

# The Causes and Ramifications of Intimate Partner Violence and Sexual Assault



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## Glossary

**Domestic Violence (DV)** - The term “domestic violence” includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction. (Department of Justice)

**Historical Trauma** – Also known as intergenerational trauma, historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.

**Intimate Partner** - A person with whom one has a close personal relationship that can be characterized by the following:

- Emotional connectedness
- Regular contact
- Ongoing physical contact and/or sexual behavior
- Identity as a couple
- Familiarity and knowledge about each other’s lives

The relationship need not involve all of these dimensions. Examples of intimate partners include current or former spouses, boyfriends or girlfriends, dating partners, or sexual partners. IPV can occur between heterosexual or same-sex couples and does not require sexual intimacy. (CDC)

**Intimate Partner Violence (IPV)** - the physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. (CDC)

IPV is a form of DV, and involves abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other. (NCADV)

**Primary Prevention** - Activities that take place before sexual violence has occurred to prevent initial perpetration or victimization. (PreventConnect)

**Protective Factor** - factors that lessen the likelihood of sexual violence victimization or perpetration by buffering against risk.

**Psychological Aggression** - the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person. Psychological aggression can include expressive aggression (e.g., name-calling, humiliating); coercive control (e.g., limiting access to transportation, money, friends, and family; excessive monitoring of whereabouts); threats of physical or sexual violence; control of reproductive or sexual health (e.g., refusal to use birth control; coerced pregnancy termination); exploitation of victim's vulnerability (e.g., immigration status, disability); exploitation of perpetrator's vulnerability; and presenting false information to the victim with the intent of making them doubt their own memory or perception (e.g., mind games). (CDC)

**Rape** - Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim. (FBI) This includes utilizing coercive tactics and/or substances.

**Risk Factor** - Persons with certain risk factors are more likely to become perpetrators or victims of intimate partner violence (IPV). Those risk factors contribute to IPV but might not be direct causes. Not everyone who is identified as "at risk" becomes involved in violence (CDC)

**Secondary Prevention:** Immediate responses after the sexual violence has occurred to deal with the short-term consequences of violence. (PreventConnect)

**Sexual Assault (SA)** - Sexual contact or behavior that occurs without explicit consent of the victim. (RAINN)

**Sexual Harassment** - Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general. (EEOC)

**Sexual Violence (SV)** - Sexual violence is defined as a sexual act committed against someone without that person's freely given consent. (CDC)

**Stalking** - a pattern of repeated, unwanted, attention and contact that causes fear or concern for one's own safety or the safety of someone else (e.g., family member or friend). (CDC)

**Teen Dating Violence** - is defined as the physical, sexual, psychological, or emotional aggression within a dating relationship, including stalking. It can occur in person or electronically and might occur between a current or former dating partner. (CDC)

**Tertiary Prevention:** Long-term responses after sexual violence have occurred to deal with the lasting consequences of violence and sex offender treatment interventions. (PreventConnect)

**Victim or Survivor?** - Both terms are applicable. RAINN uses the term “victim” when referring to someone who has recently been affected by sexual violence; when discussing a particular crime; or when referring to aspects of the criminal justice system. We often use “survivor” to refer to someone who has gone through the recovery process, or when discussing the short- or long-term effects of sexual violence. Some people identify as a victim, while others prefer the term survivor. The best way to be respectful is to ask for their preference. (RAINN)

## **Introduction**

Intimate partner violence and sexual assault are surprisingly common occurrences in our society. They are often underreported and misunderstood. While certain factors can decrease the likelihood that someone will be victimized, intimate partner violence or sexual assault can happen to anyone, regardless of socioeconomic status, ability, race, gender, or sexual orientation. Victimization can lead to lifelong ramifications that are costly to both the individuals who are victimized and the communities they live in. Additionally, there are many myths around the causes and effects of intimate partner violence and sexual assault. These myths deter victims from seeking help which consequently perpetuates the cycle of violence.

Although intimate partner violence and sexual assault can happen in any community, the rates of it are particularly high in Alaska, and Ketchikan is no exception. The reasons for this are varied - while anyone can be victimized, there are certain demographics that are more vulnerable to victimization and perpetration than others. This report seeks to give a brief explanation on the many factors that may make some individuals more at risk for experiencing or perpetrating violence than others.

First, this report will explain where data on intimate partner violence and sexual assault is obtained and the strengths and limits of this data. Second, this report will detail national, state and local statistics on the rates of intimate partner violence and sexual assault. Third, this report will explain the varied costs that burden individuals and society when someone is victimized. Lastly, this report will contextualize all of this information by explaining how abusive relationships function, debunking myths around violence and explaining how factors such as race, gender, ability and sexual orientation can make someone more or less likely to be victimized.

## **The Public Health Perspective**

There are two lenses with which to view intimate partner violence (IPV) and sexual violence (SV) from: a criminal justice perspective or a public health perspective. The criminal justice perspective focuses on actions that are considered to be crimes and views them as solitary events. The public health perspective frames violence and victimization as ongoing conditions and does not limit itself to only incidents that are considered criminal (Kruttschnitt, 2014). The criminal justice perspective is perhaps the most common way an average person would approach violence - as something handled mostly by law enforcement on a case-by-case basis. While there is validity to this approach, it is also limited in that it does not look at violence as a widespread problem

in society, but focuses instead on individual perpetrators and individual instances of violence. It does not consider why someone would behave violently, only what to do once violence has occurred. Lastly, a criminal justice perspective focuses more on the perpetrators of violence than the victims. Outside of punishing violence, it does not always take into account the lasting ramifications that violence has on victims. For these, and other reasons, we will be utilizing the public health perspective in our discussion of IPV and SV. This perspective will allow us to focus on preventing violence and aiding victims of violence.

We are also utilizing this framework because the CDC uses a public health approach when addressing IPV and SV. This has not always been the case - violence was not always considered a public health issue. For a long time, the repercussions of violent behavior were overshadowed by the impact of infectious diseases. However, it became obvious how prevalent violence was in society after public health measures drastically decreased the rates of many illnesses during the twentieth century. When deaths by infectious diseases fell, suicide and homicide became more easy to identify as major causes of death in America.

Since the 60's, homicide and suicide have been in the top 15 leading causes of death in the U.S (Dahlberg, 2009). The CDC

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had come to understand that behavior modifications could decrease the spread of many illnesses and reasoned that modifying people's behavior would also decrease violence (Dahlberg, 2009). They recognized that IPV and child maltreatment were not decreasing when addressed solely from a criminal justice standpoint and so sought to decrease it from a public health standpoint.

### **Sources of Information on IPV and SV**

IPV and SV are underreported to law enforcement, which is another reason why we are utilizing a public health approach. It is difficult to get an exact measurement on the frequency at which IPV and SV occur due to the fact that victims often do not report. Every year, the FBI releases the Uniform Crime Report (UCR), which is a comprehensive report of crime voluntarily reported from thousands of law enforcement agencies in the U.S. to the FBI. However, since many victims do not report to law enforcement, the UCR does not give us an accurate view on IPV and SV and also does not help us understand the lasting ramifications of being victimized by IPV or SV. We will discuss later in the report the reasons why victims do not report.

This brings us to the sources we will be utilizing. Since IPV and SV are underreported to the police, the CDC created the National Intimate Partner and Sexual Violence Survey (NISVS). We will be referencing the latest edition of this report, released in 2017 and utilizing data collected between 2010 - 2012, to help us better understand IPV and SV. This survey is nationally representative and asked “behaviorally-specific questions to assess victimization in the areas of sexual violence, stalking, and intimate partner violence across the lifetime” (Smith, 2017, p.13). This method of questioning allows the NISVS to obtain more precise data on IPV and SV than the UCR for several reasons.

First, these reports are anonymous and participants do not have to fear any kind of backlash or follow up from answering the NISVS survey. Second, the questions are framed to draw out specific details about an incident rather than framing an incident as a crime. For instance, a victim may not realize that coercion is a form of rape if she or he believes that rape is always violent and perpetrated by a stranger. For this reason, the NISVS asks “How many people have you had vaginal, oral or anal sex with after they pressured you by wearing you down by repeatedly asking for sex?” instead of asking someone, “Have you ever been raped?” This methodology allows the NISVS to account for violence that the victim might not have even recognized as violence. Finally, the NISVS is also able to measure incidents where what took place was not necessarily illegal but was still a form of IPV. For example, assuming the victim does not have a restraining order, it may be perfectly legal for a perpetrator to show up at the victim’s workplace uninvited, but showing up at the victim’s workplace could be a tactic the perpetrator utilizes in stalking the victim, which is a form of IPV. The combination of these factors make the NISVS a more complete and comprehensive measurement of IPV and SV than the UCR.

In addition to the NISVS, we will be utilizing the Alaska Victimization Survey (AVS). The AVS allows us to look specifically at instances of IPV and SV across the state and locally here in Ketchikan. This survey was conducted by the UAA Justice Center for Alaska’s Council on Domestic Violence and Sexual Assault. This report was designed to give “comprehensive statewide and regional data to guide planning and policy development and to evaluate the impact of prevention and intervention services” (UAA Justice Center, 2017, p. 6). The most recent addition of this survey was released in 2015, with Ketchikan specific data having been collected in 2013.

These two surveys will be the main sources of our data, but will be supplemented with other sources as well, such as the National Crime Victimization Survey (NCVS). The NCVS has been conducted yearly by the Bureau of Justice Statistics since 1973 with the most recent data from 2015. This survey collects national data on the frequency, characteristics and consequences of criminal victimization of both crimes reported and

not reported to the police. It focuses on property crime and nonfatal crimes to persons, which includes rape, sexual assault, aggravated assault and simple assault. The reason we will be using the NISVS more heavily than the NCVS is because the NISVS is more comprehensive in regards to IPV and SV. Also, there has been speculation that the NCVS may still underreport actual instances of violence due to the fact that, even though it is anonymous, respondents might still worry that answering questions in the NCVS will label someone a criminal since the NCVS is technically a crime survey (Tjaden, 2000).

While these surveys give us a better understanding of the level of IPV and SV both locally and nationally, it is also important to note that these reports were done by random phone polling and so they might incidentally over-represent or under-represent some groups of people. For example, homeless individuals or institutionalized individuals were not included due to the method of polling. Additionally, this report represents almost exclusively adults, since both the NISVS and the AVS only poll adults. The NCVS polls people 12 and up, but most of our information will be taken from the NISVS and the AVS. However, we will touch on teen dating violence.

There are many factors that should be considered when trying to understand IPV, since IPV does not happen in a vacuum but regularly occurs in our community. To better understand why it is happening, we should be looking at as many aspects of victims and perpetrators of IPV as possible, such as race and gender of victims and perpetrators, history of prior abuse in both victims and perpetrators, protective factors, risk factors, historical trauma, access to resources and other factors. The problem is that not all of this information is available, up to date, or has even been studied. In spite of that, this report seeks to give an in depth look into IPV and SV locally and compare it to statewide and national data with the information available. But before delving into the data, we must first define our terms so there is no confusion on what we are discussing.

## **Defining IPV**

The National Intimate Partner and Sexual Violence Survey (NISVS) defines intimate partner violence (IPV) as “physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner” (Smith, 2017, p.117). This includes both sexual and non-sexual partners, partners who live together and partners who never lived together, as well as same-sex and opposite sex partners. In general, an intimate partner is “a person with whom one has a close personal relationship” that often includes emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple and familiarity and knowledge about each other’s lives (CDC, 2017).

This definition of IPV is very broad and encompasses many behaviors and situations. To further clarify it, the CDC breaks down IPV into four main types of violence: physical violence; sexual violence; stalking and psychological aggression.

The first form of IPV, physical violence, is “the intentional use of physical force with the potential for causing death, disability, injury or harm” (CDC, 2017, p. 5). This definition includes not only hitting but scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair pulling, slapping, punching, burning, restraining a person’s body, using a weapon, or using one’s body, size or strength against another person. The CDC also states that “coercing other people” into committing any of these acts also constitutes physical violence (CDC, 2017).

The second type of violence is sexual violence. Sexual violence is also a very broad term and is broken down into five categories: rape or penetration of a victim; victim forced to penetrate someone else; non-physically pressured unwanted penetration; unwanted sexual contact; and non-contact unwanted sexual experiences. All of these acts are sexual violence, regardless if they are attempted or completed acts, as long as they occur without the victim’s freely given consent. This includes when a victim is unable to give consent due to intoxication, meaning they are incapacitated, unconscious or unaware through voluntary or involuntary use of alcohol or drugs. We will define each of these terms in further detail later in the report when discussing SV specifically.

The next type of IPV is stalking. Stalking is “a pattern of repeated, unwanted, attention and contact that causes fear or concern for one’s own safety or the safety of someone else (e.g., family member or friend)” (CDC, 2017, p. 7). Victims may feel very fearful or worry that they, or someone close to them, will be injured or possibly killed as a result of the perpetrator’s behavior. Victims of stalking may experience only one type or many different types of stalking tactics by the perpetrator. These tactics include: repeated, unwanted phone calls, emails and/or texts; spying on the victim (including using a listening device, camera or other technology); following the victim from a distance; approaching or showing up in places the victim does not want to see the perpetrator (such as their job, home or school); leaving cards, letters, flowers or other unwanted presents; leaving unusual or threatening objects for the victim to find; sneaking into the victim’s home or car (especially with the intent to scare the victim, or make sure the victim knew the perpetrator was there); damaging personal property; harming or threatening to harm the victim’s pets; and making threats to physically harm the victim.

The final type of IPV is psychological aggression. It is defined as, “the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person” (CDC, 2017, p. 8). Examples

of this include: name-calling; humiliating; limiting access to transportation, money, friends and family; monitoring the whereabouts of the victim; threatening to commit acts of physical or sexual violence; controlling the victim's reproductive or sexual health (through acts such as refusing to use birth control or coercing a victim into terminating a pregnancy); exploiting a victim's vulnerability (such as their immigration status or a disability); and gaslighting (manipulating someone or presenting them with false information with the intention of making them doubt their own memory or sanity).

Victims of IPV may experience all or only one form of IPV. The CDC states that IPV happens "on a continuum" (CDC, 2017, p. 3). On one end of that continuum, a victim may experience a single incident of IPV and that incident may have a long-lasting impact on the victim, or it may not. But on the far end of that continuum, a victim experiences chronic and severe episodes of IPV that extends over a period of years (CDC, 2017). The lasting effects of these incidents on the victim are what makes IPV a serious public health concern.

### **Local, State and National Statistics on IPV**

Now that we have our terms on what exactly IPV is, we can delve into the data. According to the AVS, half of Alaska women experience IPV or SV or both in their lifetimes. The NISVS does not give a single statistic for a combined both IPV and SV but we can compare them individually. The NISVS reports a national average 37.3% of women experiencing IPV during their lives (Smith, 201) while the AVS reports that 40% of women in Alaska experience IPV during their lives (UAA Justice Center, 2017). Ketchikan's rates are slightly higher - 43% of women in Ketchikan experience IPV during their lives (UAA Justice Center, 2017). The NISVS reports that, nationally, around 36.3% of women experience SV during their lives (Smith, 2017). The AVS reports 33% of Alaska women and 33% of Ketchikan women experience SV during their lifetime (UAA Justice Center, 2017).

### **Lifetime Rate of IPV for Women**



Men experience IPV as well, though at a slightly lower rate than women. The AVS, unfortunately, does not report on intimate partner violence experienced by men. However, the NISVS reports on IPV and SV experienced by both men and women in each state. The NISVS reports that, nationally, 30.9% of men in the U.S. experience some form of IPV during their lives (Smith, 2017). Alaska men experience a similar rate of IPV to the national average at 30.2% (Smith, 2017). We do not have Ketchikan-specific data on rates of IPV for men.

## Lifetime Rate of IPV for Men



Nationally, the NISVS reports that 17.1% of men experience some form of SV during their lives (Smith, 2017). On the state level, 20.4% of Alaska men experience some form of SV during their lives (Smith, 2017). Again, we do not have Ketchikan-specific data on the rates of SV for men.

### A Closer Look at Ketchikan

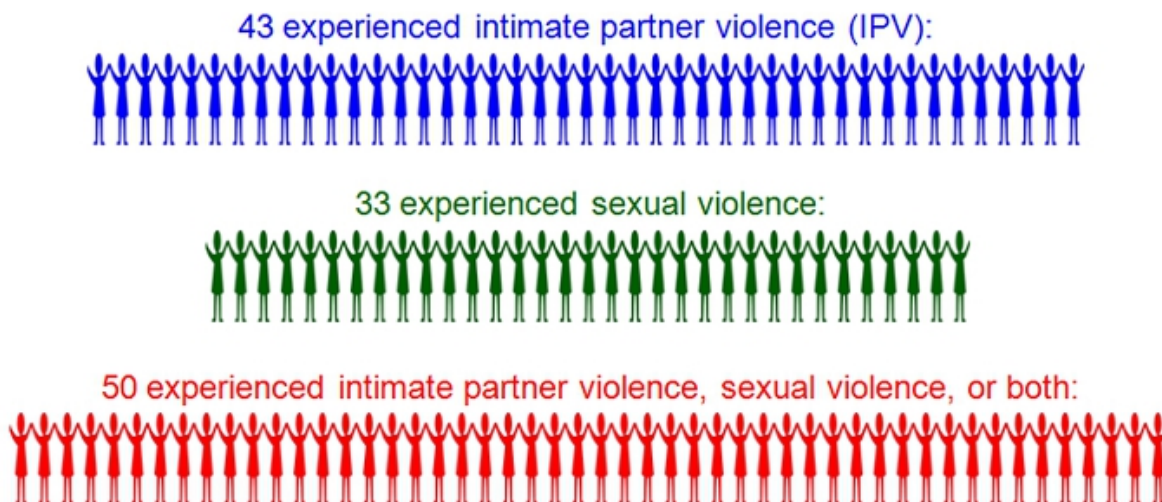
To further contextualize what is happening here in Ketchikan, we can compare State Trooper data and Ketchikan Police Department data with Women in Safe Homes' statistics from 2016.

In 2016, KPD had 1 rape reported, 79 assaults, 2 sex offenses, 1 offense against family, 2 harassments and 11 domestic disputes. These rates only reflect the City of Ketchikan and not the whole Ketchikan Gateway Borough. The State Troopers are responsible for law enforcement outside the City of Ketchikan. They reported a total of 53 incidents with a domestic violence annex; 9 cases of harassment (only one of which was classified as domestic violence); 4 sexual assaults; and 18 instances of domestic violence. All together, this was 180 reports made to KPD and the State Troopers.

Comparatively, WISH provided services to a total of 204 people during 2016. Of those, only 16 requested services for the criminal justice process, so we can already see that in our community there is a gap between the amount of people victimized by domestic violence and the number of reports to law enforcement.

AVS reported that 9% of Ketchikan women experienced IPV or SV in 2013. This is the most recent data available so if we assume that this number holds true - that 9% of Ketchikan women experience IPV or SV a year - that means up to nearly 600 women in Ketchikan experience IPV or SV every year. If we were to pretend that there is no overlap between women who reported to law enforcement and women who sought WISH services in 2016, that means, out of 600 women who experienced IPV or SV in Ketchikan, 216 of them did not report being assaulted to law enforcement or seek services from WISH.

***Out of every 100 adult women who reside in the Ketchikan Gateway Borough:***



These lifetime estimates come from a 2013 survey of adult women in the Ketchikan Gateway Borough.  
 Source: UAA Justice Center, Alaska Victimization Survey, <http://justice.uaa.alaska.edu/avs>.

## **Costs and Repercussions of IPV**

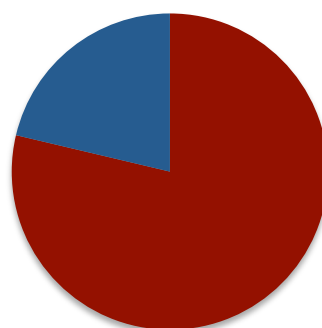
IPV is expensive, not only for the individual, but for society at large. It has a multitude of repercussions that need to be addressed. In 2003, the CDC put together a report on the monetary cost of domestic violence. They found that IPV costs the U.S. \$8.3 billion a year (CDC, 2017). This number is the combined costs of medical care, mental health care and the indirect cost of lost productivity from missing days of work. This number, in actuality, is probably much higher because it does not include costs associated with the criminal justice system and it has not been updated in fifteen years. This report also found that, nationally, victims of IPV lost around 8 million days of paid work a year and 5.6 million days of household productivity (CDC, 2017). Those missing days of work include the labor of individuals killed by IPV.

## *IPV costs the U.S. \$8.3 Billion a year.*

In spite of the lack of a single, comprehensive monetary value on the cost of IPV to the nation, we can look at how IPV affects an individual long term. The NISVS asked their respondents who experienced IPV about whether or not IPV had an impact on their lives after the fact. 73.4% of women reported at least one IPV-related impact (Smith, 2017). These impacts included: fearing for their lives, PTSD symptoms, injuries, missing work or school, needing legal services, needing medical care, needing advocate services, needing housing services, becoming pregnant or contracting an STD. 78.7% of Alaska women who were victims of IPV reported at least one IPV-related impact (Smith, 2017).

**IPV Impact for Female Victims in Alaska**

The NISVS found that 35.7% of male victims of IPV reported at least one IPV-related impact (Smith, 2017, p.127). These men reported feeling fearful, worrying about their safety, experiencing PTSD symptoms, missing work



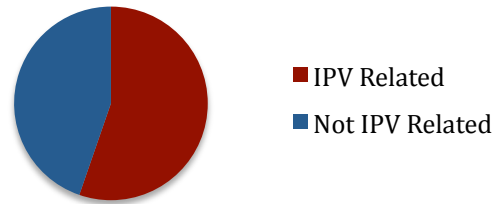
■ Experienced IPV-Related Impact  
 ■ Did Not Experience an IPV-related Impact

or school, needing legal services, needing medical care, needing advocate services, needing housing services or contracting an STD. 30.9% of Alaska men who were victims of IPV reported at least one IPV-related impact.

In addition to health issues directly caused by IPV (such as broken bones or bruises), there are a number of indirect health issues that victims of IPV experience as result of chronic stress from living in an abusive environment. The NISVS found that both male and female IPV victims were more likely to have asthma, irritable bowel syndrome, diabetes, high blood pressure, frequent headaches, difficulty sleeping, activity limitations, bladder and kidney infections, cardiovascular disease, chronic pain issues, joint disease, poor physical health and poor mental health than their peers who were not victims of IPV or SV (Smith, 2017). In addition to these health issues, the CDC also found that women with a history of IPV were more likely to engage in a number of high risk behaviours such as high-risk sexual behavior, using harmful substances or developing unhealthy dietary behaviors (CDC, 2017).

Finally, IPV accounts for a number of deaths every year. One study found that homicide is a leading cause of death for women under 44 years old (Petrosky, 2017). It found that nearly half of the 3,519 women and girls murdered in the U.S. during 2015 were killed by a current or former intimate partner (Petrosky, 2017). That same study found that, in the 18 year period between 2003 and 2014, 55.3% of all female homicides were IPV related and that young women, especially young women of a minority racial group, were disproportionately affected (Petrosky, 2017). A report released by the Department of Justice in 2011 found that women were 6 times more likely to be killed by an intimate partner than men were (DoJ, 2011). Additionally, 10% of IPV murder victims had experienced some form of violence in the month before the killing while only 2% of victims in non-IPV killings experienced violence in the month before (Domonoske, 2017). The CDC believes that IPV violence before a murder is an opportunity for intervention (Domonoske, 2017). That is, if victims of IPV were to seek some form of help after an instance of violence, they may not become homicide victims.

**Female Homicide Victims (2003-2014)**

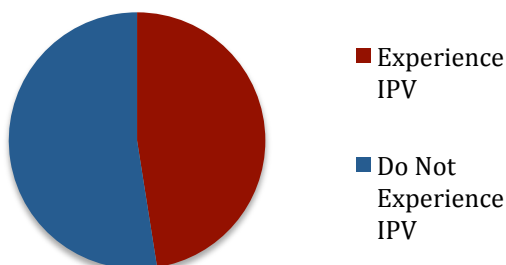


When you consider all these factors at once - the cost of health issues both immediate and long term, the cost of the criminal justice system, the cost of advocacy, housing, missing work, and victim's lives, it becomes easier to picture just how much IPV costs the nation, and individuals, every year.

### **Breakdown of IPV by Race of Victim**

As mentioned earlier, it is also important to consider race when discussing IPV. Nationally and locally, the rates of IPV and SV vary across different races. Ketchikan, and Alaska in general, have large White populations and large Alaska Native populations. The amount of IPV experienced by these different races varies for reasons that will be discussed. But first we will look at the differences in rates of IPV between races.

**Lifetime Rate American Indian or Alaska Native Women Experience IPV**



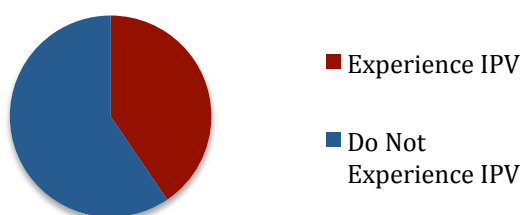
NISVS reports that 47.5% of American Indian or Alaska Native women experience violence from a partner during their lives (Smith, 2017). Black women also experience high rates of IPV, at 45.1% (Smith, 2017). Contrastly, 37.3% of white

women, 34.4% of Hispanic women and 18.3% of Asian women experience IPV during their lives (Smith, 2017). However, the group that experiences the highest rates of IPV are multiracial women. 56.6% of women who are two or more races experience IPV during their lives (Smith, 2017, p.121).

Rates of IPV across race are similar for men. 40.5% of American Indian and Alaska native men experience IPV during their lifetimes, 30.3% of white men, 42.3% of multiracial men, 40.1% of Black men, 13.7% of Asian men and 30% of Hispanic men (Smith, 2017). We do not have a breakdown on the rates of IPV by race for Ketchikan or

Alaska because neither the NISVS or the AVS reported on those facts.

**Lifetime Rate American Indian or Alaska Native Men Experience IPV**



In 2016, the National Institute of Justice released a report that focused on IPV experienced by American Indian and Alaska Native people. This report found that American Indian and Alaska Native women who were victims of IPV were

1.5 times more likely than white women to be physically injured and 1.9 times more likely than white women to miss days of work or school due to IPV (Rosay, 2016). They were also 2.3 times more likely than white women to need medical care (Rosay, 2016).

Additionally, both American Indian and Alaska Native women and men who were victims of IPV reported needing legal services, housing services, advocacy services and/or medical care after experiencing IPV. However, this report found that of American Indian and Alaska Native IPV victims, 38% women and 17% of men were unable to access those services (Rosay, 2016).

Lastly, murder rates vary by race. African American women and American Indian and Alaska Native women are murdered at over twice the rate of every other race. African American women experience the highest rates of homicide for women at a rate of 4.4 per 100,000 people, with American Indian and Alaska Native women murdered at a slightly lower rate of 4.3 per 100,000. Other races have a homicide rate of 1 to 2 per 100,000 (Domonoske, 2017).

### **Contextualizing IPV in the Alaska Native Population**

The high rates of domestic violence experienced by Alaska Native people are arguably a result of historical trauma. Historical trauma is defined as “a constellation of characteristics associated with massive cumulative group trauma across generations”

(Michaels, 2010, p. 1). This type of trauma “differs from other types of trauma in that the traumatic event is shared by a collective group of people who experiences the consequences of the event” which is “transmitted over generations” (Michaels, 2010, p.1). This means that one, large destructive event to a population traumatizes the subsequent generations. This is the case for the Alaska Native people - they have experienced several massive group traumas in the past two centuries that have left lasting negative effects on the people.

The overarching trauma the Alaska Native people have undergone is the forced assimilation of their people to the western lifestyle. This happened in three ways. First, when Europeans arrived in Southeastern Alaska, they brought with them smallpox, tuberculosis and other diseases that the Native population had no immunity to and many died. Second, missionaries arrived and the Native population was forced to convert to European religion and culture. Third, Native children were sent to government boarding schools, which stripped them of their cultural identity.

Many of these boarding schools remained open until the 1970's, meaning that there are still people alive today who were sent to these boarding schools. These schools served to alienate Native children from their cultures and families, and made them ashamed of their culture. The schools only allowed the children to speak English and forced them to go by Western names. Many of the children did not know what was happening when they were taken from their homes and they were moved hundreds to thousands of miles away. In addition to all this, many Native children were abused physically, emotionally, psychologically and/or sexually by the staff of these schools. This abuse left lasting and profound trauma in the lives of these children that they then passed on to their own children.

Prior to assimilation, the Tlingit and Haida people were matrilineal, with children belonging to their mother's tribe and inheriting the use of land and crests from their mothers. Tlingit women had access to the same social rankings that men did, and were expected to marry a man of similar rank (Klien, 1995). Respect for each other and all living things was deeply embedded in the way of life of the Alaska Native people (Ned-Sunnyboy, 2008). Domestic violence and sexual abuse were uncommon in the lives of Alaska Natives prior to the arrival of European people (Ned-Sunnyboy, p. 72, 2008).

In addition to losing their culture, Alaska Native Tribes were also stripped of their autonomy and their right to fully self govern, which continues to this day. The Tribal Law and Policy Institute explains that “criminal jurisdiction in Indian country is divided among federal, tribal, and state governments, depending on the location of the crime, the type of crime, the race of the perpetrator, and the race of the victim.” The complexity of these

layers of government have made law enforcement on tribal lands very difficult, which discourages prosecuting perpetrators.

For many years, IPV and SV on tribal lands could only be investigated and prosecuted under federal law (Weich, 2011). Often, Federal services were stretched very thin, making prosecuting crimes on tribal lands very difficult. Tribal governments attempted to do what they could, but under Tribal laws, they only had the authority to sentence offenders to one year in prison and even then, they could only prosecute “Indian offenders” (Weich, 2011, p. 1). In 2010, Congress passed the Tribal Law and Order Act (TLOA), which allowed tribal courts to sentence offenders up to three years in prison per offense (Weich, 2011). This meant that, when tribes did prosecute crimes of IPV or SV, they could only give perpetrators sentences up to three years, regardless of how violent the crime was, while crimes of the same nature could garner sentences up to five years in other parts of the country. Additionally, the TLOA still did not allow tribal courts to prosecute non-Indians or non-Alaska Native people since the Supreme Court ruled in 1978 that tribal courts did not have jurisdiction over “non-Indian perpetrators” (Rosay, 2016).

This last fact deserves more context. When we look at the perpetrators of IPV and SV against Alaska Native and American Indians, we see many instances of interracial violence, that is, violence between people of different races. In a national survey, most American Indian or Alaska Native victims of IPV reported that they had experienced violence by at least one interracial perpetrator in their lifetime. 97% of female victims and 90% of male victims of IPV or SV were victimized by a non-Native perpetrator at some point during their lives (Rosay, 2016). Contrastly, only 35% of female victims and 33% of male victims were victimized by another American Indian or Alaska Native person at some point during their lives (Rosay, 2016).

Since tribal courts did not have jurisdiction to prosecute these offenders, even if they were married to tribal members or lived or worked on tribal land, they often would not even arrest them (Weich, 2011). This, in turn, emboldened abusers, allowing them to escalate their attacks while victims became deterred from reporting (Weich, 2011). In an effort to protect American Indian women and Alaska Native women, President Obama signed into law the Violence Against Women Reauthorization Act of 2013, which did not take full effect till March of 2015. This law was meant to give tribes the power to exercise “special domestic violence criminal jurisdiction,” meaning that tribes would have the power to prosecute non-Indian or non-Alaska Native people who commit acts of domestic violence in “Indian country” (Department of Justice, 2015). However, in the original draft of the bill, Alaska’s senator, Lisa Murkowski, added a section to the bill, known as the “Alaska exception,” which excluded Alaska Native Tribes from the bill.

Murkowski's reasoning was that since Alaska only has one "Indian country" - Metlakatla - the bill was useless to Alaskan tribes (Horwitz, 2014). This exception was widely rejected by Alaska Native people and, ultimately, the exception was repealed.

*"There is a law and justice black hole on Indian reservations."*

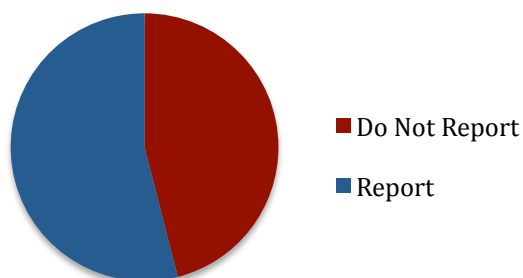
Regardless, this law still only applies specifically to IPV. Alaska Natives who are victims of SV in which the perpetrator is a stranger, or crimes committed by a person who "lacks sufficient ties to the tribe" (such as a person who does not live or work in the tribe) cannot be prosecuted under this law. This law also does not protect children, elders or victims of other non-IPV violence (such as people who are assaulted by a family member rather than a partner) (Department of Justice, 2015). These facts combined create an atmosphere that serves to make Native People more vulnerable to victimization than other Alaskans. David Voluck, a tribal court judge for the Central Council of Tlingit and Haida Indian Tribes, summed up this problem by saying, "There is a law and justice black hole on Indian reservations, and this has become attractive to people of violence, people of child abuse, drugs, you name it. Because if you're not Native, you know you can get on an Indian reservation and no one can touch you" (Taylor, 2014).

### Why Victims Do Not Report

As mentioned earlier, many victims of IPV and SV do not report to law enforcement. It's easy to wonder why these victims do not turn in their perpetrators. It makes logical sense that if someone was hurting you, berating you or trying to control you, you would seek help. However, since we know this is not the case, it naturally brings us to the question of why.

The U.S. Department of Justice released a special report in 2012 on victimizations not reported to the police. This report used data from the National Crime Victimization Survey (NCVS) collected between 2006 - 2010. It delved into the reasons for why victims of all violent crimes (not just instances of IPV) did not report those crimes to police. It found that the most common reasons for not reporting to police were: fear of

Percent IPV Victims Report To Police



reprisal or getting offender in trouble; belief that the police would not or could not help; the incident was not important enough to the victim to report; they dealt with the incident in another way; or they considered it too personal to report. While these reasons are for all violent crimes in general, the report also found that 62% of victims

who did not report to law enforcement, their perpetrator was someone well known to them. During that time period, it was found that 46% of IPV was not reported to the police (Langton, 2012). Of that 46%, the most common reason victims gave for not reporting to police was fear of reprisal or fear of getting the perpetrator into trouble (38% of victims who choose not to report stated this was the reason they did not report) (Langton, 2012).

More recently, the Department of Justice released a Special Report on police response to domestic violence between 2006 - 2015. This report used NCVS data to analyze how often victims reported to the police in instances of domestic violence. This report found that 56% of all non-fatal domestic violence victimizations were reported to the police. However, this data was not only IPV, but also included victimizations involving family members who were not partners (such as parents, siblings or other household non-partner relationships). The report found that victimization reports were the same for incidents that involved serious violence (such as incidents that resulted in injuries) and incidents that involved only simple assault. It found that, annually, there was an average of 2.1 million victimizations that involved serious violence and 4.1 million victimizations involving simple assault (Reaves, 2017). 91% of the time, the relationship between the victim and perpetrator was known, and of that percentage, 23% of simple assaults and 25% of assaults that involved serious violence, were categorized as domestic violence (Reaves, 2017).

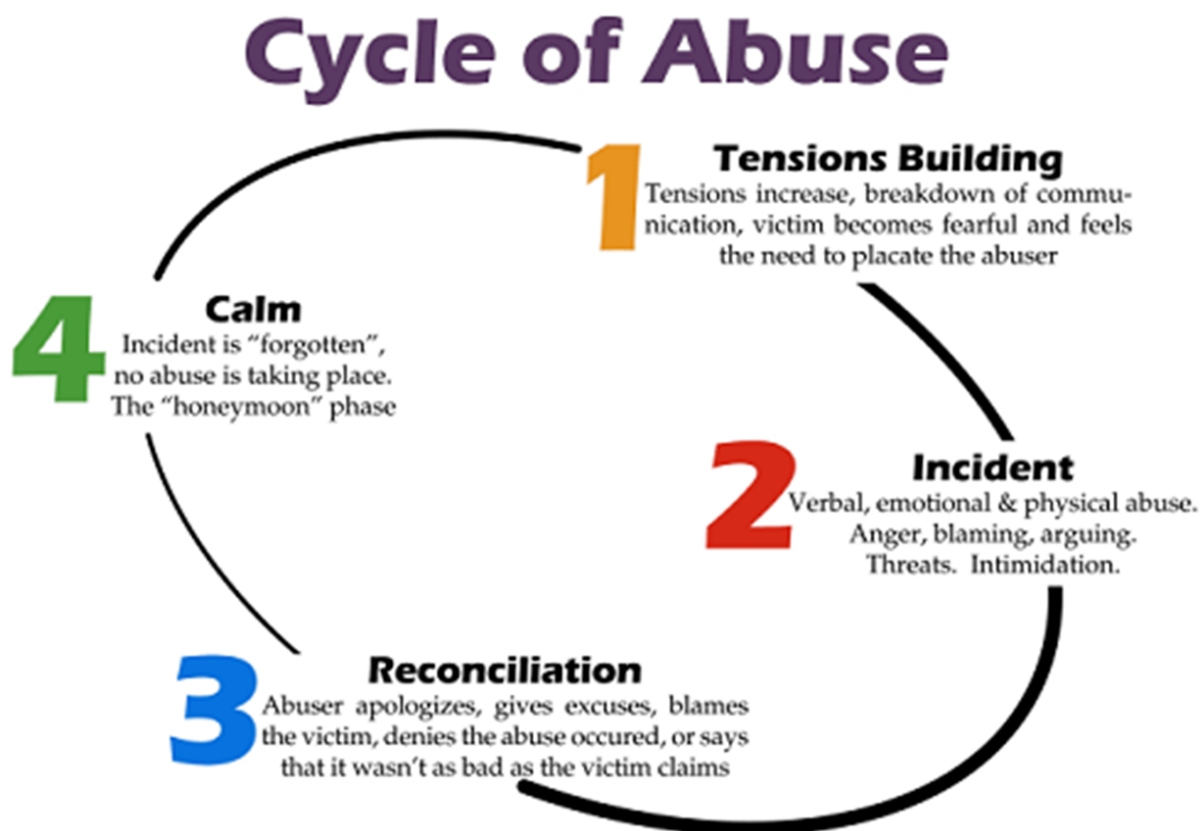
This means that assaults that involved serious violence were more likely to be domestic violence than simple assaults. This report also found that “domestic violence victimizations involving serious violence (31%) were more likely than victimizations involving simple assault (13%) to go unreported due to fear of reprisal” (Reaves, 2017, p.5). In short, victims of IPV fear that if they report their abuser, the abuse they experience will get worse.

*“Domestic violence victimizations involving serious violence were more likely than victimizations involving simple assault to go unreported due to fear of reprisal.”*

## **The Dynamics of an Abusive Relationship**

We have discussed the reasons victims have answered on surveys for not reporting, but the issue is very complex and extends beyond what we might be able to gather from a survey. Many of the reasons why a victim does not report their abuser is wrapped up in the way an abusive relationship functions. Abuse exists in a cycle, in which there are periods when an abusive person is calm and even kind or charming. However, in abusive relationships, these periods always end with a buildup of tension followed by a

violent outburst. The length of this cycle varies for each relationship - some relationships have long stretches without violent outbursts while others cycle rapidly.



The driving force behind an abuser's behavior is their desire to maintain power and control over their victim. There are many tactics an abuser employs to gain control and maintain it over their victim. They use coercion, threats, intimidation, emotional abuse and isolation in addition to minimizing the abuse with things such as claiming it's "not that bad" or outright denying that it had happened at all. They shift the blame onto their victim, convincing the victim that they had provoked the abuse in some manner or if they would just change their behavior enough, the abuse would stop.

This, of course, is not true. An abuser believes they have the right to control and dominate their partner and, until that core belief changes within the abuser, the abuse will not stop. One of the central problems is that the relationship does not start out abusive. Abuse escalates slowly over time and by the time a victim realizes they are being abused, they are already invested in the relationship, both emotionally and

economically. They might share housing, bills, transportation and other responsibilities such as childcare. It is difficult to untangle themselves from all this and abusers deliberately make it difficult for their victims to divest from shared resources so that they can leave.



Abuse starts with something that seems harmless, like wanting the victim to spend all of their time with the abuser. From there, it escalates into something less harmless but perhaps dismissable, such as possessiveness, jealousy, distrust or name-calling. It builds in intensity from there, into intimidation and/or physical violence. The

possessiveness of an abuser's behavior serves to isolate the victim from family and friends and makes it harder for them to get help when they want to leave the relationship. In addition, it is not uncommon for an abuser to control the victim's access to money or transportation, adding another layer to their inability to leave. In situations where an abuser and victim have children, the abuser will often attempt to control access to the child by threatening to take the children away; hurt or kill the children; or file for custody of the children. An abuser might also threaten the victim's pets, adding to the list of reasons why a victim may not leave their abuser or feel safe enough to leave an abuser.

Additionally, abusers often do not seem abusive to people outside of the relationship. They can hold down jobs, they do not necessarily use alcohol or drugs, they may even be charming to coworkers and friends (Bancroft, 2002). They are loving and affectionate to their partners during calm periods. These facts can serve to make a victim feel like they are crazy, or that they are causing the abuse. It also makes them unsure if someone would believe they were being abused. This is not an unfounded fear - many victims are not believed when they report that they are being abused. They are met by unsupportive friends, family and law enforcement, which discourages them from reporting again. Many people already have a mental picture of what they believe an abusive relationship, an abuser and an abused person look like. If a person reports that they are being abused and they do not look like that image, they may not be believed.

Another seemingly illogical fact of abusive relationships is that many victims do not want to leave. The National Coalition Against Domestic Violence explains that one of the reasons why people do not report abuse is that they do not want the relationship to end, they simply want the abuse to end. The fact of the matter is, victims often love their abusers, they see times when their abusers are not abusive and they remember the start of the relationship, before the abuse. They want the relationship to revert back to its original, non-abusive state. Abusers are able to exploit this by blaming the abuse on the victim and convincing the victim that if they were to simply do anything and everything the abuser wanted, the abuse would stop.

Lastly, and perhaps most importantly, domestic violence often intensifies when a victim leaves or attempts to leave. An abuser wants to maintain control over their victim, so when their victim tries to leave, they escalate. If a victim does leave, they often continue to be abused through tactics such as stalking, harassment and other threatening behaviors. When victims responded that they did not report violence for fear of reprisal, their fear was not unfounded. The National Violence Against Women Survey found that married individuals who had left their partner were more likely to be assaulted by that partner than individuals who stayed living with them (Tjaden, 2000). Women who lived

separately from their husbands were four times more likely to be raped, physically assaulted or stalked by their husband than wives who lived with their husbands (Tjaden, 2000). Men who lived separately from their wives were three times more likely to be victimized by their wives than husbands who lived with their wives (Tjaden, 2000). Additionally, a victim leaving is occasionally the catalyst for an abuser to murder their victim. Leaving an abusive relationship is not simple or easy. It is emotionally and economically challenging and may put the victim at an even higher risk of physical violence. All of this works together to create a situation in which a victim is trapped and asking the question, “Why don’t they just leave?” serves to perpetuate the myth that if it was really that bad, they would simply leave without giving any thought into the reasons why that might not be easy.

*Women who lived separately from their husbands were 4X more likely to be victimized than wives who lived with their husbands.*

*Men who lived separately from their wives were 3X more likely to be victimized than husbands who lived with their wives.*

## **Alcohol and IPV**

It is important to acknowledge that alcohol use and IPV correlate together strongly, but that alcohol use is not the cause of IPV. A report done by the World Health Organization found that, in instances of IPV in America, 55% of victims believed their partner had consumed alcohol prior to a violent incident (WHO, 2006). This report also found that heavy drinking in perpetrators increased the risk of violence (WHO, 2006). The CDC also reports that lower alcohol outlet density in a community lowers the risk that people will become victims or perpetrators of IPV (Niolon, 2017). These findings are supported by the National Violence Against Women Survey, which reported that women were more likely to be injured if their partner had been drinking (Tjaden, 2000). Our society has a tendency to hold people less responsible for their actions while they are intoxicated. This belief helps create an atmosphere in which IPV is dismissed as a byproduct of alcohol consumption, making alcohol consumption just one way an abusive person can manipulate other people into dismissing their violent behaviors.

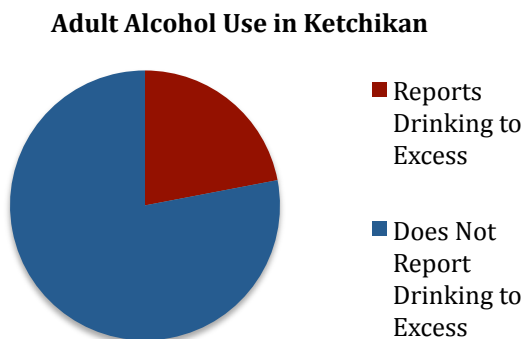
Another way we can be certain that alcohol and IPV merely correlate together and do not have a causal relationship is from consulting the experiences of women who have survived IPV. Women who are physically abused at the hands of their partners report that their partners often only bruise them in places that their clothing covers. This

means that abusers are actually careful when they physically assault their partners to ensure that their partners can hide the evidence after the fact. This contradicts abusers who report that they are only violent because they “lost control” due to their drunkenness. Victims also report that, at times, their abuser seems “uncontrollably drunk” but will be able to instantly sober up the moment there is an interruption to their violence, such as police arriving (Zubretsky, 1996).

Lundy Bancroft, an author and counselor who has run a batterer intervention program for over twenty years, notes in his book on abusive men that abusers often get worse after they seek treatment for alcoholism. Bancroft explains that sobriety, in some cases, can make an abusive person even more abusive because they are no longer being clouded by alcohol. Additionally, instances of violence do not only happen when a perpetrator is intoxicated. Bancroft writes that, “I could count on one hand the number of clients I have had whose abusiveness [was] entirely restricted to times of intoxication” (Bancroft, 2002, p. 201). A perpetrator may be *more* violent when they are intoxicated but they are almost never abusive *only* when they are intoxicated.

Finally, it may seem that alcohol consumption causes IPV because an abusive partner is often more violent or explosive when they consume alcohol than when they are sober. Serious violent crimes are more likely to be reported to law enforcement than non-serious ones (Langton, 2012, p.4). If we had been looking at IPV from a criminal justice perspective and focused only on what was reported to law enforcement, this might make it appear as though alcohol consumption caused IPV, when we know that what alcohol really does is heighten the severity of IPV.

Heavy alcohol use is a problem here in Ketchikan. A Community Health Needs Assessment completed in 2013 by PeaceHealth Ketchikan Medical Center found that



22% of adults in Ketchikan reported they drank excessively, and 29% of youths in Ketchikan reported engaging in binge drinking (Chernick, 2013). This excessive use of alcohol probably does play a role in the high levels of IPV in Ketchikan, and should be addressed as a public health concern. However, it is important to acknowledge that alcohol exacerbates IPV but does not cause IPV. We need to

be cognizant of the ways in which alcohol and IPV interact without falling into the fallacy of blaming IPV solely on alcohol use.

## Other Myths On IPV

There are several myths that crop up to explain away IPV without addressing the real, underlying causes of IPV. Two of the prominent excuses for IPV are that the perpetrator has a mental illness or the perpetrator has poor anger management skills.

Perpetrators of domestic violence have been found to be no more likely to be mentally ill than the general population (Klein, 2015). Additionally, mental health counseling has been found to not reduce instances of IPV (Klein, 2015). When an abuser has a mental illness, the mental illness may make them more volatile than an abuser who does not have a mental illness. For instance, a depressed individual may be more violent than an abuser without depression because they do not care about how the consequences of their actions might affect them personally (such as having the police called on them) (Bancroft, 2002). But the mental illness is not the source of the abuse. The abuser's desire to maintain power and control over their victim is the source of their abusive behavior.

Additionally, people who are mentally ill experience higher rates of IPV victimization than people without a mental illness. People with depressive disorders, anxiety disorders, PTSD, bipolar disorder, and even psychoses are more likely to become victims of IPV than their mentally healthy peers (Trevillion, 2012). So, not only are abusers no more likely to suffer from a mental illness than the general population, individuals with a mental illness are more likely to become victims of IPV.

*“Anger is not a prerequisite for abuse.”*

Another excuse, for male abusers in particular, is that they have poor anger management skills. However, both professionals who teach anger management and counselors who run batterer intervention programs agree that abuse does not stem from anger. Anderson and Anderson, a widely recognized anger management counseling service, states that “anger is not a prerequisite for abuse” (Anderson, 2004, p. 2). They acknowledge that the central issue in an abusive relationship is power and control and “the perpetrator will abuse whenever his control is threatened” (Anderson, 2004, p. 2). Similarly, counselors who run batterer intervention programs also note that anger is not the cause of IPV. As one counselor so eloquently put it, “if batterers were unable to control their anger, they would be abusive with everyone” (Maietta, 2014, p. 6). Abusive people do not assault their bosses, coworkers, friends or even all their family members; they only abuse the people they are trying to control. This is not to say that anger

causes no issues - excessive anger can be unhealthy and cause serious problems like ulcers and heart attacks - but it does not cause IPV.

## Gender and IPV Statistics

While abuse is always about control and both men and women are victimized, types of violence men and women experience differs. For example, women are much more likely to be stalked than men are. Nearly 15.8% of women have been stalked by an intimate partner, while only 5.3% of men have (Smith, 2017). Women are also more likely to experience sexual violence from a partner than men are. 16.4% of women report experiencing contact sexual violence from a partner compared to 7% of men (Smith, 2017).

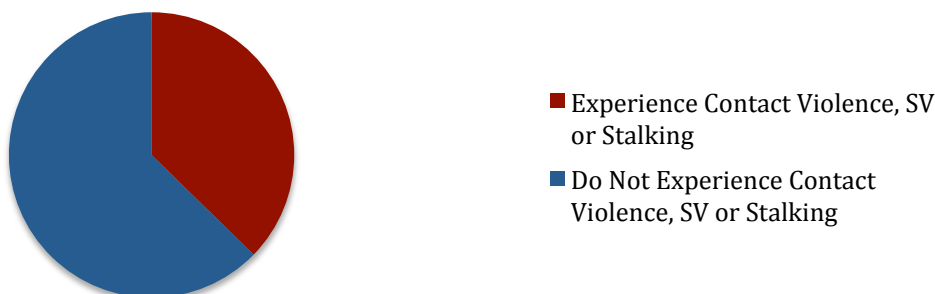


Delving deeper into that statistic, the types of sexual violence that men and women experience are different. For example, women are more likely to be raped by an intimate partner than men are. 8.8% of women report having been raped by a partner during their lifetime, while only 0.5% of men experience rape by a partner during their lifetime (Breiding, 2014). Contrastly, nearly 6% of men who experienced SV were made to penetrate another person while only 0.5% of women who had experienced SV were made to penetrate another person (Smith, 2017). 32.4% of women experience physical violence by a partner during their lifetime and 28.3% of men report experiencing physical violence from a partner during their lifetimes (Smith, 2017).

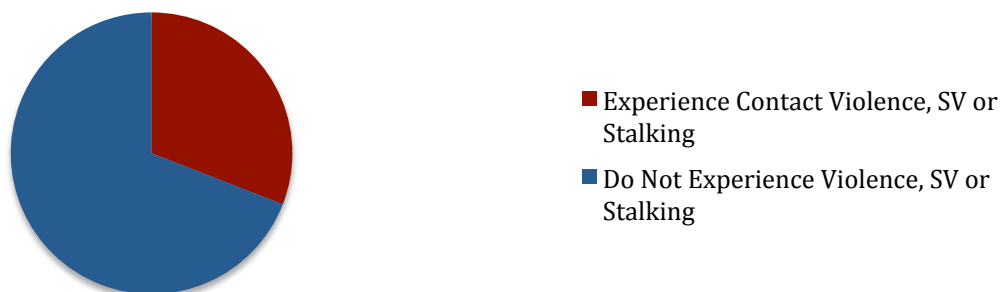
When it comes to physical violence and stalking, women are slightly more likely to be victimized than men. 37.3% of women report experiencing any sort of contact violence, sexual violence or stalking, compared to 30.9% of men (Smith, 2017). The only type of IPV that is similar for both men and women is psychological aggression - 47.1% of

women report experiencing psychological aggression from a partner, which is slightly lower than the 47.3% of men who report experiencing it also (Smith, 2017).

**Lifetime Rate of Contact Violence, SV or Stalking Experienced by Women**



**Lifetime Rate of Contact Violence, SV or Stalking Experienced by Men**



We can also look at the gender of the perpetrator and the gender of the victim together to better understand IPV. For women who were victims of SV, the perpetrator was almost always male. 97.3% of women who were rape victims, 92.5% of women made to penetrate another person, 96.3% of women who experienced sexual coercion, 95% of women who experienced unwanted sexual contact and 92.3% of women who had non-contact unwanted sexual experiences had male perpetrators (Smith, 2017).

The statistics for men are slightly different. 86.5% of men who experienced rape, the perpetrator was also male. 9.5% of men who had experienced rape, the perpetrator was female. 15.8% of men who were forced to penetrate another person, the perpetrator was male. 78.5% of men who were forced to penetrate another person, the perpetrator was female. 3.5% of men forced to penetrate another person had both male and female perpetrators. 14.5% of men who experienced sexual coercion had male perpetrators while 81.6% had female. 36.7% of men who experienced unwanted sexual contact had male perpetrators while 53% had female. 8% of male victims had perpetrators who were

both male and female. 48.5% of men who experienced non-contact unwanted sexual experiences had male perpetrators, 37.6% had female and 11.8% had both male and female perpetrators (Smith, 2017).

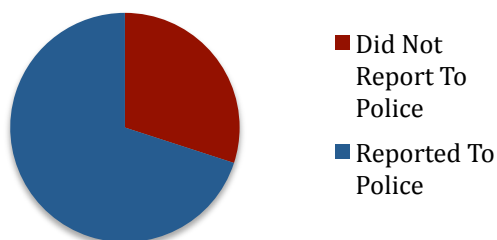
### **Focusing on Female Victims**

We know from information presented earlier that women experience slightly higher rates of IPV than men do. Women are also more likely to be raped, physically assaulted and/or stalked than men are. Women are also more likely to be murdered by a partner than men are, and, when women experience IPV, it is more likely to have an impact on their life outside of the event itself than it is for men who experience IPV.

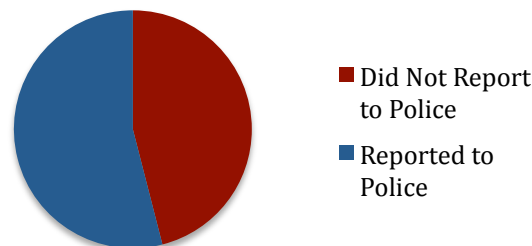
The earlier referenced Department of Justice's Special Report on Police Response to Domestic Violence is particularly illuminating on how domestic violence, and IPV in particular, effect female victims. This report states that, "victimizations involving serious violence were more likely to be domestic violence when the victim was female than when the victim was male" (Reaves, 2017, p.4). This means that women are more likely to be seriously injured by a household member than men are. 38% of the time when an assault involved serious violence, it was an instance of domestic violence in which the victim was a woman. 12% of the time an assault involved serious violence, it was domestic violence in which the victim was a man. Additionally, when a woman was a victim of serious violence, 27% of the time, she had been victimized by an intimate partner. With male victims of serious violence, the perpetrator was an intimate partner only 7% of the time (Reaves, 2017). Similarly, the NISVS reports that almost one in four women experience severe physical violence from a partner in her lifetime. 23.2% of women report experiencing severe physical violence from a partner, nearly ten percent higher than the rates men report experiencing severe physical violence from a partner (Smith, 2017).

When a man is seriously injured in a domestic violence incident, the incident is more likely to be reported to police than when a woman is seriously injured in a domestic violence incident. 77% of domestic violence incidents that resulted in serious injury to a male victim were reported to police while only 54% of female victimizations resulting in serious injury were reported to police (Reaves, 2017).

**Reporting of Serious Injuries for Male Victims of Domestic Violence**



**Reporting of Serious Injuries for Female Victims of Domestic Violence**



In 2000, the Department of Justice did a report on the consequences of violence against women and found that women who were raped or physically assaulted by a current or former intimate partner were more likely to be injured during the assault than women assaulted by any other type of perpetrator (such as a stranger or acquaintance) (Tjaden, 2000). This report also found that women were more likely to be injured during a rape or an assault than male victims were (Tjaden, 2000).

When it comes to sexual violence, men are much more likely to be made to penetrate another person while women are more likely to be raped. However, when we compare the rates between these two types of violence, women are still more likely to be victims than men. The CDC reports that nationally 23 million women have been victims of rape while 6.8 million men have been victimized by being forced to penetrate another person (CDC Findings, 2017). In order to not misrepresent that data, it is important to report that 1.7 million men have been victims of rape (CDC Findings, 2017, p.1). However, even accounting for rape and forced to penetrate combined, women still experience more sexual violence than men. This is not to downplay the violence experienced by men but to acknowledge that women experience higher rates of sexual violence than their male peers.

In 2000, the Department of Justice conducted the National Violence Against Women Survey (NVAWS) to better understand the violence that women experience. While this information is a little bit dated, it can still help us contextualize violence against women. This report found that female victims of IPV “experience more chronic and injurious physical assaults” by partners than men do (Tjaden, 2000, p.iv). On average, a female victim of IPV is assaulted 6.9 times by an intimate partner while male victims of IPV are, on average, assaulted by their partner 4.4 times (Tjaden, 2000). Additionally, 41.5% of women who experienced IPV had been injured in their most recent assault while only 19.9% of men were (Tjaden, 2000). Both male and female victims of IPV who were victimized by the same partner multiple times reported that those assaults lasted a year

or more. However, the frequency at which those assaults occurred and the duration of those assaults were significantly higher for women than men. Lastly, the NVAWS found that women who experience physical violence from a partner were more likely than men to experience more serious types of violence. Women were 7 to 14 times more likely to have been beaten up by a partner, choked by a partner, threatened with a gun or knife by a partner, or have a partner attempt to drown them than men were (Tjaden, 2000).

As mentioned earlier, one of the most common reasons domestic violence and/or IPV is not reported to law enforcement is fear of reprisal. Female victims in particular are more likely than male victims to not report for fear of reprisal. 24% of female victims did not report for fear of reprisal, compared to only 6% of male victims of domestic violence (Reaves, 2017). Also touched on earlier, women are much more likely to be stalked than men are. Stalking is more likely to happen after a relationship has ended (Tjaden, 2000), meaning that women have more difficulty getting away from their abuser after the relationship has ended than men do.

The Office on Women's Health (a branch of the U.S. Department of Health and Human Services) found that women who were abused by their male partners were at a higher risk of contracting HIV than women with non-abusive male partners. This is partly because their male partners were more likely to have other partners outside their relationship and partly because these women were more likely to be sexually assaulted by their male partner (womenshealth.gov).

The FBI released a report on expanded homicide data in 2010, and this report showed that men were more likely to be victims of homicide than women - 77.4% of all homicide victims were male. However, men were also more likely to be murderers than women. 90.3% of known murderers were male (UCR, 2010). This statistic illustrates that yes, men are victims of violence, but they are also more likely to be perpetrators of violence than women. Men are also much more likely to commit murder-suicide than women. The Violence Policy Center (VPC) found that in the first half of 2011, nationally, there were 313 instances of murder-suicide. Of these 313 instances, 283 were committed by men (VPC, 2012). 72% of these murder-suicides involved intimate partners and of that percentage, 94% were women killed by their intimate partners (VPC, 2012).

In summary, women are more likely to be victims of IPV than men, they are more likely to be seriously injured, more likely to be raped, more likely to have health problems as consequence of IPV, more likely to need access to resources after an incident of IPV, and more likely to be killed by an intimate partner than men are.

## Focusing on Male Victims

While IPV, in general, has a larger impact on the women who experience it, men also experience it and the ramifications can be just as devastating for men. It can also be harder for men to get aid when they are victims of IPV because many shelters only offer services to women and many law enforcement officers do not believe that men are victimized by women or that male victims are in any real danger. In our culture, there is some acceptance of female perpetrated violence. For instance, many movies and television shows have scenes in which a woman slaps a man and faces no negative ramifications for her actions. This casual presentation of female perpetrated violence as not harmful and therefore not worth addressing makes it more difficult for male victims of IPV to seek help. It also perpetuates the cultural belief that women do not harm men in the instances when they are physically aggressive with them. When men are victims of IPV from female partners, they may be met with scorn or disbelief that what they are going through is actually harmful to them.

Some research suggests that male victims may report violence at an even lower rate than female victims because there is more shame attached to men being victimized than women. 36% of male victims of IPV who did not report their victimizations stated that the issue was a personal matter, and that was why they did not report (Reaves, 2017). This was the most common reason for male IPV victims not reporting. This can perhaps be linked to the fact that in order to seek help, men must overcome both internal and external obstacles. They must first overcome internal barriers, such as shame over having been victimized, and external barriers, such as disbelief or a lack of infrastructure to help male victims (Douglass, 2011). Male victims of violence may worry that being a victim makes them “not a real man” and men sometimes struggle with being unable to solve a problem on their own (Douglass, 2011). Additionally, sometimes when men do seek help, they get accused of being the abuser in the relationship, and may get referred to a batterer’s intervention program instead of receiving victimization aid (Douglass, 2011). Some male victims have reported that, when they did call the police for help, they were arrested instead of the female perpetrator (Douglass, 2011). Other victims reported that police stated there was nothing they could do and left (Douglass, 2011). Additionally, many shelters only offer services to women, so sometimes male victims of IPV feel forced to stay with their abuser or have to turn to homeless shelters to escape their abusive situation (Lewin, 1992). The cumulation of these barriers to resources for male victims of IPV serve to prevent men from seeking help.

*Male victims have reported that, when they did call the police for help, they were arrested instead of the female perpetrator.*

## Teen Dating Violence

Instances of IPV do not start in adulthood, many young people experienced teen dating violence (TDV) or adolescent relationship abuse (ARA). The CDC defines teen dating violence as “physical, sexual, psychological or emotional violence within a dating relationship” (CDC, 2017, p.2). This includes all aspects of IPV and domestic violence. One of the major problems with the prevalence of TDV is that teenagers may not realize that they are experiencing abuse and that the violence they are subjected to is not normal. Some reports have found that teens often incorporate rough housing in their flirting, such as arm twisting or scratching (Vagi, 2015). This rough-housing can serve to blur the lines between playful flirting and physical or sexual violence, making it more difficult for a teenager to recognize that they are being mistreated by a dating partner.

The NISVS reports that nationally, 7.1% of women who were victims of IPV and have also been victims of teen dating violence (that is, they experienced some form of IPV before age 18) and 3.7% of men who were also victims of IPV were first victims of teen dating violence (Smith, 2017). In Alaska, 9.9% of women who were victims of IPV had also been victims of teen dating violence (the NISVS does not report on this statistic for men) (Smith, 2017). Looking more broadly, the National Youth Risk Behavior Survey (NYRBS) found that nearly 10% of high school students who had gone on a date in the past year had experienced physical violence from their dating partner (Kann, 2016). 10.6% reported being forced to engage in sexual behavior (Kann, 2016). The NYRBS also reports that female high school students are more likely to report being victims of physical or sexual dating violence than their male peers (Kann, 2016). For instance, in 2013, 20.9% of female students reported being victims of either sexual violence, physical violence or both, while only 10.4% of male students reported being victims of sexual violence, physical violence or both (Vagi, 2015). Female students were also more likely than male students to report experiencing more than one incident of teen dating violence (Vagi, 2015).

However, the National Survey of Teen Relationships and Intimate Violence (STRiV) - a recent study done for the Department of Justice - came back with some slightly different results on TDV. This study showed that teen girls were more likely to report perpetrating TDV than teen boys (National Institute of Justice, 2017). This same report found no difference between victimization rates of teen boys and teen girls and found an overlap between victimization and perpetration, with 84% of TDV victims also abusing their partners (National Institute of Justice, 2017). The STRiV

***84% of teen dating violence victims also abuse their partners.***

showed that there was an attitude of tolerance for girls hitting their boyfriends and this tolerance allows for the perpetuation of such abuse (National Institute of Justice, 2017). This finding can arguably be linked back to the cultural belief that men are not really harmed by physical abuse perpetrated by women.

STRiV also showed psychological abuse is the most common type of abuse in teen dating relationships (National Institute of Justice, 2017). This report found that financial behavior could be an indication of abuse. Teens who asked a partner to lend them money were more likely to engage in abusive behavior (National Institute of Justice, 2017). The researchers theorized that this reflected a pattern of controlling behavior and teaching teens how to handle money in a relationship could help prevent TDV (National Institute of Justice, 2017). The differences in findings between this report and the NYRBS may simply be due to sampling - while both were representative, the NYRBS sampled over 15,000 students, while the STRiV sampled a little over 5,000 teenagers and their parents (National Institute of Justice, 2017).

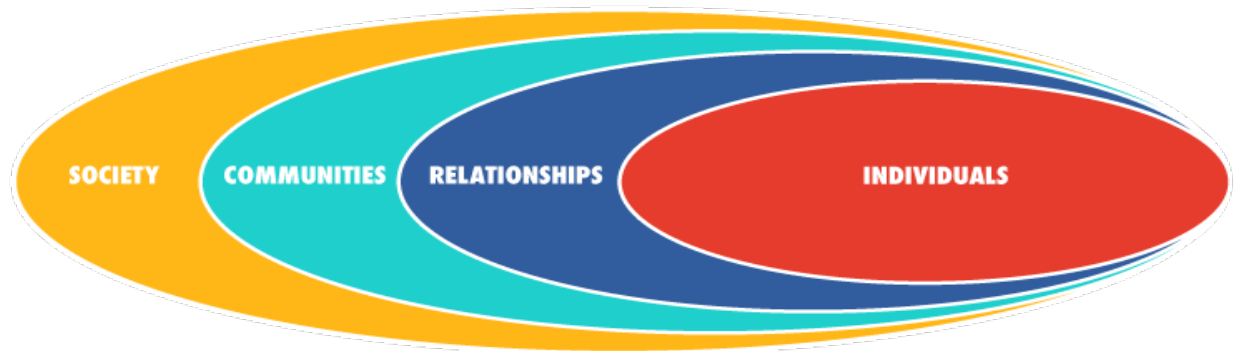
Much like IPV, teen dating violence also has lasting repercussions on victims. Teens who experience dating violence are more likely to have depression, anxiety, exhibit antisocial behaviors, think about suicide, attempt suicide, and/or engage in unhealthy behaviors such as using tobacco, drugs, or alcohol (CDC, 2017). Part of this is due to the fact that teenager's brains are still developing and being victimized serves to disrupt the development of brain structure (Kirby, 2001).

When high school students experience both physical and sexual teen dating violence, they are more likely to attempt suicide than their peers who experienced no teen dating violence or only one type of teen dating violence. Female students who experience both forms were twice as likely to attempt suicide than female students who had experienced only one form, and male students who had experienced both types were three times more likely to attempt suicide than their peers who had experienced only one form (Vagi, 2015).

## **Risk Factors**

There are a number of factors that can contribute to the likelihood that an individual will become the perpetrator or victim of violence. These factors are known as "risk factors." While these factors can create an environment where IPV is more likely to happen, a person who encounters a risk factor will not necessarily go on to become a victim or perpetrator. In the public health perspective, society is typically broken down into four levels: the individual level, the relationships level, the community level and the society level. These levels are embedded within each other - individuals are in relationships and

those relationships are in a community and that community exists within a society. Risk factors can happen across any and all of these levels.



On the individual level, risk factors include: low self-esteem, low income, low education level, young age, poor behavioral control, aggressive or delinquent behavior as a youth, social problem-solving deficits, heavy alcohol or drug use, depression, anger and hostility, antisocial personality traits, borderline personality traits, a history of being physically abusive, being isolated from other people, having few friends, unemployment, emotional dependence and insecurity, believing strongly in strict gender roles, wanting power and control in a relationship, being a victim of physical or psychological abuse, having experienced poor parenting as a child, or having experienced physical discipline as a child.

On the relationship level, risk factors include: marital conflicts, marital instability or separations, economic stress and unhealthy family relationships, hostility in a relationship, aversive communication, and one partner trying to exert control over the other.

A community can create risk factors for individuals as well. These include: poverty and its byproducts (such as overcrowding, lack of access to resources, poor educational institutions), low social capital, violence in the community and an inability of the community to oppose IPV (such as neighbors not intervening when they witness IPV).

Finally, there are a few major risk levels in a society that can contribute to IPV. As mentioned earlier, a strong belief in traditional gender norms can create situations in which IPV arises. A society that supports this belief system is a society that tolerates IPV. The belief that women should stay at home and that men should make decisions for the family can be a driving factor for IPV, since the heart of IPV is control and these beliefs serve to limit women's autonomy and access to resources. Another societal level risk factor is weak legal sanctions for perpetrators. As mentioned earlier, a lack of

prosecuting perpetrators of IPV or SV can serve to embolden abusers and discourage victims from speaking out. Lastly, a societal tolerance for violence can cause IPV.

### **Protective Factors**

The flip side to risk factors are protective factors. These are factors that decrease the likeliness that someone will be a victim or perpetrator of IPV. Again, these factors happen across all levels of society and do not necessarily mean that someone will not become a victim or perpetrator of violence.

Individually, people with higher levels of education are less likely to be victims or perpetrators of IPV or SV (WHO, 2010). Other factors include: having a strong belief in equality across genders, having supportive family, economic stability, stable housing, connection to cultural identity, having had healthy parenting, belonging to an association and having empathy for others.

On the relationship level, people who have emotional connectedness with other people are less likely to become perpetrators of IPV, which is related to the community protective factor of community connectedness. This connectedness is expressed through things like high voter turnout, neighbors knowing each other, people talking to each other in the neighborhood, seeking advice from one another and trusting people in the community. Housing security and economic opportunities can also serve as protective factors.

Parenting style is also a relationship level protective factor. The STRiV report found that youth whose parents had a positive parenting style were less like to tolerate violence in their lives and less likely to be perpetrators of violence than teens whose parents were strict, harsh or disengaged (National Institute of Justice, 2017).

The societal level is an inverse of the risk factors - societies that prosecute perpetrators of IPV are able to decrease levels of IPV. Societies that do not tolerate violence have lower rates of IPV and believing in equality between genders also decreases rates of IPV.

### **A Deeper Look at Race and IPV**

We have already shown the statistics on the differences between IPV and SV experienced by each racial group. We have also already gone into depth on how IPV functions inside the Alaska Native population, since it is especially complicated and Ketchikan has a large Native population. But it is also important to acknowledge how

IPV affects other races, even if the populations here are smaller. Every racial group has different cultures, traditions and hardships that affect the way IPV happens in that racial community and the way that community reacts to IPV.

As shown in the data earlier, Black women and men experience high levels of IPV. There are many reasons for this. First, like the Native population, Black Americans have also experienced historical trauma from slavery, segregation and poverty. Historical trauma compounded with current experiences of racism make Black Americans less likely to reach out to law enforcement for help. Many Black women who are victimized by IPV are afraid to call police because they fear the police who respond might have racial biases and will mistreat their partner or the woman herself (Jones, 2014). Additionally, Black women are often arrested for acts of self-defense against an abusive partner and this contributes to their fear of involving law enforcement (WOCN, 2017). There also exists a stereotype of Black women that they are inherently “strong” and self-sufficient and the desire to embody this stereotype can discourage Black women from seeking aid (Jones, 2014). This stereotype may also feed into the elevated rates of IPV experienced by Black men. Black women might resort to violence to solve a problem or retaliate against the violence they experienced from a partner, rather than seeking outside help (Jones, 2014). The Black community at large also experiences higher rates of unemployment than other races (Jones, 2014). Unemployment serves as an economic barrier to leaving an abusive relationship or seeking help because a person may rely on their partner for economic support. Religion can play a role in IPV violence as well. Many Black women are more likely to seek help from faith-based or religious organizations than law enforcement and many religions place an emphasis on forgiveness and discourage divorce, which might serve to make a Black woman feel trapped in an abusive relationship (Jones, 2014). What little research exists on how IPV specifically affects the Black community notes that the lack of research on the issue limits our understanding of it, which makes it that much harder to address it and prevent it.

The reports of IPV among Asian American women vary. The NISVS reports that Asian American women experience lower rates of IPV than all other American women on average. However, other reports - such as the Violence Against Women Survey, and smaller-scale reports done in Boston and San Francisco, show that Asian American women have much higher rates of IPV. It is difficult to account for the differences in this reports. The differences may have been due to a language barrier (a survey in San Francisco was given in English, Tagalog and Hindi while the NISVS is only given in English and Spanish), or perhaps not enough Asian Americans were polled in NISVS since Asians only make up about 6% of the population of America, compared to San Francisco, where 35% of the population is Asian (Census, 2016). The data may also be

skewed by the method in which it was collected - NISVS and the Violence Against Women survey did random phone polling while the Boston and San Francisco studies relied on participants to refer other participants. Regardless, we can still discuss IPV in the Asian American community even if we are not completely certain of the rate at which Asian Americans experience IPV because we can be certain that it does happen within the community.

The San Francisco study showed that physical violence was experienced by nearly every woman they polled - 95% of the women they spoke to reported physical violence

*Immigrant women, both documented and undocumented, experience higher rates of IPV than non-immigrant women.*

at some point during their lives and between 56% and 64% reported experiencing sexual violence (Yoshihama, 2011). Immigration status plays a major factor in the lives of Asian Americans. Many are immigrants or first generation Americans. Immigrant women, both documented and undocumented, experience higher rates of IPV than non-immigrant women

(Adams, 2012). Much like Black Americans, in the Asian American community, there is also a fear of discrimination and racism that prevents victims from reporting. Asian Americans fear that law enforcement might be abusive or insensitive toward them or their partner if they do contact the police (Yoshihama, 2011). They also do not contact police because there is a social pressure within many Asian communities to maintain a positive image and victims fear that reporting abuse could tarnish their image (Yoshihama, 2011). Those who do report fear being labeled as cultural traitors and may experience backlash from within the community itself since many Asian cultures value saving face and believe conflicts should be solved within the family to prevent shaming the family name (Yoshihama, 2011). These cultures might also hold onto strict patriarchal ideologies, which can cause them to be dismissive toward IPV and discourage victims from reporting (Yoshihama, 2011). These patriarchal beliefs can also serve to normalize abuse, making it so many Asian Americans may not recognize abuse or label abusive behaviors as abuse (Yoshihama, 2011).

Many Asian cultures still practice arranged marriage and it is not uncommon for marriages to be arranged between Asian American men and women from their country of origin. These marriages can place the woman at a disadvantage due to language barriers and stereotypes of Asian women as passive and submissive (Yoshihama, 2011). Many Asian cultures also stigmatize divorce and shame the whole family if a woman does divorce her partner (Yoshihama, 2011). Also, abuse of Asian women can come from in-laws. In many Asian cultures, a wife will live with her husband and his parents, which can lead to her being abused by in-laws (Yoshihama, 2011). This may

make it difficult for law enforcement to figure out that abuse has really happened because the other household members may deny that the woman is being abused (Yoshihama, 2011).

Language is one of the biggest barriers to aiding Asian people and immigrants in general who have been victims of IPV (Yoshihama, 2011). Looking more broadly at immigrants who are victims of IPV, certain patterns emerge. Immigrant women in particular tend to be more dependent on their partners economically, socially and psychologically than non-immigrant women (Adams, 2012). These women often do not have any local social support, which forces them to rely entirely on their partner. Their partner can easily use this fact to isolate them, a common tactic in abusive relationships. In addition, many immigrants do not know how to get help and not knowing English is one more barrier preventing them from getting help (Adams, 2012). Immigrants in general also experience racism or anti-immigrant biases that serve to obstruct their path to help. A small study found that women whose visa was dependent on their spouse were more likely to experience IPV than other women (Yoshihama, 2011). Additionally, abusive partners of immigrant women may discourage or forbid their spouses from engaging in activities that might make them more independent, such as learning English or seeking employment (Yoshihama, 2011).

*Women whose visa was dependent on their spouse were more likely to experience IPV than other women.*

Hispanic and Latino men and women experience some similar issues. While many Hispanic and Latino people were born in America, a number of them are immigrants and experience the same issues, such as language barriers, isolation or racial biases. Immigrant Hispanic and Latino victims of IPV may be hesitant to involve law enforcement for fear that they or their partners will get deported (WOCN, 2017). On the flip side of that fear, abusive partners of immigrants might threaten to have their partner deported or tell them that the government will take away their children because they are an immigrant (WOCN, 2017). Similar to Black women, religion also often plays a central role in the lives of the Hispanic and Latino people. As stated earlier, many religions discourage divorce and Latina women are pressured to make marriages work, regardless of the presence of violence (NLN).

As reported earlier, Hispanic and Latino men experience IPV at the same rate as the national average while Hispanic and Latino women report lower rates than the national average. It was found that Hispanic and Latino people who reported higher rates of acculturation were at an increased risk of IPV and SV than their peers who are less acculturated in American society (Cuevas, 2010). The theory behind this is that some

American ideals, such as individualism, are opposed to some of the traditional ideals of Hispanic and Latino people (Cuevas, 2010). However, another theory suggests that Hispanic and Latino people who are more acculturated may be more willing to disclose victimization to a stranger than Latino and Hispanic people who are less acculturated because of the emphasis on familial privacy that exists in many Hispanic and Latino cultures (Cuevas, 2010).

A core cultural value in the Latino population is Familismo, which is a term used to describe the way family (both nuclear and extended) plays a major role in Hispanic and Latino people's lives (Villatoro, 2014). Familismo emphasizes loyalty, reciprocity and solidarity to one's family. It perpetuates the ideals of providing material and emotional support to family, receiving support from family, relying on family and using family as role models (Villatoro, 2014). These beliefs can serve as both risk and protective factors for IPV. On one hand, a family can put pressure on a victim to deal with abuse privately or within the family, but on the other hand, a family can pressure an abuser to stop the abuse and a victim can rely on family for support to help them through or out of an abusive situation.

There seem to be no studies done specifically on why multiracial people experience higher rates of IPV than the general population. We know from the NISVS that multiracial people, especially multiracial women, experience the highest rates of IPV. A study done on multiracial people's experiences in general suggested that any data gathered on multiracial people as a single group could be inherently skewed because subsects of multiracial people may have different experiences (Charmaraman, 2014). So we cannot know for certain if a subsect of multiracial people experience higher or lower rates of IPV than other subsects of multiracial people, meaning that the data set would show all multiracial people as having higher rates of IPV, which may not be true. This makes it difficult to understand what risk and protective factors are affecting the rates of IPV experienced by multiracial people. In lieu of this, we can look at the general experiences of multiracial people in order to better understand their lives and the possibilities behind why they experience such elevated rates of IPV.

First, multiracial people do encounter all or most of the same protective and risk factors of other races. However, they also experience prejudices specific to multiracial people. For example, a common experience among multiracial people is their exclusion from racial groups due to their mixed status. Family, or other members of a racial group, may exclude a multiracial individual for not being solely that race (Greig, 2015). Since a connection to family and/or culture is a protective factor, this exclusion can serve as a risk factor for multiracial people. Additionally, they may encounter racial biases against one of their racial identities when they do not "appear" to belong to that racial group

(Greig, 2015). For example, an individual who is white and Asian may appear to be only white and be told a racist joke about Asians by a person who did not realize they were Asian. When multiracial individuals divulge that they are multiracial, they may be met with comments such as, “You don’t look Black,” which serves to invalidate a multiracial person’s identity (Grieg, 2015). All of these microaggressions can serve to damage a multiracial person’s self esteem, which in turn may be a risk factor for IPV.

On a societal level, many government forms require individuals to identify themselves as a single race, thus forcing multiracial people to deny parts of their identity and heritage (Greig, 2015). Studies have shown that not allowing people to identify as multiracial can cause a negative self-image (Greig, 2015). A lack of multiracial role models can also be a risk factor for violence, since children and teens do not have anyone who looks like them or understands their experiences, either in real life or in the media, to look up to (Greig, 2015). Also, parents of multiracial children who are not multiracial themselves may not fully understand the experiences their multiracial children have and so may not be able to relate to them or help them through issues that arise because they are multiracial (Grieg, 2015). On that same note, even though a family is made up of multiple races does not mean that all members of that family do not hold racial prejudices. Multiracial children may be more at risk of encountering racism within their own family than monoracial children (Grieg, 2015). While none of this relates directly back to IPV in specific, all of these issues are risk factors for negative behaviors, such as drinking, substance abuse and violent behaviors (Grieg, 2015).

### **Marginalization and IPV**

While the research shows that IPV exists across all aspects of society, it does often occur at an increased rate in marginalized groups. Marginalized people regularly struggle to access resources, which in turn makes them more vulnerable to IPV and, should they become victims of IPV, they then struggle to leave the abusive situation. There are a variety of different ways a person or group can be marginalized. For instance, our society marginalizes minority races, people with disabilities, people with mental illnesses, the LGBTQ population, immigrants and people living in poverty, among many others. We have discussed how race and mental illness relate to IPV levels and now we will touch briefly on how and why other groups are more vulnerable to IPV and SV than others.

Similar to mental illness, people with disabilities are at a greater risk of experiencing IPV than able-bodied people. The Office of Women’s Health states that women with disabilities “report abuse that lasts longer and is more intense than women without disabilities” (womenshealth.gov, 2015). In this case, disability is defined as “limitations

such as sensory (vision, hearing), cognitive, self-care, and ambulatory or mobility limitations” (RAINN, 2015. p.2). Sometimes the limitations caused by a disability make the individual rely on their partner for care, which makes them extremely vulnerable to IPV.

Abusive partners are able to maintain control over their victim by limiting or denying their victim the care they need or taking away their assistive devices (such as wheelchairs, phones or medications).

*Women with disabilities report abuse that lasts longer and is more intense than women without disabilities.*

Severe poverty increases the risk of IPV. Poverty inherently makes accessing resources a difficult chore - victims may not know of programs that can help them or they may not be able to call or commute to a place that can help them. There is also a high chance they rely on their abuser financially and therefore fear the ramifications of leaving their abuser or reporting their abuse.

Lastly, a person or group can experience multiple forms of marginalization at once. It is not uncommon for a person to be both a racial minority and live in poverty, or for a person to be disabled, a racial minority and live in poverty. People experiencing multiple forms of marginalization have to deal with the hardships of both types of marginalization at once, which can make leaving abuse or getting help that much more difficult.

## **LGBT and IPV**

Building on how being marginalized affects someone’s chances of being victimized, we will briefly discuss IPV findings based on sexuality. In 2013, the CDC released a version of the NISVS that focused on findings of victimizations by sexual orientation. This report found that gay, lesbian, bisexual men and bisexual women all experience higher rates of IPV and SV than their heterosexual peers.

Before getting into the data, a small note on the research: the LGBT community is wider than these four letters, and is often referred to as the LGBTQIA community. This acronym stands for: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex and Asexual and/or Aromantic. However, the community is even more complex than this group of letters. The community at large encompasses all non-heterosexual sexualities, as well as asexuality (that is, individuals who do not experience sexual attraction), aromantic (people who do not experience romantic attraction) and questioning (people who are unsure what their identity is aside from recognizing that they are not straight and/or cisgender). The transgender community includes all non-

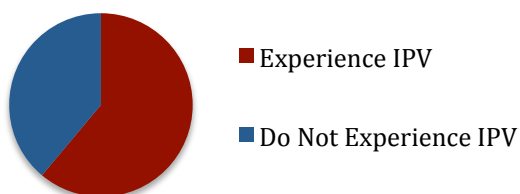
cisgender people. Cisgender is the term used to describe people whose biological sex matches with their gender, that is to say: all non-transgender people are cisgender. Sex and gender are more complicated than traditionally acknowledged in American society. We will not get into too much detail except to acknowledge that there are more expressions of gender than just the binary of men and women. The LGBTQIA community includes gender identities such as genderfluid, which are people who do not identify with having a single, fixed gender; bigender, which are people who identify as two genders; and agender, which are people who do not identify with any gender; among others. Lastly, the intersex community is often included in the LGBT community, although not all intersex people consider themselves trans or not-heterosexual. Intersex is the term used to describe people who are born with any number of biological conditions that causes their anatomy to not match up with the typical understanding of male or female, such as ambiguous genitalia, a chromosome disorder or a hormonal disorder, among others. Lastly, many people belong to two labels at once. For instance, an asexual person might also be aromantic, and there are gay trans men as well as lesbian trans women.

However, for the purpose of this report, we will be utilizing the term “LGBT” to refer to the community at large. We will be doing this for three reasons. First, the research we are citing uses the term “LGBT” and only polled people who identified themselves as one or more of these identities. Second, people who belong to some of these less commonly recognized identities experience many of the same prejudices that LGBT people encounter. For instance, an intersex person may encounter transphobia even though they are not trans or an asexual person may encounter homophobia even though they are not gay. These prejudices have to do more with the way a person is perceived by society rather than their actual identity. Lastly, since many of these identities are unrecognized or misunderstood by society at large, it is not uncommon for individuals who identify as one of the lesser-known identities to refer to themselves as gay, lesbian, bisexual or transgender as a catch-all phrase to describe their experiences in casual conversation or to relate themselves back to the community as a whole. So for these reasons, we will be utilizing the LGBT acronym but acknowledge that there are more identities and orientations than these four.

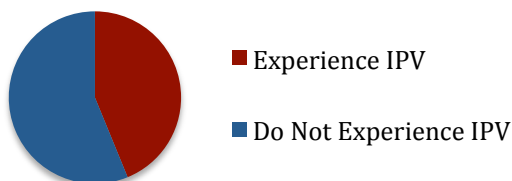
When we look at the data, we see that many members of the LGBT community experience higher rates of IPV than their heterosexual peers. Lesbians experience IPV at a rate of 43.8% and bisexual women experience IPV at a rate of 61.1%, while heterosexual women experienced IPV at a rate of 35% (Walters, 2013). Breaking this down further, lesbians and bisexual women also experience higher rates of severe physical violence. 29.4% of lesbians, 49.3% of bisexual women, and 23.6% of heterosexual women reported severe physical violence (Walters, 2013). Almost all

bisexual and heterosexual women reported having only male perpetrators during their lifetime, while two-thirds of lesbians who were victims of IPV reported having only female perpetrators (Walters, 2013). Heterosexual and lesbian women were more likely to report only having one perpetrator, while bisexual women were more likely to report having had more than one perpetrator during their lifetime (Walters, 2013).

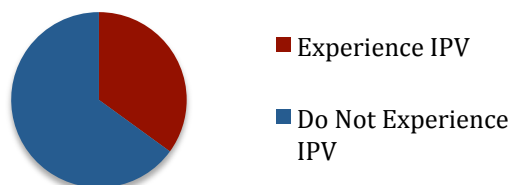
**Lifetime Rate of IPV for Bisexual Women**



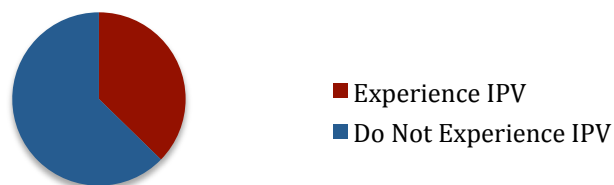
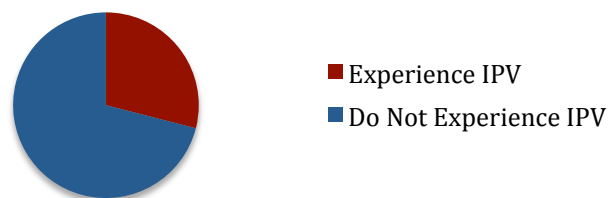
**Lifetime Rate of IPV for Lesbian Women**



**Lifetime Rate of IPV For Heterosexual Women**



Gay men reported experiencing IPV at a rate of 26%, bisexual men at a rate of 37.3% and heterosexual men at a rate of 29% (Walters, 2013). However, gay men were more likely to report severe physical violence than straight and bisexual men (Walters, 2013). 16.4% of gay men and 13.9% of heterosexual men reported having experienced severe physical violence (the rate of bisexual men who reported severe physical violence was too small to report) (Walters, 2013). Bisexual men were more likely than heterosexual men and gay men to have multiple perpetrators, with gay men being the least likely to report having been victimized by more than one perpetrator (Walters, 2013).

**Lifetime Rate of IPV for Bisexual Men****Lifetime Rate of IPV for Gay Men****Lifetime Rate of IPV for Heterosexual Men**

When we look at the gender of the perpetrator, different patterns emerge. Heterosexual and bisexual women are almost exclusively victimized by men. 98.7% of heterosexual women and 89.5% of bisexual women report only male perpetrators (Walters, 2013). 67.4% of lesbians report only female perpetrators. Bisexual men and heterosexual men report only female perpetrators most of the time while gay men report only male perpetrators most of the time (Walters, 2013).

Abuse in same-sex relationships functions the same way it does in different-sex relationships. As stated earlier, the driving force behind abuse is power and control, so gay, lesbian or bisexual perpetrators use the same tactics to control their victim that heterosexual perpetrators do. The only minor difference is that these abusers will also use tactics that specifically target their victim's status as a member of the LGBT community because having an LGBT identity makes a person vulnerable. One of the most commonly used forms of abuse in LGBT relationships is psychological abuse by threatening to out the victim (Ard, 2011). While our society has made great strides for

equality, it is still not necessarily safe for every LGBT individual to be out. Outing a person may cause their family to cut ties with them, friends to leave them, religious organizations to disassociate with them, and, although perhaps not legal, being out can even threaten a person's career. Fear of being outed serves to isolate an individual - if their friends and family do not know about their orientation or relationship, they cannot go to those people for support (Ard, 2011).

In addition to outing partners or threatening to out partners, abusive LGBT partners will also use homophobia, biphobia and/or transphobia to insult their partners. They might shame their partner for their sexuality or question if they are a "real" member of the LGBT community. Abusive partners of LGBT people might also try to control their partner's gender expression and question or belittle the validity of their gender expression (NCAVP Toolkit, 2017).

Much like other marginalized groups, LGBT individuals do not have the same access to resources as their cisgender, heterosexual peers would. Part of the problem is that most services are offered inside of a cisgender, heteronormative context that perpetuates the belief that the only victims of IPV are heterosexual, cisgender women and the only perpetrators of IPV are heterosexual, cisgender men (Ard, 2011). This makes it difficult for members of the LGBT population to find resources that will help them. Few cities have LGBT specific shelters and, in places where they do exist, LGBT individuals may not even know about these shelters (Ard, 2011). Also, many shelters are women-only and may turn away male victims (Ard, 2011).

Many members of the LGBT community may not seek help when they find themselves in an abusive situation because they fear that law enforcement or health care professionals will turn them away or further abuse them (NCAVP Toolkit, 2017). This fear is not unfounded. The NCAVP found that police did not recognize domestic violence 36% of the time it was reported to them when the victim was a member of the LGBT population (Waters, 2016). LGBT victims of IPV may avoid calling law enforcement because they fear that their abusive partner will be victimized by homophobic or transphobic police officers (Waters, 2016). As mentioned earlier, many abuse victims love their partners and want to protect them, even when they are being abused. Fearing homophobia or transphobia from law enforcement can make an LGBT individual not seek help in order to protect their abuser.

*LGBT victims of IPV may avoid calling law enforcement because they fear that their abusive partner will be victimized by homophobic or transphobic police officers*

Another factor that can cause the low report rates of IPV in LGBT couples are that they are ten times more likely to be arrested alongside their abuser in a dual arrest than opposite sex couples (Waters, 2016). When police only have an understanding of IPV in the heterosexual, cisgender community, they are unable to recognize who is the aggressor in a same-sex couple or a couple with a transgender individual, so they arrest both parties. All of this creates an environment that isolates LGBT victims of IPV and makes it difficult for them to leave abusive situations (Waters, 2016).

Lastly, trans women are particularly at risk of not receiving services. Shelters often do not recognize trans women as women and thus turn them away or ask them to “prove” that they are women. Meanwhile, trans men may deny their identity as men in order to seek services typically reserved for cis women because they have no other resources available to them (Waters, 2016). Only 27% of LGBT victims of IPV reported seeking access to emergency shelter, and of those, 44% were denied (Waters, 2016). 71% of those people who were turned away from a shelter were turned away do to their gender identity (Waters, 2016). While not discussed in this report, it should also be mentioned that there are members of the LGBT community who do not fall within the gender binary, either because they are gender non-conforming or do not identify as either male or female, and these individuals also have difficulty seeking aid when they experience IPV or SV (Waters, 2016).

*Only 27% of LGBT victims of IPV reported seeking access to emergency shelter.*

## **Sexual Violence**

So far, we have focused almost solely on IPV, but let’s step back and look at sexual violence in society in general. SV is a form of IPV but it also occurs outside of intimate relationships. Looking at SV in general can help us see how the problem of violence extends beyond individual relationships and exists within society at large.

First, let us define SV. As mentioned earlier, there are five types of SV: rape or penetration of a victim; victim forced to penetrate someone else; non-physically pressured unwanted penetration; unwanted sexual contact; and non-contact unwanted sexual experiences. Each of these terms have their own more specific definition.

In the CDC’s definition, rape is a completed or attempted, forced or alcohol/drug facilitated unwanted vaginal, oral or anal insertion. According to the NISVS, this could include penetration by a penis, a male or female’s fingers or an object. A perpetrator may use either physical force or threats to physically harm the victim.

The next type of physical violence is victim forced to penetrate someone else. This is when a person is made to sexually penetrate a perpetrator or someone else without the victim's consent. This includes completed or attempted acts and forced or alcohol/drug-facilitated acts. The NISVS states that this includes female victims forced to orally penetrate another female's vagina or anus or a male's anus. For male victims, it includes being forced to penetrate another person vaginally, orally or anally with his own penis; or being forced to orally penetrate another person vaginally, orally or anally. This includes being forced to receive oral sex.

Non-physically pressured unwanted penetration are incidents when the victim was pressured verbally into acquiescing to being penetrated. This includes intimidation and/or misuse of authority to gain that acquiescence. The NISVS refers to this as "sexual coercion" and defines it as, "unwanted vaginal, oral, or anal sex after being pressured in ways that included being worn down by someone who repeatedly asked for sex or showed that they were unhappy; pressured by being lied to, told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority" (Smith, 2017, p. 17).

Unwanted sexual contact is when a victim is touched, or forced to touch the perpetrator, on the genitalia, anus, groin, breast, inner thigh or buttocks without consent. This also includes kissing, fondling, groping or grabbing a victim.

Non-contact unwanted sexual experiences are defined as "unwanted sexual events that are not of a physical nature that occur without the victim's consent" (CDC, 2017, p. 5). This covers a wide array of behaviors, such as: flashing a victim, masturbating in front of a victim without their consent, exposing a person to pornography, forcing a victim to show his or her body parts, verbal or behavioral sexual harassment, threats of sexual violence, unwanted filming of a victim, taking photos of a sexual nature of a victim, disseminating photographs of a sexual nature of the victim, or harassing the victim in public in a way that makes them feel unsafe.

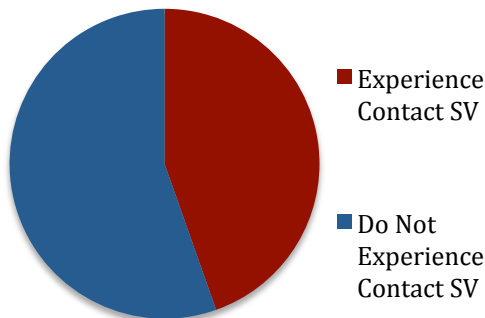
NISVS found that 36.3% of women have experienced contact sexual violence during their lives (this term is used to describe any form of contact-sexual assault: rape, being made to penetrate someone else, sexual coercion and/or any unwanted sexual contact) and 32.1% of women have experienced non-contact, unwanted sexual experiences (Smith, 2017).

Similar to IPV victimization, youth who were sexually victimized were more like to be victimized again in adulthood. According to the CDC, 41% of women who were victims of a completed rape reported that their first assault happened before age 18 (CDC

Findings, 2017). 24% of male victims who had been forced to penetrate another person reported that their first victimization had happened before age 18 (CDC Findings, 2017).

As discussed in the beginning of this report, 50% of Alaska women and 50% of Ketchikan women reported to the AVS that they had experienced IPV, SV or both (UAA,

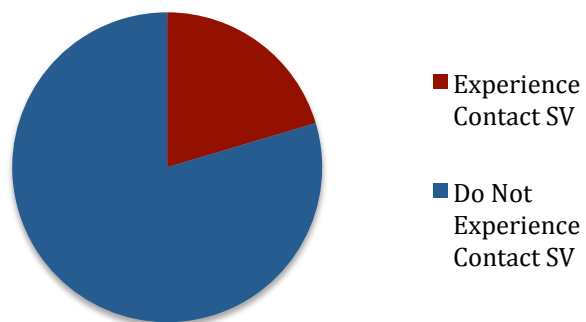
**Percentage of Alaska Women Who Experience Contact SV**



2017). The NISVS reports that 44.6% of Alaska women experience contact sexual violence and 37.9% experience non-contact unwanted sexual experiences (Smith, 2017, p.33). Unsurprisingly, these rates are higher for American Indian/Alaska Native women - 45.6% of American Indian/Alaska Native women experience contact sexual violence and 41% of American Indian/Alaska Native women experience non-contact sexual violence during their lives (Smith, 2017).

For men, 17.1% of men have experienced contact sexual violence and 13.2% have experienced non-contact sexual violence (Smith, 2017). The NISVS reports higher averages for Alaska men - 20.4% of Alaska men experience contact sexual violence during their lives and 16.6% experience non-contact unwanted sexual experiences (Smith, 2017). 23.1% of American Indian/Alaska Native men experience contact sexual violence and 15.6% experience non-contact unwanted sexual experiences (Smith, 2017).

**Percentage of Alaska Men Who Experience Contact SV**



In general, suspects and victims knew each other. Only 4% of SV in Alaska was committed by a stranger in 2016 (Spears, 2017). The most common perpetrators of SV in

Alaska are intimate partners and acquaintances. 44.3% of Alaska women who experienced contact sexual violence were victimized by a current or former intimate partner (Smith, 2017). 51.9% of Alaska women who experienced contact sexual violence were victimized by an acquaintance (Smith, 2017). 33.8% of Alaska men who experienced contact sexual violence, the perpetrator was a current or former intimate partner (Smith, 2017). 47.6% who experienced contact sexual violence, the perpetrator was an acquaintance (Smith, 2017).

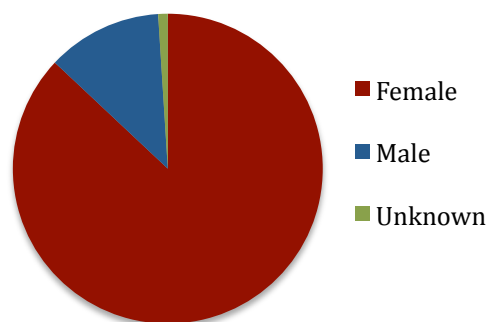
*The most common victim of SV in Alaska is a 14-year-old female.*

*The most common suspect is a 19-year-old male.*

The most common victim of SV in Alaska is a 14-year-old female while the most common suspect is a 19-year-old male (Spears, 2017). They are most likely to be acquaintances and the most common place for SV to happen is in a residence, such as a house or an apartment (74% happened in a residence) (Spears, 2017). The UCR shows that there was a 14% increase in reported incidents of felony level sex offenses in Alaska from 2015 to 2016 (Spears, 2017). However, it is difficult to tell if this increase is from an actual increase in sexual assaults in Alaska or if victims felt more empowered to report their victimizations in 2016 than 2015.

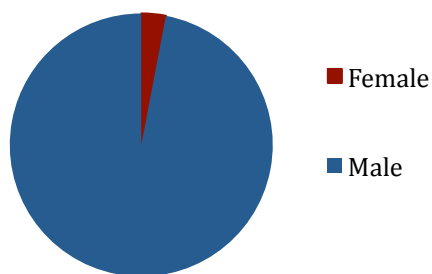
Here in Alaska, most victims of SV are female (87% of SV victims in 2016 were female and 12% were male) and more likely to be Alaska Natives (54% of SV victims were Alaska Natives) (Spears, 2017). White individuals make up the next largest group of victims at 30%, while Black and Asian victims each made up 3% of victims and 10% of victims were of unknown race.

**Percentage of Victims of SV in Alaska by Gender (2016)**



Male victims of SV tend to be young - the median age of male victims in Alaska was 12 years old while the most common age was 5 years old in 2016 (Spears, 2017). 42% of male victims were between 0 and 10 years old (Spears, 2017).

**Percentage of Suspects of SV in Alaska by Gender (2016)**



Suspects of SV in Alaska are overwhelmingly male. 97% of suspects in 2016 were male while only 3% were female (Spears, 2017). Most suspects were adults - 82% were 18 years old or older (Spears, 2017). Nearly half of suspects were Alaska Native (47%) while 33% were White (Spears, 2017).

Victimization tended to happen between members of the same race - 86% of Alaska Native suspects victimized another Alaska Native; 58% of White suspects victimized another White individual; 43% of Asian suspects victimized another Asian individual

(Spears, 2017). The only exception to this trend was Black suspects - 47% of Black suspects victimized a White individual (Spears, 2017). However, 22% of Black suspects victimized another Black individual (Spears, 2017). The only other suspects of Black victims were White suspects at 3% (Spears, 2017).

In general, Alaska Natives were victimized by all races at high rates. Asian suspects victimized Alaska Natives at a rate of 36%; White suspects victimized Alaska Natives at a rate of 25%; and Black suspects victimized Alaska Natives at a rate of 24% (Spears, 2017).

Locally here in southeastern Alaska, the most common victim age was 15 and the most common suspect age was 19 (Spears, 2017). 49% of suspects were Alaska Native, 41% were White, 3% were Asian, 1% were Black and 6% were of unknown race (Spears, 2017).

### **Expounding on Rape**

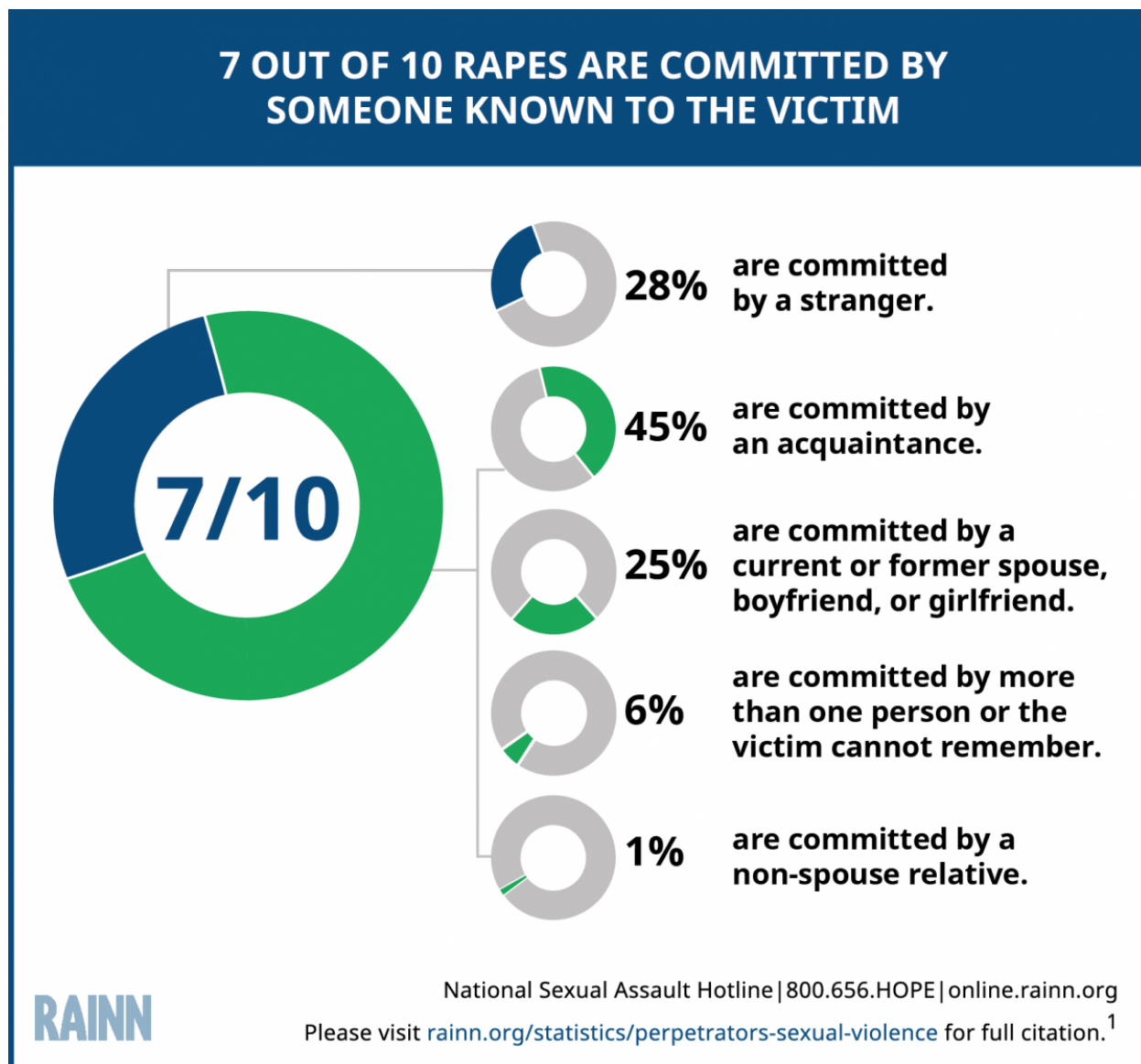
Much like IPV, rape is also highly underreported. Part of this stems from the fact that we have a cultural myth about what a “legitimate rape” looks like. This myth often includes the belief that rape victims are always attacked by a stranger, rape always leaves signs of physical injury, weapons or physical force are used, and that “real” rape victims are hysterical after the fact, but are of sound mind and are respectable people in their day-to-day lives (Lonsway, 2009). In reality, incidents of rape rarely look like this.

The facts show that this myth is rarely true. The NCVS reports that 70% of rapes are committed by someone the victim knew (RAINN, 2015). 25% were perpetrated by a current or former intimate partner and 45% were perpetrated by an acquaintance. 28% were committed by a stranger (RAINN, 2015). Typically, perpetrators of rape and/or sexual assault do not use a weapon - nationally, 79% of rape victims reported their perpetrator did not use a weapon and, in Alaska, 85% of sexual assaults involved no weapons (Truman, 2011 and Spears, 2017). When sexual assault does involve a weapon, it is most commonly hands or feet (Spears, 2017).

*Only 2 – 8 % of rape accusations were found to be false.*

Regardless, this myth about rape is pervasive and even affects law enforcement. Law enforcement officers have been known to discount a reported rape as a false accusation based on their own personal judgements of the victim. They may not believe a victim who has a mental illness or a physical disability. They also may not believe a victim who was belligerent, young, homeless, used drugs, drank, had inconsistent

statements or was not hysterical when interviewed by law enforcement or medical professionals (Lonsway, 2009). Law enforcement and the general public often believe that many reported rapes are false accusations. However, when rigorous research was done to establish the validity of rape claims, it was found that only 2% to 8% were false (Lonsway, 2009).



This issue is very complex and there are a multitude of reasons why this myth continues to thrive. For instance, if the person accused of rape does not seem like a rapist, the victim will not be believed. In general, law enforcement officers and the public do not

believe that people who have a good reputation and/or are upset by accusations of rape are rapists (Lonsway, 2009). The combination of myths around what a “real” rape victim and a “real” rapist should look like and act like all combines to create an atmosphere in which many victims are afraid to report that they have been raped. Consequently, many victims never come forward at all, or recant their testimonies when they do come forward and feel that they are not believed (Lonsway, 2009).

This fear of not being believed causes some victims to lie or alter their stories. It has been found that some victims omit details, fabricate parts of their account, or exaggerate details, but they often did so with reason (Lonsway, 2009). Some victims omitted details because they were embarrassed to recount the exact details of what had happened, while others altered their story to sound more like the cultural myth of rape (Lonsway, 2009). For instance, a woman who was raped by an acquaintance might tell law enforcement she had never met the perpetrator before out of fear that she would not be believed. Of course, if her lie is found out, it is used as a reason to disbelieve her entire report.

Victims who had a mental illness or had used substances or alcohol may have inconsistencies in their stories because they cannot remember exactly what happened (Lonsway, 2009). Others yet may have been doing something illegal when they were raped (such as consuming illegal substances or engaging in prostitution) which also caused them to have inconsistencies in their reports since they did not want to be prosecuted for their own transgressions (Lonsway, 2009). Lastly, trauma makes it difficult for people to think clearly (Lonsway, 2009). Rape victims may have inconsistencies in their stories for no other reason than the fact that trauma is difficult to process.

Rape has lasting ramifications after the fact and it is very costly to deal with the fallout of it. It is estimated to cost a victim over \$122,000 across their lifetime (Peterson, 2017). It costs the U.S. approximately \$3.1 trillion over victims’ lifetimes (Peterson, 2017). This includes \$1.2 trillion for medical costs, \$1.6 trillion in lost work (for both victims and perpetrators), \$234 billion in criminal justice expenses and \$36 billion in miscellaneous other costs, such as property damage (Peterson, 2017).

*Rape is estimated to  
cost a victim over  
**\$122,000** across their  
lifetime.*

## OUT OF EVERY 1000 RAPES, 994 PERPETRATORS WILL WALK FREE

**310** are reported to police<sup>i</sup>



**57** reports lead to arrest<sup>ii</sup>



**11** cases get referred to prosecutors<sup>ii</sup>



**7** cases will lead to a felony conviction<sup>iii</sup>



**6** rapists will be incarcerated<sup>iii</sup>



**RAINN**

National Sexual Assault Hotline | 800.656.HOPE | [online.rainn.org](https://online.rainn.org)

Please visit [rainn.org/statistics/criminal-justice-system](https://rainn.org/statistics/criminal-justice-system) for full citation.<sup>1</sup>

RAINN (Rape, Abuse and Incest National Network), the nation's largest anti-sexual violence organization, found that out of every 1000 rapes, only 310 are reported to police and of those 310, only 6 rapists are incarcerated (RAINN, 2016). This gives us a better understanding of why IPV and SV are such a major problem in our society - of the few victims who do report being raped to law enforcement, less than one percent see their perpetrator face consequences for their actions. As we already know, a society that tolerates violence is one with increased rates of IPV and SV. If less than one percent of rapists face incarceration for their behavior, does that mean that our society is one that tolerates violence?

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