

“It went to the very heart of who I was as a woman”: The invisible impacts of intimate partner sexual violence

Laura Tarzia

Abstract

Intimate partner sexual violence (IPSV) sits within the intersection of intimate partner violence and sexual violence. It is prevalent, yet poorly understood. Research consistently shows that IPSV is associated with many mental and physical health issues, although the mental health aspects are often the most damaging. Despite this, there is poor understanding of the mechanisms through which IPSV causes trauma and poor mental health. To address this gap, I used interpretative phenomenological analysis of n=38 in-depth interviews with women in Australia to explore their lived experiences of IPSV. The essence of IPSV was described as “Being attacked from the inside out” and was composed of four themes. The first, “Shaken foundations”, described devastating betrayal and loss of trust. The second, “A different kind of damage”, suggested that sexual violence impacts women differently to physical or psychological violence in a relationship. The third theme, “It kills something inside you”, addressed the dehumanizing aspects of IPSV. The final theme, “Lingering scar tissue”, focused on the long-term impacts of IPSV on women’s sexuality and relationships. The findings of this study highlight the “invisible impacts” of IPSV which may be the pathways through which it causes trauma.

Introduction

Sexual violence is defined as any sexual act obtained against a person’s will (World Health Organization, 2013). It disproportionately affects women (Black et al., 2010) and is associated with a range of long term harms (World Health Organization, 2013). Despite the attention given to sexual violence perpetrated by strangers, studies consistently show that women are most likely to be sexually assaulted by someone they know, frequently a male intimate partner or ex-partner (Australian Bureau of Statistics, 2017). In fact, research suggests that around 10% of women in Australia and the US may have experienced intimate partner sexual violence (IPSV) (Logan, Walker, & Cole, 2015; McLindon, Humphreys, & Hegarty, 2018), although this is likely to be an underestimate given the stigma and silence surrounding the issue (Wall, 2012). For these women, sexual contact – rather than being an expression of intimacy – is experienced in the context of gendered violence perpetrated by someone they should have been able to trust.

Despite its prevalence, IPSV has been neglected within the extant literature, aside from some ground-breaking work in the early 80s and 90s (Bennice & Resick, 2003; Bergen, 1995; Finkelhor & Yllo, 1985; Russell, 1990). This is may be, in part, because IPSV is complex and challenging to understand and measure. It incorporates elements of both

intimate partner violence (IPV) and sexual violence (Tarzia, 2020). It also encompasses a spectrum of behaviors including: rape and sexual assault; the use of coercion, threats or blackmail to obtain sexual acts; forced consumption of pornography; and reproductive control (Logan et al., 2015). These behaviors may be experienced alongside physical, emotional, or financial abuse by a partner or ex-partner (Black et al., 2010; World Health Organization, 2013), or they may occur in isolation. As an attempt to respond to this complexity, researchers have made some headway towards classifying and defining different types of IPSV (Bagwell-Gray, 2019a; Bagwell-Gray, Messing, & Baldwin-White, 2015). However, it is unclear to what extent this is a meaningful process in terms of measuring its impacts or understanding women's trauma (Russell, 1990).

What we do know is that, broadly defined, sexual violence perpetrated by an intimate partner is associated with a range of poor mental health outcomes (Basile et al., 2018; Campbell & Soeken, 1999; Logan et al., 2015; Tarzia et al., 2018; World Health Organization, 2013). Studies repeatedly show associations between IPSV and post-traumatic stress disorder (PTSD), anxiety, depression, fear, shame, hyperarousal and suicidal ideation (Bagwell-Gray et al., 2015; Logan et al., 2015). These associations are often stronger than those reported for sexual violence perpetrated by a stranger (Cox, 2015; Culbertson & Dehle, 2001; Finkelhor & Yllo, 1985; Tarzia et al., 2018; Temple, Weston, Rodriguez, & Marshall, 2007; Wall, 2012) (acknowledging, of course, that both scenarios are incredibly damaging). Similarly, in the IPV literature, patterns of abuse that include a sexual element are often associated with worse mental health outcomes than physical violence alone (Bennice, Resick, Mechanic, & Astin, 2003; Bonomi, Anderson, Rivara, & Thompson, 2007; McFarlane et al., 2005), although it is unclear how co-occurring psychological abuse contributes to this dynamic. Taken together, evidence suggests that there is something about IPSV that is particularly harmful to women's mental health and wellbeing. However, little is known about what these critical elements might be, or the unique mechanisms through which IPSV causes trauma.

Qualitative studies exploring the emotional impacts of IPSV on women – and which could potentially answer these questions – are scarce. The focus of most qualitative IPSV research has been on women's coping strategies or how they make sense of the violence (Bagwell-Gray, 2019a), rather than examining its impacts. For instance, Bergen (1995) and Finkelhor and Yllo (1982, 1985) have explored how women cope with IPSV and the processes they go through in order to name their experiences as abuse. Similarly, Basile (1999) and Russell (1990) have concentrated on the dynamics of IPSV and its relationship with broader structures of gender inequality within relationships. Eastaer and McOrmond-Plummer (2006) incorporated survivor voices into their comprehensive examination of IPSV, including a brief section on emotional impacts. Their findings suggest that women feel a sense of powerlessness, helplessness,

shame and ongoing fear of men after IPSV (Easteal & McOrmond-Plummer, 2006). Recent qualitative studies on IPSV are lacking, with a few exceptions (Bagwell-Gray, 2019a; Kwiatkowski, 2019; Schneider, 2019), many of which examine the issue in a particular setting or cultural context.

A small qualitative evidence base focusing on sexual violence more broadly does exist, predominantly concentrating on recovery from sexual violence rather than women's experiences of it. Those studies that do examine the lived experience of sexual trauma highlight women's feelings of fear and rage (Roth & Lebowitz, 1988), difficulties during childbirth (LoGiudice & Beck, 2016), and disrupted schemas of self (Roth & Lebowitz, 1988). Yet, these studies either focus on stranger assaults alone, or do not distinguish between assaults perpetrated by strangers and those perpetrated by an intimate partner. Robust qualitative research is needed in order to identify the similarities and differences between IPSV and other forms of sexual assault.

In this article the aim is to describe the “invisible” impacts of IPSV, drawing on phenomenological analysis of qualitative interviews with 38 women victim/survivors. Invisible impacts are defined here as the emotional repercussions that are difficult to quantify and measure, but which may be the mechanisms through which IPSV affects clinical mental health outcomes such as PTSD, anxiety and depression. The guiding question for this research was: “What does it mean to be sexually assaulted by an intimate partner?” The study is underpinned by a feminist framework that recognizes the ways that women's sexuality is constructed under patriarchy, and how normative “patterns, practices and cultural arrangements” can “scaffold” sexual violence (Gavey, 2019).

Materials and Methods

Interpretative phenomenological analysis (IPA)

Interpretative phenomenological analysis (IPA) (Smith, Flowers, & Larkin, 2009) guided this study. Phenomenological methods of various types have been used successfully to understand aspects of women's experiences in the broader context of IPV (Crann & Barata, 2016; Enander, 2010; Vella, Miller, Lambert, & Morgan, 2017), although as yet they have not been harnessed to help understand IPSV. IPA is a particular form of phenomenological inquiry popular within health psychology (Smith, Jarman, & Osborn, 1999). It has been used to understand experiences of disease and illness (Skinta, Brandrett, Shenk, Wells, & Dilley, 2016), end-of-life care (McPherson, Wilson, & Murray, 2006) and suicide (Zortea, Dickson, Gray, & O'Connor, 2019), as well as traumatic life events such as pregnancy termination because of fetal abnormality (Lafarge, Mitchell, & Fox, 2013). A key feature of IPA is that it embraces the researcher's interpretation of participants' lived experiences, rather than requiring “bracketing” (where the researcher attempts to distance themselves entirely from any past theories or knowledge about the phenomenon (Giorgi, 1994)). In this, it draws on a

phenomenological tradition that stems from the work of Heidegger (1962) and Merleau-Ponty (1962), who recognize that we are too much “beings-in-the-world” to successfully suspend all preconceived notions. This approach is more aligned with the feminist underpinnings of this study, since it acknowledges that we cannot separate the lived experience of a phenomenon from its gendered social context (Fisher, 2000).

On the other hand, IPA has been criticized for being insufficiently phenomenological (van Manen, 2017). It has been suggested (van Manen, 2017; Zahavi, 2018) that IPA operates only on a psychological level rather than attempting to uncover the primal essence of a phenomenon. These debates have raged within the health sciences for over twenty years and it is not my intention here to attempt to resolve them. In the end, as Giorgi (2000a, 2000b) has concluded, the arguments surrounding newer forms of phenomenological research come down to whether phenomenology is viewed as a philosophy or a scientific method. In the case of IPA, phenomenology is approached as the latter. This may mean that it is less stringent in terms of its adherence to the strict European tradition of phenomenology, but certainly does not mean that one cannot do excellent research with it. For this study, IPA’s focus on how the participants themselves make sense of their lived experiences was appropriate, since it positions the women (rather than the researcher) as experts in their own lives (Pearce, Thogersen-Ntoumani, Duda, & McKenna, 2014). This is in keeping with both the study’s feminist underpinnings and the shift in the violence against women field towards seeing lived experience as a critically important driver of change (Tarzia, Humphreys, & Hegarty, 2017).

Recruitment

Participants were recruited to the study using sensitive methods used successfully in previous IPV research (Tarzia, Valpied, Koziol-McLain, Glass, & Hegarty, 2017). This included study advertisements placed on the Facebook pages of two IPV support organizations located in the state of Victoria. The ads invited women who had been in a relationship where “things happened in the bedroom that [they] didn’t want” or who had “felt pressured, unsafe or afraid during sex with a boyfriend, girlfriend, husband or partner” to take part in the study. Eligible women were aged 18 years or over, with sufficient English comprehension to be able to provide informed consent. Experiences of sexual violence needed to have occurred in the context of a committed relationship (as opposed to a casual encounter or “hook-up”) but could have happened at any time period in women’s adult lives. Although recruitment was open to all women, only women who had experienced IPSV in the context of a heterosexual relationship responded to the call for participants.

Interested women were directed to an online expression of interest form where they were asked to input a first name, safe contact number and safe email address (that an abusive partner did not have access to). A research assistant followed up with these

women in order to confirm interest, forward the study documentation and book in an interview time if appropriate. These recruitment methods ensured that women who had experienced behaviors across the spectrum of IPSV were captured within the sample – this is important given that much of the extant IPSV literature focuses only on women who have named their experiences as “rape” or “sexual assault” (Harned, 2005).

Data Collection

In-depth, unstructured interviews were conducted with participants in order to elucidate rich data. These were conducted in person on campus at [University] or via telephone. Interviews lasted between 22 minutes and 83 minutes (average length 45 minutes), and were audio recorded and transcribed. Unstructured interviews typically have few questions and require a great deal of interviewer flexibility (Low, 2007). The aim is to create a conversational atmosphere that facilitates sharing and may help to reduce interview power dynamics (Burgess-Proctor, 2015; Corbin & Morse, 2003). In this case, the participants were asked the single question: “Can you tell me about a time when something happened in the bedroom that you didn’t consent to?” alongside any background information about the relationship that was necessary to understand the context of the abuse. As outlined by Jasper (1994), the interview utilized “reflection, clarification, requests for examples and description and the conveyance of interest through listening techniques” (p.311). Corbin and Morse (2003) have described a similar process, highlighting the conversational and reciprocal nature of a good unstructured interview.

Although some researchers have indicated a preference for face-to-face interviews when addressing emotionally painful topics (Novick, 2008; Sturges & Hanrahan, 2004), in this study the use of telephone interviews was necessary for participants who lived interstate or were unable to attend in person. These were equally as successful as the face-to-face interviews in eliciting rich and candid stories from women. As suggested by Mealer (2013), for some individuals who have experienced trauma it may be that the additional emotional distance provided by a telephone interview is an advantage. Speaking over the telephone may help women to worry less about judgement and feel more anonymous. Furthermore, they can more easily take a break from the conversation if needed. The interviewer used techniques such as active listening, the strategic use of both silence and gentle verbal prompts, and tone of voice to convey empathy (Mealer, 2013). Although a notable disadvantage of the telephone interview is the inability to use facial expressions or physical presence (“being with the participant”) to comfort someone who becomes distressed, verbal reassurance and support can be an effective substitute. In summary, both face-to-face and telephone interviews yielded in-depth and sensitive conversations with participants and no substantial differences were noted between the two forms in terms of the quality of the data.

The concept of saturation was not utilized in this study, since it is not relevant to the IPA approach. Phenomenological studies generally aim for “adequate exposure” to the phenomenon of interest to enable the researcher to gain an understanding of its essence or deeper meaning (Norlyk & Harder, 2010).

Ethical Issues

Although participant distress was a possibility, I am experienced in conducting trauma-informed interviews with survivors of IPV and sexual violence in a sensitive and respectful way. All staff working on the project were provided with a protocol in the event that any participant became distressed or unsafe. Participants were given referral cards to sexual assault and IPV services on completion of their interview (irrespective of whether they became distressed) in case the process brought up any difficult issues at a later time. All participants received a small gift card as recognition of their time and contribution to the study.

To keep participants safe, all study communications referred to a “women’s health study” and came from a generic email address. Additionally, we asked women to provide “safe” contact information (telephone number and email address that the person they were afraid of did not have access to). Ethical approval for the research was received from [University] Human Ethics Research Committee (#1749979).

Analysis

As Smith and colleagues have argued, IPA is a way of thinking about the data rather than a step-by-step guide for doing analysis (Smith et al., 2009). There are consequently various ways of undertaking it in practice. Typically, IPA is conducted with smaller datasets, however, it is possible to adapt the same methods for a larger number of participants (Smith et al., 2009). An inductive coding approach was utilized in this study, similar to other phenomenological approaches and, indeed, most other qualitative traditions (Braun & Clarke, 2006). I first embedded myself in the dataset, writing down thoughts and impressions which were then turned into descriptive codes across all the transcripts. The many descriptive codes resulting from this process were grouped according to their similarities and connections, and the new groupings were given a name that reflected my interpretation of their shared meaning (interpretative codes). This process was repeated again, grouping the interpretative codes into overarching themes (also called super-ordinate themes) which illuminated the experience of IPSV.

Yardley’s (2000) dimensions for trustworthiness in qualitative research were used as guiding principles. These four dimensions are: sensitivity to context; commitment and rigor; transparency and coherence; and impact and importance. While most of these are self-evident, “rigor” is somewhat more nebulous, particularly when – as a single author study – many strategies typically utilised by qualitative researchers such as cross-

coding are not possible. In the specific case of phenomenological analysis, Yardley suggests that rigor can be demonstrated by “the effective use of prolonged contemplative and empathic exploration of the topic together with sophisticated theorising, in order to transcend superficial, ‘common sense’ understandings” (Yardley, 2000, p. 222); consequently, this was the end-goal of the analytical process.

Results

Thirty-eight women participated in the study. The majority were employed, educated, and did not identify as Aboriginal or Torres Strait Islander. Further participant demographics are shown in Table 1.

Table 1. Participant demographics (n=38)

Age		
18-29	13	34%
30-49	21	55%
50-64	3	8%
65 and older	1	3%
Living with a disability		
Yes	9	24%
No	27	71%
Currently in an intimate relationship		
Yes	15	39%
No	23	61%
Marital Status		
Never married	19	50%
Widowed	-	
Divorced/Separated	16	42%
Married	3	8%
Highest Education		
Finished degree/higher degree	24	63%
Completed some secondary schooling	7	18%
Completed traineeship	1	3%
Diploma	6	16%
Occupational Status		
Part-time/casual employment	17	45%
Unemployed	7	18%
Full-time employment	10	26%
Working unpaid (including home duties)	2	5%
Retired	1	3%
Self employed	1	3%
Main source of Income		
Wages or salary	24	63%
Pension or benefit	12	32%
Other	2	5%

The essential nature of being a victim of IPSV was described as “*Being attacked from the inside out*”. Women articulated a profound sense of internal and long-lasting psychic damage caused by IPSV that radiated outwards to cause a range of other physical and emotional health impacts. Four themes help to unpack the elements of this overall

meaning: 1) Shaken foundations; 2) A different kind of damage; 3) It kills something inside you and 4) Lingering scar tissue.

Shaken foundations

Participants overwhelmingly described a sense of confusion and acute betrayal that shook the very foundations of what they knew about themselves, their partner, and their relationship. The realization that the person they were supposed to be able to trust most in the world could sexually abuse them was simultaneously shocking and heartbreaking. For most of the women, this broken trust was a key characteristic that distinguished the experience of IPSV from sexual violence perpetrated by a stranger. One participant, whose husband of many years repeatedly raped her after the birth of their son, articulated how being abused by a stranger would have led to a simpler emotional response, whereas IPSV brought with it conflicting feelings of love and hatred:

I'm meant to trust this person more than anyone and this is happening. One place where you should be safe is in your own bed with your partner. That is one person in your life that you should be able to trust beyond anybody else and to have that trust broken, I think is worse than if it was a stranger. I tried to explain it to people. If this was a stranger that had done that to me, I would just hate them. I would be angry and I would hate them and all of those sorts of things. But when it's somebody you know, it's 'I hate this person, but I love this person. I'm confused because I am in a relationship with this person and this person has done this to me.' It's a really, really, confusing, horrible feeling. All I can think of is that it's worse [than stranger rape]. It's worse. It's not just an abuse. It's also an abuse of your trust as well.

This sense of betrayal was not only felt by participants who were in a marriage or long-term relationship. Neither was it confined to women who experienced physically violent rape. For example, a participant whose new boyfriend continued having sex with her after she indicated that she was uncomfortable and distressed pointed out:

If it was a stranger...and I'm sure this is probably wrong in many ways, but in a way, it's less kind of *disruptive of the foundations*. Like, the fact that it's someone who you've decided to trust and have a relationship with, and yeah, I had imagined a future.

Other women noted the emotional vulnerability inherent in a sexual encounter with a loved partner, and the pain it caused when this vulnerability was exploited. For some, this juxtaposition of sex – which was framed as a loving act – with the partner's abuse was something they struggled to reconcile. This suggests that IPSV is different even from sexual violence perpetrated by another known person such as a friend or

acquaintance. It is not just the violation of trust of its own but the exploitation of love and intimacy in a committed relationship that makes its impacts so hard to bear.

In that moment you're giving yourself entirely to that person if you're in a committed relationship. It's not like when you go out to a party and you hook up with someone. You're in a committed relationship. Well, in my mind, when I was having sex, it was a love thing.... I was very vulnerable. I suppose you are kind of - you're joined in that moment and they're taking that moment to abuse you and take away your rights and what you want.

A different kind of damage

Women in this study described IPSV as having different – and in many cases worse – impacts than physical or even psychological abuse in their relationships. This was a difficult thing to articulate, and many could not say exactly why this was the case, although shame was mentioned as one possible factor. IPSV was referred to by some women as being inexplicably destructive to their wellbeing, whilst others suggested that something undefined had been stolen from them. Several said that they wished they had been hit, or that physical abuse was “all that had happened”.

In a way, although it's [the sexual violence] the thing that I talk about least and the aspect that's not at all been relevant in a legal context, and probably won't be. In a way it's the aspect that dismantled me the most.

I don't think that it's really possible for someone else who hasn't been through it to really understand what it does internally. The loss of dignity, impurity, even for me as a married woman, to be raped it just stole something from me that I thought I could never get back.

For some participants, the unique damage that IPSV inflicted on them was tied to the idea of penetrative sex. Having a person physically invade the most intimate parts of their bodies – in some cases causing extreme pain – was described as being the worst thing imaginable.

You can't get any more intimate than somebody being physically inside you. This is a part of your body that you don't share with everybody else, it's a part of your body that you've been told is private. Really, it's an incredibly - it's the most intimate part of your body that you can possibly imagine...to have someone violate that is just beyond anything else that anybody could do to you. Absolutely beyond anything else anyone could do to you.

For others, it was not so much about the violation of their bodies as it was about being unable to defend themselves against the sexual violence. Whilst women were sometimes able to develop strategies to temper the impacts of a partner's emotional or physical abuse, they had no defense against the effects of IPSV:

The emotional abuse is... damaging and confusing for me, but then I would know enough from my friends and my family to then be, like, okay, it's not really me. It's him. I'm not really stupid. Look at the things I've done. I'm not dumb. But with the sexual, it's... you can't really navigate that or compare it to anything else. You can't find any reason or - it just *is* and it does a different kind of damage.

You have no defence against it really. You don't have any control or way of defending yourself.

IPSV was understood as a form of violence that simultaneously affected every element of a woman's body and mind, a multi-pronged attack that left health and wellbeing devastated. The impacts of IPSV even extended to the spiritual or "soul" health, reinforcing the idea that IPSV causes damage from the inside out. In this, it was differentiated from physical or even psychological violence, the impacts of which were described as less all-encompassing.

It absolutely attacks your body and your mental health and your spiritual health, your soul health. Every level of your health, your physical health, on every single level.

It kills something inside you

Many of the women experienced IPSV as something that profoundly impacted their sense of self and identity – both as a woman and as a person. One woman powerfully articulated how her husband's sexual abuse damaged her to the very core of her being. This participant – like many of the women – related intense struggles with self-esteem and body image, self-loathing and a lack of confidence.

For me, it went to the very heart of who I was as a woman.

Similarly, IPSV's impacts on identity were described by other participants as "smothering" and "numbing", with one woman concluding that it "kills something inside you when it happens" and another that it "destroys who you are." These descriptions highlight the dehumanizing nature of IPSV. The women in this study felt deprived of agency, autonomy, and personhood, like an object to be used and discarded. The realization that their sexual autonomy did not matter to their partner and that their pleasure was not a requirement for their partner's sexual excitement was a brutal blow.

I think he ended up even having intercourse with me like six times in that one night. I just felt like a piece of meat just for him to do whatever he wants with - pretty much.

He could still come with me just lying there doing nothing...It just made me feel dirty and I don't know, like - I don't know, just kind of so empty and gross.

Lingering scar tissue

Nearly all of the women described some form of long-term impact of the IPSV on their subsequent relationships. Although 15 out of the 38 women were, at the time of being interviewed, in new intimate relationships with non-abusive partners, most described difficulties or challenges related to sexual intimacy. Many had lost the ability to trust others and feared being placed in a vulnerable position again. They also doubted their own judgement and ability to assess whether someone would turn out to be a perpetrator. As one woman pointed out, if her own husband was capable of sexually abusing her, what guarantee would she have that it wouldn't happen again in another relationship?

I'm married now, but I have difficulty with sex...If my husband wants to be intimate. If he's getting close or touching me, I can feel myself getting anxious and I - basically, I just have no sex drive.

Yeah, I think a really big one was that I don't feel able to be with somebody else really... I think partly because of just that thought of letting somebody else that close, that's something that it's very much from the sexual violence more than the other type. That's the fear of people being close.

Other participants struggled to associate sexual relationships or their own sexuality with positive emotions. Several had decided never to engage in sexual relationships with men, others had chosen to become celibate, and a few no longer even felt a desire to masturbate. One participant described this as “switching off” her sexual side.

I haven't had any other relationships with men because I found that that relationship was so damaging that even talking about having a sexual relationship with a man is actually quite difficult for me because I feel quite disgusted by it.

When you're in another relationship and you're in the middle of the act. For some reason, those issues come up right, bang, in the middle of that activity Then you start thinking oh my God, am I ever going to be normal again? Am I ever going to be able to have a normal relationship? Am I ever going to be able to have a normal sex life again? Am I ever going to be able to associate - I don't know - intercourse or any kind of sexual experience with joy? Is it always going to be looked upon as something that was traumatic?

I don't do that [masturbate] very much anymore either... It's all gone, it's not part of me anymore. At some level I know it's him that's done it. The effects of what he's done to me.

Discussion

Drawing on interpretive phenomenological analysis, the purpose of this study was to explore the invisible impacts of IPSV as they are lived and experienced by women victim/survivors. The findings suggest that the experience of IPSV can be understood as “*Being attacked from the inside out*”, characterized by a devastating sense of betrayal, a unique form of psychic damage, a feeling that something has been killed inside them and the perception of being left with a lingering scar tissue that affected intimacy and relationships for years to come. This understanding positions IPSV as a complex phenomenon that shares many elements with other forms of violence against women, yet, at the same time, resists comparison to any particular one. It also helps to articulate *why* IPSV is so traumatic for women. For the women in this study, IPSV was described as impacting them in deeply personal and internalized ways, causing destruction to their sense of self-worth, womanhood and humanity.

One of the major invisible impacts of IPSV articulated by the women in this study was the deep sense of betrayal they felt at being sexually assaulted by someone who was supposed to love and care for them. This element of betrayal sets IPSV firmly apart from SV perpetrated by a stranger. Yet, at the same time, betrayal and breach of trust are not unique to sexual violence in a relationship. Platt and colleagues, for example, argue that *any* violence that occurs in an intimate relationship is a form of betrayal that “throws into question what can truly be trusted” (Platt, Barton, & Freyd, 2009, p. 191). This suggests that there is something in particular about the *sexual* element of IPSV that helps explain why it causes – as the participants understood it – a different kind of damage from physical or psychological abuse by a partner.

Identifying the unique harms of sexual violence has not typically been of interest to researchers within the health sciences, yet I argue that, as a “wicked” problem (Tarzia, 2020), IPSV benefits from a multidisciplinary examination. Feminist philosophers, for instance, have written extensively on rape and sexual assault, seeking to unpack the qualities that set sexual trauma apart from other types of violence (Cahill, 2000; Freedman, 2006; Whisnant, 2017). Ann Cahill has argued that “few women would agree that being raped is essentially equivalent to being hit in the face” (Cahill, 2001, p. 3); this was certainly the experience of the women in this study, yet at the same time they struggled to articulate exactly why this was the case.

One view – prevalent within feminist scholarship as far back as 1977 – is that sexual violence is inherently dehumanizing (Whisnant, 2017), and violates bodily and sexual autonomy. Frye and Shafer (1977), for example, write that:

“[rape] gives [the victim] a picture of herself as a being within someone's domain and not as a being which has domain Whether it is the rapist's

intention or not, being raped conveys for the woman the message that she is a being without respect, that she is not a person.” (p.341-42).

Indeed, in this study many women articulated that the experience of IPSV made them feel like nothing, a worthless object or a non-person. Likened to having something killed inside them, the dismissal of their agency by a partner caused irrevocable damage to their personhood and humanity.

What is critical to highlight, however, is that SV – whether perpetrated by a partner or a stranger – is not only dehumanizing, it is *sexually* dehumanizing (Cahill, 2000, 2001; Whisnant, 2017). This represents a paradigmatic shift in how IPSV is typically viewed in research, policy and practice; usually it is grouped together with other forms of IPV. Yet, I argue that to see IPSV as being just about violence rather than sex is to misunderstand its dynamics and context and is not consistent with the lived experience of the participants in this study. There were certainly aspects of power, control and domination in the women’s accounts. In particular the relationship between coercive control/psychological abuse and IPSV merits further attention. Yet, it was clear from the way that participants constructed and understood the experience of IPSV that the sexual element was central. In other words, IPSV is just as much a form of sexual violence as it is a form of IPV, yet this tends to be forgotten.

The impacts of this sexualized violence on the women in this study were profound. Not only did they feel that their personhood was damaged, but specifically, their womanhood. Studies in the broader IPV field have recognized the damaging impacts of abuse on identity (O’Doherty, Taft, McNair, & Hegarty, 2016), however, these impacts are largely gender-neutral (e.g. damaged self-concept and self-esteem). Cahill (2001), however, has persuasively argued that SV against women is an embodied experience that constitutes a “fundamental and sexually specific undermining of...subjective integrity” (p115). She argues that SV – as a social phenomenon overwhelmingly perpetrated against women – serves to reinforce not just sexual *difference* but sexual *inferiority*. Thus, the relationship between the sexual nature of IPSV and identity can be seen as distinctly gendered, compelling women to redefine themselves as sexual objects and second-class citizens.

A further consideration is the increased capacity for self-blame and damage to self-esteem in the context of IPSV. Where therapeutic rhetoric around stranger SV typically tells women that they are not to blame and that SV is a symptom of broader “rape culture” (Herman, 1984), these platitudes are of little use when the perpetrator is a husband or intimate partner. Instead, as Draucker and Stern (2000) have noted, women who experience IPSV may believe they are abused because of *who they are*. Taken together, it is not difficult to imagine how the combination of profound betrayal, sexual dehumanization and self-blame related to one’s very identity could form a recipe for

lasting trauma. While many women in this study had gone on to have healthy relationships with a new partner, most still carried “lingering scar tissue” from the IPSV. This went beyond the trust issues, wariness and fear that has been described by survivors of IPV when entering a new relationship (St Vil, Carter, & Johnson, 2018). For the women in this study, their traumatic experience manifested in the specific context of their sexuality. Several women disclosed during their interviews that they had chosen to be celibate or had decided never to engage in sex with men. Bagwell-Grey has reported similar findings in her qualitative work around sexual healing after IPSV (Bagwell-Gray, 2019b), highlighting the challenges for women around reclaiming positive sexuality and learning to feel good about their bodies. I echo her call for practitioners and services to develop greater understandings around the specific sexual trauma experienced by IPSV survivors.

It is worth noting that the types of IPSV reported by the participants in this study varied greatly. Some women had experienced incredible levels of violence with multiple and repeated forms of sexual assault; others had experienced a gradual, subtle erosion of their agency and ability to refuse sexual interactions. This variance is deliberate and was due to the use of broad terminology in study recruitment. Other studies (Draucker & Stern, 2000) have used more explicit language such as “forced or violent sex”, yet, as this study confirms, women’s experiences of IPSV are not necessarily “violent” in the traditional sense. Thus, despite the variety of experiences reported, no attempt was made to categorize women’s responses by severity, level of force or “penetrativeness” (Bagwell-Gray, 2019a). This is because, ultimately, the focus of this study was on the *meaning* of the acts for women and what the violence did to them emotionally. As this study shows, there were similarities in how women understood and experienced the invisible impacts of IPSV that transcended the type of sexual violence or context of the relationship.

Strengths and Limitations of the study

This is the first study to explore the “invisible impacts” of IPSV and attempt to unpack the mechanisms through which it causes trauma. The rich, in-depth qualitative data is a strength of the study, as is the large sample size (although admittedly unusual for an IPA analysis). Furthermore, the inclusion of participants with a range of experiences of IPSV, including women who may not typically consider themselves to be “victims”, means that voices who would otherwise not be represented are able to be heard.

Limitations include that, despite attempts to be inclusive in study recruitment materials, the majority of the women who participated were educated and employed. Most were of white Australian background, with no Aboriginal or Torres Strait Islander participants. Not all the women currently identified as heterosexual, but all their experiences of IPSV had taken place with a male partner. Thus, there is a lack of diversity in the study that ought to be addressed in future research.

Conclusions

The findings of this study contribute to the limited evidence base exploring women's lived experiences of IPSV. They have important implications in terms of how health practitioners and specialist service providers support women who have experienced sexual violence at the hands of an intimate partner. Although basic trauma-informed principles are important as a starting point for dealing with all SV, a more specific response to IPSV is possible. Practitioners working with women victim/survivors of IPSV should consider addressing the sense of acute betrayal that they may be feeling, as well as trying to ameliorate women's self-blame and shame. They should also explore with women whether they need support to deal with long-lasting impacts of IPSV on sexual intimacy and relationships. For service providers working outside of the sexual assault context, it is critical to recognize the sexual nature of the violence and respond or refer appropriately, rather than treating all IPV in the same way. Understanding the dynamics and context of IPSV and its emotional impacts helps to illuminate the pathways between IPSV and trauma. This, in turn, can aid practitioners in supporting women's healing and recovery.

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Tarzia, L

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