

The work of the anti-sexual assault and domestic violence movements is clearly interconnected. The pervasive problems of sexual assault and domestic violence are firmly embedded in our society, allowing issues of power and control to be used against groups of people perceived as most vulnerable or powerless, such as women and children. These underlying societal problems manifest themselves in many ways, such as in the very different forms of domestic violence or sexual assault.

Though the two movements hold in common the goals of providing services for victims/survivors, educating the public, and working on prevention programs, sexual assault and domestic violence are issues distinct from one another in a variety of ways.

The people served by the work of these movements may sometimes over-lap in such situations as when partner rape of adults or teens occurs within a domestic violence situation. Often, however, the victims/survivors are different populations of people who have very distinct needs, from the moment of crisis, throughout the healing and decision-making process, through the long-term effects of these crimes. A woman, who is being violently hurt by her partner, may have very different immediate needs, such as possibly finding a place to live for herself or her children, than a woman who must seek crisis medical attention or a forensic examination after a sexual assault.

Individuals who suffer from the long-term consequences of childhood sexual assault may not have their needs met through services traditionally provided by domestic violence programs, and sexual assault programs are not usually in the position of providing the services necessary to victims of domestic violence. In order to meet the unique needs of survivors of these crimes, advocates involved in either movement must complete trainings on skills specific to each type of abuse and must respect expertise provided by their co-worker or collaborative organization.

In addition, individuals from such systems as law enforcement, legal, and medical fields must be trained differently by people working in the anti-sexual assault and anti-domestic violence movements in order to properly do their jobs. In addition, each system has the responsibility to victims to make them aware of their options, legal rights and remedies available to them as victims/survivors of these crimes. Further, from the perspective of funding, specific issues take priority and often a need for funding distinct programs becomes important. This paper goes on to explore the distinct nature of some of these issues.

SERVICES FOR CHILDREN

Children receive the services of domestic violence and sexual assault programs for different reasons. Though not limiting their programming entirely to this model, the domestic violence

movement works with child victims as they are connected to their mother, viewing the child as a secondary victim of partner violence. This usually means children who witness domestic violence. Child abuse, referring to non-sexual abuse of a minor, has historically been addressed by its own distinct field. Child abuse programs are sometimes connected to community-based battered women's shelters.

Alternatively, Sexual Assault Service Providers offer programs to meet the needs of children sexually assaulted by strangers, adults who were sexually abused as children, and children abused by family (incest) or acquaintances. In Wisconsin, incest is considered to be sexual intercourse or sexual contact with a child the defendant knows is an adopted or blood relative that is closer than a second cousin.

Some community-based Sexual Assault Service Provider programs work with agencies in their community that specialize in child sexual abuse. Whether it is through collaboration with other services or by direct service, children are a primary population served by Sexual Assault Service Providers. In Wisconsin in 1998, according to a September 1999 publication of the Wisconsin Office of Justice Assistance Statistical Analysis Center, 78% of all victims of sexual violence were juveniles. Over 70% of all victims were 15 years old or younger. The average age of the offender was 24, nine years older than the average victim age of 15.

In looking specifically at incest, professionals in the anti-sexual assault movement understand that incest can occur starting in infancy and may continue for a number of years. Before the age of eighteen, 4.5% of women report an incestuous experience with fathers or stepfathers. Also, before the age of eighteen, 4.9% of women report an incestuous experience with an uncle. (Russell, Diana. *The Secret Trauma*. Basic Books, 1986.) Because victims/survivors of incest and childhood sexual assault have often been assaulted repeatedly over a period of years, Sexual Assault Service Providers have reported that long-term care becomes necessary for many adult survivors of incest and childhood sexual abuse.

ADDRESSING TEENS

Another group of individuals whose experiences generally fall outside of the field of domestic violence services are teens and young adults. It has been found that the risk of rape is four times higher for women age 16-24, the prime dating age. Young women between the ages of 14-17 represent an estimated 38% of those victimized by date rape. (Warshaw, Robin. *I Never Called It Rape: The Ms. Report on Recognizing, Fighting and Surviving Date and Acquaintance Rape*. New York: Harper and Row Publishers, 1988.)

Sexual assault service providers must have programs to serve the needs for those assaulted while on a date, on a college campus, or after being assaulted or repeatedly assaulted in any other scenario. The fact remains that sexual assault of teens outside of their homes and thus outside of a "domestic" relationship is a pervasive problem. The domestic violence movement

may address date rape as a form of domestic or partner violence, yet the dynamics of a date or acquaintance rape outside of an ongoing intimate relationship, as well as the needs of such a victim/survivor, fall outside of traditional domestic violence services. The fields addressing domestic violence and sexual assault must respond to the needs of victims/survivors appropriately—teen survivors of acquaintance rape rarely go to a battered women's shelter or domestic violence program for help.

SERVICES FOR BOYS AND MEN

Services for men and boys are, at this time, almost entirely absent in the domestic violence movement. Sexual assault services, however, are made available through Sexual Assault Service Provider programs to men and boys who have been sexually abused or raped as adults, and/or due to sexual assault or incest experienced as a child. Sexual abuse of boys is often a silent problem due to the many stereotypes held in society, but a pervasive problem none the less.

The harmful myths surrounding male victims include: male victims can not be sexually assaulted, women can not sexually assault males, all boys or men who are sexually assaulted are homosexual and sexual victimization causes men to be homosexuals. Homophobia lends a complicated challenge to these responses to male sexual assault. As many as 1 in 5 to 1 in 7 boys are sexually abused by the age of 18. (Finkelhor, Hotaling, Lewis & Smith, 1987, 1989. Found in: Mendel, Matthew Parynik. *The Male Survivor: The Impact of Sexual Abuse*. Sage Publishing, 1995.) The high prevalence of assaults against men and boys supports the need for rape crisis centers to serve this population.

EXPLOITATION BY PROFESSIONALS

Providers of sexual assault services work with individuals who have been exploited by professionals. Research indicates that at least 10-15% of counseling professionals who have responded to surveys on this issue are sexually exploiting clients. In one such study, 70% of the therapists reported that they had at least one formerly exploited client. Exploitation by professionals also included professor-student contact. Studies indicate that 20-30% of female students have experienced sexual overtures from their professors. In one study, 30% of female psychology students had rebuffed a professor's sexual advances. (Constantinades, Kathy. *Challenging Professional Exploitation: A Handbook for Survivors*. A project of the Sexual Assault Information Network: Michigan, 1993.)

MEDICAL TREATMENT AND EVIDENCE COLLECTION

Medical treatment differs dramatically for victims/survivors of domestic violence and sexual assault. The need for trained hospital personnel, such as S.A.N.E. (Sexual Assault Nurse Examiners) emphasizes the unique needs of victims/survivors of sexual assault. Competent medical treatment is necessary for any victim of violence, domestic and sexual included.

However, if a survivor of sexual assault decides that she/he may wish to report the sexual

assault to law enforcement personnel and if she/he hopes that the case will be prosecuted, a medical exam must be conducted by a trained professional, such as a S.A.N.E. Forensic evidence of the sexual assault must be collected within 72 hours of the sexual assault in order to meet all of the standards required by the criminal justice system. There is a 40% risk that a victim may have contracted a sexually transmitted disease (STD) from their assault.

Though the likelihood of pregnancy resulting from sexual assault is low, this too is an overwhelming and genuine fear for women who have been raped. Hospital personnel must be able to effectively provide medical treatment and emotional support for the rape victim through this time, in order to both aid the victim and to protect evidence for possible legal action.

STRANGER RAPE

Specialized training is also necessary to work with victims/survivors of stranger assault. In Wisconsin in 1998, strangers committed 7% of sexual assaults. A victim of domestic violence may be left with the distrust of intimate partnerships, among many other issues, while a victim of stranger rape is often left with a distrust of their entire environment and forced to learn very unique coping strategies. This affects both the survivor and everyone who touches their lives, from their children and intimate partners, to their employers.

IMPACT ON THE COMMUNITY

Though comprising only a small percentage of sexual assaults occurring in Wisconsin, stranger rape plants fear in the hearts of our community. We see this as the legislature grapples with the issue of safety on the streets and the policy statement of holding offenders accountable. This is a different type of communal response than to the problems of domestic violence and other forms of sexual assault. Stranger assault tends to incite a community response, while most individual cases of sexual assault or domestic violence garner little public attention.

Most communities are more comfortable and familiar with publicly discussing a known perpetrator or sex offender who has been released into a community, than they are with publicly discussing the needs of victims or the prevalence of sexual assault. Professionals working in the anti-sexual assault movement must be aware of the dynamics between sexual offenders and their victims so that they can help to educate the community. Community education must reach the legislature before new laws are passed that may harm more than help victims of such violent crimes.

PARTNER/MARITAL RAPE

Many individuals who are victims/survivors of domestic violence have also been sexually assaulted, and often within that same relationship. This category of assault is just beginning to receive greater attention, and most states have laws that outlaw rape within marriage as a statute distinct from physical battering statutes. A National Victim Center survey found that 10% of all sexual assault cases reported by women involved a husband or ex-husband attacker

(Rape in America, 1992, Arlington, VA.)

Indeed, this is a category in which the various issues specific to domestic violence and sexual assault merge. Because we cannot say that a victim/survivor will go first to a rape crisis center or to a domestic violence shelter, both movements must consider this issue and work together to meet the needs of these particular victims/ survivors. Solid agreements and referral systems between sexual assault and domestic violence service providers are imperative to providing quality services.

Advocates working with battered women are not always comfortable addressing a client's sexual assault and may, without proper training, miss the need to refer a woman for specialized sexual assault services. Different strategies are useful to victims of domestic violence and sexual assault, as they wrestle with the long-term abuse in a relationship and the invasive harms of being raped. "Failing to differentiate between types of violence is problematic when the specific needs of a population are not addressed and the experiences of women are not legitimated as wife rape but confounded with other types of violence." (Bergen, Raquel Kennedy. *Wife Rape: Understanding the Response of Survivors and Service Providers*. Sage Publications: CA, 1996.)

THE "SEX" IN SEXUAL ASSAULT

While the issues of power and control are at the root of the majority of sexual assaults, research indicates that sexual attraction is a factor for certain types of offenders. It is therefore shortsighted only to apply the dynamics of power and control to a crime that can include more complicated factors. In addition, victims/survivors of sexual assault may suffer long-term consequences specifically related to the fact that sex was used as a weapon against them. Victims who report this crime to law enforcement personnel, who seek victim advocacy services or who seek medical services, are forced to disclose details about sex—details that are reserved as private, intimate and consensual for those who have not been assaulted.

The complexities of, and secrecy that surrounds this crime prevent many people from seeking advocacy services or from seeking criminal or civil justice. Because the issue of sex is difficult for our society to discuss, sexual assault becomes an issue that is easily ignored. Many forms of sexual assault are not commonly recognized as a crime and, therefore, victims of this crime have needs that are unmet by systems designed to address the needs of crime victims.

LONG-TERM EFFECTS

The long-term effects of sexual assault can manifest themselves in many ways, possibly leading to medical, psychiatric and social issues. Various studies have shown that between 33 percent and 40 percent of women on welfare were sexually abused as children. Among men, abuse

victims are about 50 percent more likely to be arrested later in life. This link indicates that unmet needs of sexual assault victims can significantly impact a sexual assault survivor's life.

A partial list of aftereffects survivors may experience into their adult life include low self-esteem, self-blame, guilt, vulnerability toward re-victimization, depression, difficulty sustaining relationships and building trust, alcohol or drug problems, anxiety, post-traumatic stress disorder (PTSD), eating disorders, dissociative reactions, sexual dysfunction and flashbacks. These aftereffects can impact a survivor's education, family life and work performance. It is likely that by addressing the impact sexual assault has on an individual, and on our society, we will increase our ability to decipher and reduce other various forms of prevalent societal problems.

VULNERABLE POPULATIONS

Individuals who have a sensory, psychiatric, physical or developmental disability or who are frail due to illness or age, are at a high risk of being sexually assaulted because society does not believe that these individuals are "attractive" to sex offenders. Sex offenders, on the other hand, have learned that victims who are not heard or believed by their families and/or systems can be sexually assaulted with little or no consequences to the perpetrator. The lack of recognition of this increased vulnerability results in a lack of services for individuals who may have special needs beyond other sexual assault victims.

The anti-sexual assault movement is in the early stages of addressing the unique needs of sexual assault victims who have disabilities. The anti-domestic violence and the anti-sexual assault movements are working closely together to ensure comprehensive services for these vulnerable populations of individuals.

SYSTEMS ADVOCACY

The model of a Coordinated Community Response (CCR) was designed by domestic violence victim advocates to incite criminal justice reform efforts in their response to domestic violence. This concept has taken hold in the anti-sexual assault movement, but requires modification to effectively address sexual assault. The CCR model is heavily focused on training and working with the criminal justice system, a system that few sexual assault victims enter or remain.

The anti-sexual assault movement can rely on this model but, in order to make it effective for sexual assault victims, must modify the stakeholders in the group. Interaction with the criminal justice system differs greatly between victims of sexual assault and victims of domestic violence. One can use mandatory arrest as an example of such difference. Implementing mandatory arrest in cases of domestic violence has been a gigantic accomplishment by the anti-domestic violence movement through long and effective lobbying and systems advocacy. Law enforcement has been trained to not make a dual arrest, but to identify the primary

assailant, and to believe the words of the victim. However, when a law enforcement agent walks into a household to interview a person who has been raped, this type of training cannot help the victim.

A different type of policy and comprehensive training is necessary and the criminal justice system will fail both the victim and the community if its interaction with victims is inappropriate. In addition, because sexual assault victims are so often children, the elderly, or people with disabilities, different systems are involved in a community response. A CCR to address sexual assault should include Sexual Assault Nurse Examiners, clergy, professionals working with people with disabilities, school personnel, Child Protection Services and, of course, sexual assault victim advocates, in addition to law enforcement and members of the judicial system.

Because of its place in history, any community response to sexual assault must include a large component of public awareness, basic training and community outreach to discuss this silent issue.

WORK AS A MOVEMENT

While continuing to coordinate on common issues, and to learn from one another, keeping the anti-sexual assault movement clearly separate from the anti-domestic violence movement allows issues and needs specific to each movement to be thoroughly explored and acted upon appropriately. Work as a movement against sexual assault can only effectively continue when these unique issues are addressed competently. This includes lobbying to keep or gain rights for victims/survivors of sexual assault, and finding and using adequate funding to generate education and service programs directed to meet the full spectrum of needs generated by sexual violence.

The importance of this practice becomes apparent when one examines the different types of systems advocacy necessary to best serve victims/survivors. Viewing the dynamics of sexual assault through the lens of a domestic violence model can falsely allow society to feel that they have “done their job” regarding rape if they have begun to make progress in addressing domestic violence. Such an assumption can penalize victims of sexual assault who are silenced both as individuals and as a group of people with a common issue.

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