A recent study funded by NIJ on women who had been physically assaulted by an intimate partner found that two-thirds of the women had also been sexually assaulted by that partner.¹ In addition to a victim’s physical and psychological injuries, her older children were found to be at increased risk for depression.

Researchers Judith McFarlane and Anne Malecha from Texas Woman’s University collected data from 148 women who sought assistance from the judicial system after being physically assaulted by an intimate partner.² The women, who were interviewed first in 2001, were contacted again in 2003 with questions about forced sex.³ Researchers looked at the incidence and consequences of sexual assault in intimate relationships and compared the findings with data collected from women who were physically but not sexually assaulted by their partners. The researchers identified risk factors for women in abusive relationships that could be used to develop referral and safety programs for victims and their children.

**Impact of Reporting on Revictimization**

Most research supports the claim that sexual assault is common in physically abusive relationships. McFarlane and Malecha found that 68 percent of the abused women reported having been sexually assaulted by their intimate partners. Sexual assault occurred repeatedly within these intimate relationships—almost 80 percent of sexually assaulted women reported more than one incident of forced sex.

Most of the women in the study did not report the assault or seek assistance after the first rape—just 6 percent contacted the police after the first rape, and 8 percent applied for a protective order. But women
who did contact law enforcement or seek assistance from the courts were less likely to be revictimized. Specifically, women who contacted the police following the first rape were 59 percent less likely to be raped by an intimate partner again, whether or not the abuser was arrested. Women who applied for a protective order after the first rape were 70 percent less likely to be raped again, whether or not the order was obtained. Most women waited several years after the first sexual assault before applying for a protective order, with Caucasians waiting the longest (on average 8 years), followed by Latina women (5 years), and African American women (3 years).

**Physical and Emotional Tolls of Intimate Partner Sexual Abuse**

Sexual assault by intimate partners has a profound effect on victims and their children.

Researchers McFarlane and Malecha also found that the sexually assaulted women in the study had worse mental and physical health than women who had been physically but not sexually abused. The women had more post-traumatic stress disorder (PTSD) symptoms, more pregnancies resulting from rape, and more sexually transmitted diseases. Foreign-born women in the study were found to have a high risk of developing PTSD and also to have fewer social supports. In addition, 27 percent of the women surveyed began or increased their use of alcohol, illicit drugs (usually cocaine), or nicotine after they were sexually assaulted by an intimate partner.

Women who had been sexually assaulted by an intimate partner were also more likely to threaten or attempt suicide than women who were physically but not sexually abused. Twenty-two percent of sexually assaulted women said they had threatened or attempted suicide within 90 days of applying for a protection order, compared with 4 percent of women who were physically abused.

Sexually abused women in the study were also more likely to have had their abusers harass them at work and threaten them with murder. Researchers did not find significant differences in these risk factors across ethnicity or race of the women.

**What Children Witness**

The effect of sexual assault in an abusive relationship permeates a household. Almost 90 percent of children of women in the study who were physically assaulted or both physically and sexually assaulted were exposed to these incidents against their mothers. By the age of 3, 64 percent of the children had witnessed the abuse; 30 percent of them received counseling. Older children (aged 12 to 18 years) of sexually abused mothers showed more depression and had appreciably more behavioral problems than children of mothers who had not been sexually assaulted.

**Steps for Change**

When a woman is sexually assaulted by an intimate partner, her health—mental and physical—is compromised. Her children’s risk for depression is also heightened.

Workers in the justice, health, and social service fields can take steps to help victims of intimate partner sexual assault. The researchers recommend that these professionals:

- Receive training on the frequency and health and safety consequences of intimate partner sexual assault.
- Assess clients for type and frequency of sexual assault.
- Assess victims to determine if they are at risk for PTSD, substance use, and suicide.
Inform women who have been sexually assaulted by their partner about their higher risk of being murdered by that partner.

Inform sexually abused immigrant women about their potential increased risk for PTSD.

Instruct mothers about the potential effects of partner abuse on their children.

This information, delivered with the appropriate referrals and safety planning information, could lead to greater protection for abused women and their children.

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Notes

1. Sexual assault is defined as forced vaginal, oral, or anal sex.
2. All sought protective orders from the courts. Thirty-three percent were African American, 26 percent were Caucasian, and 41 percent were Latina. Twenty-eight percent were also immigrants. There were no significant demographic differences between the women who had been raped and those who had been physically abused but not raped.
3. Researchers initially interviewed 150 women in 2001. Because 2 of the women died in the interim, only 148 were interviewed in 2003.
4. Twenty percent of the women in the sample had rape-related pregnancies, and 15 percent contracted sexually transmitted diseases.

For More Information