

# Making the Connections: Advocating for Survivors of Intimate Partner Sexual Violence

**Marianne Winters**

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## Why Make the Connections?

Intimate partner sexual violence (IPSV) is the place where the movements to end and address domestic violence and sexualized violence come together. Simply stated, IPSV exists whenever sexualized violence is present along with any form of violence within an intimate relationship. In early thinking and literature, it was often referred to as "marital rape" or "wife rape." IPSV has been coined as a term so that the understanding of the issue is broad and inclusive of the wide range of intimate relationships, including unmarried partners, people in dating relationships, people of all genders and sexual orientations, and teens. From a survivor's perspective, IPSV is a part of a bigger picture of violence, abuse, and control where sexual assault and abuse get used as an additional form of battering. For some survivors, sexual assault may be the sole form of physical abuse within a relationship. From the perspective of workers in movements to address domestic and sexual violence, however, IPSV is often addressed with the same or similar strategies as either domestic violence or sexualized violence, and oftentimes is unidentified and unaddressed, leaving survivors with gaps in advocacy which narrow the opportunities to develop safety and healing. For the movements to end and address domestic and sexu-



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It is my belief that full integration of these issues is essential at all levels of our movements. Counselors and advocates working in domestic violence programs must learn how the experience of sexualized violence impacts efforts to build safety for survivors of domestic violence. Counselors and advocates within rape crisis centers must learn how the risk for ongoing physical violence impacts efforts to seek justice and address healing. Educators and trainers must know how to deepen the analysis of these issues in the context of prevention and professional training. Policy developers must include strategies that address the complexity of these issues. Finally, organizations must implement concrete strategies that promote integrated safety, healing, advocacy, and prevention.

### **A Word about Organizational Structure**

My work on IPSV grew out of my work at a rape crisis center in Massachusetts, which eventually led to my work as the first Director of the Massachusetts Coalition Against Sexual Assault (MCASA). In 1998 MCASA was dissolved as it merged with the Massachusetts Coalition of Battered Women Service Groups to form Jane Doe Inc., the Massachusetts Coalition Against Sexual and Domestic Violence. One of the anticipated benefits of the coalition merger was the potential to more fully develop the statewide response to IPSV.

Whenever I begin to talk about these issues, somebody always raised the comment –“sounds like you think we all should merge.” The reality is that I do not promote merger or combining agencies as the only way that these issues can be addressed. And, I don’t believe that just because an agency or coalition works on both domestic violence and sexual assault, that this automatically means that the issues will be integrated. When I promote integration of these issues, I intend for all of us to think through these issues based upon the experiences of survivors and the needs of communities. Integration can happen through creative collaborations, through the development of training, and through policy initiatives that address the complex needs of survivors of IPSV. In this article I propose a model to frame the issues of IPSV based in a social change framework that encompasses initiatives that address these issues at all levels of intervention.

### **Start with Society**

IPSV exists in the context of our society’s mythology and within the context of oppression. As we know from our work to identify the sociological underpinnings of both domestic and sexualized violence, we are bombarded with these messages, both subtle and obvious, that lay the foundation for interpersonal violence. I won’t go into the whole spectrum here, but will highlight some particular messages that I believe promote perpetrator behavior and impact the ways in which survivors feel and recover in the aftermath.

First and foremost is the idea that rape can’t exist in a marriage or ongoing relationship. This, of course then becomes extended to include anyone who has ever had consensual sex, which is why one of the earliest battles of our movements was the passage of rape shield laws and other measures that assure that a victim’s past sexual conduct is not open as evidence of consent. These hard-won battles were direct confrontations of the notion that once a woman consents to sex, she’s committed to sex forever after. The notions of “wifely duty” and our cultural obsession with coupling further solidify this message. “You’re nobody unless somebody loves you” is not only a lyric in a song, but also a theme in countless movies, television shows, cartoons, and children’s stories.

Another sociological factor is society’s obsession with looks and women’s bodies. Here the message goes, “You’re nobody unless you’re thin, beautiful by popular cultural standards, well-proportioned, manicured and coiffed, and of course, with all unwanted hair removed.” This cultural dynamic is used as a tool by perpetrators who use verbal insults, comparisons with others, and physical put-downs as an effective tool of emotional abuse.

Finally, mainstream US culture attempts to enforce behavior by maintaining strong consequences for anyone who may be or behave outside of a prescribed norm. This is one of the many ways that racism and sexism collide by opening the door to rape of women of color. Women of color, under this paradigm, get perceived as more deserving of rape and in need of being controlled. In fact, anyone who doesn’t fit a narrowly prescribed set of behaviors and identities is at greater risk. Societal messages are abundant that punish people with mental illness, with disabilities, who are poor and working class, with increased risk for violence. Also, gay men, lesbians, bisexual women and men, and transgender people all hear these messages,



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while the wider society learns that all of these populations are fair game for sexual violence.

### **The Impact of IPSV on Survivors**

Survivors of IPSV often experience the full range of impact that is usually associated with both domestic violence and sexualized violence. However, the specific reactions that survivors have to this violence may be exacerbated by the complexity of the violence suffered. Women may have similar rates of fearing death or having severe psychological outcomes when raped by strangers or by intimate partners. Survivors may be experiencing reactions to the actual abuse as well as to society's mythology regarding sexual assault – it's the victim's fault, it's what she did, how she acts, what she wears, etc. Put in a context with society's messages about sexuality and obsession about looks and bodies, and many survivors experience deep feelings of shame, guilt, fear, and invisibility.

For many, the struggle to reach clarity about the abuse is difficult. Because they were sexually assaulted or abused by an intimate partner, they frequently don't identify as victims of rape or sexual assault, yet they are experiencing emotions as a survivor of sexual assault. While their partner may have raped them repeatedly, it's rare that the perpetrator gets named as a serial rapist, yet this is indeed behavior that fits this definition. Rather, society layers on confusion and denial so that many survivors experience a disconnect between what they feel and what they understand to be happening to them.

IPSV is also a medical issue, with both short-term and long-term health impacts that are often unaddressed. Short-term and urgent medical needs include injuries from the assault, issues with unwanted or forced pregnancy, sexually transmitted infections, risk of birth defects or miscarriage, risk for alcoholism and other substance use and abuse, depression, anxiety, suicidality, and forensic needs. Longer-term issues emerge when immediate issues are ignored or misdiagnosed, as well as the full range of longer-term health impacts of ongoing violence.

### **Cultural Factors**

Culture and background play a role in how survivors experience the impact of violence. While a survivor's culture and social system may serve a safety and healing role, it can also be the source of messages that can be misused to further isolate a survivor. Messages about adherence to gender roles or the expectations

of a wife and mother all factor in to a survivor's reactions. Belief structures based in religion, political ideology, economic background, sexual orientation, and gender identity may also have an impact. When a survivor is part of a community that is isolated or extremely marginalized (such as certain immigrant communities, transgender survivors, or survivors with disabilities or deafness) there can be few, if any, places to turn for support in developing safety and healing. In fact, the very community that provides a social and economic support structure may also be a place of support and denial for perpetrators. There are many cultures that adhere strongly to the notion that married women are obligated to have sex whenever their husbands wish. These messages are grounded in cultural, historical or religious values and often have a high degree of adherence within the culture. There are often strong cultural taboos to discussing sex in general, let alone IPSV. These cultural taboos are often widespread and act as barriers to disclosure across many cultures. It should be remembered that not every person from a given culture or background adheres to predominant cultural norms to the same degree. Many cultures have some element or degree of belief in the concept of "wifely duty," which can contribute to the idea that men have a right to demand sex of their partners and that women have an obligation to comply.

### **Implications for Lesbians and Gay Men**

Society's oppression of people in same-sex relationships puts survivors at more risk for isolation and marginalization. Same-sex oppression or heterosexism establishes messages that all people in same-sex relationships are sexually deviant, dangerous or abnormal. Therefore, it may be even more difficult for survivors to identify their experience as sexual assault. Many survivors lack a strong support system due to heterosexism. Survivors may not have been open to family members or friends about their relationship or their sexuality, making it more difficult to disclose the abuse in the relationship. They may also fear becoming isolated from their community by "airing dirty laundry" about an already oppressed community. The abusive partner often uses heterosexism as a dynamic of the abuse. For example, an abuser may threaten to "out" their partner to family or co-workers as a tool for getting the survivor to comply or keep quiet about the abuse. Not only do survivors face their feelings about the sexual abuse and the stigma attached, but also they have to deal with the fear that whomever they might confide in will be judgmental about their same-sex relationship.

### **Implications for Transgender Individuals**

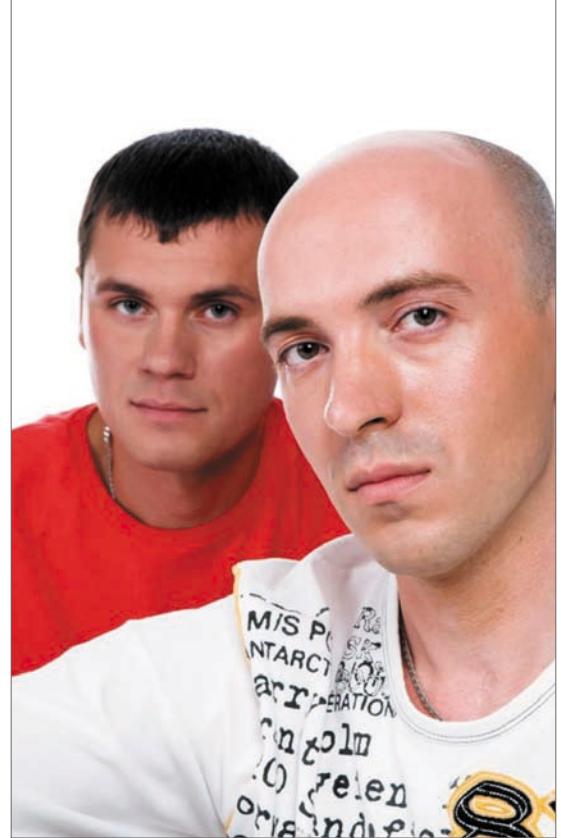
Intimate partner sexual assault may take place in relationships where one or both partners identify as transgender. Often workers lack basic understanding of issues, and may make assumptions and expect or depend on the transgender person to explain everything about their lives before being able to help. Counselors may assume that transgender is the same as gay or lesbian and may want to identify based on looks or biological gender, rather than self-identity. Programs that have gender requirements for eligibility for shelter and safe homes may be inaccessible to members of the transgender community. A common experience of transgender survivors is to find counselors who believe that their job is to focus on the issues of gender transition and identity, rather than on issues related to the violence they are experiencing. Survivors may not have "come out" to family members, friends, or medical providers, making it more difficult to disclose the abuse in the relationship.

## Implications for Domestic Violence and Sexual Assault Programs

Anyone who works with survivors of either domestic or sexualized violence should develop a foundation of understanding of IPSV. Cross-training initiatives are a beginning to this process; ongoing development that includes training, think-tank approaches, and case study is an essential next step. Advocates need to understand not only the steps within the system, but at a deeper level, the ways that the decisions, options, concerns, and priorities of survivors of IPSV may be impacted by the complexity of the abuse. Therefore, integration of issues of IPSV must be supported and structured into ongoing management structures at every level of organizations. Policy groups including coalitions, community task forces, and round tables are also key to this process. I would advocate that integration be imagined on every level with a goal toward improving a community's capacity to fully support survivors of IPSV. This would assure that issue development happens at the level of individual advocates, prevention educators, managers, boards and advisory groups, and policy makers.

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## Call for Collaboration and Innovation

Various factors contribute to underreporting, shame, lack of help-seeking of survivors of IPSV and to the difficulty in documentation of IPSV. As a movement, we can continue to lead the way toward integration of these issues so that the responses on all levels will come closer to meeting the needs of survivors. Collaboration is key, and begins with local conversations within organizations, across organizations, and within community roundtables and task forces. Assessment tools and skills are extremely important as a starting point. Questions about sexual assault by intimate partners need to be asked with sensitivity and in a number of ways to be sure that survivors do not have to identify with a narrow definition or question. Also, survivors need to be asked in a way that validates their experiences and emphasizes that they are not alone. With an already established network of partnering organizations and coalitions, we have the foundation that can support this work and deepen our capacity to more fully support survivors of IPSV. ◉