nursing students
for sexual & reproductive health

Sexual and Intimate Partner Violence Toolkit

Sexual violence, intimate partner violence, domestic violence, and childhood sexual abuse are serious public health issues in the US. Trauma caused by these experiences has far reaching impacts on individuals and communities as a whole. Additionally, trauma, particularly childhood trauma, has been shown to have lifelong health impacts. Understanding the dynamics and realities of these forms of violence, as well as how to provide trauma-informed care, is critical in working with patients.

As you read through this toolkit, remember to give yourself plenty of space and time. Many of these issues have directly impacted us, in our lives, families, or communities. It is normal to have many different feelings and reactions come up while educating yourself about these issues. Take care of yourself as you go, so that you are able to take care of others later.

A WORD ABOUT DATA AND SPECIFIC IDENTITIES

Most of the research that has been done about sexual and intimate partner violence has focused on the experiences of cis gender women and children. This means the majority of the data is not trans inclusive nor representative of trans experiences. When referring to citable data, we will use the language of the study itself. This is not done with the intention to exclude trans or gender nonconforming people. We will also cite the smaller body of research that has focused specifically on trans experiences.

Additionally, further research into cis men's experiences of surviving intimate partner and sexual violence is actively under way. It should be expected that more information about this will come to light in the next several years.

Similarly, many of the studies specifically focused on disability and abuse do not typically differentiate between different kinds of disabilities, except for studies specifically focused on cognitive or developmental disabilities. As such disability will be referred to generally unless a more specific statistic is available.

Sexual and intimate partner violence is extremely underreported. It should be assumed that rates of sexual violence are higher in the general population and also in specific communities than available data indicates. It is also usually more difficult for people who experience multiple forms of oppression and/or those who are members of communities that experience heavy police violence to report sexual assault or intimate partner violence. This means that the existing statistics around sexual/intimate partner violence and these communities are probably lower than the actual reality.

STATISTICS AND DEFINITIONS

Sexual Violence (SV)

Sexual violence is an umbrella term for a spectrum of actions. Legal definitions vary state by state. However, sexual violence should always be defined from the perspective of the survivor.

A general definition which you may find useful is:

- Sexual assault is any nonconsensual sex act, including unwanted touching and harassment. A sexual act is considered nonconsensual if someone is unable to grant consent OR is unwanted and compelled through the use of physical force, manipulation, coercion, threats, or intimidation. (Oregon Sexual Assault Task Force)

Overall, 1 in 5 women, 1 in 59 men report experiences of rape at least once in their lifetime. Rates of sexual violence in the US are considered to be at epidemic levels.

Rates of sexual violence are higher for people who experience multiple forms of oppression. Multiple studies estimate that 50% of trans people experience sexual violence at some point in their lifetime, often multiple times. Folks with disabilities, especially cognitive or developmental, are significantly more likely to experience sexual violence, with some estimates ranging as high as 83% of at least one experience of sexual violence in a lifetime. Native American women are 3.5 times as likely to experience sexual assault than white women, with 70% of these perpetrated by persons not of same race, which is higher than for women of other races.

Approximately 40% of African American women report a coercive act of sexual violence by age 18. SA rates between Latina women and non-Latina women do not significantly differ, however, Latina women report SA by an intimate partner at a rate 2.2 times higher than white women and 1 in 3 Latina women experience SA in the workplace. 6.8% of Asian and Pacific Islander women report SA at some point during their lifetime, although this is believed to be an underestimation and that disclosing may be more difficult for cultural reasons. See Women of Color Network supplemental handout for more information.

Childhood Sexual Abuse (CSA)

Approximately 1 in 5 girls and 1 in 6 boys experience unwanted or abusive sexual experiences before age 18. Childhood sexual abuse has lasting impacts and is considered part of the "Adverse Childhood Experiences" which affect lifelong health. Even if you are not working directly with children, it is likely that you will work with a patient who is an adult survivor of CSA and it is important that you develop awareness of the impacts of this trauma and how best to support survivors.

Intimate Partner Violence (IPV)

Intimate partner violence refers to physical, emotional, sexual, and financial abuse perpetrated by an intimate partner, spouse, or dating partner. IPV affects both heterosexual and queer couples and does not require sexual intimacy to occur. More than 1 in 4 women and 1 in 10 men experience IPV during their lifetime. IPV affects approximately 12 million people per year in the US.

UNDERSTANDING REPORTING SEXUAL VIOLENCE AND MISCONCEPTIONS ABOUT THE REPORTING PROCESS

There are many misunderstandings about how the process of reporting a sexual assault and "pressing charges" works. Individual people are not able to press charges against other people. Only the state can bring charges against someone.

When someone reports a sexual assault, this report is made to a police officer, either in a police department, in their home, or in a third party location like a rape crisis center. The responding police officer may do some initial investigation, evidence collection, and interviewing. The survivor at this point is considered a witness to the crime. If the responding police officer feels that the case is substantial and credible enough, they will pass it on to an investigating detective who will continue the investigation. The survivor may be called for additional questioning. If the investigating detective feels like the case is substantial enough, they pass it on to the District Attorney's office for review. At this point, the DA will decide if there's enough evidence to press charges. If charges are pressed, the survivor and any other witness are called before a Grand Jury to tell their story and answer any questions. The Grand Jury decides whether or not to indict the perpetrator. If they choose indictment, the case passes onto trial, unless the DA decides to drop the case. If they choose not to indict, the case is closed.

What this means is that at numerous different points along they way other people get to decide whether or not to pursue the case and the survivor is essentially along for the ride. This process can

be deeply re-traumatizing for people, with many survivors stating that the process of reporting was worse than the assault itself.

People interacting with a survivor often believe that it is in the survivor's best interest to report these experiences to law enforcement and/or to go to the hospital to receive a Sexual Assault Forensic Kit (SAFE kit, formerly known as a 'rape kit'). When supporting survivors, it is important to operate from a survivor-centered perspective and support the survivor in identifying which possible next step would feel best for them. Still, it can be challenging to support someone when you truly believe they may be making the wrong decision or that they are missing an important opportunity for healing and justice. It is important for you to understand some of the hard truths around sexual assault and the criminal legal system.

Less than 10% of reported sexual assault cases ever make it to trial. Sexual assault is viewed as a crime that is difficult to prove beyond a reasonable doubt. Due to its nature, most sexual violence takes place in private, without witnesses, and may not leave DNA evidence behind. Even when there is DNA evidence and/or evidence of physical assault, the abuser simply has to claim that it was consensual sex and then the burden of proving that it was not consensual falls onto the survivor, the investigating team, and the District Attorney. What this means for survivors is that even if they are believed by authority figures along every step of the reporting process, there still may not be enough direct or circumstantial evidence to go to trial.

Anyone can be a victim of sexual assault, but we know from research that abusers typically select people who are vulnerable, accessible, and who lack credibility--or who can be made to be any of these things. Abusers select people who they believe they will be capable of assaulting, who won't report, or if they do report, won't be believed.

Abusers use a variety of tactics to make their targets vulnerable and accessible, for example using substances/alcohol, coercion, leveraging a position of power, violence or threat of increased violence, which may or may not be obvious to third parties. People who the abuser perceives to lack credibility are often people who authority figures, such as police officers and DAs, also perceive as lacking credibility. Examples of this include people who were drunk or high at the time of the assault, people who are unhoused, people with cognitive disabilities, people who engage in sex work or survival sex, amongst a long list of others. It is important to have an understanding of the dynamics of oppression when thinking about perceived credibility.

Some survivors may find it useful to their healing process to make a police report, but no survivor should ever be coerced or pressured into reporting. Nurses, like other healthcare professionals, are often predominantly concerned about the public health impact of unapprehended sex offenders. While this is an important concern, the likelihood that an individual report will lead to prosecution or incarceration is pretty low and should never come at the expense of an individual survivor's well being.

INTIMATE PARTNER VIOLENCE AND REPORTING

The process for reporting physical violence as a result of partner abuse is the same as for sexual assault. Similarly as with sexual assault, these events usually take place privately, without witnesses, and may also leave little physical evidence. Additionally, many abusive behaviors are not illegal.

Many states have special mandatory arrest laws pertaining to domestic violence. This means that if police are called to a home for a domestic disturbance due to suspected domestic violence and find probable cause, they are required to make an arrest. Unfortunately, sometimes this can result in the survivor being arrested instead of the abuser. This may happen for a number of reasons, including if the abuser is able to appear calm and collected while the survivor is not, if the abuser speaks English and the survivor does not, and if both parties are of the same gender or perceived same gender, amongst others.

The person who is arrested is held overnight and their case is reviewed by a detective. If the detective feels there is a substantial case, it is passed onward through the reporting process. Otherwise the person is released.

Intimate partner violence is typically considered a misdemeanor unless there is a child present. If a child is present, it becomes a felony and must be reviewed by the District Attorney. A report will also be made to DHS and the DHS case typically stays open even if the DA decides not to press charges.

WHAT DOES IT MEAN TO BE 'SURVIVOR-CENTERED'?

The term survivor-centered refers to policies, practices, and beliefs which support a survivor's right to self-determination. It means centering the survivor's experience and helping them identify possible next steps or actions, without pressuring them into any particular course of action. It also means providing accurate information about what can be reasonably expected, without giving unrealistic expectations of outcomes. It means providing nonjudgmental and unbiased support.

Research has shown that survivor-centered support aids in the healing process, regardless of outcome. This means that receiving nonjudgmental, unbiased support along the way helps even if other measures the survivor has taken do not produce the results they would like to see, for example prosecution or acquisition of a protective order. Conversely, an uncaring response by a care provider can increase trauma and decrease likelihood of future access of services. Survivor-centered practice can also help you maintain professionalism, good boundaries, and set realistic expectations. For example, if you become overly involved in a certain outcome or result, it may have negative impact

on you should that outcome not come to pass. By keeping the focus on what the survivor would like to see happen, you can maintain good boundaries and a healthy distance between you and your patient.

One of the most fundamental ways you can communicate that you are survivor-centered is through the language you use when speaking with a survivor. Some examples of survivor-centered language include using the words the survivor uses to describe their own experience. For example, a patient may describe an event that you would objectively consider assault or abuse but which they are not naming as such. Although it may be appropriate for you to gently share your concerns about this with them, it is also survivor-centered to use their language and framing. You may say something like, "It sounds like that experience wasn't okay with you and made you feel really unsafe. I just want to let you know that what you're describing could be considered sexual assault. It's okay if you don't want to call it that, but what happened wasn't your fault."

As you may have noticed, we use the term survivor instead of victim, as is commonly done in both the medical and legal system. It is generally considered more helpful to frame people who have experienced SV and IPV as survivors, but if an individual person chooses to self-identify as a victim, it is survivor-centered to use that language as well. If you are required to use the word victim, you may want to explain that to a survivor to let them know why you are using that language.

DYNAMICS OF SEXUAL VIOLENCE

Abuser Dynamics

Over 80% of sexual assault and over 93% of CSA is perpetrated by someone known to the survivor, on at least a first name basis.

As previously stated, abusers commonly choose to sexually assault people who are perceived to be vulnerable, accessible, and lack credibility, or someone who can be made to be any of these things. A person with whom someone is in regular contact with will have more opportunities to perpetrate an assault or more ability to facilitate an opportunity.

Someone can be made vulnerable and less credible through the use of substances to facilitate a sexual assault. People who were actively using substances or who were in an altered state of mind at the time due to substances unknowingly ingested are often perceived as lacking credibility. The most commonly used substance in facilitated sexual assault is alcohol.

The root causes of why sexual violence is endemic and the individual motivations that lead someone to perpetrate sexual assault are complex.and rooted in numerous social contexts. People perpetrate sexual violence in order to have power and control over another person, not out of sexual desire or

due to a loss of restraint. It may be useful in your work to have a more in depth understanding of perpetrator dynamics, especially if you are involved in prevention work. However, you do not need to understand all of the complex reasons why someone might assault another person in order to effectively support a survivor.

Complexities of Consent

Consent is one of the most pivotal issues in understanding sexual violence. States have legal definitions of consent which are used to assess whether or not an assault took place. These definitions may speak to circumstances under which a person isn't capable of giving consent, for example, under the age of 18, if mentally incapacitated due to drugs/alcohol, or if a cognitive disability exists (specific language varies). These definitions often do not represent some of the more subtle dynamics that may be at work during a sexual assault.

From a survivor-centered perspective, consent is defined as an active and enthusiastic yes when the option of saying no is both safe and viable. How actually safe and viable it is for someone to say no to unwanted sexual activity is going to vary heavily by circumstance. A person may say yes to unwanted sexual activity to prevent threat of future violence/abuse, or because of subtle power dynamics, or because of any number of other internal/external factors. This means that a person can have an experience of sexual violence which is deeply and intimately affecting, but which may not match legal or social definitions of consent. Consent is also something which all parties involved must ask for and agree to. An absence of no is not the same thing as a yes. Sometimes someone may have not said anything, or may have said, "I don't know" or "Okay...I guess" and may feel that this caused the abuser to perceive that consent was present.

This can be very difficult for survivors to sort through. As a person providing support to a survivor of sexual violence, you can help by validating their experience and perspective and by encouraging them to define their own experience. For example, you may say something like, "It sounds like even though you may have said okay in the moment, what happened wasn't actually something you wanted to do or something you were okay with. I know that that can feel really confusing, but you get to define your own experience and if it wasn't okay with you, it wasn't something that should have happened."

Recentering Responsibility

We live in a culture in which victim-blaming around issues of sexual violence is the norm. This means that, generally, we have a cultural belief that if someone was sexually assaulted, there's something they could have done to prevent it. Sometimes this manifests very overtly through statements like, "What did you think would happen if you wore that/drank that much/went home with that person/etc?" Sometimes it is more subtle than that and may center around whether or not the survivor clearly communicated that they were uninterested in sexual activity. These messages subtly blame

survivor and take responsibility off of the abuser. When supporting survivors, it can be helpful to recenter responsibility back onto the actions of the abuser.

Every person engaging in intimacy or sexual activity with another person has the responsibility to find out if the other person truly wants and feels safe enough to have sex. We must also be non-abusive people who won't harm, manipulate, coerce, or punish the other person if they say no to sex. This means that if a person with whom we are engaging in intimate or sexual activity seems uncomfortable, checked out, or uncertain, it is each of our responsibility not to have sex with them until certain that they actually want to. Consent is not just a simple yes or no, but a dynamic and active process. When supporting a survivor who feels confused or unclear about what happened and why they're feeling as they are, presenting this perspective of consensual sex may be helpful for unpacking their experience.

Another common victim-blaming message that may come up in the course of working with a survivor is why they did or did not make certain choices. For example, you may wonder why they didn't leave the situation, if it seems like leaving was an objectively viable choice. Or, for example, if the assault took place in a situation where other people were nearby, you may wonder why the survivor didn't call out for help. In understanding some of these complexities, it is useful to learn about the neurobiology of trauma and what happens in someone's brain and nervous system when traumatic events take place.

Understanding Trauma

It is important to have a basic understanding of some of the hormonal and physical reactions that take place when a sexual assault occurs. While explaining the neurobiology of trauma in full is beyond the scope of this toolkit, you can find more information in the resources below.

In general, when a traumatic event happens, the brain floods with specific neurotransmitters that affect a number of behaviors, including, among others, the ability to make decisions, the ability to move, and the ability to store memory.

During an assault, a person's decision-making processes become inhibited by high levels of catecholamines. This means that some methods of self-protection that could have been available to to them at the time of the assault may not become apparent to them until later. When they are no longer in such a fundamentally unsafe situation, they may be able to look back and question why they did or did not do certain things. As a person supporting them, you can assure them that it is perfectly normal to ask those questions as they try and make sense of what happened to them. However, as they analyze what happened, it is important to place responsibility back onto the actions of the abuser. Although the survivor may be able to identify different things they could have said or done, ultimately, it is the abuser who decided to cause harm. Let the survivor know that what they

chose to do in the moment kept them safe enough to survive it and was probably the safest choice available to them at the time.

Fight and flight are often named as common instinctual responses to dangerous situations. However, another common reaction is the autonomic response of freezing. This is also called "tonic immobility" or rape-induced paralysis. In this moment, in response to the high levels of hormones present, the body freezes. Survivors sometimes describe this as "going out of the body" or "going numb." Later, this reaction may be difficult for them to understand and they may wish they had fought back or run away. However, it is important to reassure them that the instinct to freeze is largely uncontrollable; their body was choosing the safest possible option available in the moment, in response to the extreme danger the body perceived the survivor to be in.

Dr. Rebecca Campbell, a renowned trauma psychologist and one of the foremost researchers on the neurobiology of trauma, stated that when they began researching the brain's response to sexual violence, they believed that situations that were objectively more threatening to the survivor, i.e. situations in which a third party could perceive that the survivor's life had been threatened and/or which included further forms of violence, would be demonstrably more traumatic in the scan of the survivor's brain. However, what they found is that an experience perceived by the survivor as sexual assault is alone enough to cause a trauma response, whether or not there were additional external threats or brutality. This is corroborated in the changes to the most recent DSM which now include sexual assault alone, without any moderating criteria, as a factor in post-traumatic stress disorder.

What this means for you as a person supporting a survivor of sexual violence is that it is not for you to assess how objectively awful, horrifying, or traumatizing an experience of sexual violence was or whether or not there was something the survivor could have done differently. Instead, your role is to support the survivor in identifying how the event impacted them and what they need in order to move forward in their healing process.

The brain's ability to process and consolidate memories also becomes impacted during a traumatic event. The hippocampus and amygdala are both structures in the brain responsible for the encoding, processing, and storing of memories. They are both easily affected by hormonal fluctuations and, as a result, the ability to encode and store memories becomes impacted by the high levels of trauma hormones. During a traumatic event, memories become more fragmented as they are being stored than as takes place normally. The accuracy and the validity of the memories is unaffected, but it becomes more difficult to recall the details of the experience in a linear progression. This often becomes particularly relevant throughout any legal and/or medical follow up during the aftermath of the assault. Survivors are typically asked to recall very specific details and the sequence of the event itself multiple times throughout police and medical interviewing. Accessing specific details is possible, but takes more time than one might typically expect.

As a healthcare provider, you may be responsible for asking specific questions about the details of the sexual assault. As the survivor is disclosing, give them plenty of time and space to tell their story. Let them know why you are asking what you need to know. Expect that many relevant details will be shared with you in a nonlinear fashion, listen for important information, and then clarify after the survivor is done talking. Survivors often report that the process of disclosing to medical and legal personnel is an extremely difficult and often re-traumatizing experience. Part of this is because of the way questions and interviews are conducted. Much of this can be circumnavigated by using trauma-informed care as standard of practice.

Trauma-informed Care and Understanding Triggers

Using the survivor-centered support skills as outlined above and developing an understanding of some of the common responses to trauma will help guide you in providing trauma-informed care. It is also useful to understand triggers related to trauma may come up in the course of providing patient care.

As an evolutionary tactic, when a person experiences danger or violence, the brain flags certain stimuli as threatening. This is a mechanism for preventing future danger. Then, when that stimulus comes up again, the body is thrown into a state of fear and heightened awareness. The same hormones present at the time of the assault flood the brain again. When this happens, we refer to this stimulus as a trigger.

Examples of common triggers include certain smells, sounds, touches, words, times of year, amongst others. A very common example of this are fireworks, which are often triggering for people for have been, worked, or lived in war zones.

Triggers can cause a variety of trauma reactions, in varying degrees of intensity, including flashbacks, dissociation, panic, and hypervigilance.

Medical care in particular has a great likelihood of bringing up triggers. Some medical-setting specific triggers include personal questions, questions about sexual violence history, undressing/nudity, physical exams/being touched, lying down on an exam table, and internal physical exams, amongst others.

In general, you don't need to know if someone has survived sexual violence in order to practice trauma-informed care. Like universal precautions, trauma-informed care should be used as standard of practice.

Pay attention to your body language and manner of framing questions. If you need to ask a personal question pertaining to someone's sexuality and/or trauma history, make sure to explain why you are asking and give ample space and time for them to answer. If you need to touch someone in the course of providing medical care, for example through physical exam, let them know ahead of time.

Ask if they have any concerns about the exam. Assure them that you will ask before touching them and that they can stop the exam at any time. You can establish a word that they can use if they need you to stop, like "red light." Make sure to follow through on all of the above.

Throughout the course of care, take note of how they seem. If you notice a change in their behavior or indication that they may be experiencing any of the common trauma reactions listed above, check in with them. Learn some common grounding techniques that you can use to help bring them back into the present moment. Check in with them at the end of the exam or visit, see if there's anything else they need to share or anything else they wish had been done differently.

Connecting Sexual Assault Survivors with Further Resources

If a survivor discloses to you in the course of a routine medical visit, it may be helpful to connect them with various further resources. Some follow-up options available to them which may also be time sensitive include making a police report, receiving a SAFE kit, and seeking a civil legal protective order (also known as a restraining order). Navigating these processes can be very difficult and the survivor may benefit from being connected with a survivor's advocacy organization or rape crisis center which can provide support, accompaniment, and/or information. They may have also have additional medical follow up and/or counseling needs that would benefit from a referral or recommendation.

Become familiar with the resources available in your community. Learn what the time-window for evidence collection is post-sexual assault in your state and which hospitals provide it. Keep resources on hand to connect survivors with national or regional resources if none exist in your home community.

Dynamics of Intimate Partner Violence

Intimate partner violence is a learned and chosen pattern of hurtful behavior used to gain and maintain power and control over an intimate partner. People who abuse their partners use a variety of tactics to gain and maintain control over their partner. This may include physical violence, but often does not. Intimate partner violence is often characterized by a cyclical pattern of escalating and erupting behaviors followed by a period of calm. However, the length of these cycles varies from relationship to relationship. Even apart from explosive periods, most abusive relationships establish a pattern of control that exists 24/7.

Experiences of intimate partner violence should always be defined by the survivor. If a person was made to feel unsafe or controlled by their partner, they may define their relationship as abusive regardless of whether or not it matches other common definitions of abuse.

Abusers control and exploit their partners over time and use a number of tactics, some of which may be illegal, but most of which are legal. Abusers rely on systems of inequality and oppression to maintain their control of their partner.

Most relationships don't begin abusively. In fact, many abusers begin relationships with very good behavior, with sweet and romantic actions, declarations of commitment, and flattery. This may match dominant culture definitions of romantic love, like the idea of love at first sight and soul mates who are meant to be together. Later, as abusive patterns emerge, the survivor may experience confusion and cognitive dissonance as they attempt to reconcile the abuser's earlier romantic persona with what they are currently experiencing in the relationship. The survivor may believe that if they change their behavior in some way or fix aspects of the relationship, the abuser will return to the sweet, loving person they appeared to be before.

This dynamic can be reinforced by the cyclical patterns abusive relationships tend to have. The typical cycle of abusive patterns looks as such:

Tension Building

During this phase, the survivor may sense a growing tension in their partner and notice relationship-specific warning signs that indicate an explosion is coming. They may feel as though they are walking on eggshells and trying to avoid "setting off" their partner. They may notice that their partner is irritable or moody.

When working with a client who may be in an abusive relationship, you could ask, "Are there ever times when you feel anxious or scared about how your partner is going to act or react in your relationship?" "Are there ever times when you feel unsafe with your partner?" You may consider following up by asking for more information about how the survivor knows that tension is building in their relationship and what are the signs?

Explosion Phase

This is the phase in which the abuser's overtly abusive behavior reveals itself. The specific abusive and controlling tactics used by the abuser will vary relationship by relationship.

More specific information about different forms of abusive behavior is included below.

Reconciliation Phase

After the explosion, the abuser may apologize or engage in remorseful behavior. They may attempt to remedy the hurt through sweet gestures, kindness, and may promise to never repeat the behavior. They may also engage in manipulative and/or blaming behaviors, shifting responsibility for the

abusive behavior back onto the survivor. They may implicitly or explicitly state that the explosion was caused by something the survivor did and may "forgive" them. This period of reconciliation can act as a "hook," convincing the survivor that the relationship is salvageable and that the abuser's behavior will change in the future.

Calm Phase

During this phase no or minimal abuse may occur and the relationship may seem calm and okay, until tension begins building again.

How long each of the phases or the entire cycle lasts varies by relationship. Some may cycle through the phases quickly, while others may take longer. Relationships with abusive dynamics usually have subtle mechanisms of power and control at work throughout the relationship which may not match this cyclical pattern. Again, the important focus is on how the survivor feels about the relationship and their safety within it.

Common Abuse Dynamics

People who engage in abusive and controlling behaviors will use whichever tactics allow them to gain and maintain power and control over their partner. Abusive and controlling behaviors typically escalate over time. No form of abuse should be considered less severe or impactful than another; all forms of abuse and control have impact and affect someone's overall well being. No form of abuse should be considered without danger because engaging in any form of abuse demonstrates a person's willingness to disregard their partner's well being in pursuit of their own agenda. The specifics of all forms of abuse are going to depend on the individual relationship and should be defined from the survivor's perspective.

It should be recognized that many of these behaviors occur simultaneously and reinforce one another.

Emotional and Psychological Abuse

Common emotionally abusive tactics include manipulation, coercion, gaslighting, guilting and shaming behaviors, humiliation, insults and putdowns, and minimization, denial, and blame.

Gaslighting, the process of undermining a person's sense of reality and perspective, may take place consistently and in very subtle ways, as the abuser attempts to undermine the survivor's sense of reality and sense of self. Gaslighting is an attempt by the abuser to redefine reality for the survivor, in a way that favors the abuser. Gaslighting, alone or in conjunction with other abusive tactics, may eventually cause a survivor to doubt their own perspective, judgment, grasp on reality, and self worth.

Minimization, denial, and blame include any behaviors which are used by an abuser to rationalize their actions, to make the survivor feel like they are to blame for the abuse, to minimize the impact of their actions, and to pretend that their behavior is not really abusive. An abuser might claim that their partner is being "too sensitive," or that an incident of abuse was simply a "misunderstanding." They may also directly blame their partner for the abuse, and attempt to justify an incident by blaming it on their partner's actions and making their partner responsible.

Financial Abuse

Financial abuse includes any way an abusive partner threatens or jeopardizes a survivor's financial security and/or financial autonomy. It can include control of finances and spending, preventing a survivor from getting a job or endangering their job, spending the survivor's money, and taking out loan in the survivor's name. It can also include preventing the survivor from pursuing or completing academic goals or jeopardizing scholarships.

Financial abuse can also include outing a survivor at their job or in any other setting that could have financial impact on the survivor. Outing means the disclosure of any part of who a survivor is that could endanger their security. Examples include outing a survivor as trans or LGBQI, as a sex worker, as a BDSM practitioner, as undocumented, or as a drug user, or any other part of the survivor's identity which they do not want to disclose.

Social/Community Abuse

Social and community abuse includes any behaviors which disrupt or endanger a survivor's connection to community and social support. This may include isolation, outing, and use of community to reinforce abuse.

Isolation is a common tactic in abusive relationships. This is the process by which the abuser systematically isolates their partner from existing natural support network and various social connections. For people who are members of a small community, especially in which individual survival depends on community support, this can be especially dangerous.

Dynamics within small communities can also be used against a survivor in a number of ways, including use of community spaces and/or individuals within the community to gather information about the survivor, leveraging support for the perpetrator at the expense of the survivor, and preventing the survivor from accessing community-specific resources.

Physical Abuse

Physical abuse includes any physical violence including threat of physical violence and destruction of inanimate objects. Destruction of objects could include walls and windows, but also could include

destruction of objects of particular emotional significance to the survivor. Physical violence also includes physically restraining or restricting a survivor's ability to move. All physical violence, whether directed at the survivor or indirectly demonstrated, carries implicit threat of further violence.

Sexual Violence

Many abusive relationship also include sexual violence and coercive sexual behaviors. It is important to assess whether or not sexual violence is a factor in someone's relationship and/or if they feel like saying no to sex is an actually safe and viable option. Coercive behavior can often be subtle and specific to the relationship itself.

Using Children

In a relationship that involves children, an abuser may hurt the children or threaten to take them away from their partner. Abusers may also attempt to manipulate the children and pit them against the survivor. Abuse can also continue beyond the dissolution of the romantic relationship as abusers continue to try and exert power and control over the survivor while navigating custody and parenting agreements. In relationships without children, this tactic may manifest in different ways – for example, an abuser may threaten to harm or take away their partner's pet.

Issues Around Leaving an Abusive Relationship

People navigating abusive relationships are often encouraged and/or expected to leave the relationship once the abuse dynamics become apparent. This issue is complex for a number of reasons. Leaving an abusive relationship can be one of the most dangerous times for a survivor; it is estimated that 75% of women killed by an abusive partner are killed while or after leaving the relationship. Leaving can also be difficult for a number of logistical reasons, including financial barriers, language barriers, a lack of available resources, a lack of social support, and issues related to shared children, amongst many others. Sometimes the abuser provides critical support in other ways, for example, through providing caregiving to a survivor with disabilities. For survivors in this position, leaving the abusive relationship may not be a safe or viable option. The decision to leave can also be difficult for numerous emotional reasons, including still loving and caring for their partner, not feeling like the abuse warrants the decision to leave, believing that the abuser will change their behavior, and/or the perceived benefit of leaving does not outweigh the perceived risk, amongst others.

People navigating a relationship with someone who is behaving abusively must balance a complex mix of different emotions and safety considerations. They deserve support regardless of whether or not they choose to exit the relationship.

Supporting a Survivor of IPV and Connecting Them with Further Resources

As a nurse, the ways in which you are able to support a patient navigating an abusive relationship will depend upon the capacity in which you are working. If you are able to provide continuous care and can develop a relationship over time, you may be able to assess some of the more subtle dynamics at work in your patient's relationship and be better equipped to support them in deciding their possible next steps and formulating a safety plan.

However, you may be working with a patient in an acute or short term capacity. If under these circumstances, you notice warning signs of abuse or if the patient discloses in response to IPV screening questions, it may be most helpful to connect them with resources that can provide long term support and safety planning, such as an IPV survivor's advocacy organization.

If you have concerns that your patient is in an abusive relationship, it is appropriate to gently and clearly voice these concerns to them and inform them of different options and resources available to them. It is important to emphasize that they are the best authority on their own lives and get to decide what is right for them at this time.

Safety Planning with Survivors of Sexual and Intimate Partner Violence

Safety planning, the process of developing a complex and interactive plan for surviving and navigating emotionally and physically dangerous situations, is a highly individualized process. Safety plans typically address the safety needs of the survivor relating to emotional, physical, financial, familial and/or community, and long term well being. What resources and avenues are available and accessible to a survivor will depend on a number of intersectional factors and factors specific to the particular community in which you are working. A number of resources about how to safety plan with survivors are already available digitally. You are encouraged to do your own research and connect with any existing survivor's advocacy organizations in the community or region in which you are working.

Navigating Mandatory Reporting While Working with Survivors

As a healthcare provider, you are a mandatory reporter. This means that if a survivor who is a minor, a senior citizen, a person with a disability, or a survivor with children discloses to you, you are obligated to file a report either within the institution in which you work or with DHS/CPS. From a trauma-informed perspective, it is usually best practice to inform survivors with whom you are working about this aspect of your professional responsibility, such that they are able to make an informed choice as to what is safe for them to disclose. If in the course of talking with your patient, it becomes clear to you that you must make a report, it is also usually best practice to disclose this to your patient, in an effort to mitigate traumatic impact. Some exceptions to this may exist, for

example, in some situations of child, abuse elder abuse, or abuse of a person with a disability. You will need to develop your own understanding safety and discretion in these circumstances.

People who work as professional advocates with SA/IPV survivors are typically not mandatory reporters as part of the Violence Against Women Act funding stipulations. The reasoning for this is that when survivors are able to safely disclose all aspects of what they are experiencing without fear of consequence, advocates will be able to more effectively support and safety plan with them.

Helpful Phrases When Working With Survivors

1. You did not deserve the abuse.
2. It's not your fault.
3. I believe you.
4. You have every right to feel how you are feeling.
5. What would you like to see happen?

RESOURCES

http://forge-forward.org/anti-violence/sexual-violence-research/implications/

http://nij.gov/multimedia/presenter/presenter-campbell/pages/presenter-campbell-transcript.aspx

https://static1.squarespace.com/static/566c7f0c2399a3bdabb57553/t/566c9ccfc21b865cfe7826c3/1449958607207/DV-vs-Legal-language-handout-3.05.pdf

https://sapac.umich.edu/article/59

http://stoprelationshipabuse.org/educated/barriers-to-leaving-an-abusive-relationship/

http://www.thehotline.org/2013/06/50-obstacles-to-leaving-1-10/