

# Teen Center

## Teen Dating Violence Technical Assistance Center



### Issue Brief

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## Intimate Partner Sexual Violence and Teens

Intimate partner sexual violence (IPSV) occurs at the intersection of dating violence and sexual assault, and victims of IPSV may experience reactions similar to victims of either dating violence or sexual assault, or both. Yet studies also suggest that those who are sexually abused by an intimate partner also have an experience that is qualitatively different from those who are physically abused by a partner or sexually assaulted by a stranger. It is therefore worthwhile to independently study IPSV issues and to develop services that are responsive to the needs of teens who experience IPSV.

Studies suggest that between 14 and 25% of women report sexual assault by an intimate partner at some time during the relationship.<sup>1</sup> Most women (83%) reported a change in the relationship before the first sexual assault, such as the abuser becoming more possessive or controlling, an emotional separation (e.g., “He knew I didn’t want to be with him anymore”), or an actual or pending physical separation.<sup>3</sup> Victims of IPSV are often subject to repeated sexual assaults – on average, 4.5 incidences over the course of the relationship, with 55% of women in one study reporting being raped 20 times or more during the relationship.<sup>4</sup> Several women stated that the physical abuse began when they tried to physically resist the sexual abuse.<sup>5</sup> Many women also say that they acquiesced to unwanted sexual contact with their partners to avoid physical violence.<sup>6</sup>

Studies comparing the physical and emotional health

of physically abused women and physically and sexually abused women show that the latter group is significantly more likely to suffer serious adverse effects as a consequence of IPSV. Women who experience both forms of abuse in their relationships have been shown to be at three times the risk for homicide, and report many more risk factors of lethality, including higher rates of extreme jealousy by the abuser, threats of murder from the abuser, threats by the abuser to harm children, strangulation, and sharp increases in the frequency and severity of abuse.<sup>6</sup> This should be of particular note to service providers who work with teens, a group that already experiences higher rates of domestic violence than many other age groups.<sup>7</sup>

Victims of IPSV also report much higher rates of physical health problems, especially gynecological issues such as vaginal and rectal infections and bleeding, genital irritation, pain during intercourse, urinary tract infections, fibroids, sexually transmitted infections, and pelvic pain and inflammatory disease.<sup>8</sup> Furthermore, in one study, more than one quarter (26%) of sexually assaulted women had an unintended pregnancy because of the assault, typically because the abuser refused to use birth control or wear a condom.<sup>9</sup>

Victims of both sexual and physical abuse also report much higher rates of poor mental health functioning and related behaviors. Women who experience both have been found to have lower levels of self-esteem, lower self-efficacy, and greater levels of depression and anxiety.<sup>10</sup>

**For many victims of IPSV, the sexual assault is worse than the physical abuse.**



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They also reported more symptoms of Post-Traumatic Stress Disorder, such as sleep disturbances, feelings of numbness, and a disinterest in life.<sup>11</sup> About one-third of IPSV victims also reported that they began or increased their use of alcohol, nicotine, or drugs as a way to cope with the emotional trauma of the sexual assaults.<sup>12</sup> In one study, 22% of those experiencing both physical and sexual violence had threatened or tried to commit suicide within the previous 90 days, as compared with 4% of those who had only been physically abused.<sup>13</sup>

Currently, there is limited research on the topic of IPSV, and that which does exist focuses almost exclusively on adult victims. We can, however, draw connections between this research and what Break the Cycle has learned from its work with teens to begin to develop an understanding of IPSV in teen relationships. Research on teen dating violence strongly indicates that teens' experiences of abuse are similar in many ways to that of adults, allowing us to conclude that much of this information is likely applicable to teen relationships. For example, since teens experience abuse at the same – or higher – rates as adults,<sup>14</sup> we can estimate that, at the least, anywhere from 14-25% of teens are sexually assaulted by an intimate partner, and that approximately 60% of teens who are physically abused are also sexually assaulted. Additionally, given that the first incident of abuse happens on average at age 15<sup>15</sup>, it is reasonable to conclude that, by that age, many teens have already experienced IPSV.

In a teen relationship where there are already elements of dating violence, sexual assault is used by the abuser as another tool to exert control over his partner, and IPSV almost always occurs alongside other forms of

intimidation and abuse. During an incident of physical violence, unwanted sexual contact may be a way for one teen to assert his power, similar to his reaching for a weapon. Independently, sexual assault can be used to further humiliate, degrade, punish, or “take ownership” of the victim. Moreover, we know that abuse often escalates when the teen victim takes steps to leave, which supports reports that sexual abuse often begins when there is a change in the relationship. For many victims of IPSV, the sexual assault is worse than the physical abuse, primarily because the assault violates the trust and respect that tends to be characteristic of sexual contact between partners. This may be especially true for teen victims, who are likely to have their first intimate or sexual experiences with their abusive partner. Additionally, the health studies suggest that the cumulative effects of physical and sexual abuse are more severe and in some ways qualitatively different than experiencing physical abuse alone. Since teen dating violence victims are already more vulnerable to many of these physical and emotional health concerns, the experience of IPSV only augments the adverse health impacts for teenagers.

### **Reporting and Responses**

In general, sexual assaults are less likely to be reported than physical assaults, and even less so when the assailant is an intimate partner. Only 26% of IPSV victims told someone about the first sexual assault, usually a family member or friend.<sup>16</sup> About 6% contacted the police following the first assault, 8% applied for a protection order (most waited several years after the first assault before applying for an order), 9% received medical care, and 3% sought counseling.<sup>17</sup> Teens

experiencing dating violence already have a very low rate of reporting, and it is probable that teens experiencing IPSV will report at even lower rates. If teens are not talking to anyone about the abuse then they are also not receiving important help, such as medical care and mental health service – help that teen victims very much need.

These low reporting rates can be attributed to a number of barriers that victims of IPSV, and teen victims in particular, face. Many teens say that they do not seek help because of concerns about anonymity and confidentiality. Victims also commonly cite fear of retaliation from the abuser or third parties, shame, and embarrassment as reasons they do not report the assaults. Many choose not to involve the police or the legal system because they do not believe that those resources will take IPSV seriously or that they will be able to offer any help. Another factor in the underreporting of IPSV is society's emphasis on the importance of being in a relationship. Women are often advised to put up with unwanted sexual contact and told that it is their duty to have sex with their partner or, frequently for teens, that they are lucky to be in a relationship and/or having sex at all. Teens are especially susceptible to societal messages about relationships since they have such limited experience with dating, sex, and love. For many teens, the relationship with an abusive partner is their first intimate relationship and the first time they engage in sexual activity with another person. Teens may be confused about what a healthy relationship entails or have skewed expectations of what one will be like. Consequently, teens often romanticize jealous behaviors and justify controlling and coercive

actions as indicative of passion and love.

Intimate partner offenders are also able to take advantage of the relationship context, using it to make themselves seem like “nice guys” and playing into society's biases that intimate offenders are somehow not as dangerous or problematic as stranger sexual offenders. Teen offenders may know that their partners are inexperienced and insist that sexual contact – even if unwanted – is a necessary part of a relationship. Or abusers may capitalize on the fragile self-esteem that often accompanies puberty, adolescence, and emerging sexuality as a way to further control their partner. Because of these dynamics, teen victims often have complex feelings about the abuse; they may continue to love the offender, blame themselves for the abuse, have difficulty recognizing that they are being abused, and feel embarrassed, shameful, or guilty.

While few reach out for help, contact with the justice system – either through the police or a protective order – has been associated with up to a 70% reduction in the risk of re-assault.<sup>18</sup> Reporting also initiates responses from service providers that can be critical in getting victims the help they need. For example, reporting to the police triggers the collection of forensic evidence, which is performed by a medical provider who can help ensure the victim gets necessary medical care. Calling a dating violence hotline may encourage a victim to apply for a protection order. Consequently, routine assessment for sexual assault must be part of standard justice and health services, as well as all domestic/dating violence and victim services organizations. Providers should be equipped to give victims information on the associated mental and physical health concerns, including homicide, associated with IPSV and offer



**Stay on the lookout for upcoming webinars on other issues affecting service providers who work with teens at the Teen Center website.**

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homicide, associated with IPSV, and offer referrals to medical, legal, and other resources.

### Challenges for Service Providers

- The context of IPSV may make pursuing legal remedies more difficult.
  - ◇ Teens experiencing IPSV often behave differently from what the public expects of “real” sexual assault victims. Teens often do not scream or resist during an assault, continue to have contact with their abuser, and may even “consent” to sexual activity with their abuser at some later time.
  - ◇ Teens are often reluctant to testify, usually because they fear retaliation by the abuser, are ashamed of their experiences, or find the court system intimidating.
  - ◇ Rape shield laws, which exclude evidence of a victim’s past sexual conduct, may be helpful if the teen has consented to sexual activity with the abuser in the past. But these laws may also pose a challenge in trying to establish a pattern and history of past sexual coercion .
  - ◇ Judges may not allow evidence of physical and emotional abuse into a case regarding sexual assault, which can pose a challenge since the history of abuse can be essential to proving why it may appear that a victim “consented” to sexual contact but was in fact coerced, threatened, or intimidated into “consenting”.
- Many teen victims of IPSV do not consider their experiences to have been sexual assault.
  - ◇ Because of their inexperience, teens may be confused about what is and is not acceptable in a dating or sexual relationship.
  - ◇ Cultural messages perpetuate a sense of entitlement to complete access to one’s intimate partner and the mistaken belief that once part-

ners begin having sex, consent exists permanently and cannot be withdrawn.

- ◇ Teens may especially susceptible to belief structures based in religion, culture, economic background, and/or sexual orientation that complicate their understanding of what constitutes sexual assault.
- ◇ Many sexual assaults perpetuated by intimate partners are “non-violent” or unaccompanied by physical abuse, which can make it more difficult for teens to interpret their experience as an assault.

### Tips for Overcoming Obstacles and Helping Teens Experiencing IPSV

The National Sexual Violence Resource Center inventoried victim services programs across the country and found that out of 1,649 domestic violence organizations, about half also offered services explicitly geared toward sexual assault, but the actual extent to which these programs addressed sexual victimization varied widely. This, along with research on IPSV, indicates that agencies need to continue to develop services that go beyond just recognizing that sexual assault occurred within an abusive relationship – or that additional domestic violence dynamics were present during a sexual assault – and instead respond to the multiple, complex, and particular needs of those who experience IPSV. Below are some key tips that can help service providers working with teen victims of IPSV.

- Recognize that teens experiencing IPSV are at an increased risk of death or serious physical harm.
  - ◇ Know the warning signs of lethality and ask questions that allow you to get a better understanding of the risk factors present in the teen’s relationship.
  - ◇ Gently but clearly tell the teen that you are concerned for his safety, talk to him about safety planning and what to do in an emergency, and make appropriate referrals.

- Look for signs or symptoms of the mental and physical health problems that are often a consequence of IPSV.
  - ◊ Tell the teen that you are concerned about her well-being, and refer her to medical treatment facilities and/or counseling services.
- Acknowledge the barriers to reporting that teens experiencing IPSV often face. In particular, understand that many teens have difficulty recognizing or are reluctant to admit that they are experiencing sexual assault.
  - ◊ Mirror the teen's choice of language. Many teens will lose trust in you as a provider if, for example, you are talking to them about rape but they have not identified their experience as one of being raped.
  - ◊ Develop screening or intake questions that reflect the ambiguity and confusion in teens' experiences. Examples include "Have you ever had sexual contact with your partner because you were afraid of him/her?" and "Have you ever 'given in' to a sexual encounter with your partner to avoid fighting or being hurt, or because he/she has forced, threatened, or pressured you to?"
- Understand how the dynamics of IPSV can impact the legal process.
  - ◊ Work with the teen, alongside victim advocates and attorneys, to explain the legal process to help make the teen more at ease with, and less intimidated by, the prospect of appearing in court.
  - ◊ Work to educate attorneys, judges, and others in the legal system about the importance of including evidence indicating a history or pattern of abusive behaviors in cases of IPSV.
- Seek out opportunities to learn more about IPSV in teen relationships.
  - ◊ Encourage research efforts that study how teen victims of IPSV react to and cope with their experiences, as well as the kinds of resources they do and do not seek out.

- ◊ Collaborate with other service providers to share best practices for working with teens experiencing IPSV.
- ◊ Work to develop educational and programming initiatives within your community that address IPSV and its impact on teens.
- ◊ Educate yourself on the remedies that are available to teens experiencing IPSV, including legal and health services.

#### Notes

<sup>1</sup> Judith McFarlane and Ann Malecha, "Sexual Assault Among Intimates: Frequency, Consequences and Treatments." (2005).

<sup>2</sup> Id.

<sup>3</sup> Lynn Hecht Schafran et al., "Making Marital Rape a Crime: A Long Road Traveled, A Long Way to Go." *Intimate Partner Sexual Violence: Sexual Assault in the Context of Domestic Violence*. 12-18. <<http://www.wcsap.org>>.

<sup>4</sup> McFarlane and Malecha, "Sexual Assault Among Intimates: Frequency, Consequences and Treatments."

<sup>5</sup> Id.

<sup>6</sup> Id.

<sup>7</sup> Bureau of Justice Statistics, "Intimate Partner violence and Age of Victim, 1993-1999." NCJ 187635: October 2001, 3.

<sup>8</sup> Id.

<sup>9</sup> Id.

<sup>10</sup> Lauren Bennett Cattane, et al. "Sexual Assault within Intimate Partner Violence: Impact on Helpseeking in a National Sample." *Journal of Prevention & Intervention in the Community*, 36:1 (2008) 137-153.

<sup>11</sup> McFarlane and Malecha, "Sexual Assault Among Intimates: Frequency, Consequences and Treatments."

<sup>12</sup> Id.

<sup>13</sup> Id.

<sup>14</sup> Bureau of Justice Statistics, "Intimate Partner violence and Age of Victim, 1993-1999." NCJ 187635: October 2001, 3.

<sup>15</sup> Ximena B. Arriaga and Nicole M. Capezza, "Targets of Partner Violence: The Importance of Understanding Coping Trajectories," *Journal of Interpersonal Violence* 20.1 (2005): 89-99.

<sup>16</sup> Id.

<sup>17</sup> Id.

<sup>18</sup> Id.

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