Sexual and reproductive abuse - Key Literature

Australia

**ANROWS, Intimate partner sexual violence: Research synthesis.**

This resource provides an overview of ANROWS evidence relating to intimate partner sexual violence (IPSV). It includes key facts on prevalence, as well as an overview of key issues, including evidence that:

- IPSV is a high-risk indicator.
- IPSV has serious and long-lasting effects.
- IPSV usually co-occurs alongside other tactics of DV.
- Community attitudes toward issues of sexual activity and consent show that sexual violence, and in particular IPSV, is not understood well, or taken seriously.
- IPSV is difficult to name and recognise.
- There are many barriers to reporting IPSV.
- Incidents are underreported and hard to prosecute.
- Responses to and services for IPSV need further resourcing and development.
- Education and prevention programs do not sufficiently address IPSV.
- Current research on IPSV faces limitations with small population groups and definitional issues.

**Australian Bureau of Statistics, ?4510.0 - Recorded Crime - Victims, Australia, 2022.**

*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 quarter of total homicide victims, and females accounted for over half of all FDV-related homicide victims.
- Regarding FDV-related assault, across selected states and territories 64-78% of victims were female.
- Regarding FDV-related sexual assault 89% of victims were female.
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 detail.


This resource for family violence practitioners highlights the following:

> Women are at an increased risk of experiencing violence from an intimate partner during pregnancy.
> If domestic and family violence already exists, it is likely to increase in severity during pregnancy.
> Young women, aged 18–24 years, are more likely to experience domestic and family violence during pregnancy.
> Unintended pregnancy is often an outcome of an existing abusive relationship.
> Poor birth outcomes (such as low birth weight, premature birth) and post-natal depression are associated with domestic and family violence during pregnancy.
> The long-term effects of exposure to domestic and family violence in utero are just emerging.
> There are several promising interventions for preventing and reducing violence during pregnancy.
> Pregnancy and early parenthood are opportune times for early intervention as women are more likely to have contact with health and other professionals

This report details the results from the 2021 National Community Attitudes towards Violence against Women Survey (NCAS). The survey sample consisted of 19,100 Australians aged 16 years or over, who were interviewed via mobile telephone. Regarding forms of abuse that are ‘always recognized as domestic violence:

- Behaviours threatening physical injury or a forced medical procedure, such as forced contraception or abortion (81–92% of respondents always recognized as domestic violence).
- Non-physical forms of domestic violence involving financial and emotional abuse or control, including tracking via technology (66–75%).
- Violence involving the exploitation of aspects of a partner’s identity or experience, such as chronic health conditions, sexual diversity, religion and migrant status, were also less well recognised (66–73%).
- Electronic harassment and abuse, such as via texts, emails, social media and sending unwanted sexual images (68–78%) (p23)

The study provided a number of statements and asked respondents if they agreed with them. For example: women lie about sexual assault as a way of “getting back at men” (34% agree) or because they later regret consensual sexual interactions (24% agree). The study found that 25% of respondents agreed that men might disregard consent because an aroused man “may not realise” the woman does not want to have sex; 18% agreed that sexual assault is primarily committed by strangers, 7% agreed that “genuine” sexual assault victims immediately report their assault to police (7%) and 5% agreed that rape victims would have have evidence of physical injuries.(p25)


This literature review examines the intersection between sexual assault and domestic violence. In relation to consent, the paper highlights that the ability to provide consent for sexual activity may be compromised when it is occurring within the context of the perpetration of intimate partner violence (IPV). This is because the perpetration of IPV creates a climate of ongoing fear or control (p 29). Additionally, for sexual violence perpetrated by intimate partners, demonstrating lack of consent is complicated because sexual violence may have been perpetrated in a context where consensual relations may have taken place before and/or after the assault, and in the context of established patterns of sexual behaviours that do not include verbalised consent (p 29).
Understandings of consent in established relationships affect how intimate partner sexual violence is framed both by victims as well as third parties. See pages 47-48 for a discussion of the way social norms affect what is understood as “real rape” (non-consensual sexual activity). Importantly, research has found that intimate partner sexual violence is viewed by the community as both less serious and more justifiable than sexual assault by a stranger or acquaintance (p 47). Indeed, the greater the familiarity between the victim/survivor and perpetrator, the greater likelihood that reports will be considered a lie or misinterpretation (p 47).

IPSV victims/survivors themselves often face difficulty in recognising sexual violence as violence, assault or rape (p 26). Similarly, research shows that younger women rarely identify sexually coercive behaviours by boyfriends as sexual assault, and tend to excuse sexually violent behaviour by saying that their own behaviour justified the assault or by pointing to extenuating circumstances (p 48). This again points to the strength of commonly held perceptions of what “counts” as consensual or non-consensual sexual activity.


Although sexual abuse has been extensively analysed in the literature, little is known about the extent and nature of reproductive coercion – an issue that has far-reaching consequences which often manifest in poor sexual and reproductive health outcomes, and may also result in pregnancy and parenting in a violent relationship. Reproductive coercion is broadly defined as the interference with a woman’s reproductive and sexual autonomy. The authors draw on interviews conducted with women who had experienced DFV and were involved with the legal system. Results indicated a link between sexually abusive behaviour and reproductive coercion. Not only does reproductive coercion sometimes occur within a context of violent and controlling behaviours, but those behaviours may reinforce or co-occur with the perpetration of reproductive coercion. Some of the women in the study described being pressured into doing various sexual activities they were not comfortable with. Other women perceived sexual abuse as normal and did not usually name the behaviour as sexual assault or rape. In a violent intimate relationship, the underlying dynamic is one where the abuser uses numerous tactics to assert power and control over his partner. For some women, sex and reproduction are part of that dynamic.


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’s 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.


Report abstract:

Image-based sexual abuse (IBSA) refers to the non-consensual creation, distribution or threatened distribution of nude or sexual images. This research examines the prevalence, nature and impacts of IBSA victimisation and perpetration in Australia. This form of abuse was found to be relatively common among respondents surveyed and to disproportionately affect Aboriginal and Torres Strait Islander people, people with a disability, homosexual and bisexual people and young people. The nature of victimisation and perpetration was found to differ by gender, with males more likely to perpetrate IBSA, and females more likely to be victimised by a partner or ex-partner.


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.

This report analyses a West Australian homicide case. The analysis shows how sexual violence against the defendant who was charged with killing her abusive husband, is rendered invisible in the case. Despite the evidence of sexual violence against the defendant, the sexually abusive behaviours played little or no part in the consideration of previous violence (see in particular pp 83-84). The defendant gave evidence of sexually abusive behaviours including that the deceased had forced her repeatedly to perform sexually in front of Skype cameras and that he had raped her when she resisted watching child sexual abuse on laptops in their bedroom. The report argues that old common law understandings of marital unity and rape immunity, despite law reform, still influence our legal understandings of sexual violence within intimate partnerships.

A summary of implications for policy and practice is also available at this link.


This paper discusses background social issues relevant for considering sexual offence laws. The authors examine the issues from three perspectives: The harmfulness of sexual violence; common misconceptions about sexual violence; and complainants’ experiences of the criminal justice system. It provides a thorough literature review of the issues explored. See especially 1.1 which explores sexual violence as controlling behaviour that is embedded in social relations. Section 2 considers commonly held myths and misconceptions about sexual violence.


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 (p 20). The report also identifies implications for reproductive health including sexually transmitted diseases, urinary tract infections, and terminations of pregnancy and complications of pregnancy (p 21).


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).

This survey study explores patterns of reproductive coercion (RC) and pregnancy avoidance (PA) among women recruited from domestic violence shelters in the southwestern United States (N = 661). Younger, African American, and Hispanic women were more likely to experience RC. Homicide risk, sexual intimate partner violence (IPV), and religious abuse were associated with RC, and RC and homicide risk were associated with PA. We discuss implications of the associations between RC and PA and their links to religious abuse, sexual IPV, and homicide risk.

Twenty-one percent of the sample indicated that their partner used religious teachings or traditions as a reason to control daily activities. 217 women (33%) experienced reproductive coercion. Specifically, 31% (n = 207) of participants reported their partner tried to get them pregnant when they did not want to be pregnant and 17% (n = 114) reported that their partner physically hurt them or threatened to leave if they did not get pregnant.

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’.
People exert control over women’s reproductive rights in various ways, including persuasion or pressure, such as emotional blackmail, societal or family expectations, or threats of or actual physical violence. This article reviews the medical and social science literature on reproductive control of women. Reproductive control can be perpetrated by intimate partners, the wider family or as part of criminal behaviour. Contraceptive sabotage, or ‘stealthing’, invalidates consent by the covert removal of a condom during sex. Reproductive control is distinct from intimate partner violence, but they overlap to a certain extent. Reproductive control is reported by around one quarter of women who attend sexual and reproductive healthcare services. Therefore, people working in women’s health must appreciate its extent in the community, and understand how to use screening tools which detect it.