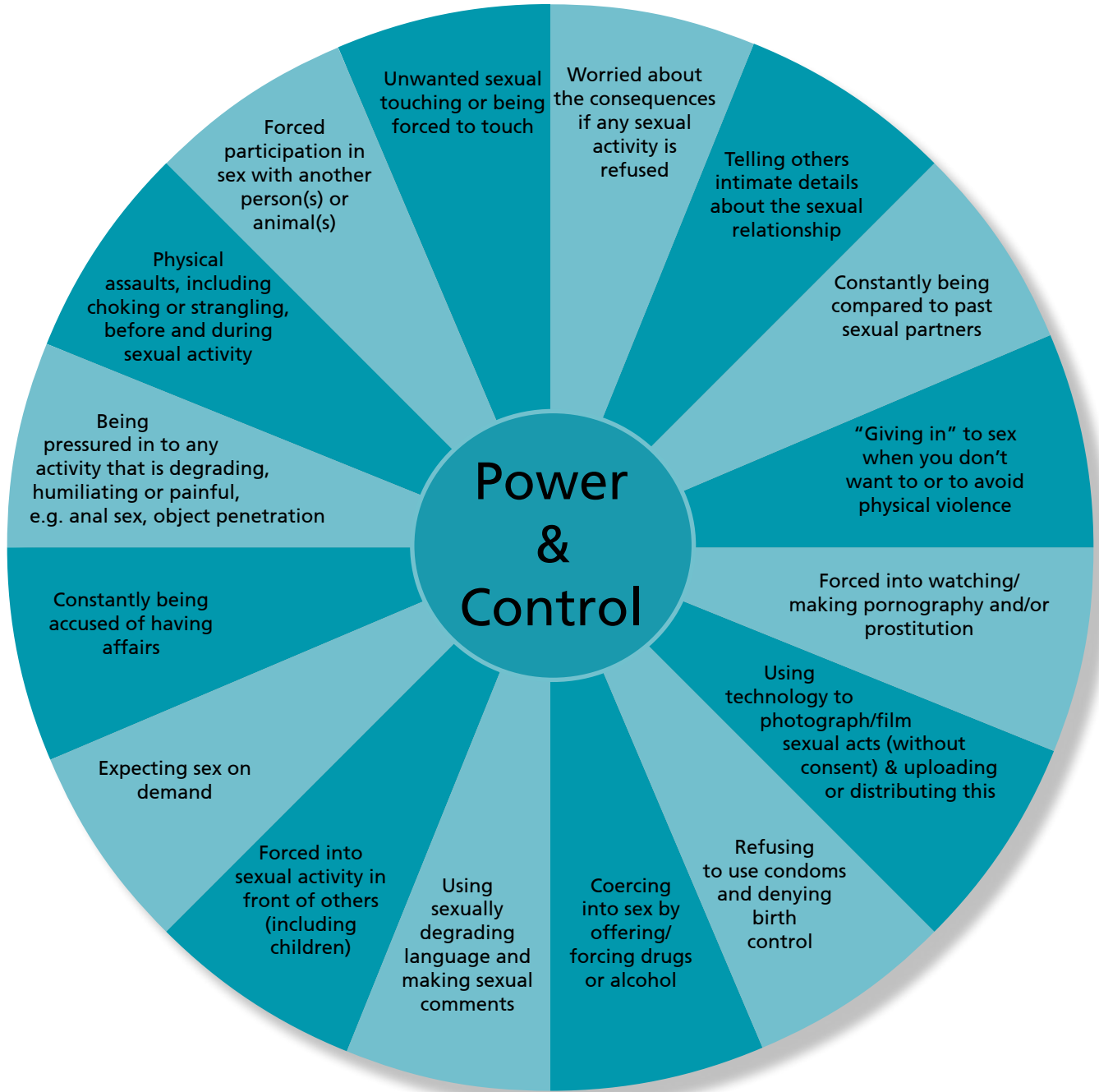
Intimate Sexual Violence

Sexual Aggression

Date Rape/Violence

What language and definition would you like to adopt?
Email us at vawln@uwo.ca.

IPSV Power & Control Wheel⁵



“My situation was much more grey [than traditional narratives of abuse].”

- IPSV survivor

The relationship between the offender and survivor can create additional difficulties for survivors. For example, dates or partners are more likely to use tricks, verbal pressure, threats, negative consequences, consequences to the relationship or victim-blaming rhetoric (i.e. “You know you wanted this”; “If you tell about what happened here, you will be in trouble”) during

episodes of sexual coercion. This inevitably impacts survivors’ capacities to resist or report what happened—or even name incidences as violent. In turn, this can influence survivors’ abilities to self-identify as abuse survivors, and to seek out and access Sexual Violence or Domestic Violence support services.⁶

Our Current Understanding

Understanding and responding to IPSV can be complex. There are many inter-related factors that work together to shape the larger issue and many important facts to keep in mind.

Here is what we have learned so far from survivors, practitioners and researchers:



Contextualizing the Available Research on IPSV

Research on IPSV is currently lacking and research that does exist faces many limitations. Nevertheless, statistics are important for helping us to understand the nature and depth of a social problem. The following are some of the best

estimates available concerning the prevalence of IPSV, but must be interpreted with caution. Considerations to be aware of when reading about IPSV statistics can be found in the tip box at the bottom of this page.



In 2011, [17%](#) of police-reported sexual assaults against women in Canada were committed by a current or former intimate partner.



It is estimated that [25-55%](#) of women in the United States experiencing physical violence from an intimate partner also experience sexual violence by the same partner.



Approximately [1 out of every 11 women](#) in Australia has been sexually assaulted by a male intimate partner since the age of 15.



Tips for Interpreting Existing Statistics on IPSV

Don't jump to conclusions!

- Lack of longitudinal research makes it difficult to determine causal factors or to understand experiences over time
- Inconsistent definitions across studies makes comparisons difficult

Ask who is and who is not represented

- There is limited research on IPSV in most "otherized" groups (e.g. trans* individuals, Indigenous populations, women with disabilities)
- Individuals are often contacted through specific organizations (e.g. a trans* health clinic) and it is not known whether this group of individuals can be said to be representative of all individuals belonging to that particular group
- Even when studies use a sample that is representative of the population, the sample typically does not have an adequate number of individuals belonging to various groups from which to draw meaningful conclusions

Consider what was asked and how

- Survey instruments can have significant limitations (e.g. some scales do not identify the context or sequence of the violence)
- The presentation of research questions can affect results (e.g. individuals may report differently depending on the wording used)

Remember that reported rates are not necessarily "true" rates

- The stigma around IPSV can lead to under-reporting
- Data are often retrospective, meaning individuals are asked to rely on memory and recall past events. A variety of factors can affect an individual's ability to accurately remember past events (e.g. gender, culture, nature of the incident, amount of time that has passed).
- IPSV is often collapsed under intimate partner violence or sexual violence, making it indistinguishable from these broader rates

What do we need to know more about?

There is limited research on experiences of intimate partner sexual violence (IPSV) for many groups of women, including but not limited to:

- women with disabilities
- young women
- women who are HIV positive
- women with limited socioeconomic resources
- women who live in northern/remote/rural areas
- women who are/have been incarcerated
- women experiencing mental health challenges
- women who identify as lesbian, bisexual and/or queer
- trans* individuals
- women who work in the sex industry
- indigenous women
- women from cultural, racial/ethnic, and/or linguistically diverse backgrounds

Women may identify as belonging to more than one group, and these intersections create unique patterns of lived experience, such as increased vulnerability to sexual violence or barriers to accessing supports.

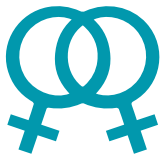
When interpreting available research on IPSV in diverse groups, it is important to avoid conflating experiences of violence with stereotypical accounts of particular groups as this may “erase the complexity of lived experience” and reinforce oppressive discourses (e.g. racism, ableism, homophobia, transphobia).²

The lived experience of diverse groups of women is impacted by the broader social context (e.g. social disadvantage, historical and current oppressions).

“Where do you go? Your family doctor... could be his best mate.”

- Rural Survivor of IPSV

IPSV at the Intersections: Examples of Lived Experience



Lesbian women may struggle to identify their experience of IPSV as violence given gender norms which position women as incapable of sexual assault.



Sex workers may be in a relationship with an intimate partner who controls their choices at work.



Women with disabilities may be dependent on an intimate partner for assistance and particularly vulnerable to sexual assault within this relationship.



Women with HIV or who have partners with HIV can face significant health consequences when IPSV interferes with their capacity to negotiate condom use.



Women living in rural/remote/northern communities may have limited access to domestic violence and sexual violence services.



Racialized women may belong to groups with historical connections to state reproductive control which may exacerbate experiences of violence, particularly reproductive control by a partner.

What can you do to address IPSV?

If you are developing education and awareness campaigns...

- ✓ Include components on consent and condom use in intimate relationships
 - ✓ Talk about the nuances of violence (e.g. subtle methods of coercion) in a variety of contexts (e.g. home, campus residences, parties)
 - ✓ Explore healthy sexuality and sexual rights as well as healthy relationships
 - ✓ Promote sexual violence and intimate partner violence services as “hubs” which can link IPSV survivors to other services
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If you are developing training programs...

- ✓ Consider joint trainings for frontline staff of sexual violence and intimate partner violence sectors where appropriate
 - ✓ Build reproductive coercion into training on risk and safety planning, with information on sexual assault in intimate relationships, discrete birth control methods and emergency contraception methods
 - ✓ Incorporate an intersectional perspective recognizing that different populations of women may face different complexities, concerns and barriers to seeking support
 - ✓ Recognize the additional complexities that may emerge in cases of IPSV as a result of the relationship between the survivor and perpetrator
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If you are working with survivors of IPSV...

- ✓ Continue to integrate an intersectional, feminist, anti-racist/anti-oppression approach in gender-based violence work, including frontline support
 - ✓ Include reproductive safety in intake processes or safety planning practices overall
 - ✓ Enhance collaboration between sexual violence and domestic violence sectors (e.g. regular meetings between sectors to highlight examples of best practices for collaboration)
 - ✓ Develop/promote a sex positive culture in shelters
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If you are working with men who abuse their partners...

- ✓ Participate in training on sexual violence and IPSV
 - ✓ Address IPSV in intervention programs for men who abuse their partners
 - ✓ Include IPSV in prevention programs for boys and young men
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If you are doing research on IPSV...

- ✓ See the challenges to doing research on this topic as an invitation to explore the issue, rather than a barrier
 - ✓ Identify how experiences of IPSV may vary for different groups of women, incorporating an intersectional framework
 - ✓ Collaborate with practitioners to develop and evaluate IPSV primary prevention programs
 - ✓ Work toward longitudinal and representative studies of IPSV
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Resources



[Take Charge! A Reproductive Health Guide for Women with Disabilities](#)

This 2015 guide reviews issues related to reproductive health, rights, and justice for women with disabilities, including accessing health care services. Violence/abuse, mental health, and mothering are also explored. Resources for women with disabilities are included.



[Racism and Disparities in Women's Use of the Depo-Provera Injection in the Contemporary USA](#)

This 2011 article examines sterilization abuse directed at women of color in the U.S. in the 1960s and 1970s. This has implications on women of color today, including their experiences of sexual violence, structural violence, and experiences of reproductive control.



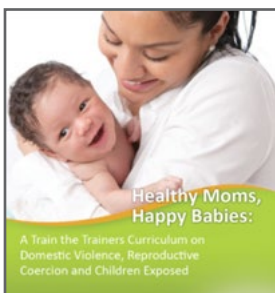
[Sexual and Reproductive Health, Rights, and Realities and Access to Services for First Nations, Inuit, and Métis in Canada](#)

This 2012 joint policy statement was prepared by the Aboriginal Health Initiatives Sub-Committee and approved by the Executive Council of the Society of Obstetricians and Gynaecologists of Canada. The purpose of this statement is to "reaffirm the sexual and reproductive rights of FNIM and to reflect the realities they face in their communities." Recommendations include promoting awareness and developing cultural competence among health care providers.



[Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities](#)

This 2012 resource sheet provides an overview of the current research on GLBTIQ sexual violence, including sexual violence within same-sex relationships. It also discusses the limitations of current research, identifies issues with service provision to GLBTIQ survivors, and explores key barriers to disclosing and reporting experiences of sexual violence.



[Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed](#)

This 2015 curriculum from Futures Without Violence provides training, tools, and resources to help home visitation workers address domestic violence, including issues of birth control sabotage, pregnancy pressure, and unintended pregnancy.

Endnotes

¹ Cox, P. (2015). Sexual assault and domestic violence in the context of co-occurrence and re-victimization: State of knowledge paper. Alexandria: Australia's National Research Organization for Women's Safety

² Logan T.K., Walker, R. & Cole, J. (2015). Silence suffering: the need for a better understanding of partner sexual violence. *Trauma, Violence & Abuse*, 16(2), 111-135.

³ Ibid.

⁴ McOrmond-Plummer, L., Easteal, P.L., Levy-Peck, J.Y. (2013). *Intimate partner sexual violence: A multidisciplinary guide to improving services and support for survivors of rape and abuse*. London: Jessica Kingsley Publishers.

⁵ Macleod, D. (2013). Cross-training for sexual assault and domestic violence workers to understand, recognize, and respond to intimate partner sexual violence. In L. McOrmond-Plummer, P.L. Easteal & J.Y. Levy-Peck (Eds.), *Intimate partner sexual violence: A multidisciplinary guide to improving services and support for survivors of rape and abuse* (pp. 110-123). London: Jessica Kingsley Publishers.

⁶ Etherington, N. A. and Baker, L. L. (2016). *Exploring the Intersections of Domestic Violence and Sexual Violence: A Discussion Paper Informed by February 2016 Knowledge Exchange*. London, ON: ISBN: 978-0-9688655-5-2.

⁷ See 5.

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