

# Intimate Partner Sexual Violence

## A Train-the-Trainer Curriculum



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## The Purpose of This Curriculum

Intimate partner sexual violence (IPSV), sometimes known as sexual assault in the context of domestic violence, is a pervasive and often hidden problem that warrants the focused attention of victim advocates, mental health and law enforcement personnel, and other professionals. IPSV creates a highly dangerous situation and is associated with increased risk of death, severe long-term trauma for victims, physical and psychological harm for children, and repeated victimization. From teens in abusive dating relationships to adults with long-time partners who use sex as a weapon of power and control, survivors of IPSV often feel isolated and misunderstood by the very professionals to whom they turn for help. Because IPSV involves both domestic violence and sexual assault, victims' needs may not be fully addressed by services focusing on one or the other of these issues.

This curriculum is designed to be used and adapted for a variety of audiences. While the training was designed for victim advocates, it should be of use to any professional who may encounter people affected by IPSV. Some information in the presentation can also be adapted for use with community audiences.

## Components of the Curriculum

This set of materials includes

- a downloadable PowerPoint presentation,
- this Guide with information on how to present each of the slides, along with additional content about each topic,
- a printable *Action Plan* handout to be used as a basis for an activity
- a *Sample Evaluation Form*, and
- a *Resources and References Guide*.

## How to Use the Curriculum

Please make this curriculum your own. It should be modified to meet your needs rather than used "as is." You will want to consider:

- the purpose of your training
- your audience
- your time frame
- your own interests and expertise

Feel free to modify the curriculum so it will work optimally for you and your audience. A variety of discussion suggestions and activities are included; pick those most appropriate for your purposes, and consider adding your own. We have received permission to use some materials originating from another source in this curriculum, and we ask that you always include attribution when you use these materials.

## Curriculum Icons

There are three icons used throughout the curriculum that will help you to organize your presentation:

### Talking Points

This symbol indicates the information you will convey to your audience as you show each slide.

### Activity!

The Activity icon designates an active-participation activity.

### Resource

Resources are highlighted throughout the curriculum for your own preparation and also so you may draw your audience's attention to their value.

Questions for audience discussion are **highlighted in gray** to distinguish them from other text.

## Preparing to Present

While a substantial amount of information is included in this curriculum, as a presenter you must educate yourself before you educate your audience. If you have not previously learned about IPSV, it is critical to take the time to read some of the resources mentioned throughout the curriculum and in the [Resource and References](#) section. As new resource materials become available, they will be posted on the WCSAP website, [www.wcsap.org](http://www.wcsap.org).

Review the entire curriculum and decide what to keep and what to omit. Depending on the time frame for your presentation, you may have to edit quite a bit. The original presentation was intended for a time slot of an hour and a half to two hours, but these materials can be broken down into smaller portions (for example, to be presented in half-hour increments at a series of staff meetings). You can also easily expand your presentation to a much longer workshop through the inclusion of additional information gleaned from the Resources and References section or other sources.

When preparing to present materials for the first time, it is always a good idea to assemble a captive audience (colleagues, family, or whomever you can convince to participate) and do a run-through of your training to ensure that the information flows smoothly and fits your time frame.

## Assembling Training Materials

Depending on your preference, you may wish to print the PowerPoint as a handout with several slides per page so that participants don't have to take extensive notes. You may also choose to print out the Action Plan and Sample Evaluation Form provided in this set of materials as a handouts.

Obviously, if you are going to use the PowerPoint slides, you will need a projector and a computer, as well as a screen or a blemish-free white wall for projection. Most presenters find that a large flip chart, stand, and markers are useful for capturing audience input. If your flip chart paper does not have self-stick backing, bring blue painter's tape (which doesn't mar the walls) to post the large papers after you have filled them.

Some of the activity suggestions in the curriculum make use of self-stick removable notes or index cards, so if you will be including those activities, you will need those items. Most presenters find their audiences warm up a bit when candy is involved, so you may want to bring some hard candy (include sugar-free varieties) or some chocolate to distribute before or during the presentation. For longer programs, having some "fidget items" such as brightly-colored pipe cleaners or small toys can endear you to the kinesthetic (action-oriented) learners in your audience, and bring a lighter mood to this rather intense topic.

If you do not have internet access in your presentation room and you wish to display some of the websites listed in the curriculum so your audience can become familiar with them, insert a screenshot of the website into your PowerPoint. You do this by using the "Print Screen" function on your computer, and then pasting that image into a blank slide by right-clicking on the slide and using the *paste* function.

Use your creativity to enhance the presentation room. You might take quotes from some of the resources you have read, type them in a huge font, and post them on the walls of the room. You might create a ["Gallery Walk"](#) (see below), or come up with some other visual display to illustrate your topic.

### Checklist of Items to Bring to Training

- PowerPoint Slide Handouts
- Action Plan Handouts
- Evaluation Forms
- Projector, laptop, extension cords, projector screen if necessary
- Jump Drive or CD with presentation if not loaded on your laptop
- Printed copy of curriculum for presenter(s)
- Flip chart, stand, markers, painter's tape
- Self-stick removable notes, index cards
- Candy (include some sugar-free), if desired
- "Fidget Items" such as pipe cleaners or small toys
- Gallery Walk materials, if you use this optional activity
- Additional materials you may have created



## Appealing to Adult Learners

Some of the basic principles to keep in mind in order to have the maximum impact with this curriculum are:

- Keep the presentation lively and interactive. No one wants to listen to a single presenter droning on for two hours. The curriculum itself provides a selection of activities, and you can always add others.
- Draw on the expertise of your audience. In most cases, you will be training professionals who have worked with clients affected by IPSV. While you want to keep the training focused, encouraging input from participants' experiences will make it more interesting and engaging.
- Respect the range of learning styles. Some activities are designed to provide participants a choice between working in pairs or writing answers individually, for example. A balance of reflective and interactive activities allows for different types of adult learners to process the information in the way that best suits them.

## Optional Gallery Walk Activity

The history of intimate partner sexual violence - or marital rape, as it was often narrowly defined - is fascinating and will certainly generate interest and probably some outrage. You might choose to highlight this history with a "Gallery Walk." This consists of a number of sheets of paper, each one with a historical fact related to the topic (such as the year and what happened), posted around the room like pictures in a gallery. For the activity, have participants pair up and walk around the display from start to finish. You can give them self-stick notes that they can post next to any display on which they wish to comment, or simply ask participants for their reactions after the walk. If you choose this activity, you will probably want to omit the slides with historical questions (Slides 3 and 4), and you will need to allow adequate time, based on the size of your group and the number of display items. This activity can offer a dramatic view of the historical context of IPSV. Use your creativity to develop variations of this activity or another activity that allows people to move and interact. Be aware of the possible need to accommodate for disability access. See the [article](#) by Lynn Hecht Schafran and colleagues (2009) for historical information.

## Technical Assistance and Resources Available

Technical assistance on providing training or services related to IPSV is available for community sexual assault programs that are members of WCSAP and agencies that participated in the GTEA grant program. Requests for assistance or general information can be referred to the Washington Coalition of Sexual Assault Programs by phone at (360) 754-7583.

## Acknowledgements

Several individuals were kind enough to allow us to use materials they have developed:

Louise McOrmond-Plummer, a leading light in the IPSV field, granted permission to use her own story as a survivor to illustrate the reality of IPSV (Slide 6). She was also gracious enough to post a request for survivor input on the websites she maintains, [www.aphroditewounded.com](http://www.aphroditewounded.com) and [www.pandorasproject.org](http://www.pandorasproject.org). I would like to thank the survivors who responded by sharing their experiences to inform this curriculum and the IPSV Support Group Guide developed by WCSAP.

Wendy Maltz, LCSW, DST, creator of the [www.healthysex.com](http://www.healthysex.com) website, granted us permission to use her CERTS model for healthy sexuality (Slide 17). This is an excellent way to explore consent issues with audiences.

The National Judicial Education Program allowed us to use a graphic (Slide 13) from their excellent online course on intimate partner sexual abuse (<http://www.njep-ipsacourse.org>).

***You are free to use these materials in your presentations as part of this curriculum, with proper attribution, but please do not use them in any other manner without obtaining permission directly from the source.***

Teresa Atkinson of the Washington State Coalition Against Domestic Violence was generous with her time and expertise in support of this project. My predecessor, Kathleen Arledge, and all of my colleagues at WCSAP have been helpful as I have compiled resources to support this curriculum.

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## SLIDE 1

# Intimate Partner Sexual Violence: Sexual Assault in Violent Relationships

This presentation is based on a curriculum developed by:  
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There is room on this title slide for you to insert your own name, program information, and contact information. Please retain the attribution to WCSAP as it is presented on the slide.

It's a good idea to get your PowerPoint started and leave this slide on the screen as people are entering the room. This allows them to become oriented to the presentation.

For those of you who are not experienced presenters: it always takes longer to get set up than you think it will. Allow ample time for equipment glitches, locating the power outlet, rearranging furniture, or whatever else may come up. It is well worth obtaining a remote "clicker" to advance the slide show. They are inexpensive now and have a component that simply plugs into the computer's USB port, while you hold and use the wireless remote.



## SLIDE 2

### Objectives

- 1) Be able to describe the nature and prevalence of IPSV.
- 2) Identify the dynamics and impact of IPSV, and the specific challenges faced by survivors.
- 3) Choose strategies for supporting and providing services for survivors.



It is important to have clearly stated objectives for your training. You may choose different objectives than the ones provided here, but be sure to state what they are and what participants can expect to learn during the training.

#### **Activity!**

Prior to showing this slide, you may ask want to solicit information from participants about what they want to take from this training. If you have a small group and enough time, you could ask each person to introduce himself or herself and state one thing he or she wants to learn. Alternatively, people can write their learning goal on a self-stick note and you could have them post it on a large piece of paper that you could review, or you could solicit volunteers to state their learning goals and write them on a flip chart.

If you collect this information, it is important to leave a little time at the end of the workshop to review it and ensure that you have covered the issues that were requested. If you run out of time and haven't addressed a particular issue, you might want to follow up with a group email to participants, providing information and suggesting additional resources.

## SLIDE 3



### How the Workshop Works

- Active participation yields the most benefit.
- Activities are aimed at a variety of learning styles.
- Let's strive to be interactive and also to stay focused.
- As always, take care of yourself during this workshop.

#### Talking Points

This slide is a lead-in for you to very briefly discuss the need for interactive learning. You will be building your own activities into the presentation, or using the ones included here, but in any case, you want to appeal to a variety of adult learning styles. Some adult learners are more reflective and enjoy writing or thinking about their own concerns. Others really benefit from the opportunity to discuss topics with others. Since you will have “something for everyone,” if a participant complains about a particular activity such as a small group discussion, you can remind him or her that you are providing a variety of learning experiences.

The final point, “take care of yourself during this workshop,” is one that we shouldn't forget to mention during any training on sexual assault issues. Every audience will include survivors, and even experienced advocates can be triggered by new material. Let people know it is okay to leave the room if they need to, or to talk to you or their colleagues after the presentation if something upsets them.

## SLIDE 4

### History of “Marital Rape” Guess the Year...

- 1. A **leading feminist** argued that a woman’s right to refuse her husband’s sexual advances was the “bedrock foundation needed to support equality.”
  - 1855 – Elizabeth Cady Stanton
  
- 2. Women protesting the legalization of marital rape (in another country) were **spat on and stoned**.
  - 2009 - Afghanistan
  
- 3. Marital rape is recognized as a **human rights violation** by the United Nations.
  - 1993

This slide and the following slide are animated so that the years “fly in” after you click on the question.

#### Activity!

You can introduce this section by asking the audience to “guess the year” that each of these historical events took place. Certainly, you can change these items to any interesting historical facts regarding “marital rape” or IPSV that you are able to find. Participants typically find this exercise involving and interesting, and their guesses vary widely. In a longer presentation, you might have a chance to give more of a mini-lecture on the history of IPSV.

#### Resource

For more information, see the article, “Making Marital Rape a Crime: A Long Road Traveled, A Long Way to Go” at <http://www.wcsap.org/pdf/makingmaritalrapeacrime.pdf>

## SLIDE 5

### History of “Marital Rape” Guess the Year (cont.)

- 4. A court in New York ruled that a man who raped his estranged wife in front of their 2-year-old was not eligible for a “**marital exemption**,” but could be prosecuted (the first such ruling).
  - 1984 – *People v. Liberta*
  
- 5. The first year in which **prosecuting a charge of marital rape** was legally possible in any state.
  - 1976
  
- 6. The year in which there were still marital exemptions in some aspect of sexual assault law in **32 states**.
  - 2009

#### Activity!

You may decide to substitute the “Gallery Walk” discussed at the beginning of this curriculum for this slide and the previous one. Another option is to find additional or different historical facts to present in the same way.

These two slides are the only ones that are animated in the included PowerPoint, but you may find that you prefer having your points appear one-by-one on some of the other slides. If so, just apply your own preferred animation scheme.

#### Talking Points

Washington State continues to have marital exemptions to the laws on sexual assault for Rape in the Second Degree ([RCW 9A.44.050](#)) and Rape in the Third Degree ([RCW 9A.44.060](#)). You may want to explain that a marital exemption is an exception in laws governing sexual violence that prohibits charging a spouse for that specific violation. If you actually read out one or two of the laws, it will be an eye-opener for some participants.

#### Resource

For more information on criminal justice approaches to IPSV, see Patricia Easteal’s article on the WCSAP website, [Advice for Criminal Justice Staff and/or Advocates to Aid IPSV Survivors](#) or see the [IPSV Legal and Law Enforcement Resources](#) link on the website

## SLIDE 6

### Louise's Story



#### Resource

Along with this slide, I tell an abbreviated version of the riveting life story of Louise McOrmond-Plummer, a researcher and writer in this field who is also a survivor of partner sexual assault. \*Her story may be found on her website at <http://www.aphroditewounded.org/loustory.html>. This is a great chance to inform advocates of this website, which is chock-full of information about IPSV. If they spend some time on this site, advocates will find a wide range of information that will be extremely helpful in their work. There is also a companion site for all survivors of sexual abuse and assault: <http://www.pandys.org>.

#### Activity!

In terms of how to present the story, consider telling some of the basics and then involve the audience by asking them what they think happened next – most of them will actually make extremely accurate predictions, based on the people with whom they have worked.

You might choose to make up a composite story based on your experience with survivors instead. Be sure to omit anything that could possibly identify a specific client. It is helpful to tell a powerful story in at this point in the presentation, to make the topic “real” and allow advocates to connect with the information that will be provided.

**\*Note: Ms. McOrmond-Plummer has been kind enough to grant us permission to use her story in this training. Please be sure to include attribution and do not copy the picture for any other purposes.**

## SLIDE 7

Definitions

### Intimate Partner Sexual Violence is...

- Any sexual contact or activity with an intimate partner that makes a person feel uncomfortable, with the purpose of controlling through fear, threats, coercion, manipulation or violence.
- With or without the presence of physical violence at the time of the act or within the relationship.

The diagram consists of two overlapping circles. The left circle is blue and labeled 'Sexual Violence'. The right circle is red and labeled 'Domestic Violence'. The overlapping area in the center is labeled 'IPSV'.

### Talking Points

This is a good image to help participants understand the relationship of IPSV to both the sexual assault and the domestic violence fields. You may involve your audience by asking who works primarily with sexual assault survivors, who works primarily with domestic violence survivors, and who works with both equally.

You can also ask a general question to get participants thinking, asking:

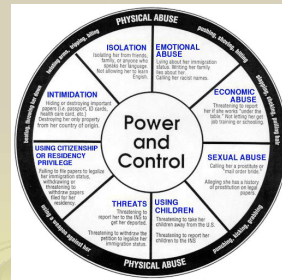
**“Why is IPSV shown as an overlap area between sexual violence and domestic violence?”**

Remind participants that as they are searching for background information or resources to assist survivors, they should remember to look at both sexual assault and domestic violence organizations, research, and materials.

## SLIDE 8

# Forms of IPSV

- Forced oral, anal, or vaginal intercourse
- Forced participation in group sex, or sex with another person, or sex with partner watching or in front of children
- Unwanted sexual touching, being forced to touch, degrading sexual taunts
- Forced involvement in making or watching pornography, forced prostitution
- Use of technology to victimize



### Talking Points

While showing this slide, it is useful to give examples of the wide variety of acts that may comprise IPSV. For example,

- A husband is angry and has physically hurt his wife by pushing or hitting her. She is still angry with him. He comes up to her while she is trying to cook dinner and puts his hands on her breasts.
- A person who is HIV-positive forcibly insists on unprotected sex with an HIV-negative partner.
- A male college student threatens to post naked pictures of his girlfriend on the internet if she won't have sex with him.
- A woman in a same-sex relationship encourages her partner to drink too much, coerces her into a sexual act, and then degrades her afterwards.
- A woman has told her partner that she doesn't like to perform oral sex because it reminds her of childhood abuse, but he insists that she must do this or he will seek sexual satisfaction with another person.

You may choose to solicit additional examples from participants, reminding them to be respectful of client confidentiality.

## SLIDE 9

### From Marianne Winters

“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.”



This is a key point in the training. You can use this slide as the basis for discussion by asking participants: **What do you think of this quote?**

#### Resource

In Marianne Winters' article, *Making the Connections*, <http://www.wcsap.org/pdf/makingtheconnections.pdf>, she talks about the impact of IPSV on survivors. She says, “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.”

#### Activity!

If you have sufficient time, you may want to have participants get into groups of three or four to discuss the question, **“Why don't IPSV survivors see themselves as victims of rape or sexual assault?”** This discussion can also be held with the whole group, leading to consideration of “wifely duty,” the common confusion about consent in an ongoing relationship, or other issues that clarify the underlying beliefs that perpetuate IPSV.



## SLIDE 10

### Risk Factors for Partner Rape

- Being physically abused
- Being pregnant
- Being ill or recently discharged from the hospital
- Attempting to leave a partner
- Being separated or divorced

WHY DO THESE FACTORS INCREASE RISK?

#### Resource

Cited in "Marital Rape: New Research and Directions" by Raquel Kennedy Bergen

#### Talking Points

**"Why do these factors increase risk?"** is a brief discussion item that generally leads participants to understand that vulnerability or attempts at independence create heightened risk because of the power and control issues. You can refer back to Louise's story and her account of being raped by her husband when she attempted to leave him.

This slide might also lead to a discussion of the health factors involved in IPSV. For example:

- Unwanted pregnancy because of unanticipated intercourse or a partner's unwillingness to use birth control
- Repeated pregnancy "scares" related to the factors above
- Exposure to Sexually Transmitted Infections (STIs) and HIV infection from unprotected sexual activity, either from a partner who is unaware of his or her STI or HIV status or from deliberate nonconsensual unprotected sex acts by people who are using this very real threat to control and harm their partners
- Issues around abortion – a woman may feel forced to obtain an abortion or may be prevented from having an abortion, or may be afraid to talk to her partner about this decision

## SLIDE 11

### The “Electronic Leash”

#### Technology as a Tool of IPSV Victimization

- Technology (such as cell phones, email, internet sites, social networking and texting) can serve to enhance safety but may also become a tool of control for abusers
- WCSAP and WSCADV (the WA Domestic Violence Coalition) have numerous resources on Tech Safety.

#### Resource

This topic provides a great variety of discussion options. Encourage participants to check out the [Technology](#) page on WCSAP’s website, and do so yourself in preparation for this discussion.

#### Resource

Of special note is the [SafetyNet](#) project of the National Network to End Domestic Violence. This project provides training for advocates on how to use technology safely and avoid pitfalls that contribute to victimization. It also provides resources for survivors and for prevention programming.

#### Resource

In considering the impact of technology on the vulnerability of young people, the Liz Claiborne Foundation’s [survey research](#) provides interesting information. The foundation has additional resources on IPSV and teens at [www.loveisnotabuse.com](http://www.loveisnotabuse.com). Don’t forget to address the issue of stalking in your presentation. Resources are available at the [Stalking Resource Center](#) of the National Center for Victims of Crime.

To introduce these internet-based resources, you may wish to use screenshots if you do not have live internet access during your presentation. The introductory section of this curriculum provides instructions on how to use screenshots.

## Question – For Discussion

➤ How is the issue of Intimate Partner Sexual Violence (IPSV) related to other forms of **oppression**?

- Sexism
- Racism
- Heterosexism
- Oppression based on disability
- Oppression based on social or economic class or immigration status



### Activity

This discussion can be done in small groups or by the group as a whole. In a longer presentation, you might have each small group take one of the items on the slide, discuss it, and come up with three or four points to present to the entire group after the discussion period.

### Resource

Marianne Winters discusses the effects of sexist presumptions of “wifely duty,” concerns about society’s obsession with stereotypical good looks for women and the ensuing degradation of some women by their partners for not meeting that ideal, and the impact of racism and heterosexism in particular. She also talks about the effects of IPSV on the GLBT community, as well as cultural factors that may underlie IPSV. Reading her article mentioned above, *Making the Connections* <http://www.wcsap.org/pdf/makingtheconnections.pdf>, is an excellent preparation for facilitating a discussion of the relationship of IPSV and oppression.

### Talking Points

Depending on your audience, you may wish to initiate a discussion of how faith communities may serve either to reinforce the victimization of women by pressuring them to remain in sexually abusive marriages, or may become allies in helping women to find resources and support for safety (Hinds & Malley-Morrison, 2004, pp. 79-81; FaithTrust Institute, 2009.)

## SLIDE 13

Definitions

### Sexual Assault in the Context of Domestic Violence

- At least 60% of domestic violence survivors are also survivors of sexual assault.
- There are higher rates of severe injury and fatality when sexual assault is involved.
- Estimated that 25% to 30% of all rapes are committed by current or former husbands or intimate partners.

Howard, et al. (2003) – first two points  
Browne (1987) – third point

To prepare for discussing this topic, read *Considering the Differences: Intimate Partner Sexual Violence in Sexual Assault and Domestic Violence Discourse*, by Louise McOrmond-Plummer, the author/survivor mentioned above (<http://www.wcsap.org/pdf/considering.pdf>).

#### Talking Points

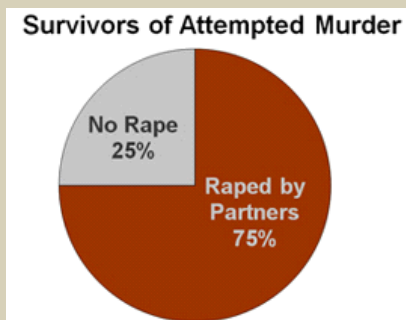
Some differences between IPSV and non-intimate sexual violence, as cited by McOrmond-Plummer:

- Longer-lasting trauma
- Higher levels of physical injury
- Incidence of multiple rape
- Higher levels of anal and oral rape
- Advice to “put up with” rape
- Financial dependency on the rapist
- Safety issues
- Difficulty defining the act(s) as sexual assault
- A general climate of sexual assault/abuse

Differences between IPSV and other domestic violence:

- Potential fatality (see next slide)
- Deliberately inflicted pregnancy or STDs (as discussed above)
- Psychological effects

## How Lethal is IPSV?



David Adams, *Why Do They Kill?: Men Who Murder Their Intimate Partners* (2007)  
Reprinted by permission of National Judicial Education Program of Legal Momentum

### Resource

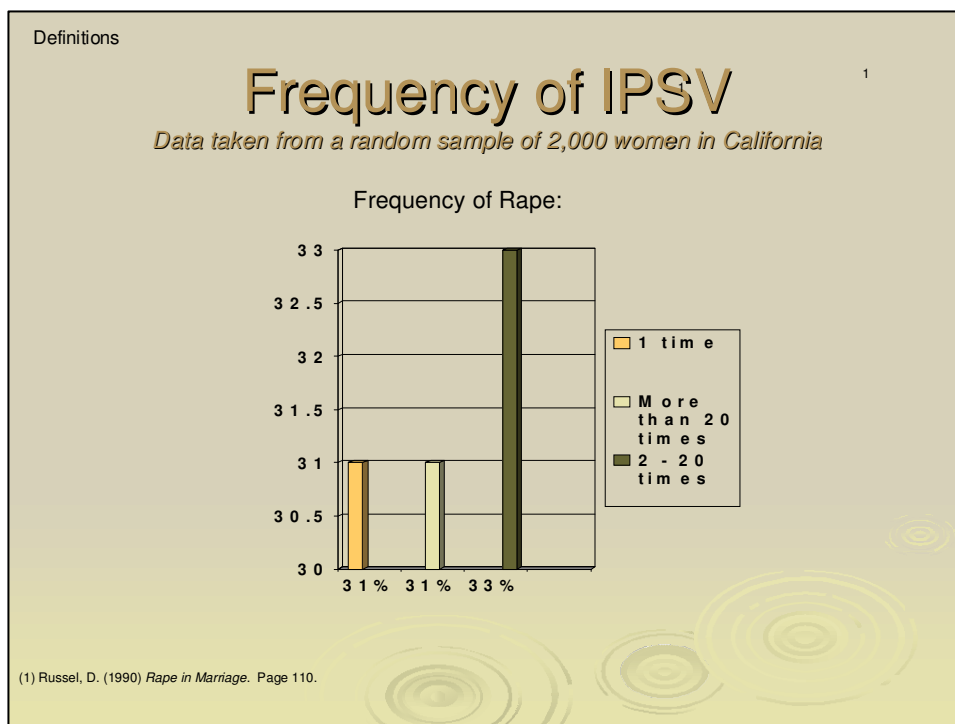
The National Judicial Education Program has a truly impressive, extensive online course on IPSV, which includes an entire section on issues of lethality and IPSV. This is a good time to introduce this resource, which is free. Although it was designed for the education of judges, it has a wealth of information that is useful for anyone providing IPSV services. <http://www.njep-ipsacourse.org>.

### Talking Points

Some highlights about lethality: “Professor [Jacquelyn] Campbell found that the factor labeled ‘Woman forced to have sex when not wanted’ was the fifth most predictive item in her risk assessment table, ahead of such factors as escalating physical violence and partner’s drug abuse. A physically-abused woman also experiencing forced sex was more than seven times more likely than other abused women to be killed. (Campbell, *et al.*, [Assessing Risk Factors for Intimate Partner Homicides](#) (PDF 851KB), 2003).” The importance of this heightened lethality risk cannot be overstated, and is one reason why it is important that law enforcement personnel and advocates must learn to ask sensitive, effective questions about IPSV in order to assess the danger of the client’s situation.

***Please be sure to include attribution for this graphic and do not use it in any other context without permission from the source.***

## SLIDE 15



### Talking Points

Discuss this slide by first reviewing the graphic, which is derived from Diana Russell's ground-breaking study of 930 women in California:

- 31% of the women who had been sexually assaulted by partners experienced sexual assault in their relationship just once
- 33% had been sexually assaulted by their partners 2 to 20 times
- Another 31% had been sexually assaulted more than 20 times in their relationship

### Question for discussion:

**What is the impact of repeated sexual assault within a marriage or other relationship?**

SLIDE 16

## How Do Abusers Perceive IPSV?

- In a large-scale study of men in a batterers' program
  - 53% of these men admitted to at least once engaging in behavior constituting intimate partner sexual abuse
  - Only 8% considered the behavior to be sexual abuse

(Bergen & Bukovec, *Men and Intimate Partner Rape*, 2006)



**Point for discussion:**

**“Why do you think there is such a disparity in these numbers?”**

**Talking Points**

Similarly, in the David Adams study referenced above, only one of the 31 wife killers he interviewed admitted to sexually assaulting his victim, while 75% of the victims of attempted murder by an intimate partner said they had been sexually assaulted.

In a longer training, you may wish to ask,

**“What are the implications for prevention programs and batterers' intervention programs?”**

## Is It Really Rape?

Working in pairs, please answer this question:

- In order for someone to **freely consent** to a sexual activity, what are the necessary conditions?



### Activity!

Having participants work in pairs increases the energy in the room and allows each participant to have an active role.

This is a relatively short exercise (no more than 5 minutes); you can conclude it when it seems that people are done.

After the pair work, ask the group for the conclusions they reached and write them down on a flip chart. If time is tight or you have a large group, make just a small sampling of answers.

Either before or after reviewing the model for healthy sex on the next slide, you may want to introduce this discussion question:

**Is it possible to have consensual sex in an abusive relationship?**



## SLIDE 18

### The CERTS Model for Healthy Sex

- **CONSENT**
- **EQUALITY**
- **RESPECT**
- **TRUST**
- **SAFETY**

From [www.healthysex.com](http://www.healthysex.com) Used by permission of Wendy Maltz

#### Resource

Introduce the group to the CERTS model, used here by permission of its originator, Wendy Maltz. These are the elements of a healthy sexual relationship – this is a great model for prevention presentations. Check out the website for additional background information: [www.healthysex.com](http://www.healthysex.com).

***You must include the attribution on this slide and do not use this material for other purposes without permission from the source.***

#### Talking Points

**CONSENT** means you can freely and comfortably choose whether or not to engage in sexual activity. This means you are conscious, informed, and able to stop the activity at any time during the sexual contact.

**EQUALITY** means your sense of personal power is on an equal level with your partner. Neither of you dominates or intimidates the other.

**RESPECT** means you have positive regard for yourself and for your partner. You also feel respected by your partner based on how your partner is treating you.

**TRUST** means you trust your partner on physical and emotional levels. You accept each other's needs and vulnerabilities and are able to respond to concerns with sensitivity.

**SAFETY** means you feel secure and safe within the sexual setting. You are comfortable with and assertive about where, when and how the sexual activity takes place. You feel safe from the possibility of negative consequences, such as unwanted pregnancy, sexually transmitted infection, and physical injury.”

## What Do IPSV Survivors Think?

- It's not rape if...
  - You are married.
  - You have had sex with the person before.
  - You sometimes enjoy sex with your partner.
  - ?
  - ?
  - ?
  - ?



### **Activity!**

Ask the participants to continue with this list, based on things they have heard survivors say. Write the answers on a flip chart.

For discussion:

**What does it mean when someone is sexually assaulted but does not perceive the experience as rape? What are the implications for self-esteem, reporting and prosecution, ability to respond to the situation, maintaining safety, and trauma recovery?**

## SLIDE 20

### What Women Do With Partner Rape

from Patricia Easteal & Louise McOrmond-Plummer

- Denial and repression
  - “It didn’t really happen.”
- Minimization
  - “It wasn’t that bad.”
- Rationalization
  - “He was drunk and I must have teased him.”
- Dissociation
  - “I just feel numb – like I’m not really there.”
- “Managing” the sexual assaults
  - “I will just sleep with the kids so he’ll leave me alone.”



#### Resource

From “Real Rape, Real Pain” by Patricia Easteal and Louise McOrmond-Plummer

#### Activity!

Consider asking a participant or several participants to read these bullet items – just to have another voice. Participants may have examples that “flesh out” these reactions.

You may want to ask participants,

**What are the long-term effects of using these strategies to survive partner rape?**

#### Talking Points

If your audience includes therapists as well as advocates, this would be a topic to discuss in greater detail. You may want to facilitate a discussion on the recovery process and how these survival strategies tend to generalize to other areas of the survivor’s life.

An implication of these coping strategies for legal advocacy is the need to understand and interpret survivor behavior for law enforcement and legal personnel, who may not believe the survivors because they don’t show the expected reaction of sexual assault victims.

## SLIDE 21

# Psychological Impact of IPSV

- Humiliation and shame
- Embarrassment
- Cognitive dissonance: believing two contradictory things at once
- Self-esteem and self-image issues
- Isolation and feeling uniquely targeted
- Fear for self and children



It is important for advocates to have a general understanding of these issues; again, if your audience includes therapists, you may want to pursue this topic in more detail.

A useful discussion question for advocates is:

**How do you think these psychological reactions would affect your advocacy work with survivors?**

### Talking Points

This is a good place to emphasize that IPSV evokes even more severe psychological trauma than stranger sexual assault, contrary to some people's expectations (from the research by Finkelhor and Yllo, 1985).

## Impact of IPSV on Kids



- Need for more research
  - Mothers in abusive relationships said their children had witnessed 20% of the sexual violence the mothers experienced
    - Graham-Berman, Devoe, et al., 2006
  - 18% said that children had witnessed an incident of marital rape at least once
    - Mahoney & Williams, 1998
  - What do you suppose would be the psychological effects?

### Talking Points

A recent study found that 25% of children exposed to intimate partner violence (of all kinds, not just sexual) showed post-traumatic stress disorder symptoms (Graham-Berman, DeVoe, et al., 2006).

Participants may be asked to describe in a general way some of the behaviors and emotions they have seen in children who were exposed to IPSV at home.

Best practices (from Ford, 2008) – you may want to make a slide of this:

- Screen all DV victims for sexual assault as well
- Advise clients in advance about limits to confidentiality, particularly with respect to reporting child abuse and neglect
- If IPSV is disclosed, ask if children have witnessed or been involved, how they responded, and assess for dangers to children's safety
- Facilitate victims' access to reproductive health care and family planning as part of safety planning
- Address sexual violence experience in therapy with exposed children
- Consider prosecution for exposing children to sexual violence
- Remember that IPSV is an indicator of increased risk to both children and adult victims

## Cultural Considerations and IPSV

- Cultural pressure to stay with abusive partner
- “Wifely duty” norm in some cultures
- Strict gender roles
- Isolation and language issues
- Justification of violence
- Economic and legal issues



### Resource

See [“Annotated Bibliography on Immigrant and Refugee Issues Relevant to Intimate Partner Sexual Violence”](#) on the WCSAP website.

Direct participants to the [Crossing Borders Project](#), sponsored by the Washington State Coalition Against Domestic Violence, which has resources on advocacy with immigrant and refugee populations ([www.wscadv.org](http://www.wscadv.org)).

Should you wish to focus on this topic area, the National Judicial Education Program [free online course](#) on intimate partner sexual violence has an extensive module on “cultural defenses and cultural evidence.” Although it is intended for judges and focuses on legal aspects, the course provides quite a bit of general information on immigrant and refugee IPSV issues.

### Talking Points

In a general training, just highlight the points above, including the economic and legal issues specific to immigrants and refugees (isolation, fear of deportation, reliance on the abuser or on children as a link to mainstream culture). For discussion: **What specific cultural groups have you worked with, and what are the cultural issues you have observed in relation to IPSV?**

Cultural beliefs and practices must be recognized in a nuanced manner, without stereotypes. Emphasize that respectful advocacy involves *learning* something about a particular cultural tradition, *asking* your client about his or her cultural background, and *identifying* to what extent the client subscribes to the generally held views of that group.

## Challenges for the Advocate

➤ Brainstorm obstacles to assisting survivors

- Within yourself
  - Experiences
  - Perceptions
  - Knowledge level
- In your agency
- In the community



### Activity!

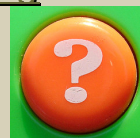
For this topic, you may give participants a choice of working briefly in pairs or individually. Provide these directions:

“If you are working in pairs, identify to your partner one personal obstacle that might affect your ability to work with IPSV survivors, and one resource that will help you to address that problem. Then switch places and have the other person do the same.”

“If you are working individually, write down as many obstacles and resources as you have time for. For example, you might state that one personal obstacle is your own lack of detailed knowledge of safety planning for victims still living with abuse. A possible resource would be to consult with the DV advocates in your agency or community to learn more about safety planning and how to make timely safety planning referrals.”

## How Do You Ask About IPSV?

- Practice asking questions if you are uncomfortable
- Screening questions at [www.wcsap.org](http://www.wcsap.org)
- Frame the questions sensitively
  - › Explain why you are asking
  - › State that this is unfortunately common
  - › Explain that it will help you to provide the best response and resources
  - › Tell the person that it is okay if they are not comfortable discussing this and want to bring it up at a later time



### Resource

Let participants know that [suggested screening questions](#) are available on the WCSAP website. If you have internet access in the training venue, you might show them the actual site. If not, you may wish to insert a “screenshot” of the website into the PowerPoint, as described in the introduction to this curriculum.

### Activity!

If you have time and skill-building is a main workshop goal, you could print out the screening questions and have participants role-play. Divide them into groups of three. Person A plays the role of an IPSV-survivor client; Person B is the advocate; and Person C is the observer. You can devise scenarios or let participants make up their own. Have Person A practice asking IPSV screening questions. After the role-play, the observer makes comments on what seemed to work smoothly and what was awkward. The person playing the role of the client comments on the experience. Ideally, time permitting, each member of the trio would have a chance to play each of the three roles. After the role-play, debrief by asking participants to discuss the experience, what worked and what didn't work so well, and what they plan to incorporate into their own advocacy practice.



## What Do Survivors Need?

- Someone to listen
- Someone to believe them
- Culturally sensitive assistance
- Change in all the systems that affect survivors
- Help in negotiating the existing systems
- Practical resources to provide options



### Talking Points

This is a wrap-up slide. You might want to ask the headline question of the group, showing just the title of the slide, and then show the items below. Also, ask if there is anything else that they believe survivors need.

You can also ask variations of this question, such as: **“What are the unmet needs of IPSV survivors in your community?”**

This would also be a good time to discuss the use of IPSV-specific support groups, or the inclusion of IPSV modules in general sexual assault or domestic violence support groups. You might ask if any advocates have experience with such groups, and if so, how they thought the group experience was helpful to IPSV survivors.

### Resource

See the IPSV Support Group Guide that is a supplement to WCSAP’s support group guide, *Circle of Hope* (contact WCSAP).

Depending on the experience level of the audience, they may or may not realize that they can facilitate system changes as they go about their advocacy duties. You may wish to solicit some ideas of system changes that participants would like to see, and then ask the group for some possible actions that would begin to create that change.

## Positive Steps for Advocates

- Increase comfort level in talking about sex
- Learn cultural issues
- Familiarize yourself with resources
- Include IPSV in outreach efforts
- Handle shame issues with sensitivity
- Create community partnerships
- Other ideas?



### Talking Points

The first item may seem overly simplistic. Point out that advocates who work primarily with domestic violence survivors may not have the comfort level in discussing explicit sexual experiences that sexual assault advocates have obtained. Also, even those who work with sexual assault survivors may find themselves taken aback at descriptions of incidents involving repeated brutality by a partner or involving children as witnesses or participants.

Ask whether IPSV is included in prevention and outreach efforts, and if so, in what way. You may suggest simple measures such as including IPSV brochures and posters (available from WCSAP) in the agency's waiting area, using IPSV statistics as well as general assault statistics in presentations, and collaborating with community partners such as medical professionals, colleges, child abuse services, and law enforcement.

## What Resources Do You Need to Identify to Help Survivors?

- Both DV and SA resources
- Knowledgeable counseling services
- Targeted support groups
- Legal services and knowledge
- Help for affected children
- Stalking resources
- Enlightened religious or spiritual counseling
- Coordination with law enforcement, shelter, medical services, family planning, financial assistance



### **Activity!**

You can approach this information in a variety of ways. You may simply ask participants to look over the list and discuss how it applies to their program. You could also use the second page of the **Action Plan** that is included in this training packet, and have each participant fill it out as it pertains to his or her community. If time allows, have participants discuss the results.

You may ask if any participants have discovered innovative resources to deal with this issue.

This is an opportunity to ask about things that are working well and to have participants share ideas. As a facilitator, you will do well to maintain a balance of positive and negative threads in the discussion, so it does not degenerate into a gripe session.

## SLIDE 29

# Activity

- In small groups, use the “Action Plan” handout to work through one goal for Louise, as if she were a client at your agency.

Active Advocacy

Goal: The goal of the advocate is to provide a mechanism for the survivor of IPV to achieve the following goals:

Action/Advocacy	What activities/resources are needed to provide for the activity?	What actions do I need to take in order for this goal to happen?	Other interested parties?	How soon should I integrate this activity into my advocacy?
Goal 1: Decrease self-blame				
Goal 2: Increase their ability to talk about the sexual and physical abuse.				
Goal 3: Increase their ability to build and access social support systems.				
Goal 4: Increase sense of control and reduce dependence on legal skills, self-esteem, and self-efficacy.				
Goal 5: Identify coping skills and increase use of healthy coping mechanisms.				

## Activity!

The **Action Plan** handout is available in these curriculum materials. Briefly remind the participants of Louise’s story and ask them to work in pairs to establish one goal and fill in the entire row (on Page One of the handout).

In a longer training, you may want to work through more than one goal, or you may want to give participants the option of making up a realistic client (without identifying information) who would be typical of someone seeking services at their agency.

This is a long handout (three pages) but it is worthwhile to print it out and have it available for participants, even if you don’t have time within the training to do this exercise or you choose not to use the second page for the previous activity. If you decide not to use the handout within the training, do explain to participants what it is, and suggest that they take it back to their program to use as a brainstorming tool with “real” clients.

## Remember

- You can make an enormous difference through compassion and understanding.
- Be patient and try to let go of specific expectations of survivors.
- Prevention, system coordination, and increased awareness are keys to change.
- Get support and supervision for yourself – this is tough work!

### Talking Points

This is your opportunity to let participants know that you understand and appreciate the importance of their work with survivors.

Take a minute to review the initial workshop goals that participants offered, and to make sure you have covered everything that was asked.

Review and highlight the points that were most important for your particular group of participants.

## Next Step?

- What is one thing you can do with your new knowledge of IPSV in the next week?



### **Activity!**

This is another activity that can be done either by participants as individuals or in pairs. You may choose to have the whole group do the activity one way or the other, or you may let each participant choose. If time is a concern, it is quicker to have participants do this activity individually by writing down their plans. You may wish to have a bright-colored index card for each person to write on and take with him or her, as a reminder of taking the next step.

This activity is an excellent one for adult learners, because it helps to consolidate the learning experience by allowing participants to apply what they have learned directly to their own professional situation. Encourage them to make the “next step” small and achievable.

If several advocates from a single program attend the training, you may suggest that they touch base with each other at the end of the week to see how they have done with this goal. Participants may also wish to exchange emails with an “accountability partner” for the same reason.

Don't forget to save a few minutes at the end of the workshop for participants to complete a workshop evaluation. This will help you to hone your skills as a trainer!

## Resources and References

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Easteal, P., & McOrmond-Plummer, L. (2006) *Real rape, real pain*. Melbourne: Hybrid Publishers.

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Russell, D. (1990). *Rape in marriage* (rev. ed.). Bloomington: Indiana University Press.

Schafran, L., Lopez-Boy, S., & Davis, M. (2009). Making marital rape a crime: A long road traveled, a long way to go. . In *Intimate partner sexual violence: Sexual assault in the context of domestic violence* (2<sup>nd</sup> ed.). Olympia, WA: Washington Coalition of Sexual Assault Programs. [Electronic version available at <http://www.wcsap.org/pdf/makingmaritalrapeacrime.pdf>]

Winters, M. (2009) Making the connections: Advocating for survivors of intimate partner sexual violence. In *Intimate partner sexual violence: Sexual assault in the context of domestic violence* (2<sup>nd</sup> ed.). Olympia, WA: Washington Coalition of Sexual Assault Programs. [Electronic version available at <http://www.wcsap.org/pdf/makingtheconnections.pdf>]

## **BROCHURES**

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Washington Coalition of Sexual Assault Programs (2008). *Stalking Incident Log*. [Brochure]. Electronic version available at <http://www.wcsap.org/StalkingBrochure.pdf>.



## ONLINE COURSES

National Judicial Education Program. *Intimate partner sexual abuse: Adjudicating this hidden dimension of domestic violence*. Retrieved April 14, 2009 from <http://www.njep-ipsacourse.org>

## WEB RESOURCES

Annotated Bibliography on Immigrant and Refugee Issues Relevant to Intimate Partner Violence: <http://www.wcsap.org/pdf/AnnotatedBibliography.pdf>  
From the Washington Coalition of Sexual Assault Programs

Aphrodite Wounded: [www.aphroditewounded.com](http://www.aphroditewounded.com)  
Specifically for IPSV survivors; also includes extensive references for professionals working with survivors

Crossing Borders: Critical Thinking and Best Practices:  
<http://www.wscadv.org/pages.cfm?ald=35F3A14A-C298-58F6-01AB16B8444C0D95>  
A compilation by the Washington State Coalition Against Domestic Violence of information on assisting immigrant and refugee survivors

Healthy Sex: [www.healthysex.com](http://www.healthysex.com)  
Developed by Wendy Maltz, LCSW, DST; includes information on consent, healthy relationships, warning signs of dysfunctional relationships

Intimate Partner Sexual Violence: [www.wcsap.org/ipsv.htm](http://www.wcsap.org/ipsv.htm)  
Resources, tools, and research on IPSV from the

Love is Not Abuse: [www.loveisnotabuse.com](http://www.loveisnotabuse.com)  
From the Liz Claiborne Foundation, user-friendly information about adult and teen relationship abuse, including surveys and statistics as well as information suitable for prevention education

Pandora's Aquarium: [www.pandys.org](http://www.pandys.org)  
Online discussion and support for sexual assault survivors, including IPSV survivors

SafetyNet: <http://www.nnedv.org/projects/safetynet.html>  
The National Network to End Domestic Violence's project to educate victims, advocates, and the general public about technology safety

Stalking Resource Center: <http://www.ncvc.org/src/Main.aspx>  
The National Center for Victims of Crime offers numerous resources on stalking for victims and professionals

Technology Resource Links from WCSAP

<http://www.wcsap.org/technology.htm>

Technology Safety and Advocacy:

[http://new.vawnet.org/category/index\\_pages?category\\_id=93](http://new.vawnet.org/category/index_pages?category_id=93)

Online privacy and safety issues

## Appendix

The Appendix consists of two handouts, which are displayed separately so that you can copy them for your presentations.

### **HANDOUT 1: ACTION PLAN**

This Action Plan is a three-page document. You can use it in a variety of different ways, within your presentation and afterwards. See Slide 29 for more information.

### **HANDOUT 2: SAMPLE EVALUATION FORM**

You may already have a preferred workshop evaluation form, but if not, feel free to use and adapt this one. Evaluation is a critical part of improving your presentations.

**Goal: Provide a mechanism for the survivors to achieve the following goals:**

<b>Action: Advocacy</b>	<b>What activities and resources do I need to provide for the survivor?</b>	<b>What actions do I need to take in order for this goal to happen?</b>	<b>Who are other interested parties?</b>	<b>How soon should I integrate this activity into my advocacy?</b>
<b>Goal 1: Decrease survivors' self-blame.</b>				
<b>Goal 2: Increase their ability to talk about the sexual and domestic abuse.</b>				
<b>Goal 3: Increase their ability to build and access social support systems.</b>				
<b>Goal 4: Increase their sense of control and enhance problem-solving skills, self-esteem, and self-efficacy.</b>				

**Developed by Kathleen Arledge, Washington Coalition of Sexual Assault Programs**





## Training Evaluation

Please assist us by completing this evaluation form prior to leaving. Thank you.

### TRAINING: **Intimate Partner Sexual Violence**

1. **Please rate the training on a scale of 1-5 (1 is poor, 5 is excellent):**

Overall Quality of the Training	1	2	3	4	5
Clarity and Information Content of Presentation	1	2	3	4	5
Trainer's Demonstrated Knowledge of the Topic	1	2	3	4	5
Trainer's Responsiveness to Questions	1	2	3	4	5
Degree to which Training Objectives Were Met	1	2	3	4	5
Enhancement of Your understanding of Topic	1	2	3	4	5
Effectiveness of Audiovisual Materials	1	2	3	4	5
Pace of the Training; Time Frame for Material Covered	1	2	3	4	5

2. **What aspect of this training was most valuable to you?**

3. **What was least valuable?**

4. **How could this training be improved? What additional information would you like to see covered if this training were offered again?**

5. **Please comment on the experience and skills of the trainer:**

6. **Any other comments about this training?**

*Thank you!*