Sexual and reproductive abuse - Key Literature

Australia

**Australian Bureau of Statistics, 4510.0 - Recorded Crime - Victims, Australia, 2017.**

*Victims of Domestic and Family Violence-Related Offences*

This chapter presents experimental data about victims of selected Family and Domestic Violence (FDV)–related offences. Victims of selected offences have been determined to be FDV–related where the relationship of offender to victim, as stored on police recording systems, falls within a specified family or domestic relationship or where an FDV flag has been recorded, following a police investigation.

Key findings include:

- FDV-related homicide victims accounted for over a third of total homicide victims, and females accounted for over half of all FDV-related homicide victims.
- FDV-related assault is mostly likely to occur in the age range 25-34 years; and, across all states and territories, females are more likely than males to be victims – at least three times as likely, and up to six times more likely.
- FDV-related sexual assault accounted for over a third of total sexual assaults and there are six times as many female victims as male victims.

**Australian Bureau of Statistics (ABS), Personal Safety, Australia, 2016, ABS cat no. 4906.0 (2016).**

This release presents information from the Australian Bureau of Statistics’ (ABS) 2016 Personal Safety Survey (PSS).

The survey collected detailed information from men and women aged 18 years and over about their experiences of violence since the age of 18, as well as experiences of current and previous partner violence, stalking, physical and sexual abuse and harassment, abuse before the age of 15, and general feelings of safety.

Almost one in five women reported experiences of sexual violence (18% or 1.7 million), compared with approximately one in twenty men (4.7% or 428,800). Further, ‘[w]omen were eight times more likely to experience sexual violence by a partner than men. Approximately 5.1% of women (480,200) experienced sexual violence by a partner, compared with approximately 0.6% of men (53,000)’. See Table 3 for more

This research examines appellate cases from various Australian jurisdictions, ACT Department of Public Prosecution files over a ten year period, Canberra Rape Crisis statistics, interviews with solicitors and counsellors and in-depth narratives of survivors. The research examines the crime that results from the intersection of domestic violence and sexual assault which they call 'partner rape'. It identifies low disclosure and reporting rates of partner rape, high discontinuance of prosecution and jury non-conviction in the ACT, and evidentiary issues of prior violence and reliability of victim/witness testimony. The authors do not deny judicial reasoning for not admitting evidence of prior violence, such as risk of unfair prejudice, however they argue for a more balanced approach in partner rape trials on the basis that evidence of prior violence brings context to the victim’s fear of the defendant: domestic violence and its sexual component are not discrete acts and can only be understood through looking at the big picture; this evidence also explains the victim’s feelings and the reasons for their reaction at the time. The authors express a view that a greater emphasis on the victim’s interests is required, and that this would be facilitated if judicial discretion to exclude evidence were not exercised as stringently against the victim in favour of the defendant with regard to evidence of prior violence.


This review provides a comprehensive overview of a variety of Australian and international research and literature on sexual violence in intimate partner relationships with specific discussion of women’s (including Indigenous women) experiences. This review identifies some of the reasons victims might be reluctant to disclose a partner’ or ex-partner’s sexually abusive behaviour. These include fear of retaliation, fear of rejection by family and friends, fear of the loss of the relationship, feeling ashamed or that they have failed in their perceived duty as a wife, and hope that things will change. A victim may be at a heightened risk of sexual abuse by their ex-partner after the relationship has ended.


This research reports on the results of a survey of women attending general medical practitioners in Brisbane’s inner South region during 1996. 1,836 surveys were completed. One in ten women reported
they experienced sexual abuse in their intimate relationship.

Lievore, Denise, ‘Non-Reporting and Hidden Recording of Sexual Assault: An International Literature Review’ (Report, Australian Institute of Criminology, 2003).

Drawing on many previous studies this paper reports that women who are either married or living in a defacto relationship are less likely to report victimisation than unmarried women (p21-22). Women who were divorced or separated from the partners had higher victimisation rates (p22). The literature identifies that due to a belief that the law exists to control stranger violence, women assaulted by men known to them may refrain from seeking legal help because: they perceive that institutional reactions to sexual violence perpetrated by male partners or relatives will be less than sympathetic; they are aware that they may be blamed for their own victimisation and may not be taken seriously by police; they may also believe that the chances of a successful prosecution are slight, while high rates of attrition and the perception of police leniency towards offenders may also deter reporting (p33).


This paper reports on the findings of the International Violence Against Women Survey (IVAWS), which was conducted across Australia between December 2002 and June 2003. A total of 6,677 women aged between 18 and 69 years participated in the survey. The authors report that 5-7% of women who had a current or former intimate partner reported that their partner had forced them to have sexual intercourse at some stage during their lifetime. A further 3-4% of these women reported that their partners had attempted to force them to have sexual intercourse, and a similar proportion experienced unwanted sexual touching (pp44-46). The authors also consider the under-reporting of sexual violence.


While this Australian issues paper is directed to health practitioners, it reports on intimate partner violence in the context of pregnancy and considers coercion and/or the incidence of abuse in relation to pregnancy. This paper reviews relevant literature and identifies that for some women domestic abuse occurs for the first time during pregnancy. For women who were abused prior to the pregnancy, it was suggested previous abuse is a clear risk for abuse during pregnancy.
This report is focused on health outcomes associated with intimate partner violence. The research reports that where sexual violence is involved bruising, tears and lacerations to the vaginal area and anus are common (p20). The report also identifies implications for reproductive health including sexually transmitted diseases, urinary tract infections, and terminations of pregnancy and complications of pregnancy (p21).


Of 1163 Australian women seen at a sexual assault centre, 71% received a general body injury (52% mild, 17% moderate, and 2% severe) (p 115). Moderate to severe injury was observed more frequently in women assaulted by intimate partners than by strangers or acquaintances. In particular, the prevalence of non-fatal strangulation, biting, the use of blunt force and weapons was higher for women assaulted by intimate partners compared to any other group (p 117). The presence of mental illness in the victim also affected the severity of the injury (p 119).

International

Bows, Hannah and Nicole Westmarland, ‘Rape of Older People in the United Kingdom: Challenging the ‘Real-Rape’ Stereotype’ (2017) 57 British Journal of Criminology 1-17.

While advances have been made in understanding sexual violence broadly, this article addresses the gap in knowledge regarding older victims of rape and sexual violence (p 5). In order to do so, the researchers used freedom of information requests to obtain data from 45 police forces relating to 655 cases (p 6). The findings challenge dominant real-rape stereotypes, which involve a ‘white, young victim who is attacked at night by a stranger who is motivated by sexual gratification’ (p 3), and can lead to older victims of sexual violence being ignored or disbelieved (pp 3-4). Key findings include:

> The ‘overall number of reported offences involving an older victim was low when compared with younger age groups’ (p 6);
> Consistent with existing knowledge on younger groups, most victims were female, and most perpetrators were male (pp 7-8);
> Perpetrators of sexual violence against older people were likely to be younger than their victims, with the majority under 60 years of age (p 8);
> Most perpetrators were known to the victim, with around 20% being a partner or husband (p 9); and
> Most of the assaults occurred in the victim’s home (p 9).
Center for Disease Control and Prevention, ‘Intersection of Intimate Partner Violence and HIV in Women’ (February 2014).

This report considers the intersection between women’s experiences of intimate partner violence (IPV) and HIV. IPV can be both a risk factor for HIV, and a consequence of HIV (p 2). Exposure to IPV may increase a woman’s risk of HIV, through forced sex with an infected partner (p 3), limited or compromised negotiation of safe sex practices, compromised treatment and prevention practices (p 3), and increased risk-taking behaviours (p 1). Women who are HIV-positive experience higher rates of IPV, and are likely to experience more frequent and severe abuse (p 2). Further, some women may be reluctant to be tested and treated for HIV due to fear of violence (p 2).


This paper reports that the prevalence of intimate partner violence reported among women utilizing sexual health services and seeking care in gynecologic and adolescent clinics is generally double these population-based estimates. It reports that such victimization is consistently associated with increased pregnancy and sexually transmitted infection (STI), with abused women demonstrating disproportionately higher rates of seeking care at family planning and other health services related to sexual health, such as HIV and STI testing. Moreover, they report on evidence that unintended pregnancy occurs more commonly in abusive relationships. Forced sex, fear of violence if she refuses sex, and difficulties negotiating contraception and condom use in the context of an abusive relationship all contribute to increased risk for unintended pregnancy and STIs.

Moore, Ann, Lori Frohwirth and Elizabeth Miller, ‘Male Reproductive Control of Women Who have Experienced Intimate Partner Violence in the United States’ (2010) 70 Social Sciences and Medicine 1737.

This article reports on the histories of 71 women aged 18-49 years with a history of intimate partner violence recruited from a family planning clinic, an abortion clinic and a domestic violence shelter in the United States. 53 respondents (74%) identified ‘male reproductive control' encompassing pregnancy-promoting behaviours as well as control and abuse during pregnancy in an attempt to influence the pregnancy outcome. The authors explain that pregnancy promotion involves male partner attempts to impregnate a woman including verbal threats about getting her pregnant, unprotected forced sex, and contraceptive sabotage. Once pregnant, male partners resort to behaviours that threaten a woman if she does not do what he desires with the pregnancy. This paper provides a thorough overview of the literature in the US on the relationship between intimate partner violence and pregnancy/reproductive health, and the characteristics of abusive relationships which affect ‘poor pregnancy outcomes’.