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Children's Exposure to Intimate Partner Sexual Assault

by Kathryn Ford, L.M.S.W.*

Editor's Note: For more than a decade, professionals within the family violence field have documented that when children witness adult partner violence, they have sequelae that are equivalent to children who have been directly abused. Unfortunately, that is not the whole story. Professionals often fail to screen for children's exposure to parental intimate partner sexual assault, and these effects can also be quite harmful to children. Using compelling case examples, this article describes how professionals should screen for intimate partner sexual assault, how to handle children who have witnessed it, and what researchers need to do to further our knowledge on this topic.

Sexual violence that occurs in the context of intimate partner relationships is often misunderstood or overshadowed by physical abuse. Cases involving both domestic violence and sexual assault present myriad barriers to effective therapeutic and criminal justice response. In addition, interventions and research into children's exposure to domestic violence have focused almost solely on physical violence, despite the fact that children can and do witness sexual assaults against adults in their homes. Addressing this issue is critical to any effort to support the safety and well-being of victimized parents and their children, provide children with clinical support around severely traumatic experiences, and hold offenders accountable for their violent and abusive behavior.

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In the following article, we will provide statistics and case examples that illustrate many of the dynamics and effects of children's exposure to intimate partner sexual violence. We will also offer some ideas for research priorities and best practices for intervention.

PREVALENCE OF INTIMATE PARTNER SEXUAL ASSAULT

Intimate partner sexual assault is a rarely discussed but unfortunately common form of violent victimization. In two population-based research studies—one in Boston, the other in San Francisco—10–14% of women who

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had ever been married reported being forced to have sex by a male intimate partner^{1,2}. Similarly, in a recent national crime victimization survey, 7.7% of American women reported being raped by an intimate partner during the past year³. In contrast to stereotypical images of "sex offenders" as those who victimize strangers or casual dates, intimate partners are

the most common type of sex offense perpetrator. For example, one Canadian population-based survey found that 30% of sexual assaults were committed by intimate partners, the largest category by perpetrator type⁴. Sexual abuse often co-occurs with other types of intimate partner violence. Numerous studies indicate that between 45% and 75% of women who are physically abused by an intimate partner have been sexually assaulted by their partner as well^{5,6}. The trauma to the adult victim is often severe, involving emotional and physical effects that are equal to or greater in severity than the symptoms experienced by individuals who are sexually assaulted by other types of perpetrators^{7,8}. Some

¹ Finkelhor, D. & Yllo, K. (1985). *License to rape: Sexual abuse of wives*. New York: The Free Press.

² Russell, D.E.H. (1990). *Rape in marriage*. Bloomington, IN: Indiana University Press.

³ Tjaden, P. & Thoennes, N. (1998). *Prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice.

⁴ Mahoney, P. & Williams, L.M. (1998). Sexual assault in marriage: Prevalence, consequences, and treatment of wife rape. In J. Jasinski & L. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research*. Thousand Oaks, CA: Sage Publications.

⁵ Campbell, J.C., Kub, J., Belknap, R., & Templin, T.N. (1997). Predictors of depression in battered women. *Violence Against Women*, 3(3), 271–293.

⁶ McCloskey, L.A., Treviso, M., Scionti, T., & dal Pozzo, G. (2002). A comparative study of battered women and their children in Italy and the United States. *Journal of Family Violence*, 17(1), 53–74.

⁷ Campbell, J.C. & Soeken, K.L. (1999). Forced sex and intimate partner violence: Effects on women's risk and women's health. *Violence Against Women*, 5(9), 1017–1035.

⁸ Cole, J., Logan, T., & Shannon, L. (2005). Intimate sexual victimization among women with protective orders: Types and associations of physical and mental health problems. *Violence and Victims*, 20(6), 695–715.

of the differential impact may be accounted for by the unique dynamics of intimate partner sexual assault, such as the severe sense of betrayal felt by the victim, reluctance to label the incidents as sexual violence, and the frequently chronic nature of intimate partner sexual assault.

Lastly, it's critical to note that sexual assault in an intimate relationship is statistically correlated with:

- More severe and frequent physical violence by the abusive partner;
- More severe threats and psychological abuse;
- Increased risk of abuse during pregnancy;
- More severe stalking, and
- Domestic violence homicide perpetration and victimization^{9,10,11}.

CHILDREN'S EXPOSURE TO SEXUAL ASSAULT IN THE HOME

Prevalence

Although there is increasing research being conducted on the prevalence and dynamics of sexual assault in intimate relationships, one of the most neglected areas of inquiry is how often children are exposed to such incidents and how they are affected. In the only published study to address this issue, Campbell and Alford conducted research interviews with 115 women residing in a domestic violence shelter, all of whom had been raped by their male partner. Nearly 18% reported that their children had witnessed at least one incident of sexual assault and 5.2% reported that their partner had involved the children in a forced sex act¹². Clearly these statistics do not include children's exposure to sexual violence of which the victimized parent is unaware, such as a child listening from another room or walking in as an assault is being perpetrated.

One of the most neglected areas of inquiry is how often children are exposed to intimate partner sexual assault and how they are affected.

⁹ Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C.R., Campbell, D., Curry, M., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., & Wilt, S.A. (2003). Assessing risk factors for intimate partner homicide. *National Institutes of Justice Journal*, 250, 14-19.

¹⁰ Coker, A.L., Hall Smith, P., McKeown, R.E., & King, M.J. (2000). Frequency and correlates of intimate partner violence by type: Physical, sexual, and psychological battering. *American Journal of Public Health*, 90(4), 553-559.

¹¹ Martin, S.L., Harris-Britt, A., Li, Y., Moracco, K.E., Kupper, L.L., & Campbell, J.C. (2004). Changes in intimate partner violence during pregnancy. *Journal of Family Violence*, 19(4), 201-210.

¹² Campbell, J.C. & Alford, P. (1989). The dark consequences of marital rape. *American Journal of Nursing*, 89, 946-949.

Despite the dearth of formal research in this area, anecdotal evidence indicates that there are many ways children are involved in and affected by their exposure to sexual violence. These include being visual or hearing witnesses, attempting to verbally or physically intervene during an assault, and being forced to participate in the sexual assault of a parent.

One woman described an incident as follows: "Then he forced me to lean forward, forced himself into me from behind . . . The whole time he

For children, witnessing the rape of a parent is an experience distressing enough to trigger the development of Post-Traumatic Stress Disorder.

had the knife against my leg . . . I thought he was going to kill me . . . And the whole time I could see Anna [their preschooler] standing in the kitchen¹³." At times, the abusive adult may deliberately sexually assault the adult victim in the presence of children, maintain poor sexual boundaries with children—

including discussing the adult sexual relationship with them—or use sexually degrading language toward their partner in front of the children.

Impact

For children, witnessing the rape of a parent is an experience distressing enough to trigger the development of Post-Traumatic Stress Disorder¹⁴. In addition, intimate partner sexual assault is associated with more severe depression, anxiety, and behavior problems in the children of adult victims^{15,16}, as compared to those whose mothers have been physically, but not sexually, abused.

As a result of their exposure to sexual assault, children might also internalize distorted and unhealthy messages about gender and sexual consent:

- That sexuality and violence are inextricably intertwined;
- That men have a right to sex at any time and women are obligated to provide it;
- That sexual aggression is normal and justifiable; and
- That if one wants sex, one should take it without regard for the wishes of one's partner.

Furthermore, sexual assault in the adult relationship is correlated with an increased incidence of threats of violence toward children and all types

¹³ Hyden, M. (1994). *Woman battering as marital act*. New York: Oxford University Press.

¹⁴ Pynoos, R.S. & Nader, K. (1988). Children who witness the sexual assaults of their mothers. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 567–572.

¹⁵ McFarlane, J. & Malecha, A. (2005). *Sexual assault among intimates: Frequency, consequences & treatments*. Rockville, MD: National Criminal Justice Reference Service.

¹⁶ McFarlane, J., Malecha, A., Watson, K., Gist, J., Batten, E., Hall, I., & Smith, S. (2007). Intimate partner physical and sexual assault & child behavior problems. *Journal of Maternal/Child Nursing*, 32(2), 74–80.

of child abuse. For example, one study found that men who abuse their adult partners are 6.5 times more likely to sexually abuse their children. It identified intimate partner violence as one of only four statistically significant indicators of increased risk for intra-familial child sexual abuse¹⁷. Lastly, intimate partner sexual assault increases the risk for various reproductive health difficulties that are related to children's well-being, such as forced or prohibited abortion, unwanted or poorly-spaced pregnancies, infertility, miscarriage, stillbirth, and STD infection during pregnancy^{18,19}.

LEGAL HISTORY AND IMPLICATIONS

Several legal cases of note provide further documentation of children's exposure to sexual violence. **Oregon v. Rideout**, 108, 866 Circuit Court, County of Marion, Oregon (1978), was the first nationally publicized case of marital rape. It was also the first prosecution for an incident that occurred while the parties were still living together. Mr. Rideout was charged with beating and raping his wife in front of their two-year-old daughter but was eventually acquitted. In contrast, in **People v. Liberta**, 64 N.Y.2d 152 (1984), the assault occurred post-separation while an Order of Protection was in effect. The defendant was accused and convicted of repeatedly raping and sodomizing his estranged wife in a hotel room in front of their young son, after she had gone there seeking to exchange the child for visitation. The defendant appealed his conviction on the grounds that since he could be prosecuted for rape as an estranged husband—while a man still living with his wife could not—his constitutional rights were being violated. The court determined instead that there was no constitutionally legitimate reason to have a marital rape exemption, and New York became the first state to have a legislated exemption overturned by a court. Lastly, in **People v. Parr**, 548 N.Y.S.2d 121; 155 A.D.2d 945 (1989), the defendant was convicted of Endangering the Welfare of a Child for raping and sodomizing a woman in the presence of her five-year-old son. The Court of Appeals ruled that this was an appropriate use of the Endangering statute due to the severe psychological trauma to the child.

The following cases from our practice illustrate the ways children are exposed and respond to adult sexual violence, the impact of the experience on their emotional well-being, and some of the impediments to successfully prosecuting these cases and providing support to child and adult victims.

¹⁷ Paveza, G.J. (1988). Risk factors in father-daughter child sexual abuse: A case-control study. *Journal of Interpersonal Violence*, 3(3), 290–306.

¹⁸ Bennice, J.A. & Resick, P.A. (2003). Marital rape: History, research, and practice. *Trauma, Violence, & Abuse*, 4(3), 228–246.

¹⁹ McFarlane, J., Malecha, A., Watson, K., Gist, J., Batten, E., Hall, I., & Smith, S. (2005). Intimate partner sexual assault against women: Frequency, health consequences, and treatment outcomes. *Obstetrics & Gynecology*, 105(1), 99–108.

CASE EXAMPLE #1

Emily is an eight-year-old girl. For two years, she was exposed to increasingly violent emotional and physical abuse directed toward her mother, Ms. R., by the mother's boyfriend, Mr. A. One evening, Mr. A. became enraged that Ms. R. did not have dinner ready on time and threw a pork chop at her face. After punching and kicking her several times, Mr. A. then ripped off Ms. R.'s clothes and raped her in the living room, in Emily's presence. Upon hearing her mother's cries for help, Emily began screaming at Mr. A. to stop, striking him repeatedly on the head and back with a plastic baseball bat. Within hours of the incident, Ms. R. called the police, and Mr. A. was arrested and charged with Rape in the 1st Degree and several counts of physical assault.

During her brief time in therapy, Emily reported pervasive feelings of anxiety and fear, described seeing herself in the caretaking role in relation to her mother, and drew a picture of herself jumping head first off a mountain and bleeding from a head injury. A few months later, after the highest charge had been reduced to Attempted Rape in the 2nd Degree, the criminal case went to trial. As the only witness to the incident, Emily was called to testify against Mr. A., who was sitting in the courtroom before her. An advocate accompanied Emily to court and used their time together to prepare Emily for her testimony and court experience. However, Emily met only briefly with the Assistant District Attorney, who had never worked with a child witness before. As a result, Emily and the ADA had difficulty communicating while Emily was on the witness stand, and she was unable to describe what she had experienced in a clear and detailed manner. The jury returned a sole conviction for Misdemeanor physical assault, and Mr. A. was sentenced to five months in jail with credit for time served.

CASE EXAMPLE #2

Aleya is a 14-year-old girl. Her stepfather, Mr. B., had a drinking problem and was emotionally, physically, and sexually abusive to Aleya's mother, Ms. B. Mr. B. would often make sexually degrading comments to Ms. B. in front of Aleya and her 7-year-old brother. He would also watch pornography in the living room when the children were present despite Ms. B.'s pleas that he refrain until the children had gone to sleep. Mr. B. also forced Ms. B. to have sex with him on a regular basis.

On one occasion, Mr. B. came home drunk in the middle of the night. Ms. B. and the children, who had fallen asleep together on the living room couch, woke up to the sound of Mr. B. loudly demanding that his wife give him sex. Ms. B. cried that she would not have sex with him in front of the children, and Mr. B. threatened to kill her if she didn't take her clothing off. When Ms. B. continued to refuse, Mr. B. began threatening her with a knife and demanded that Aleya go into the bathroom and wait for him. Aleya, concerned for her mother's life, followed his instructions. When

Mr. B. arrived in the bathroom, he forced Aleya to perform oral sex on him by threatening to kill her mother if she did not comply. He told Aleya that it was her mother's refusal to fulfill his sexual needs that was causing him to turn to her.

While Mr. B. was sexually abusing Aleya in the bathroom, Ms. B. called the police. Mr. B. was arrested and charged with Menacing, Endangering the Welfare of a Child, and Sodomy in the 1st degree. The case has not yet gone to trial. Ms. B. and Aleya were referred for therapy by the District Attorney's Office. Ms. B. dropped out of therapy after the second session, and Aleya dropped out after her sixth session. However, while she was attending therapy, Aleya shared that she was having thoughts of suicide, felt sad, was having nightmares, and was afraid that Mr. B. would return to the home²⁰.

BEST PRACTICES FOR INTERVENTION

Children's exposure to intimate partner sexual assault is a very new area of practice and research. However, based on clinical experience and the limited research available, the following practices are recommended:

- Screen all victims of intimate partner violence for sexual abuse in their relationships, using behavioral descriptions rather than legal terms. (For example, a provider might say: "Many of the clients I work with who've been hurt physically by their partner have also been hurt in a sexual way. Has your partner ever forced you to engage in sexual activities against your will?")
- Prior to inquiring about children's potential exposure and involvement in sexual assault, advise clients about any limits to confidentiality that are inherent to your professional role, such as mandated reporting of child abuse and neglect.
- If sexual assault is disclosed by a parent, ask if children have witnessed or been involved directly in the sexual violence, and if so, how the children responded. In addition, assess for threats to abuse the children, actual abuse of children, and risk factors for lethality and escalation of violence.
- Facilitate adult victims' access to reproductive health care services, and address issues around sexual assault and birth control as part of safety-planning.

²⁰ Case example provided by Amy Pumo, LCSW, Child and Adolescent Witness Support Program, Center for Court Innovation.

- Explicitly address sexual violence experiences, healthy sexual boundaries, and sexual decision-making as part of therapeutic interventions with exposed children.
- Where appropriate, prosecute defendants for exposing children to sexual violence and/or for involving them in sexually violent acts.
- Provide training on skills for interviewing children and working with child witnesses to all law enforcement officers and assistant district attorneys who work with domestic violence and/or sexual assault cases.
- In all contexts, consider intimate partner sexual assault an indicator of increased risk to children and adult victims.
- Evaluate and collect data on all interventions and outcomes, as a way of contributing to the research literature and helping to inform best practices.

RESEARCH QUESTIONS AND PRIORITIES

As noted previously, very little research has been conducted on children's exposure to intimate partner sexual violence. There are numerous questions and issues that are ripe for research and data collection, the answers to which would provide important guidance to criminal justice personnel and service providers.

These include:

- How prevalent is children's exposure to intimate partner sexual assault, in community and clinical samples?
- In what ways are the effects of children's exposure to sexual violence similar to and different from exposure to physical or other forms of family violence?
- Are children exposed to sexual violence more likely to perpetrate sexual violence as teens or adults or become involved in sexually abusive relationships? If so, what are the mechanisms of the inter-generational transmission of sexual violence?
- How do abused mothers try to protect their children from exposure to sexual violence or respond when it does occur?
- Are abusive men who use sexual violence against their adult partners more likely to perpetrate child sexual abuse than men who solely use physical violence against their partners?
- What methods of screening and assessment, with both children and victimized parents, are most effective?
- How can therapeutic interventions with children, in individual and group settings, sensitively address the issue of exposure to sexual violence?

- How does the presence of a child witness influence the criminal justice response to reported incidents of intimate partner sexual assault?
- How can re-traumatization of children be minimized when they are called to testify about the rape of a parent?
- In what ways can the criminal justice system improve its response to children who are exposed to sexual violence?

CONCLUSION

Victim service providers and legal system personnel have made significant strides over the past 20 years in understanding and responding to children's exposure to domestic violence. However, the sexual abuse of a parent has been seriously neglected—despite its potentially severe traumatic impact on children and association with greater risk to the safety and well-being of children and adult victims. It's essential that as practitioners and researchers we move beyond our emotional discomfort with this difficult subject to find answers to pressing questions, hold abusers accountable for the physical and psychological harm they inflict, and provide much needed supportive intervention to those affected.