Sexual Violence within the Context of Intimate Partner Violence

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Nancy Glass, PhD, MPH, RN, FAAN
Associate Professor
Johns Hopkins University
School of Nursing

PRESENTATION (morning)

- Sexual and gender-based violence (SGBV) as a human rights violation (global perspective),
- Definition of sexual violence in abusive intimate relationships (including same-sex relationships),
- Prevalence of sexual violence in abusive intimate relationships – National and Oregon specific information
- Identifying risk factors for sexual violence in abusive intimate relationships
- Health, Economic and Social Impact of Sexual Violence on IPV Survivors
  - HIV/STIs
  - Reproductive control and coercion
  - Psychological
- Cultural considerations

PRESENTATION (afternoon)

- Assessment for sexual violence in the context of intimate partner violence
  - Consent
  - Confidentiality
  - Assessment questions and tools
  - Resources/Referrals (including forensic exam, post-exposure prophylaxis)
- Using assessment information to collaboratively develop a tailored action/safety plan with survivors and children

Framing Sexual and Gender Based Violence (SGBV) as a Human Rights Violation

- The United Nations Universal Declaration of Human Rights (UDHR, 1945) declares that human rights apply to all human beings without distinction of gender, although it does not specifically address issues related to women or violence against women.

- *Convention on Elimination of All Forms of Discrimination Against Women* (CEDAW, 1979).
  - CEDAW addresses the right of women to be free from trafficking and prostitution, but does not explicitly address IPV, sexual abuse, incest, or rape (UN, 1979).

Framing Sexual and Gender Based Violence (SGBV) as a Human Rights Violation

- *Declaration on the Elimination of Violence Against Women* (DEVAW, 1993),
- *Vienna Declaration* (UN World Conference on Human Rights, 1993),
- the *Beijing Declaration and Platform for Action* (UN Fourth World Conference on Women, 1995).
- All three declarations define violence against women, including violence within the family, as a human rights issue.

Definition

- Intimate Partner Violence (IPV):
  - Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship:
    - physical aggression,
    - psychological abuse,
    - forced intercourse & other forms of sexual coercion,
    - controlling behaviors (stalking, harassment)

(Krug et. al. '03)

Intimate Partner Violence

REPEATED PHYSICAL AND/OR SEXUAL ASSAULT WITHIN A CONTEXT OF COERCIVE CONTROL

(Campbell & Humphreys, '93; Humphreys & Campbell '04)

Conceptualized as a risk factor for many health or social issues rather than a disease or syndrome or diagnosis

Framing Sexual and Gender Based Violence (SGBV) as a Human Rights Violation

- Intimate partner violence is clearly a violation of the rights articulated in UDHR Article 3 (the right to personal security) and, in more severe cases, may also violate Articles 4 (slavery) and 5 (torture).

- Ongoing patterns of physical and sexual violence, the abusive partner assumes rights and privileges that belong to the survivor and thus, lowers the status of the woman to less than that of a human being (Young, 2003).

Framing Sexual and Gender Based Violence (SGBV) as a Human Rights Violation

- Abusive partner or ex-partner inflict physical violence, sexual violence, and emotional abuse, but also coercively controls the woman's environment, including income, housing, access to friends and families, work, food, children, culture, and sexuality.

- Insufficient governmental and institutional response from the criminal justice, health care, and social services systems are violations of women's human rights and deny survivors attempting to leave abusive situations of basic needs and living support.

Global Perspective: Intimate Partner Violence

- Globally, the vast majority of women experience violence at the hands of an intimate or ex-intimate partner or someone known to them as compared to men who most often experience violence from strangers.

- One out of every three women worldwide will be physically and/or sexually violated or psychologically abused during her lifetime by an intimate or ex-intimate partner, with rates reaching 70 percent of women in some countries (WHO Multi-Country Study, 2005).

WHO's landmark study documents the horrifying extent of violence against women by their intimate partners. It also clearly shows that violence against women demands a public health response, because the impact of such violence goes far beyond the immediate harm caused, affecting all aspects of women's future health.

This summary outlines the initial results of the study based on evidence collected from over 24 000 women by carefully trained teams of interviewers. It presents the findings from 15 sites in 10 countries representing diverse cultural settings: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania.

Focusing on the prevalence of violence by intimate partners, and the associations between such violence and women's physical, mental, sexual and reproductive health, the report also deals with non-partner violence, sexual abuse during childhood and forced first sexual experience.

Who do women turn to and whom do they tell about the violence in their lives? Although some women leave home and some fight back, the shocking answer in too many cases is nobody.

The report culminates in 15 recommendations to strengthen national commitment and action on violence against women by promoting primary prevention, harnessing education systems, strengthening health sector responses, supporting women living with violence, sensitizing criminal justice systems, and undertaking research and enhancing collaboration.

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Summary report

WHO Multi-country Study on Women's Health and Domestic Violence against Women

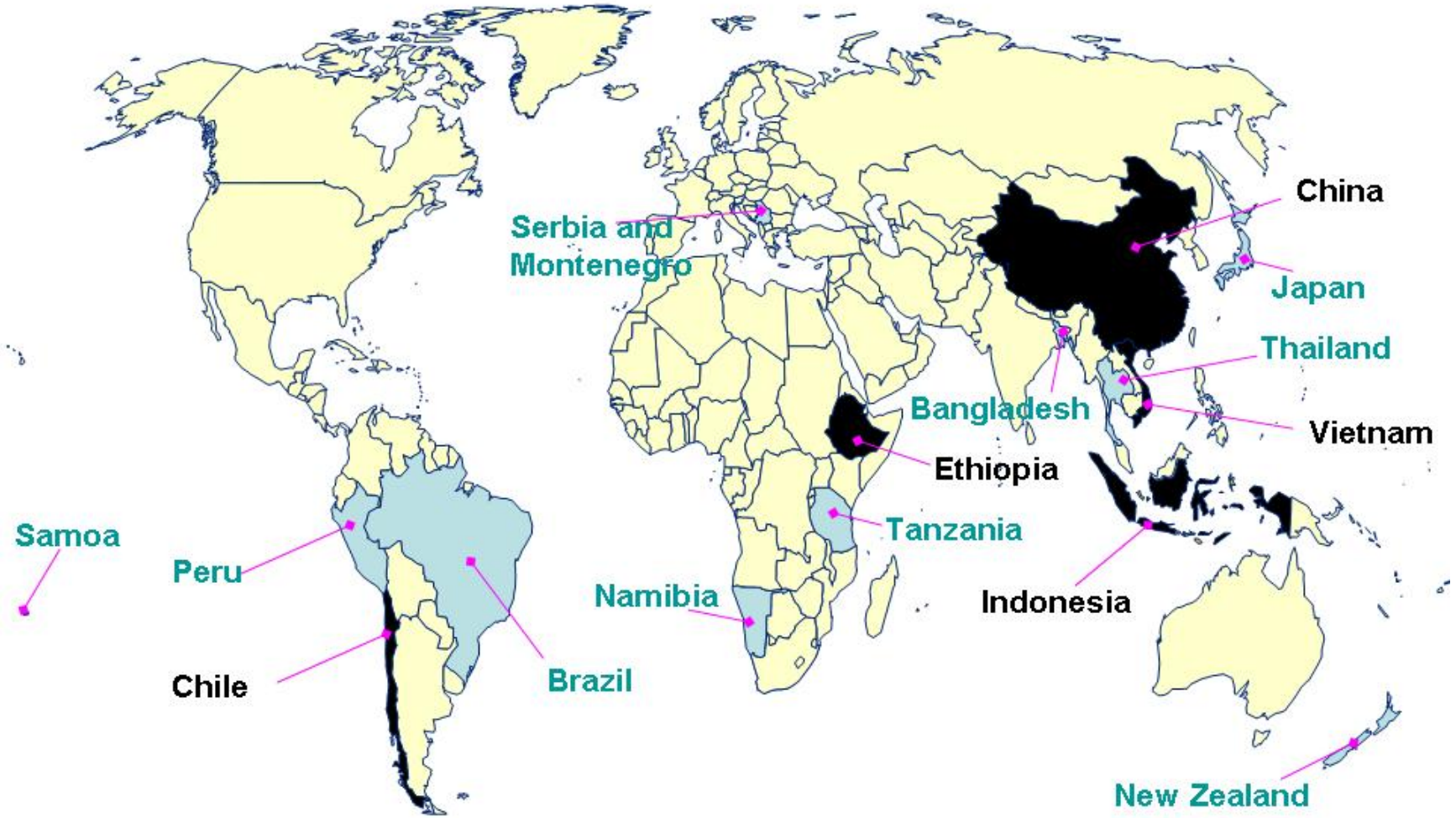
Initial results on prevalence, health outcomes and women's responses

World Health Organization

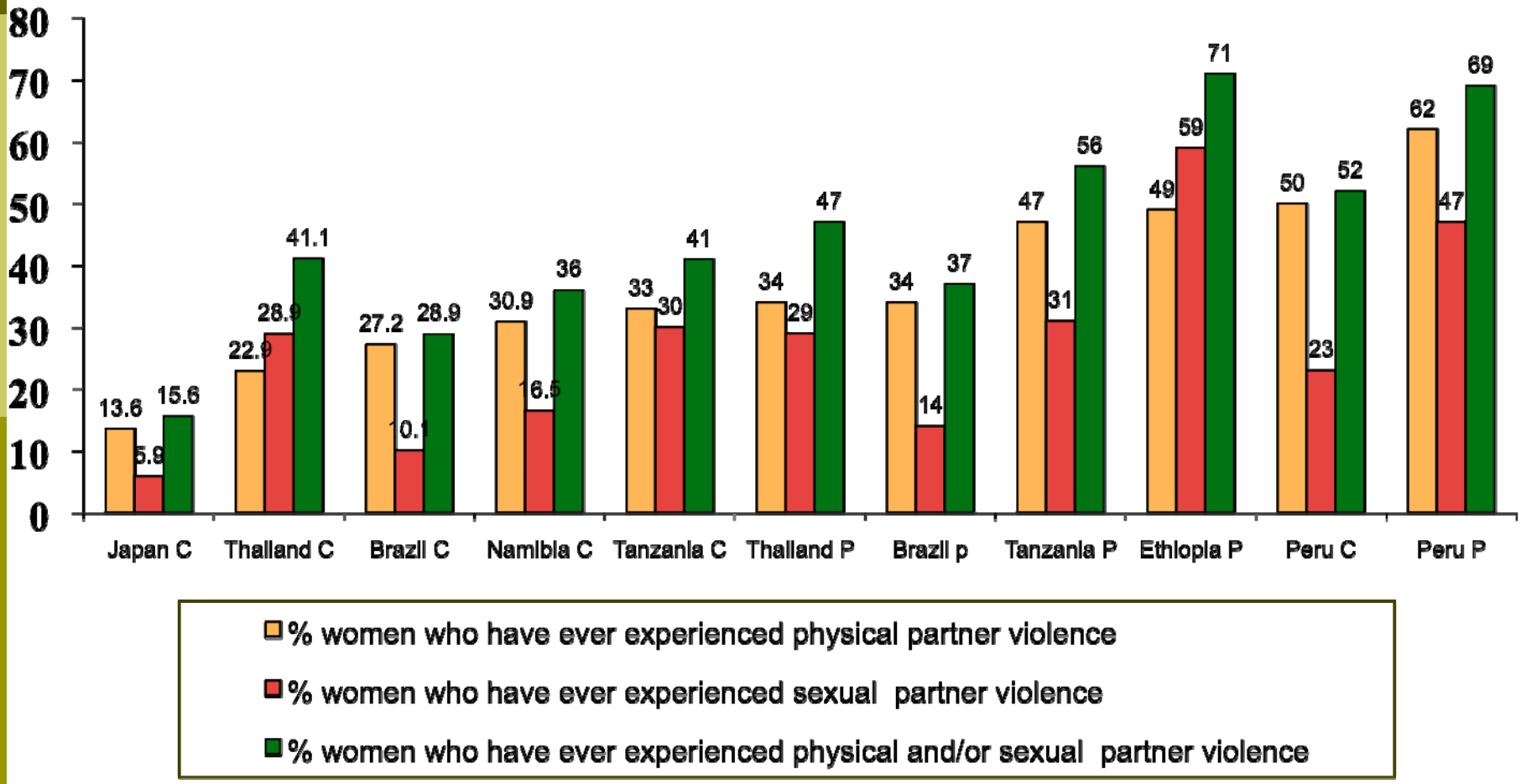
Multi-Country Study on Women's Health and Domestic Violence

- WHO Multi-Country Study:
  - 15 sites and 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and the United Republic of Tanzania.
- Methodology:
  - Population-based stratified sampling one urban & one province (rural) site in each country
  - 24,000 women completed in home interviews by skilled interviewers (except Japan & Serbia -survey research firm completed interviews)
  - Results comparable across countries
- Final Report: http://www.who.int/gender/violence/who_multicountry_study/en/

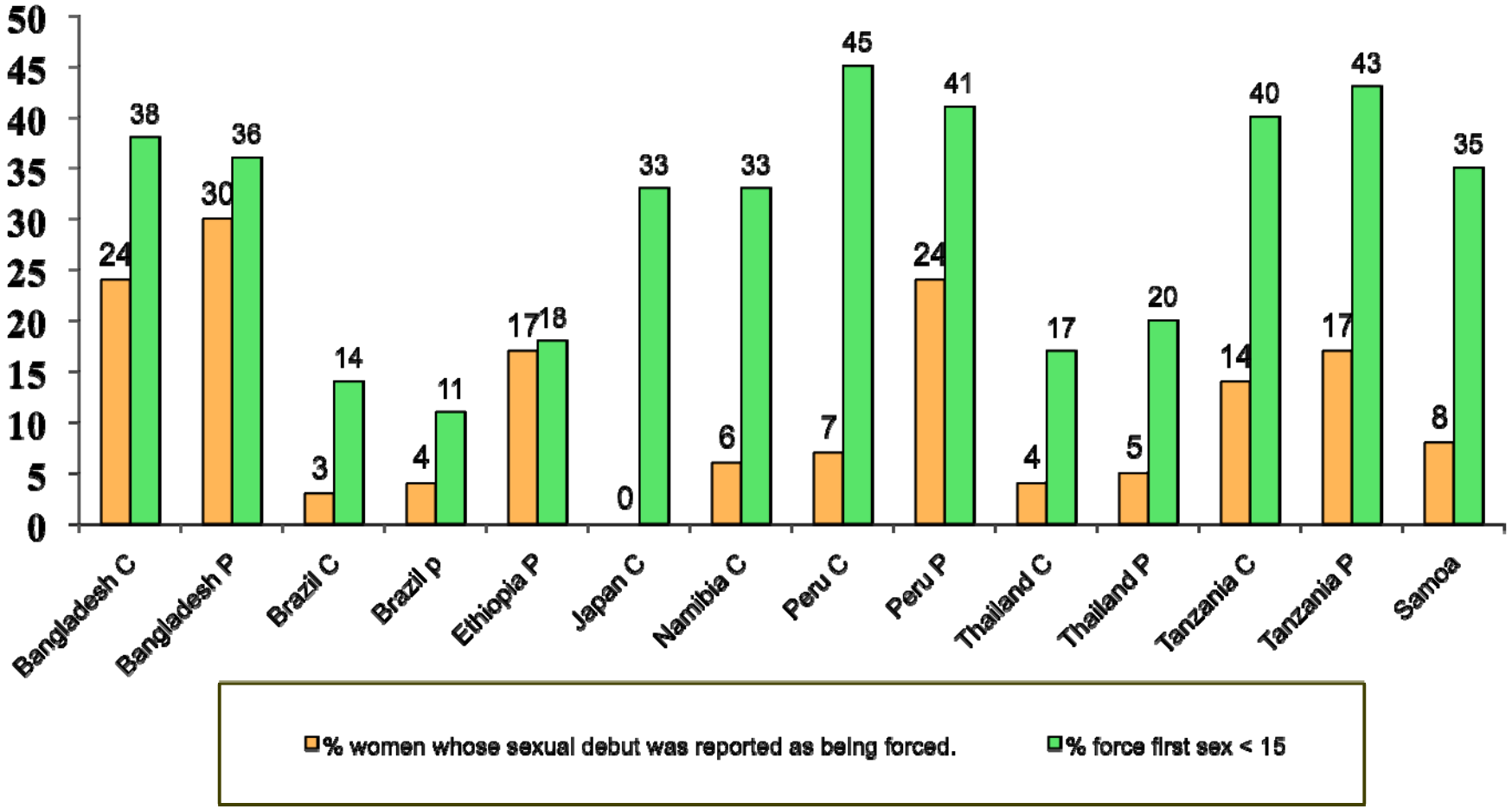
Multi-country Study on Women's Health and Domestic Violence - Participating & Parallel Studies



Women Lifetime Experience of Physical and/or Sexual Partner Violence



Global Prevalence of Forced First Sex



Global Forum Definition: Sexual Violence

"any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the survivors/victims, in any setting, including but not limited to home and work"

-Sexual Violence Research Initiative (www.svri.org) of the Global Forum for Health Research

Global Prevalence of Sexual Violence

- Sexual violence ranges from unwanted sexual contact to rape
- Cultural rituals and practices
  - arranged marriages of young girls
  - Genital cutting
- Forced prostitution, sexual slavery, survival sex
- Rape of internally displaced persons/refugees
- Rape as a weapon of war
- “Marital” rape

Rape as a Weapon War

- Destabilization of family and destruction of community
- Destroying adversary's culture
- A part of the "rules of war," a right of the victors
- Humiliation of the male "enemy"
- Retaliation/maintain fear among civilians
- Impunity for perpetrators
- Rape of virgin provides protection from diseases and bullets – can not be killed in war
  - Congolese female leader's strategy to end rape and violence against women by male/boy child soldiers

Democratic Republic of Congo - Mass Rape, Torture and Slavery - "Done to Destroy Women"

"All the News That's Fit to Print"

The New York T

VOL. CLVII . . . No. 54,090 © 2007 The New York Times SUNDAY, OCTOBER 7, 2007

Maria Shuluba, 53, was raped by armed men near Bukavu, Congo, in South Kivu Province, the epicenter of a rape epide

Rape Epidemic Raises Trauma Of Congo War

By JEFFREY GETTLEMAN

BUKAVU, Congo — Denis Mukwege, a Congolese gynecologist, cannot bear to listen to the stories his patients tell him anymore.

Every day, 10 new women and girls who have been raped show up at his hospital. Many have been so sadistically attacked from the inside out, butchered by bayonets and assaulted with chunks of wood, that their reproductive and digestive systems are beyond repair.

For Schools, No Lucky Number

Lotteries' Payoffs Fall Far Short of the Promises

By RON STODGHILL and RON NIXON

Last year, North Carolina's governor, Mike Easley, finally delivered on his promise to start a lottery, making his state the most recent of the 42 states and the District of Columbia to cash in on legalized gambling.

If some voters in this Bible Belt state frowned on Mr. Easley's push to bring gambling here, others were persuaded by his argument that North Carolina's students were missing out on as much as $500 million in aid annually as resi-

BEHIND THE JACKPOT
Doing the Math

CHRIS KEANE FOR THE NEW YORK TIMES

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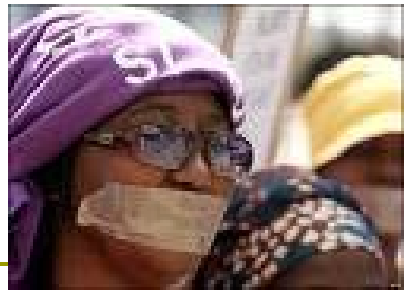
Challenges of Forced Sex Worldwide

- **Highest rates of rape globally have been reported in South Africa – but never studied in most developing countries**

- **Most developing countries – must first be certified as raped by a "forensic" MD (psychiatrist in some countries) before can report to police – must pay for own exam and legal case**

Sexual Violence



- Woman is more likely to be raped than learn to read http://www.oneinnine.org.za
- Estimated 1 in 9 cases are reported (MRC, 2002)
- 53,000 cases reported to police each year (SAPS, 2009)
- Every six hours a woman is killed by her intimate partner. (Mathews S, Abrahams N, Martin LJ, Vetten L, van der Merwe L & Jewkes R., 2004)
- Survey of 1,738 men: ¼ men between ages of 18-49 admitted to committing rape & ½ of those admitted to raping more than once (Jewkes, Sikweyiya,Morrell, Dunkle, 2009) http://www.mrc.ac.za//gender/interfaceofrape&hivsarpt.pdf

"Marital" Rape Worldwide (Heise, Ellsberg & Gottemoeller '99; Heise, Garcia-Moreno, Campbell '05)

- Men admitting to forcing "wife" to have sex:
  - 14-36%- India (varies by province; similar to prevalence of physical violence)
- Approval for "wife" beating if she refuses sex:
  - 57% of urban & 81% of rural females in Egypt
  - 43% of Males & 33% of females in Ghana
  - 5% of urban & 10% of rural women in Nicaragua

Global Perspective – Relevance to Oregon

- Service and advocacy to immigrant and refugee populations

- In 2000 (Urban Institute, 2003), 12% of Tri-county population is foreign-born
  - Latin Americans largest foreign-born group (36%, majority immigrants from Mexico)
  - Asian (35%, Vietnam, China, Korea, India, Philippines)
  - Europe (20%, Russia, Romania, UK, Ukraine)
  - African (2%, Ethiopia, Kenya, Somalia, Tanzania, Uganda, Zambia, Zimbabwe)

Higher Rates of SGBV Among Global Indigenous Peoples & "Minority" Populations

- Higher rates of maternal mortality, LBW infants, other reproductive health problems, mental health problems (depression and PTSD)
  - All associated with SGBV
  - HIV/AIDS
- Post colonial frameworks – e.g. Tuhiwai Smith '99
  - "What? Post- Colonialism? Have they [Colonists] left?"- Bobbi Sykes
  - Historical trauma – of original colonization - massacres, boarding school experiences, systematic stripping of cultural supports, etc.

US Law Based on English Common Law

"For the husband cannot be guilty of rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract, the wife hath given up herself in that kind unto her husband which she cannot retract."

Sir Matthew Hale 1736

Sexual Violence in Context of IPV

- **Marital rape is a crime only in Europe, North America, Mexico, & South Africa**
  - **Need for Citizenship and English language classes for immigrant populations to include information about marital rape laws**
- **Legal Issues – Sexual Assault Laws**
  - Difficulties in prosecution - < 1% of marital rape cases result in actual jail time for perpetrator

Sexual Violence in Context of IPV: Oregon

- Oregon – no law specific to marital rape, rape within marriages is handled the same way (at least under the law) as rape outside of marriage or relationship.
- Oregon – no laws that address sexual violence in the context of IPV
  - Restraining order - sexual violence is one of the types of abuse that can qualify one for a restraining order against an intimate partner or family member (see ORS 107.705).
  - Sexual violence outside the family/partner context does not qualify one for a restraining order unless it is a no contact order through the prosecution process (as a term of probation or a condition of release) or unless there are grounds for a stalking order (which requires 2 contacts or more).

Sexual Violence in Context of IPV

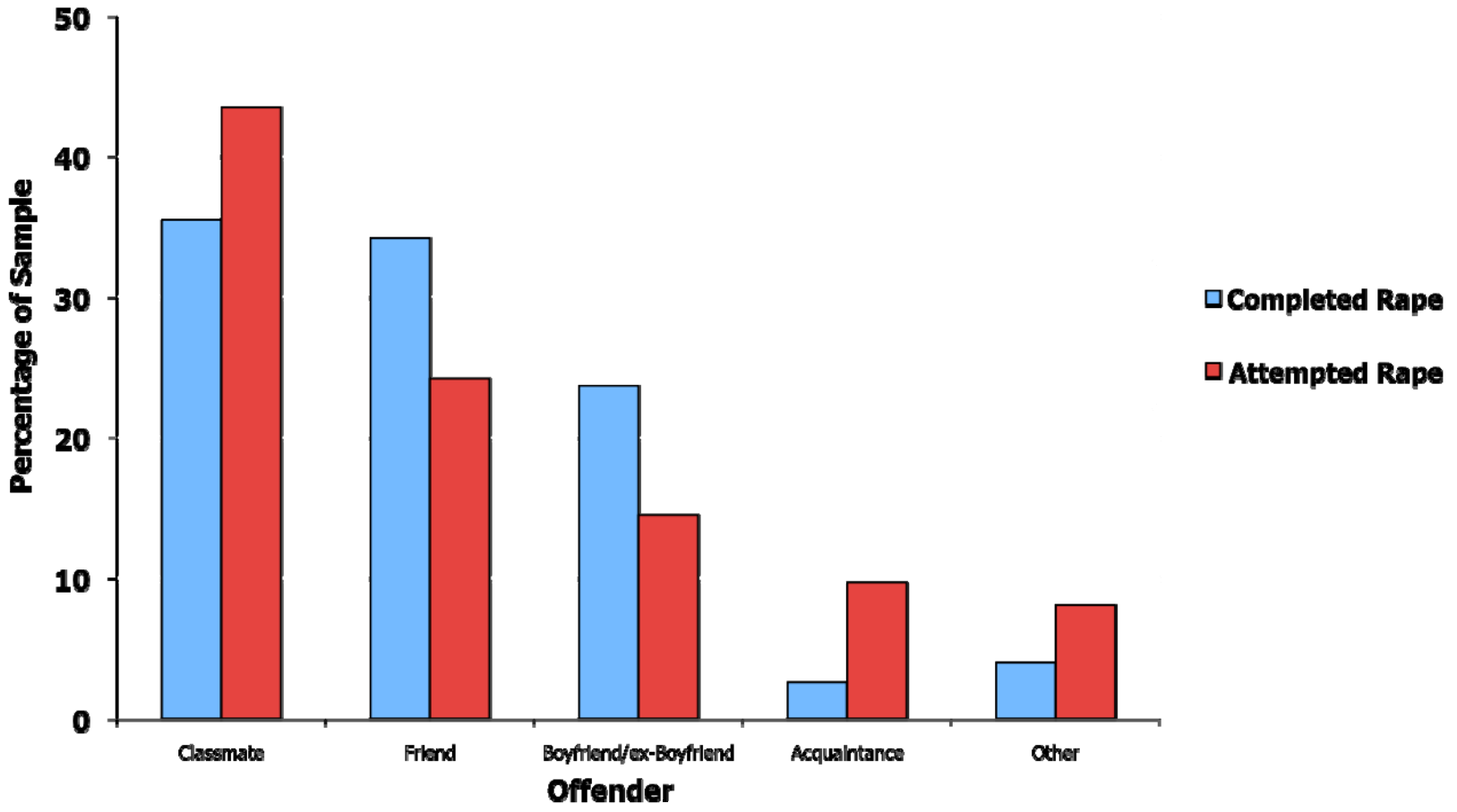
- **Women generally do not relate to rape or sexual assault language if perpetrator is an intimate partner**
  - Initial assessment – use forced sex language
  - Need to point out the criminality of the act but do not force her to accept rape language

Sexual Assault among College Women

Sexual Victimization of College Women (2000)

- 2.8% experienced a rape or attempted rape
- 1 in 36 college women experienced a completed or attempted rape in about 6 mos.
- Data suggests nearly 5% of college women are victimized in a calendar year.
- Over course of college career, 20 to 25% will experience rape or attempted rape.

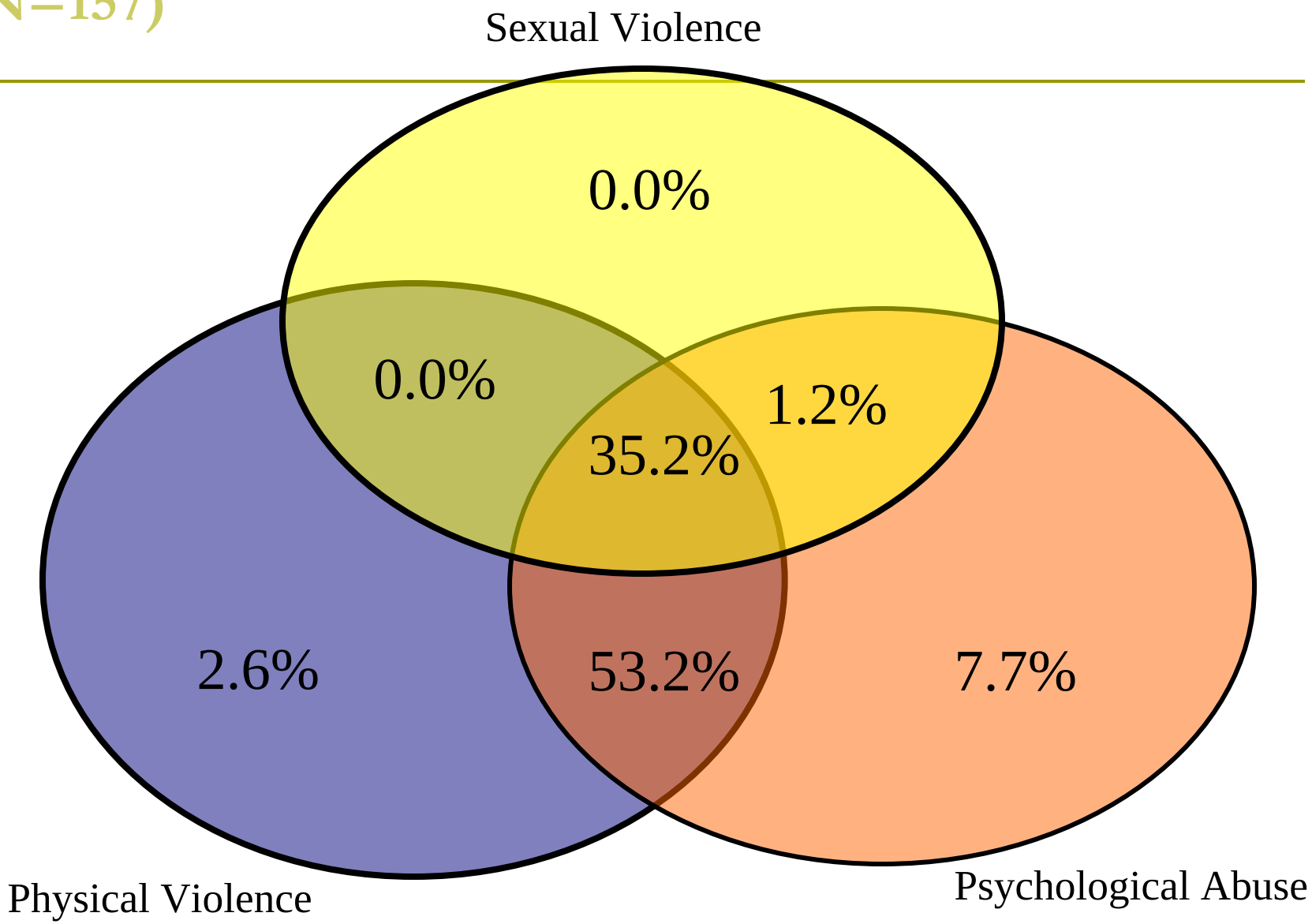
Victim-Offender Relationship for Rape Victimizations Committed by Single Offenders



Sexual Violence in the Context of IPV

- "Date" Rape – in an ongoing dating relationship
- Forced first sex within an ongoing relationship
- Most often part of pattern of ongoing coercive control – 40-45% of IPV forced sex (Campbell & Soeken '99; Campbell et al 2002)
- Occasionally sexual violence occurs without other forms of IPV in the relationship

Overlap of Physical, Sexual and Psychological IPV (N=157)



The Continuum of Sexual Violence in IPV

May include…

- Forced sex - by force or threat of force
- Painful sex - clearly indicated as unwanted
- Sexual intimidation – threats of other harm – more salience when history of prior violence
- Sexual degradation (humiliated, shamed, compared to other partners)
- Sex without protection – non-negotiable
- Reproductive coercion, control of contraception

US and Oregon Prevalence of IPV

- Nearly one in four (25%) women in the United States report experiencing violence (physical and/or sexual) by a current or former spouse or boyfriend at some point in her life (CDC, 2008

- Oregon women age 20-55 years, nearly one-third (31%) reported that they had experienced one or more types of violence including threats of violence, physical assaults, sexual assaults, or stalking by an intimate partner in past 5 years.

- Adolescents and young adults at highest risk for intimate partner violence (Miller, 2009)

Sexual Violence in Context of IPV: Oregon

- SHARE study - 278 racially and ethnically diverse Oregon women (18-64 years), reported IPV in past 6 months
- The percentage of women answering “once” (past 6 months) to one or more item is 59.4%.
  - How often has your partner demanded sex whether you wanted to or not?
  - How often has your partner made you have oral sex against your will?
  - How often has your partner made you have sexual intercourse against your will?
  - How often has your partner physically forced you to have sex?
  - How often has your partner made you have anal sex against your will?
  - How often has your partner used an object on you in a sexual way?
- 59.9% answered yes to “has he/she ever forced you to have sex when you did not wish to do so?”

Sexual Violence in Context of IPV: Oregon (Glass et al., Journal of Community Psychology, 2009)

- 209 adult survivors of past year IPV (55% defined self as Latina and 75.4% describing themselves as Mexican).

- Examined patterns of male partners' abusive behaviors towards female partners:
  - Latina women were more likely than non-Latina women to characterize their partner's behavior in the forced sex/controlling behavior group (partner use forced sex, jealousy and control more frequently than other forms of violence to control partner).

  - Non-Latina women more likely to characterize partner's abusive behavior as using extreme and multiple forms of violence to control partner (including threats to kill, use of weapon, strangulation, stalking, and forced sex to control partner).

Sexual Violence in Context of IPV: Oregon (Glass et al., Journal of Community Psychology, 2009)

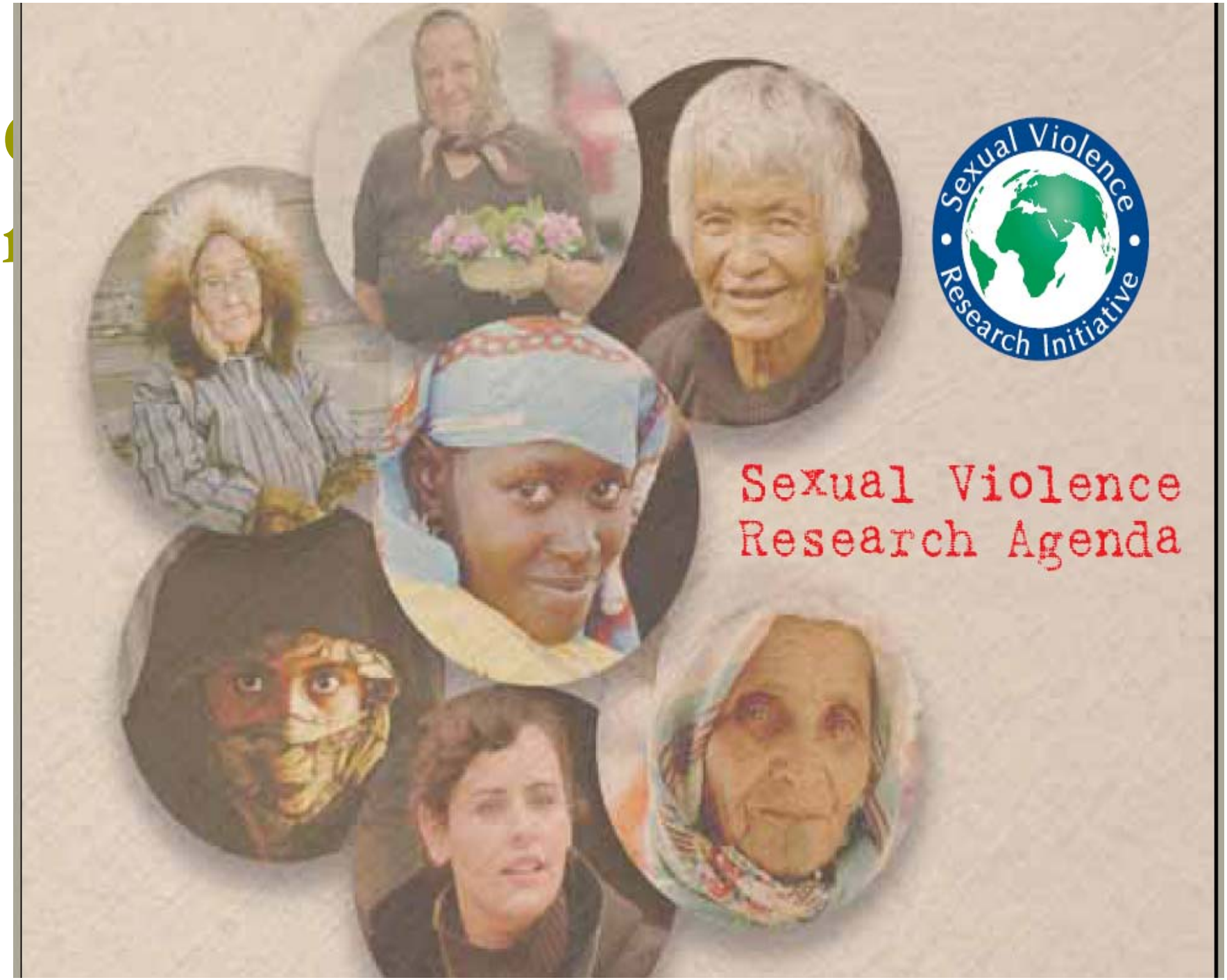
Patterns of Abusive Behaviors (Groups)	Latina (n=109) DA=13.7	Non-Latina (n=87) DA=18.5	P-value
Extreme Violence	18.4%	27.6%	.001
Forced Sex/Control	36.7%	20.7%	.001
Physical and Sexual violence/control	14.7%	12.6%	.001
Threat/control	5.5%	27.6%	.001
Low-level tactics	24.8%	11.5%	.001

Sexual Violence in Context of IPV: Oregon (Glass et al., Journal of Community Psychology, 2009)

Risk Factors for IPV	Latina (n=109) DA=13.7	Non-Latina (n=87) DA=18.5	P-value
Abuser owns gun	**12%**	**29.7%**	**.002**
Abuser Unemployed	**31.9%**	**43.3%**	**.092**
Abuser an alcoholic/problem drinker	**61.4%**	**45.1%**	**.020**
Abuser uses illegal drugs	**31.3%**	**51.7%**	**.003**
Abuser threatened or attempted suicide	**16.5%**	**30.6%**	**.042**

Coffee Break

- Questions?


Sexual Violence
Research Initiative
Sexual Violence
Research Agenda

General Health Outcomes

- Serious health outcomes, even after the violence has ended

- Survivors of IPV report poorer overall health status, poorer quality of life, and functional status as compared to women who report never experiencing IPV (Glass 2001, Sullivan et al., 1999; Plichta, 1996)

Mental Health Outcomes

- Depression and Post Traumatic Stress Disorder (PTSD) most commonly reported mental health outcome of IPV (Campbell, 2001; Glass, 2001; Campbell et al., 1997; Campbell et al., 1995)
- 59.2% of injured women from a Level 1 Trauma Center reported symptoms of PTSD (up to 5 years after the injury) (Glass, 2001)
- Relationship between IPV and suicidiality (McCauley et al., 1995)
- Depression and PTSD are more common in women in all countries & cultures – IPV may be a partial explanation (Campbell, 2002)

Health Effects of Intimate Partner Forced Sex (Plichta & Falik '01) (* - p <.05)

	No violence	Physical Violence	Sexual Violence not intimate	Sexual Violence intimate
Health fair/poor*	12%	14%	18.4%	28%
Disability*	9.5%	12%	16%	29%
Chronic physical condition*	24%	29%	34%	40%
Depression/Anxiety Dx*	9.5%	17%	23%	39%
Depressive Sx*	31%	46%	39%	65%
Meds Dep/Anx*	4%	5%	3%	16%

SHARE Study: Regressions Predicting Outcomes from Physical & Sexual Violence

Outcomes	**Physical Violence**		**Sexual Violence**	
PTSD	**.09**	**.158**	**.26**	**.000**
Depression	**.11**	**.102**	**.21**	**.002**
Danger Assessment (severity)	**.21**	**.001**	**.23**	**.000**
Housing Instability	**.15**	**.025**	**.07**	**.303**

Mental Health Outcomes

- Substance Use (ETOH, illegal drugs, prescription drugs) is significantly higher in women who have experienced IPV (and other forms of trauma such as child abuse) (Sharps et al., 2001; Schuk & Widom, 2001)

- PTSD & possibly depression may explain a large part of substance use in women. One study (N=801) found that PTSD symptoms tripled the odds of an alcohol disorder (Breslau, Davis, et al. 1997)

HEALTH EFFECTS OF INTIMATE PARTNER FORCED SEX

40-45% of physically abused women

INCREASED RISK OF:

- Unintended pregnancy (Pallito et al ‘04)
- Reproductive coercion (Miller et al., 2009)
- Adolescent Pregnancy (Renker ‘02)
- Abortion (Evins & Chescheir ‘96)
- Vaginal bleeding (Campbell et. al. ‘01)
- Anal & vaginal tearing (Campbell & Alford)
- Painful intercourse (Eby et. al., ‘95; Coker ‘00; Leserman ‘98)

HEALTH EFFECTS OF INTIMATE PARTNER FORCED SEX (Wilder et al., 2009)

- Oregon sample of 154 abused women (47% Latina)
  - Nearly half (48.1%) reported forced sex by an intimate or ex-intimate partner in the past year.
  - Over half (59.7%) had a history of a prior unplanned pregnancy
  - 23.4% had at some time received help to end a pregnancy.
  - 15.3% reported prior Emergency Contraception use.

HEALTH EFFECTS OF INTIMATE PARTNER FORCED SEX

Increased Risk of:

- STD's (Laughon '03; Coker '99)
- HIV/AIDS (Gielen '00; Maman '00, '02; Dunkle '04)
- Pelvic pain, Pelvic Inflammatory Disease, Infertility (Eby et.al. '95; Leserman '98; Schei '90)
- Urinary Tract Infections (Coker '99; Campbell '02)
- Risk of homicide, low self esteem (Campbell '89;'99; '03)
- Cervical Cancer (Coker et. al. '00)

New Face of HIV/AIDS – HIV/IPV interface recognized officially by UN '04

- Around globe, women are the fastest group contracting HIV and fastest group converting to AIDS
- In North America –poor, racial/ethnic minority, indigenous, immigrant women most affected
- In Africa – women are dying AIDS in 3:1 ratio compared to men – South Africa - Dunkle, Jewkes et. al. The Lancet 363:1415-1421, 04
- Women most at risk – heterosexual married women with no behavioral risk factors
  - Husbands/partners are:
    - Having sex with other women without wives'/partners knowledge
    - &/or forcing sex (WHO multi country study '05)

HIV and IPV

- **What we often measure as "risk factors" for women are often markers of male behavior – males who may be more likely to be HIV+ (Dunkle '04)**
  - **Forced first sex?**
  - **Age difference in marriage?**
  - **Older married men, with young girlfriends**
  - **Frequency of sex - coercive or not - matters in terms of "exposure" to HIV and other STDs**

Complex pathways: HIV/IPV

- **Male violence & high risk behavior - Role of "Masculinities"**
- **High risk behaviors that put female partners at risk – violent men:**
  - **multiple female partners but also male partners – "down low"**
  - **coercive sex & coercive first sex –**
  - **transactional sex**
  - **seek younger partners**

HIV/IPV Connections –(Maman et. al. '99)

- Immune system depression with chronic stress
- Increased STD's & untreated STD's
- Impossible to negotiate safe sex if an abusive relationship
  - Women accused of infidelity if want to use safer sex (condom)
- Males have other partners unknown to women
- Fear of being beaten for being tested; notifying partner of positive status; delay in treatment
- Substance abuse often to cope with symptoms of PTSD

Lunch Break

- Questions?

Establish Assessment Protocol

- What assessment measures/questions?
- What training is needed to complete assessment?
- What happens to assessment information?:
  - What is communicated to survivor?
  - What is communicated to system – what parts and for what use?
  - Where is paperwork stored – who has access to information?
  - How can survivor access information later?

Assessment and Safety Planning

- **RADAR**- Sexual Violence in Context of Intimate Partner Violence

- **R**emember to ask routinely about sexual violence in the context of IPV.
  - Interview in private and safe location,
  - Non-judgemental
  - Enough time to allow the survivor to tell about her experiences.
  - Do not use formal, technical terms, or jargon.

Assessment and Safety Planning

- Ask directly about sexual violence by an intimate or ex-intimate partner.
  - "I ask all of my clients about sexual violence in their relationships, as sexual violence is a common experience for women in abusive intimate relationships and sexual violence has a negative impact on health and safety. Your answers to these questions are confidential and they will be used to assist us in developing a plan to increase your safety, including appropriate referrals to services."

Assessment and Safety Planning

- Examples of questions to consider in your assessment:
  - 1. Does your partner demand sex whether you wanted to or not?
  - 2. Does your partner physically force you to have sex?
  - 3. Do you feel that you have control over your sexual relationships and will be listened to if you say ‘no’ to having sex?”
  - 4. Does she try to control your sex-life, for example withholding sex or using coercion or manipulation? (suggested by women in same-sex relationships)

Assessment and Safety Planning

Pregnancy coercion: “Has your partner or someone you were dating or going out with ever”:

- (1) told you not to use any birth control (like the pill, shot, ring, etc.)?;
- (2) said he would leave you if you did not get pregnant?;
- (3) told you he would have a baby with someone else if you didn't get pregnant?;
- (4) hurt you physically because you did not agree to get pregnant?
- (5) tried to force or pressure you to become pregnant?

Assessment and Safety Planning

Birth control sabotage: "Has your partner or someone you were dating or going out with ever:"

- (1) taken off the condom while you were having sex so that you would get pregnant?;
- (2) put holes in the condom so you would get pregnant?;
- (3) broken a condom on purpose while you were having sex so you would get pregnant?;
- (4) taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control so that you would get pregnant?
- (5) made you have sex without a condom so you would get pregnant?

Assessment and Safety Planning

- **D**ocument information about sexual violence in survivor's confidential file.
  - Explain and discuss the reason documentation of the sexual violence is important. "This record may be of use to you in a future legal case"
  - Also confirm with survivor that the information is not shared with anyone not directly working with the survivor.

Assessment and Safety Planning

- **A**ssess survivor's safety, including safety associated with a positive response by the survivor to forced sex by an intimate partner.
  - Did the survivor report the sexual assault to police? Was a report filed?
  - Has survivor received medical care for the sexual assault?, if no, advocate with the survivor to seek care.
    - Explaining what the survivor can expect from the forensic medical exam, the importance to her health may be helpful to survivor in moving forward with care.

Assessment and Safety Planning

- **Legal Vs. Advocacy Issues:**
  - Concern about taking action because maybe it is not "really" sexual assault (Legal definition of sexual assault?)
  - Even if a case will not be prosecuted, the mental and physical health consequences of sexual assault remain for the survivor
  - **NOT** the role/responsibility of the advocate, nurse, social worker, physician to decide the legal issues
  - Role/responsibility is for support, information, resources and care.

Assessment and Safety Planning

- **Emergency Contraception:** (emergency birth control, backup birth control, the morning after pill, brand names Plan B One-Step and Next Choice).
  - **Planned Parenthood** http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.htm
  - Birth control used to prevent pregnancy up to five days (120 hours) after unprotected sex
  - Safe and effective, it does not cause an abortion or prevent future pregnancies
  - Available at health centers and drugstores (OTC)
  - Costs vary from $10 to $70

Assessment and Safety Planning

- **Emergency Contraception:**
  - Emergency contraception is made of the same hormones found in birth control pills. It is not the abortion pill, it is birth control, not an abortion.

- EC can be started up to 120 hours — five days — after unprotected intercourse. **The sooner it is started, the better it works.**
  - Plan B One-Step and Next Choice reduce the risk of pregnancy by 89 percent when started within 72 hours after unprotected intercourse.
  - Some birth control pills in larger does can be used as emergency contraception, they reduce the risk of pregnancy by 75 percent when started within 72 hours after unprotected intercourse.

Assessment and Safety Planning

- **Emergency Contraception:**
  - EC is needed to prevent pregnancy after each time survivor has unprotected sex. EC pill will not prevent pregnancy for any unprotected sex after taking the pills.

- EC offers no protection against sexually transmitted diseases or infections. Survivor will want to consider STD testing, including HIV if there is a possibility that unprotected sex placed the survivor at risk.
  - Questions related to survivors concerns about abusive partners risk factors (multiple sex partners, IVDU, etc.)

Assessment and Safety Planning

- Oregon study, 154 adult abused women (47% Latina)
- 66% of women had some awareness and knowledge of EC.
- Among those with awareness/knowledge of EC, the vast majority (87.3%) perceived EC to be effective and 61.8% perceived it to be safe.
- However, the majority (62.7%) also thought that if a woman is already pregnant, that EC will cause an abortion and almost half (49.0%) thought taking EC may cause problems getting pregnant later.

Assessment and Safety Planning

- Oregon study, 154 adult abused women (47% Latina)

- Intimate partner's approval was a significant predictor of EC use, women who perceived that their abusive partner would approve of EC were over twice as likely to use EC (OR = 2.25; 95% CI = 1.15–4.41).

Sexual Violence: Treatment Guidelines (CDC)

- Treatment guidelines for post-sexual assault care include:
  - Forensic medical examination
    - Consent by survivor
    - Documentation of injury and evidence collection.
  - Pregnancy testing and Emergency Contraception
  - STI (including HIV) testing and prophylaxis (nPEP)

HIV non-occupational Post-Exposure Prophylaxis (nPEP)

- 28 day course prescription,
  - either:
    - 2 HAART alone
    - 2 HAART with a Protease Inhibitor
  - Dependent upon provider preference, cost, and side effect profile (CDC, 2005)
- Called nPEP for exposures such as:
  - Sexual
    - Consensual or assault
  - Needle-sticks not related to health care

nPEP Literature: Testing and Prescription Pre-guidelines

- In a nationally representative sample of sexual assault victims presenting to emergency departments (EDs)
  - 13% were tested for HIV and
  - only 0.4% were provided nPEP (Straight & Heaton, 2007).
- Only 50% of ED physicians would prescribe nPEP to sexually assaulted children and adolescents compared to 72% of infectious disease specialists (Babl, et a., 2001).
- In Illinois only 28.2% of EDs reported always testing and offering nPEP (Patel, et al. 2008).

nPEP Literature: Testing and Prescription Post-guidelines

- In a national random sample of SANE programs:
  - 11% reported they routinely tested for HIV
  - 14% consistently offered HIV prophylaxis (Campbell, et al., 2006).
    - 25% of the SANE programs reported offering these services only upon patient request, with many citing the cost of HIV testing and prophylaxis prohibitive.

nPEP Literature: Acceptance and Adherence Post-guidelines

- Levels of adherence to the nPEP regimen were estimated as:
  - 31% to 33.6% of those accepting nPEP

    (DuMont et al., 2008; Loutfy et al., 2008)

nPEP Literature: Prospective study

- nPEP was offered to every person (children and adults) presenting post-sexual assault
- **Predictors of Acceptance of nPEP**
  - Health care provider (HCP) encouragement,
  - Moderate-to-high anxiety,
  - High risk exposure (all as perceived by the HCP)

Predictors of Completion of nPEP

- HCP encouragement to take nPEP
- Having known the assailant less than 24 hours
  - (DuMont et al., 2008; Loutfy, et al., 2008P

Danger Assessment (DA) -

- ALL IPV is Dangerous

- 20-item measure of risk of lethal violence in an abusive relationship (www.dangerassessment.com)

- Greater number of “Yes” responses, greater risk – 10 “Yes” Responses = Extreme Danger

- Forced sex by an intimate or ex-intimate partner violence is assessed on the DA

- Weighted scoring place into one of the following levels of danger:
  - Less than 8 - “Variable danger”
  - 8 to 13 - “Increased danger”
  - 14 to 17 - “Severe danger”
  - 18 or more - “Extreme danger”

Risk Factors and Weighted Scoring:

- **Based on Femicide study findings (multivariate analysis), the following items are prioritized for weighting in scoring the 20-item DA**
  - **Gun assess;**
  - **Left abusive partner after living together;**
  - **Abusive partner unemployment (and not looking for work);**
  - **Use of weapon or threaten to use weapon;**
  - **Threaten to kill her;**
  - **Has he avoided being arrested for domestic violence;**
  - **Child in home that is not biological child of abusive partner;**
  - **Forced sex.**

Suggestions for Interpreting Levels of Danger

- **Variable Danger (<8)** – be sure to tell women level can change quickly – watch for other signs of danger, "trust their gut;"
- **Increased (8-13) Danger and Severe (14-17) Danger** – advise women of risk, assertive safety planning; consult with lawyers & judges, high level of supervision recommendations;
- **Extreme Danger (18>)** – advise women of extreme danger – take assertive actions – call for criminal justice or other professional help -- recommend highest bail, highest probation supervision
- **NEVER DENY SERVICES ON BASIS OF DA SCORE or ANY OTHER RISK ASSESSMENT AT CURRENT STATE OF KNOWLEDGE**

DA-Revised: Same-Sex

- Use in abusive female same-sex relationships;
- 18-items (original DA items plus items developed from with female victims and abusers in same sex relationships;
- Assess risk of re-assault – preliminary validation at one-month follow-up;
- Not yet tested on femicide or attempted femicide cases.

Glass, Perrin, Hanson, Bloom, Gardner, Campbell (2008). AJPH.

PRINCIPLES FOR LETHALITY ASSESSMENT

- More sources of information the better (DA assessment, perpetrator criminal records, mental health);
- "Gold standard" for information is the survivor;
- Never underestimate survivors perceptions (Weisz, 2000; Gondolf, 2002) but often minimize victimization – therefore assessment of risk may not be enough if "low risk;"
- Perpetrators will minimize perpetration – using perpetrator information/report with caution;
- Assessment instruments do improve "expert judgment" – but advocate/clinician wisdom important also;

Safety Planning: Immigration Issues

- May pretend understands English better than she does:
  - Language barrier as a means of control;
  - Telephone interpreter better than nothing but best to have a member of team who is able to communicate.
- Afraid of deportation:
  - Assure will not call INS;
  - May have been threatened with own deportation OR a family member's deportation.
- Self petition for citizenship possible under VAWA
  - Needs documentation of IPV;
  - NOW, LDEF and AYUDA – resources for information.

Referrals/Resources

- Health Care –
  - SANE programs
  - STD clinics
  - Planned Parenthood
- Sexual Assault Advocates
- Legal, including restraining orders/stalking orders
- Law enforcement, DVERT
- Programs serving racial, ethnic and sexual minorities
- Self-sufficiency (TADVS)
- Housing (shelter, transitional housing, rent assistance)
- Supervised visitation

Cookie Break

Questions?

Case Study

Freda is separated from her abusive husband but has shared custody of their children. The children are young, 4 and 2 years of age, and they exchange the children daily as he works during the day and she works at night.

Nearly every day when she drops the children off, he rapes her. She tries to not get out of the car, but he refuses to come out of the house to get the children. If she refuses to come in the home, he threatens her with physical harm and threatens to take the children away from her.

Case Study

Rachel was casually dating a new partner and one night after they went out, she invited him back to her place and he raped her in her home. She was too afraid to call the police, as she had previously had negative experiences with them. The perpetrator left his wallet in her home after the assault and had started harassing her to get it back. She was scared to talk to him, or to have him come over, because her children had returned from a weekend away. One night, he showed up at her home while they were all sleeping and broke through the window. He began to sexually assault and beat her in front of her children. The neighbors called the police because they heard the glass break and screaming. The police arrived after he had fled and ended up doing a search on Rachel. They found that she had an outstanding warrant (she had a probation violation from many years ago for shoplifting food). The police arrested Rachel in front of her children. She was taken to jail and she waited over 48 hours and no one would administer a rape kit, even though she asked several times to be taken to the hospital.

“Coaching Boys Into Men” – Family Violence Prevention Fund Campaign (www.endabuse.org)

Coaching Boys into Men International

- UNICEF Partnership: Worldwide endorsement
- Football (soccer)-based manual completed
- Translation & global distribution