

Integrated Services for Intimate Partner Violence and Sexual Assault: Best Practices for Dual-Issue Agencies



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Introduction

- In my internship with HAVEN, I am finding best practices for serving survivors through dual-issue agencies that serve both SA and IPV
- HAVEN is the largest violence prevention and support services agency in New Hampshire, serving both Rockingham and Strafford Counties
- HAVEN serves survivors of SA, IPV, human trafficking, and stalking
- SA and IPV often overlap, creating complex needs for survivors
- Separate systems can create gaps in care
 - Dual-issue agencies integrate services and improve coordination
 - Dual-issue agencies Provide more comprehensive, trauma-informed support



Purpose

- Examine the overlap between intimate partner violence (IPV) and sexual assault (SA)
- Identify best practices for dual-issue service agencies
- Highlight how integrated services improve survivor outcomes
- Share practice-based insights from work with HAVEN
- Provide future recommendations for HAVEN

Why Dual-Issue Agencies Matter

- Survivors often experience multiple forms of violence simultaneously
- Separate systems create gaps in care
- Dual-issue agencies offer:
 - Coordinated, trauma-informed services
 - Staff trained to address overlapping needs
 - Improved continuity of care

Background

- **Sexual Assault (SA):** Sexual contact without clear, voluntary consent
- **Intimate Partner Violence (IPV):** Abuse within a romantic or sexual relationship
 - Physical, emotional, sexual, psychological, or financial harm
- SA and IPV frequently co-occur
- Sexual violence is often used as a tool of power and control in IPV
- Stigma, fear, and underreporting limit seeking help

Statistics & Key Findings

Statistics

- Approximately 50% of female rape survivors reported that the perpetrator was an intimate partner
- In 80% of rape cases, survivors knew the perpetrator
- Long-term impacts of sexual violence:
 - 30% experience persistent PTSD symptoms
 - 33% report suicidal ideation
 - 13% attempt suicide

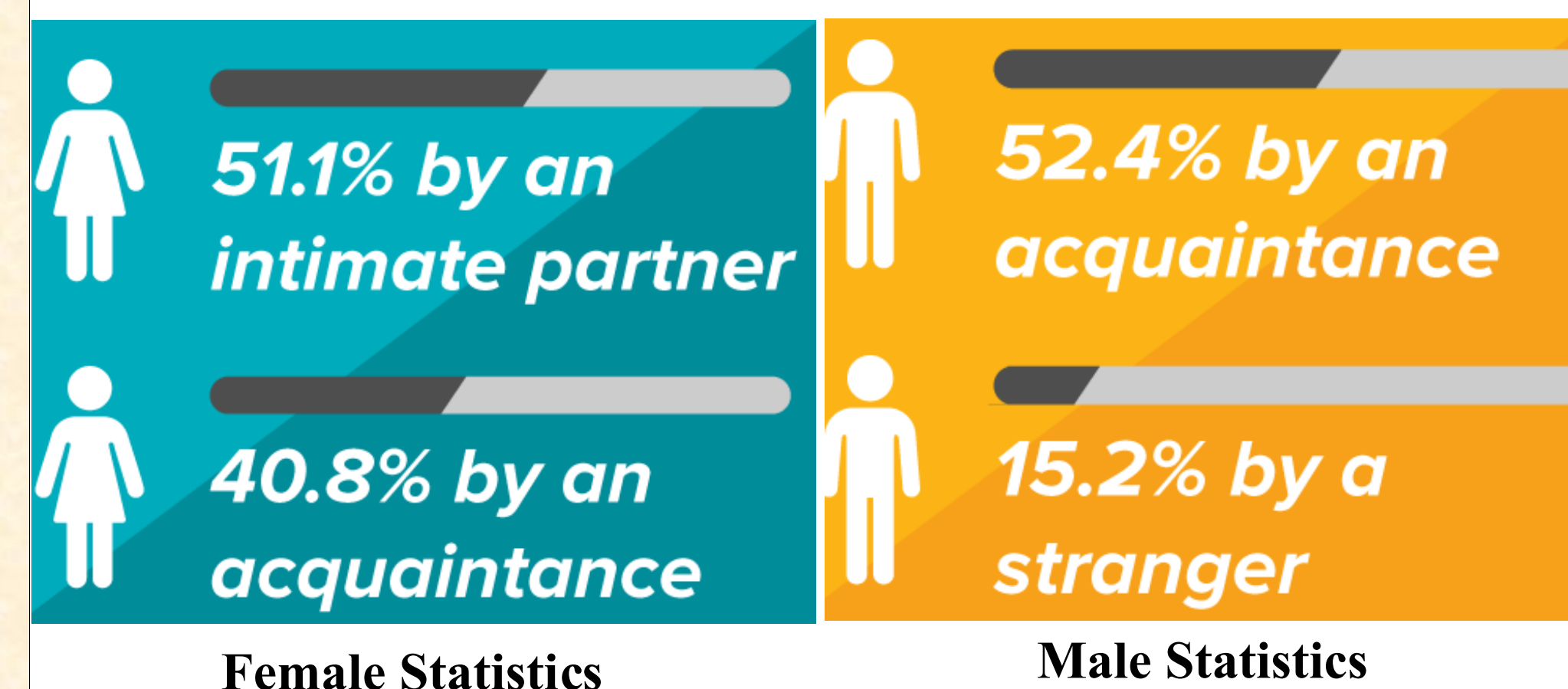
Data retrieved from Now-NYC (2019)

Key Findings

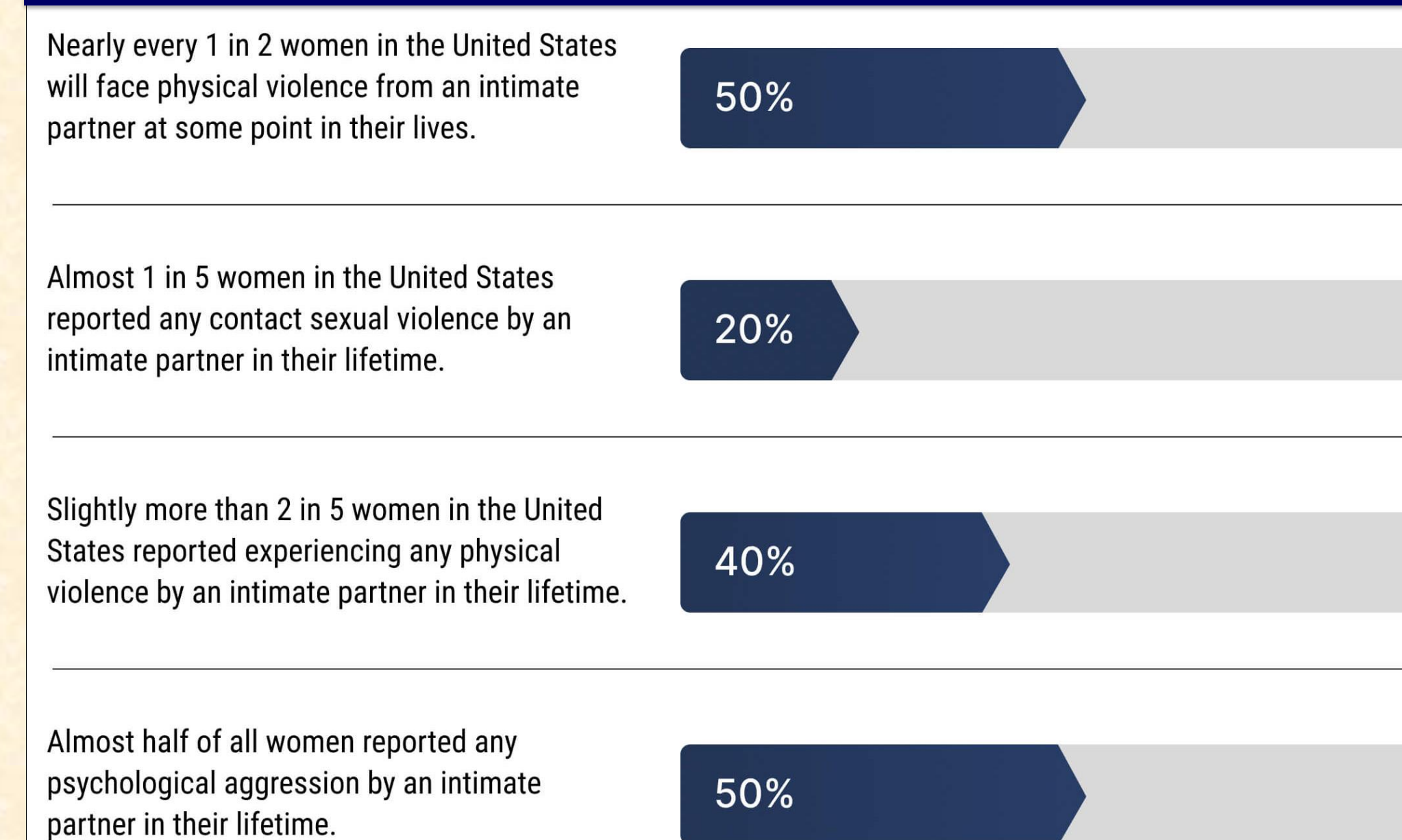
- Sexual assault is often used as a tool of power & control within intimate partner violence
 - Reinforcing dominance and fear in abusive relationships
- Intimate partner sexual assault is associated with a higher risk of physical injury and harm compared to assaults by strangers or acquaintances

Data retrieved from Women's Advocates (2021)

Data



Data retrieved from NSVRC (2010) Partner and Sexual Violence Survey: 2010 Summary Report



Data retrieved from NISVS (2016/2017) National Intimate Partner and Sexual Violence Survey

Best Practices

Safety Planning

- Creating Individualized safety planning to assess risk and enhance protection
 - Exit plans: safe communication, and ready-to-go essentials tailored to survivor needs



Hotline & Chat Services

- 24/7 confidential support with immediate help, information, and service connections
- Anonymous support with referrals for shelter, legal, and medical services



Medical Care

- Trauma-informed medical care with advocacy to reduce retraumatization
 - SANE exams, STI testing, emergency contraception, injury care, and follow-up services



Legal Advocacy

- Assistance with protective orders, reporting options, court processes, navigating the legal system and accompaniments to court



Counseling & Support

- Trauma-informed, survivor-centered counseling for healing and recovery
- Support groups, mental health services, and grounding techniques



Shelter and Housing

- Emergency shelter and transitional housing for safety and stability
 - Financial skill-building and support transitioning to permanent housing



Intake and Assessments

- Avoid rigid or overly standardized intake processes
- Use flexible needs-based assessments
- Center survivor voice and choice
- Adapt services to survivors needs



Benefits & Challenges

Benefits

- Reducing retraumatization by limiting the need for survivors to repeatedly share their experiences
- Improved access to services through “one-stop” service systems, providing survivor-centered support in one place
- Enhanced coordination among advocacy, medical, and legal systems
- Stronger survivor outcomes through care

Challenges

- Limited and unstable funding
- Increased emotional labor and risk of advocate burnout
- Capacity constraints, particularly in housing and long-term services

Conclusion

- IPV & SA frequently intersect, specific needs should be addressed collectively
- Dual-issue agencies reduce systemic barriers and service fragmentation
- Trauma-informed, integrated models enhance survivor safety and healing
- More funding and evaluation are critical for long-term program effectiveness

“It is evident that domestic violence and sexual violence are connected, as are other forms of violence. It is clear that more violence perpetuates greater violence, and bringing awareness to those connections allows us to educate and further prevent the cycles of both forms of assault”
(Women's Advocates, 2020)

Recommendations for HAVEN

- Maintain flexible, survivor-centered intake processes
- Expand long-term counseling and follow-up services
- Increase housing and shelter capacity
- Strengthen data tracking and outcome evaluation
- Expand outreach to high schools and universities

References

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 CDC (2025) *About Intimate Partner Violence*
 CDC (2026) *About Sexual Violence*
 National Domestic Violence Hotline (2023)
 National Organization for Women New York City (2019) *Rape & Sexual Assault in the U.S.*
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