Resources: Domestic Violence

1. Center Against Domestic Violence - http://www.cadvny.org/category/get-informed/?gclid=CIHLw6yU5cECFUtp7Aodxh4AKA
4. the National Domestic Violence Hotline - http://www.thehotline.org/
Occupational Therapy Services for Individuals Who Have Experienced Domestic Violence

The primary purpose of this statement is to define the role of occupational therapy and the scope of services available for survivors and families who have experienced domestic violence. The American Occupational Therapy Association (AOTA) supports and promotes the use of this document by occupational therapists, occupational therapy assistants, and individuals interested in this topic as it relates to the profession of occupational therapy.

**Domestic Violence**

**Prevalence**

Domestic violence is a societal problem in the United States and internationally that affects not only the survivor of the violence but also the children witnessing it, the family and friends of the survivor, and the communities in which it occurs. In 2008, there were approximately 552,000 reported cases of nonfatal domestic violence against females and approximately 101,000 reported cases against males (U.S. Department of Justice [USDOJ], 2011). These are the reported cases; it is estimated that the numbers are much higher because many cases of abuse are unreported (National Coalition Against Domestic Violence [NCADV], 2007; Centers for Disease Control and Prevention [CDC], 2010).

**Definitions**

The term *victim* is sometimes used to describe individuals who are or have been in an abusive relationship. The term *survivor* is used to describe individuals who are currently in the abusive relationship or who have overcome the abuse. We choose to use the term survivor because it is more empowering and denotes the strength and courage needed to endure as well as leave the abusive relationship.

There are numerous definitions of domestic violence depending on the state and organization. This document defines *domestic violence* as a pattern of “coercive behavior designed to exert power and control over a person in an intimate relationship through the use of intimidating, threatening, harmful, or harassing behavior” (Office for Victims of Crime [OVC], 2002). The emphasis is on a pattern of abuse and violence that becomes part of their lives, leaving lasting effects on the survivor and children. *Domestic violence* often is used more globally to account for the broad impact it has on the family, whereas the term *intimate partner violence (IPV)* specifically refers to the violence between a former or current partner or spouse (National Institute of Justice [NIJ], 2007).

For the purposes of this paper, the term *domestic violence* is used because of its broader connotation. Although women are abused in 85% to 95% of the reported domestic violence cases (Fisher & Shelton, 2006), men also are abused and face an additional stigma of gender roles, which often prevents them from coming forward (OVC, 2002). Therefore, it is important to view domestic violence as an issue of obtaining power and control over a partner without assuming that the partner is female.
Survivor Characteristics

Domestic violence occurs in both heterosexual and homosexual relationships at nearly the same rate (National Coalition of Anti-Violence Programs, 1998). In a national study, Tjaden and Thoennes (2000a) indicated that 11% of lesbians reported violence by their female partner and 15% of gay men who had lived with a male partner reported being victimized by that partner. Survivors of domestic violence in a homosexual relationship may have more difficulty accessing services and may face further stigma and marginalization due to their sexual orientation.

Domestic violence knows no boundaries; it crosses into all socioeconomic classes, races, societies, and ages, regardless of the sexual orientation that defines the relationships. The key issue in domestic violence is the use of a pattern of abusive behavior by the abuser to establish fear, power, and control over an intimate or formerly intimate partner.

Women with disabilities who are abused may face additional barriers that make it more difficult to leave the abusive relationship and access services. Although there are inconsistent findings regarding the incidence of abuse of women with disabilities, several sources indicate that women with disabilities are assaulted, raped, and abused at a rate twice that of women without disabilities (Brownridge, 2006; Helfrich, Lafata, MacDonald, Aviles, & Collins, 2001; Milberger et al., 2002; NIJ, 2000; Nosek, Hughes, Taylor, & Taylor, 2006). Analysis of data from the 2007 National Crime Victimization Survey indicated that the rates of violence against women with disabilities was highest among women with cognitive disabilities (Rand & Harrell, 2009).

Women with disabilities may be dependent on their partners for financial, physical, and/or medical support and thus may stay in abusive relationships for longer periods of time (Helfrich et al., 2001; NIJ, 2000). Their abusers may withhold necessary equipment such as wheelchairs, braces, medications, and transportation as a means to control them (NIJ, 2000).

Domestic violence also affects older adults. Domestic violence in older adults has unique considerations due to the chronic exposure to abuse over a lifetime (Jacobson, Pabst, Regan, & Fisher, 2006; Zink, Regan, Jacobson, & Pabst, 2003). The couple may experience feelings of guilt mixed with responsibility, particularly when the abuser is also the caregiver or when the caregiver needs to care for the abuser. As the couple gets older and experiences changes in their health, the violence may be masked by conditions such as Alzheimer’s disease, or it may be heightened by the added stress that caregiving brings to the relationship (National Coalition Against Domestic Violence, n.d.; Zink et al., 2003).

Causes and Contributing Factors

Factors that cause or contribute to domestic violence have been discussed and contested by social scientists for decades, with little agreement about the commonalities (Jewkes, 2005). The exception is poverty, which is the only factor that consistently has been found to be a key contributor to domestic violence (Davies, 2008; Jewkes, 2005; Josephson, 2005; Lyon, 2000, 2002; Sokoloff & Dupont, 2005). The most recent USDOJ (2007) statistics from an analysis of reported and unreported family violence indicate that persons in households with annual incomes less than $7,500 (below the U.S. poverty threshold) have higher rates of assault than do persons in households with higher income levels. Furthermore, the data also indicate that social class appears to be inversely related to the severity of the violence; more severe domestic violence occurs against women within the lowest socioeconomic group (Bograd, 2005; Browne & Bassuk, 1997; Davies, 2008; Lyon, 2000, 2002; Rank, 2004; Rice, 2001).

Limited education and being a victim of child maltreatment, especially sexual abuse, also have been found to be strong links to subsequent victimization (Browne & Bassuk, 1997; Tjaden & Thoennes, 2000b). Being verbally abused has been found to be a highly predictive variable for abuse by an intimate partner (Tjaden & Thoennes, 2000b).
Being economically poor also has serious implications in terms of whether a woman stays in an abusive relationship. Studies of female survivors of domestic violence have consistently indicated that a survivor’s ability to earn an independent source of income that allows her to successfully sustain her family is the most significant indicator that she will be able to permanently leave the abusive relationship (Economic Stability Working Group, 2002; Waldner, 2003). It makes sense, then, that the lack of a sustainable income is a significant reason why, on average, survivors return to abusive relationships 5–7 times (Adair, 2003; Brush, 2003; Harris, 2003).

** Childhood Exposure **

Between 7 and 14 million children and youth are exposed to adult domestic violence each year (Edleson et al., 2007). In addition to witnessing the violence between their parents or a parent and partner, it is estimated that child abuse occurs in 30% to 60% of domestic violence cases (Appel & Holden, 1998; McKibben, DeVos, & Newberger, 1998). Children who grow up in a domestic violence household often have low self-esteem, psychosomatic complaints, nightmares, impaired social skills, and poor academic performance. As a result, they may be aggressive, withdrawn, anxious, depressed, and even suicidal (Israel & Stover, 2009; OVC, 2002). In families where there is domestic violence, young boys may model their father’s behavior, while girls may model their mother’s behavior and show more signs of withdrawal and isolation (Cummings, Peplar, & Moore, 1999; Holt, Buckley, & Whelan, 2008; Huth-Beck, Levendosky, & Semel, 2001; Stiles, 2002).

Some children may have difficulty expressing their feelings and stress and may exhibit aggressive behaviors as a way to try to communicate with their mother. Studies of children exposed to domestic violence indicate that they also may have difficulty with self-calming, sleeping, and eating activities; may demonstrate developmental delays or maladaptive behaviors; and may have poor verbal and social skills that negatively affect their academic performance. They may have higher rates of somatic complaints and interpersonal problems (Cummings et al., 1999; Huth-Beck et al., 2001; Norwood, Swank, Stephens, Ware, & Buzy, 2001; Sternberg et al., 1993; Stiles, 2002).

** Types of Violence **

Abuse in domestic violence comes in many forms; it may be physical, psychological, sexual, or economic. *Physical violence* may include such behaviors as hitting, slapping, punching, or stabbing. *Psychological violence* may take the form of verbal abuse, harassment, possessiveness, destruction of personal property, cruelty to pets, and isolation (OVC, 2002; USDOJ, n.d.). The abuser often isolates the victim from family and friends, thus limiting access to support systems. *Sexual abuse* can occur between two intimate partners when the abuser forces or coerces the victim into a sexual act. Survivors also may experience *economic abuse*, in which the abuser controls the finances, leaving the victim with no money or a limited allowance.

** Challenges With Occupation or Activities **

Research indicates that women who are survivors of domestic violence may struggle when performing several of their daily life occupations or activities, particularly work performance, educational participation, home management, parenting, and leisure participation (Gorde, Helfrich, & Finlayson, 2004; Helfrich & Rivera, 2006; Javaherian, Krabacher, Andriacco, & German, 2007). They may experience problems with money management, task initiation, self-confidence, coping skills, stress management, and interpersonal relationships (Carlson, 1997; D’Ardenne & Balakrishna, 2001; Helfrich, Aviles, Badiani, Walens, & Sabol, 2006; Levendosky & Graham-Bermann, 2001; Monahan & O’Leary, 1999). They may have difficulty with higher level mental functions, including decision making, judgment, problem solving, and direction following.
Survivors of domestic violence often face challenges sustaining employment (Josephson, 2005; Riger & Staggs, 2004; Tolman & Raphael, 2000). One common reason is that abuse, including stalking and excessive phone calls or other forms of contact, often happens at the workplace (Corporate Alliance to End Partner Violence, 2002–2008). Survivors’ inconsistent work histories can cause difficulties with finding a job once they have left the abusive relationship.

In addition, leaving an abusive relationship and becoming a single parent can increase the risk of being unemployed or among the working poor in the United States. The jobless rate for unmarried mothers is almost 3 times that of married mothers, 8.5% as compared to 3.1% (U.S. Department of Labor, 2010).

**Occupational Therapy and Domestic Violence**

In its broadest sense, the domain of occupational therapy is the facilitation of people’s ability to engage in meaningful, daily life activities, or occupations in a manner that supports their full participation in various contexts and positively affects health, well-being, and life satisfaction (AOTA, 2008). Occupational therapists and occupational therapy assistants view occupations as central to a person’s identity and competence, influencing how a person spends time and makes decisions (AOTA, 2008). Domestic violence negatively affects the ability of the survivors and their families to engage in their daily life occupations in a competent, healthy, and satisfying manner. Consequently, in the spirit of social and occupational justice, occupational therapy practitioners focus on developing or restoring these abilities. Specifically, occupational therapy practitioners focus on enhancing the ability of the survivors and their families to participate in activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, leisure, play, and social participation for the purpose of gaining skills and abilities needed to take control of their lives, find purpose, and develop a healthy independent lifestyle.

Occupational therapy practitioners work directly and indirectly with survivors of domestic violence and their families in a variety of settings such as hospitals, rehabilitation centers, skilled nursing facilities, outpatient therapy clinics, mental health facilities, school systems, shelters, home health care, and other community programs. Occupational therapy practitioners may work with survivors and family members who have

- Sustained injuries or disabilities as a result of domestic violence,
- Chosen to remain in and rebuild a relationship in which abuse has occurred, or
- Decided to leave the abusive relationship and reconstruct their lives.

In the course of their practice, occupational therapy practitioners also may work with individuals whom they suspect or discover are victims or survivors of domestic violence but who have not reported the domestic violence. In such cases, occupational therapy practitioners have a professional and ethical responsibility to take action that promotes the health and safety of these individuals. As health care professionals, occupational therapy practitioners are mandated to report suspected child abuse. Some states also mandate that they report suspected abuse in adults, particularly in older adults or adults who have intellectual disabilities.

Occupational therapy practitioners need to consult their state regulations and facility guidelines regarding procedures to follow when they suspect or know that domestic violence has occurred. Actions that practitioners may take include

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1When the term occupational therapy practitioner is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006). Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2009).
Filing a report to the local law enforcement agency or children’s protective services;

Interviewing, evaluating, and providing interventions without the abuser present to allow the client the opportunity to discuss the situation in relative safety;

Identifying and assessing injuries and their potential cause;

Talking to the client about healthy relationships and addressing areas of occupation and performance patterns and skills that may have been affected by the abusive relationship, such as leisure, IADLs, work, and ADLs;

Respecting the client’s perception of the relative danger of the situation to his or her life and the well-being of other family members and remaining empathetic and nonjudgmental about the client’s decision to remain in or leave the abusive situation;

Providing the client with contact information for the local domestic violence hotline; and

Following safety precautions to determine if it is appropriate to conduct home visits.

**Occupational Therapy Evaluation and Intervention**

The occupational therapy service delivery process occurs in collaboration with the survivors of domestic violence, their family members, and other service providers. Throughout the occupational therapy evaluation, intervention, and assessment of outcomes, occupational therapy practitioners value and consider the desires, choices, needs, personal and spiritual values, and sociocultural backgrounds of the survivors and their family members. Practitioners also consider the service delivery context. Important outcomes of occupational therapy service provision include, but are not limited to, facilitating the ability of the survivors and their family members to consistently engage in and perform their daily activities, achieving personal satisfaction and role competence, developing healthy performance patterns, and improving their quality of life.

The occupational therapy evaluation is focused on determining what the survivors and their family members want and need to do and identifying the factors that act as supports or barriers to performance of the desired occupations (AOTA, 2008). Occupational performance; routines, roles, and habits; activity demands; sociocultural beliefs/expectations; spirituality; and physical, cognitive, and psychosocial factors are addressed during the evaluation process. Evaluations and assessments that are client-centered and occupation-based are effective for this population.

Occupational therapy service delivery is based on findings from the evaluation and the survivors’ and the family members’ stated priorities. Interventions with adults who are survivors of domestic violence focus on empowerment and active participation in healthy occupations or daily life activities. Findings from several studies of survivors have indicated that during the early period after leaving the abusive situation, survivors continue to devote themselves to the care of others, especially their children, while often not taking care of themselves (Giles & Curreen, 2007; Underwood, 2009; Wuest & Merritt-Gray, 1999).

Occupational therapy interventions with adult women survivors may include working on the development of a realistic budget; facilitating the use of effective decision-making skills regarding employment opportunities; learning parenting skills and calming techniques to use with their children; encouraging and supporting efforts to attain further education; learning assertiveness skills; and teaching stress management and relaxation techniques to improve sleep patterns (Gorde et al., 2004; Helfrich et al., 2006; Helfrich & Rivera, 2006; Javaherian et al., 2010). Therapy sessions focused on performance patterns may be helpful, because findings from several studies have indicated that survivors are constantly juggling family, work, and possibly school responsibilities without a significant other to assist them with their obligations (Butler & Deprez, 2002; Jones-DeWeever & Gault, 2006; Underwood, 2009).
Interventions with children who have witnessed domestic violence may include facilitation of developmentally appropriate play skills, social skills training, the use of techniques for improving concentration and attention span during school activities, and assistance with the organization of study habits and school materials. Adolescents may benefit from interventions addressing relationship skills, life skills, stress management, and coping strategies (Javaherian-Dysinger et al., 2011).

Occupational therapy practitioners focus on outcomes throughout the occupational therapy service delivery process. Assessing outcome results assists occupational therapy practitioners with making decisions about future directions of interventions at the individual as well as at the organizational or population level (AOTA, 2008). At the individual level, the selection of outcomes is based on the survivors’ priorities and may be modified based on changing needs, contexts, and performance abilities (AOTA, 2008). For example, an occupational therapy practitioner may work with a woman who is a survivor of domestic violence on her goal of obtaining housing. After the woman moves into the new living situation, the practitioner may help the woman work on her goal of maintaining a healthy home environment for herself and her children.

At the organizational or population level, data about targeted outcomes can be aggregated and reported to boards of directors of community agencies, state and federal regulators, and funding agencies. An example of this type of outcome assessment would be the reporting of the number of children who demonstrated difficulty participating in their daily life activities at home, at school, and in their communities because of exposure to domestic violence and the progress they have made during the occupational therapy intervention to increase their level of healthy participation.

Occupational therapy practitioners also may work with the abusers in collaboration with other professionals such as psychologists, social workers, and pastoral counselors. Sometimes the judicial system issues a court order for the abuser to participate in a formal program to address the violent behaviors. These programs are generally based on six principles: (1) The abuser is responsible for the behavior; (2) provocation does not justify violence; (3) violent behavior is a choice; (4) there are nonviolent alternatives; (5) violence is a learned behavior; and (6) domestic violence affects the entire family, whether it is directly or indirectly witnessed (OVC, 2002). Occupational therapy interventions with the abuser may include training in social skills, assertiveness, anger management, stress management, parenting, and spiritual exploration as related to daily occupations.

**Education, Training, and Competencies**

Occupational therapists and occupational therapy assistants are educationally prepared to address the various occupation-related concerns of survivors of domestic violence. The Accreditation Council for Occupational Therapy Education (ACOTE) standards for educational programs require content related to daily life occupations, human development, human behavior, sociocultural issues, diversity factors, medical conditions, theory, models of practice, evaluation, and techniques for the development and implementation of intervention plans under the scope of occupational therapy (ACOTE, 2010). Occupational therapy practitioners are competent to address life skills, lifestyle management, adaptive coping strategies, adaptation, time management, and values clarification that affect the ability of survivors of domestic violence to participate in their ADLs, IADLs, education, work, play, leisure, and social participation activities. In addition, occupational therapy practitioners have the expertise to work with individuals, organizations, and populations.

Occupational therapists and occupational therapy assistants who are supervised by an occupational therapist are competent in the following areas:

- Establishing and maintaining therapeutic relationships;
- Conducting interviews;
- Administering functional assessments to determine occupational performance needs and to develop an intervention plan;
• Utilizing interpersonal communication skills;
• Designing and facilitating therapeutic groups;
• Developing individualized teaching and learning processes with clients, family, and significant others;
• Coordinating program interventions in collaboration with clients, caregivers, families, and communities grounded in evidence-based practice;
• Developing therapeutic programs;
• Promoting health and wellness through engagement in meaningful occupations; and
• Understanding the effects of health, disability, and social conditions on the individual within the context of family and society (ACOTE, 2010).

Participating in continuing education initiatives advances occupational therapy practitioners’ understanding of and capacity to provide interventions that address domestic violence.

**Supervision of Other Personnel**

When provided as part of an occupational therapy program, the occupational therapist is responsible for all aspects of the service delivery and is accountable for the safety and effectiveness of the service delivery process. The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist (AOTA, 2009). The education and knowledge of occupational therapy practitioners also prepare them for employment in arenas other than those related to traditional delivery of occupational therapy. In these circumstances, occupational therapy practitioners should determine whether the services they provide are related to the delivery of occupational therapy by referring to their state practice acts, regulatory agency standards and rules, domain of occupational therapy practice, and written or verbal agreement with the agency or payer about the services provided (AOTA, 2009). Occupational therapy practitioners should obtain and use credentials and a job title commensurate with their roles in the specific arena. In such arenas, non–occupational therapy professionals may provide the supervision of occupational therapy assistants.

**Case Studies**

The following case studies provide examples of the role of occupational therapy in domestic violence.

**Adult Case Study: Maria**

An occupational therapist working in a shelter for survivors of domestic violence was asked to assess Maria, a 28-year-old mother of two children.

**Evaluation**

Using the Canadian Occupational Performance Measure (Law et al., 2005), Maria identifies the occupational performance areas that are most important to her. She would like to feel competent in her ability to take care of a house, parent her children, and keep them safe. She also wants to work with the occupational therapist on finding and maintaining a job, budgeting, and completing her GED. Maria rates her performance as 1—*unable to do it*—and her satisfaction levels as 1—*not satisfied at all*—for these performance areas.

When budgeting is discussed, Maria states that she had never been responsible for money management. She went straight from her parent’s home into her marriage at age 17, and her husband would not allow her to have anything to do with the money. He constantly told her that she was “too stupid” to take care of money. She was not allowed to work outside the home, so she was dependent on her husband for money.
Intervention

The occupational therapist helps Maria procure and complete job applications and practice job interviewing skills. After Maria finds a steady job, she and her children move into the shelter’s transitional living program. To stay in this program, Maria needs to put a certain amount of money into a savings account on a monthly basis to secure a home for her and her children. Following her first paycheck, the occupational therapist meets with Maria to project a budget for her expenses and savings. Maria asks the occupational therapist to develop her budget for her because she “isn’t smart enough to do it herself.” She states that math was her worst subject in school. The occupational therapist grades the complexity of the task to enable Maria to develop problem-solving skills and reasoning abilities for budgeting.

The occupational therapist then models for Maria how to contact community agencies to obtain information about GED programs. They determine a daily schedule and identify support networks so that Maria can work, complete her studies, and care for her children.

Older Adult Case Study: Mr. Lee

An occupational therapist in an outpatient clinic receives a referral to provide occupational therapy services to Mr. Lee, a 72-year-old man with a right distal radius fracture and a boxer’s fracture. Mr. Lee has chronic obstructive pulmonary disease (COPD) and uses a wheelchair for mobility. He has been living with his current partner for the past 10 years.

Evaluation

During the evaluation the occupational therapist asks Mr. Lee to explain how the injury occurred. He is vague in his responses and simply states that he became weak and fell out of his wheelchair. Over the next few sessions, while providing interventions to address Mr. Lee’s hand injuries and COPD, the occupational therapist notices additional bruises on his arms and suspects that he is involved in an abusive relationship.

Intervention

Because the occupational therapist lives in a state that mandates reporting of abuse in adults, she files a report to the appropriate law enforcement agency. She lets Mr. Lee know that law requires such action. The therapist then initiates conversation about domestic violence. Research (Bacchus, 2003; McCauley, 1998) has shown that victims of domestic violence want their health care provider to ask them about domestic violence, thereby creating a venue for them to open up as they feel able.

While continuing to provide interventions related to hand function and energy management, the occupational therapist also reassesses Mr. Lee’s areas of occupation, performance skills, and performance patterns to identify additional home and community supports he may need because of the domestic violence. She provides Mr. Lee with resources on domestic violence and the local crisis center’s contact information. She includes interventions to focus on building self-esteem and empowerment.

Adolescent Case Study: Heang

Heang is a 16-year-old girl in 10th grade. For the past 2 months she has dated a popular young man who is in the 11th grade. Heang initially thought that his frequent phone calls and text messages throughout the day were very romantic. He started telling her that he did not want her to go out with her friends and got into several fights with Heang’s male classmates. After dating for about 1 month, he began to slap and punch her. The next day he would bring her flowers. Rather than tell anyone, Heang withdrew from her friends and after-school activities; she did not socialize with other boys at school or work.

A representative from the local women’s shelter spoke to Heang’s 10th-grade class about teen dating violence. Realizing that she was a victim of this violence, Heang spoke to her guidance counselor. The counselor referred her to a teen dating violence group run by the school occupational therapist.
Evaluation

The occupational therapist conducts an initial evaluation to assess Heang’s occupational needs, problems, and concerns. The therapist analyzes Heang’s occupational performance skills, performance patterns, context, and activity demands (AOTA, 2008). After reviewing the results of the evaluation, the therapist develops collaborative goals with Heang related to her school and after-school activities, social participation, leisure activities, and job.

Intervention

Using a cognitive–behavioral approach, the occupational therapist helps Heang explore the impact that the dating violence has had on her school and work performance, social participation, and sense of identity. She encourages Heang to identify the importance of social participation in the development of self-esteem, friendships, health, and identity. Together they develop a plan for Heang to participate again in familiar leisure occupations as well as in new ones.

Infant Case Study: Jonella and Kia

Jonella brought her 4-month-old daughter Kia to an occupational therapist as part of an early intervention service for infants and toddlers. Jonella tells the occupational therapist that she is concerned about Kia, who sleeps only 30 minutes at a time and consistently wakes up screaming. Jonella explains that she and Kia have just left an abusive relationship and now live with friends. Since infancy, Kia has been awakened many times because of the shouting and physical violence. In addition, Jonella could not establish a daily nap and sleep routine for Kia because she frequently had to rush Kia out of the house to keep her safe.

Evaluation

The occupational therapist administers the Test of Sensory Functions in Infants (DeGangi & Greenspan, 1989) and the Transdisciplinary Play-Based Assessment (Linder, 2008) to Kia to assess for sensory issues focusing on self-regulation and for potential developmental complications.

Intervention

The occupational therapist and Jonella collaborate to identify strategies for establishing a consistent nap and sleep routine for Kia. The occupational therapist models strategies that Jonella can use to help calm Kia and modulate the amount of sensory input she receives. They also identify strategies for modifying the environment in the room where Kia sleeps and for helping Jonella relax with Kia before putting her to bed.

Child Case Study: Daniel

A school system occupational therapist is asked to assess Daniel, a 5-year-old student who has an individual education program (IEP), to address learning challenges. His teacher states that Daniel is having extreme problems with manipulating crayons and performing gross motor activities. The teacher informs the therapist that his mother has just left an abusive situation. His mother has stated that Daniel’s father would not let her place Daniel in a preschool or in a Mother’s Morning Out program. She was not allowed to take Daniel outside to play. In addition, when his father was home, Daniel was expected to sit quietly and not play with toys. In spite of these restrictions, Daniel’s mother did her best to expose her son to books and songs and teach him ways to play with household materials.

Evaluation

The occupational therapist performs the Quick Neurological Screening Test II (QNST–II; Mutti, Sterling, Spalding, & Spalding, 1998) and sends the Sensory Profile (Dunn, 1999) home with Daniel for his mother to complete. Daniel scores within the “Definite Difference” range on the following factors on the Sensory Profile: Emotionally Reactive, Oral Sensory Sensitivity, Inattention/Distractibility, Auditory Processing, Vestibular...
lar Processing, and Multisensory Processing. As measured by the QNST–II, Daniel also has difficulty with gross motor skills, balance, tactile processing, visual tracking, motor planning, impulsivity, and anxiety.

**Intervention**

The occupational therapist observes Daniel in the classroom and makes recommendations for strategies that the teacher can use to decrease Daniel’s distractibility and to increase his attention and participation at school. The occupational therapy assistant works with Daniel for 45 minutes twice a week, with time divided between intervention in the classroom to address cutting and drawing activities and outside the classroom to increase motor control, sensory awareness, and problem-solving skills.

**Family Case Study: Herminie’s Family**

An occupational therapist is part of a treatment team for individuals who have diabetes. The physician wants the therapist to assess and provide services to Herminie, a 34-year-old woman who is not routinely checking her glucose levels or taking her insulin. Because Herminie speaks limited English, her sister accompanies her to the session and translates for her.

**Evaluation**

During the interview, Herminie shares that her 13-year-old daughter has taken on the responsibility for prompting Herminie to perform the techniques necessary to keep the diabetes under control. The 13-year-old daughter also takes care of her 7-year-old brother while Herminie works. Herminie left home with her children a year ago because her husband was physically and emotionally abusive to her. According to Herminie’s sister, as a result of witnessing the abuse, the daughter is continually afraid that something is going to happen to her mother and brother. She is afraid to leave the house, except to go to school, and does not socialize with friends.

**Intervention**

With the aid of Herminie’s sister, who provides verbal and written translation, the occupational therapist develops a daily checklist that Herminie can use to prompt herself to independently check her glucose levels and take her insulin. She discusses with Herminie how important it is for her, rather than her daughter, to be responsible for managing her diabetes. The occupational therapist meets with Herminie and her daughter weekly for several weeks to reinforce and monitor the progress that Herminie is making and to assist the daughter with reducing her anxiety. With Herminie’s and her daughter’s permission, the therapist calls the daughter’s school guidance counselor to discuss the situation and request help with decreasing the daughter’s anxiety while facilitating increased socialization. In addition, the occupational therapist recommends that Herminie participate in a domestic violence counseling program.

**References**


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On September 17, 2013, 42 out of 42 (100%), of identified local domestic violence programs in the Florida participated in the 2013 National Census of Domestic Violence Services.

3,271 Victims Served in One Day
2,023 domestic violence victims (997 children and 1,026 adults) found refuge in emergency shelters or transitional housing provided by local domestic violence programs.

1,248 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children’s support groups.

This chart shows the percentage of programs that provided the following services on the Census Day.

<table>
<thead>
<tr>
<th>Services Provided by Local Programs:</th>
<th>Sept. 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Support or Advocacy</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>100%</td>
</tr>
<tr>
<td>Children’s Support or Advocacy</td>
<td>100%</td>
</tr>
<tr>
<td>Support/Advocacy to Elder Victims of Abuse</td>
<td>45%</td>
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<tr>
<td>Advocacy Related to Technology Use (Cyberstalking)</td>
<td>24%</td>
</tr>
<tr>
<td>Job Training/Employment Assistance</td>
<td>36%</td>
</tr>
<tr>
<td>Rural Outreach</td>
<td>45%</td>
</tr>
<tr>
<td>Court Advocacy/Legal Accompaniment</td>
<td>64%</td>
</tr>
</tbody>
</table>

154 Unmet Requests for Services in One Day, of Which 71% [109] Were for Housing
Victims made more than 150 requests for services, including emergency shelter, transitional housing, and nonresidential services, that could not be provided because programs did not have the resources to provide these services. The most frequently requested non-residential services that couldn’t be provided were housing advocacy, transportation, financial assistance, and legal representation.

Impact of Unmet Requests for Help
Domestic violence programs do not always know what happens when a survivor courageously calls a stranger to ask for a bed or other help and the services aren’t available; however 52% of programs report that victims return to their abuser, 21% report that victims become homeless, and 7% report that the families are end up living in their cars.

Cause of Unmet Requests for Help

- 19% reported reduced individual donations.
- 10% reported reduced government funding.
- 17% reported not enough staff.
- 10% reported cuts from private funding sources.

739 Hotline Calls Answered
Domestic violence hotlines are a lifeline for victims in danger, providing support, information, safety planning, and resources. In the 24-hour survey period, local and state hotlines answered 739 calls, averaging more than 31 hotline calls every hour.

615 Educated in Prevention and Education Trainings
On the survey day, 615 individuals in communities across Florida attended 31 training sessions provided by local domestic violence programs, gaining much needed information on domestic violence prevention and early intervention.

“Through working with an advocate from a certified domestic violence center, a survivor was able to build her resume and learn interview techniques for an upcoming job interview. With the advocate’s assistance the survivor was able to choose professional attire. The survivor was offered the position and shared that because of the resources she received from the center she felt supported so that she could secure the job.”

— Advocate
Understanding and Preventing Violence

Violence is a public health problem that has a substantial impact on individuals, their families and communities, and society. Each year, millions of people experience the physical, mental, and economic consequences of violence. The good news is that violence is preventable.

The Division of Violence Prevention (DVP) within CDC’s Injury Center works to prevent injuries and deaths caused by violence, so people can live life to the fullest. As the only federal agency that focuses on stopping violence before it starts, DVP monitors and tracks violence trends, conducts research to identify factors that increase or decrease the risk for violence, develops and rigorously evaluates innovative prevention strategies, and supports the widespread use of evidence-based prevention approaches. This critical work helps us prevent child maltreatment, intimate partner violence, sexual violence, youth violence, and suicidal behavior.

This resource only summarizes DVP’s current research that is supported by cooperative agreements, contracts, and grants. This research fills critical knowledge gaps and strengthens our ability to prevent violence and its consequences. This document does not summarize DVP’s surveillance or programmatic activities that are important complements to research and critical components to preventing violence. For additional information about DVP’s activities and resources to prevent violence, visit: www.cdc.gov/ViolencePrevention/index.html.

Understanding What Protects or Increases Risk for Violence

Understanding What Protects Against Suicide or Increases Vulnerability

The potential for suicidal behavior is increased by some life experiences, and some individuals are at higher risk. DVP’s research is identifying these risks as well as protective influences. For example, DVP and the Department of Defense and Veteran Affairs are working together to understand risk factors for suicide among active duty army personnel. DVP is also providing funding to researchers at Kent State University to identify suicide risks and protective influences experienced from childhood through young adulthood using data from four longitudinal studies. Researchers at the University of Rochester Medical Center are examining the direct protective and buffering effects of social and community connectedness on suicidal behavior by adolescents and young adults. Findings from these studies can guide future development of prevention strategies for vulnerable groups.

Identifying the Social and Community Risks for Youth Violence

The likelihood of youth engaging in violence—including bullying, fighting, and gang related violence—is influenced by youth’s skills and experiences as well as characteristics of their relationships and community. DVP is supporting research by its Academic Centers of Excellence in Youth Violence Prevention (ACEs) to better identify and understand these broader risk and protective influences. For instance, Virginia Commonwealth University is examining whether a lower density of alcohol outlets and restrictions on the sale of single-serve beverages are associated with fewer fights by high school students and lower rates of ambulance pick-ups for violent injuries experienced by youth. Researchers at the University of Chicago are examining the connection between youth violence and neighborhood social processes and characteristics, such as norms about the acceptability of violence, mobility, and economic viability. This knowledge is critical to guiding the development of new prevention strategies that can lead to community-wide reductions in youth violence.
Protecting Against Teen Dating and Adult Intimate Partner and Sexual Violence

More is known about what increases the risk for partner and sexual violence than what protects against it from happening in the first place. DVP is filling this knowledge gap. Researchers at Wayne State University are working with students in 16 middle and high schools to identify modifiable protective factors for teen dating violence, such as emotion regulation skills, attitudes about gender roles and violence, and school and community supports. Researchers at the University of Rochester are investigating factors that influence intimate partner violence when one or both partners are deaf. DVP is also supporting researchers at Georgia State University to study individual, school, and community factors that increase or decrease the development of sexual violence perpetration by surveying approximately 1,500 college students from 30 universities. This knowledge can inform the development of violence prevention strategies for teens and young adults.

Clarifying the Connections between Different Forms of Violence

Different forms of violence have common risk factors, such as poor problem-solving skills and family conflict. DVP researches the links between child maltreatment, bullying, dating violence, sexual violence, and suicide in order to better understand the development of risk and protective influences and to identify opportunities for prevention. DVP is supporting researchers at the University of Colorado at Boulder to examine the developmental pathways and intergenerational connections between child maltreatment and intimate partner violence. Researchers at Kings College, University of California-Davis, University of Maryland, and University of Washington are also supported to examine the intergenerational transmission of child maltreatment with four longitudinal studies (E-Risk Study, Family Transitions Project, Rochester Youth Development/Intergenerational Study, Lehigh Family Study) and to investigate the role of safe, stable, and nurturing relationships (SSNRs) and social contexts in reducing child maltreatment. This research can lead to strategies that simultaneously reduce multiple types of violence and that interrupt the development of violence-related behaviors.

Examining the Economic Impact of Violence and the Efficiency of Prevention Strategies

Prevention science that helps us to understand and respond to public health problems includes recognizing the broad costs of violence and the cost-benefit of prevention strategies. For instance, DVP’s research has shown the total lifetime cost (health care, child welfare, criminal justice, and lost productivity and earnings) of child maltreatment is $124 billion each year. DVP scientists are currently examining the impact of child maltreatment on health-related quality of life and long-term costs. DVP also is collaborating with Quality Resource Systems to develop the first national, comprehensive estimate of the societal costs of sexual violence against women. This research can inform our understanding of the impact of violence and strengthen the economic evaluation of violence prevention approaches.

Recent Findings about Risks and Protective Influences

- Risk factors for suicide among active duty army personnel include intimate partner problems, job-related stress such as recent combat exposure, mental health distress, and substance use.¹

- Alcohol and drug use are risk factors for gang membership by youth while parental monitoring and youth's confidence in their abilities to cope with conflict are protective factors.²

- Among middle school students, strong associations exist between bullying perpetration and subsequent sexual harassment perpetration and between homophobic teasing and co-occurring bullying perpetration and later sexual harassment perpetration.³

- Youth who purposely watch, read, or visit websites depicting violent x-rated material are six times more likely to report engaging in sexually aggressive behavior.⁴
Testing New and Innovative Prevention Strategies

Preventing Abusive Head Trauma

A leading cause of death from child maltreatment is abusive head trauma, but little is known about how to effectively prevent it. DVP is supporting evaluations of two promising state-wide approaches. Researchers at Pennsylvania State University are examining a program in 16 counties that educates parents of all newborns before leaving the hospital about violent infant shaking and the feasibility of booster sessions delivered to parents during well-baby health care appointments. The second study, being conducted by researchers at the University of North Carolina at Chapel Hill, is an evaluation of the Period of Purple Crying program, which educates parents of all newborns leaving the hospital and at the first well-baby visit about normal infant crying patterns, how to respond to crying, and the dangers of shaking. The Period of Purple Crying program also includes a media campaign to reinforce program messages. Findings from both studies will inform whether broader use of these types of strategies can prevent abusive head trauma and save lives.

Expanding the Reach and Accessibility of Child Maltreatment Prevention Strategies

Strategies that effectively prevent child maltreatment and promote healthy child development are available but typically provided only to families with known risks. DVP supports the development and evaluation of approaches that increase the accessibility of evidence-based strategies and help all parents develop positive parenting behaviors. For instance, DVP is developing Essentials for Parenting Toddlers and Preschoolers, which uses a web-based platform with videos, interactive activities, and other resources to help parents of children aged 2-4 years develop safe, stable, and nurturing relationships with their children. DVP is also working with partners to evaluate the implementation in Pitt County, North Carolina and Berrien County, Michigan of Triple P, which is an evidence-based system of strategies for communities to enhance parents’ abilities to raise their children in safe, loving, and engaging environments. The goal of the Triple P study is to identify and address barriers to widespread use of effective strategies. DVP also is examining strategies to prevent child maltreatment through other service delivery infrastructures. For example, Early Head Start (EHS) as a primary prevention strategy for child abuse and neglect is being examined by researchers at Portland State University to determine its impact on specific subgroups of children and families; how children in EHS and controls differ on timing, type, severity or chronicity of maltreatment experienced; and what characteristics of the program are associated with better outcomes. Researchers at Tulane University are evaluating the effects of two interventions (Triple P-Level 2 and Play Nicely) versus usual care among parents receiving Women, Infants, and Children (WIC) services on parenting behaviors linked with child physical abuse. Finally, DVP supports formative research about how to better engage fathers in effective parenting and child maltreatment prevention programs, including an evaluation of Fathers Supporting Success in Preschoolers by researchers at Queens College and an evaluation of Engaging Fathers by researchers at Washington University. All of this research can help us understand how to increase access to prevention approaches that work to prevent child maltreatment.

Preventing Suicide with Connectedness

Suicide is a leading cause of death, but very little is known about how to effectively prevent it. DVP is leading efforts to better understand whether increasing social connectedness for at-risk individuals can lower the risk for suicide. DVP works with researchers at the University of Michigan to evaluate the Links to Enhancing Teens’ Connectedness (LET’S CONNECT) program, which focuses on youth aged 12-15 years who are at elevated risk for suicidal behavior due to low interpersonal connectedness, a recent history of bullying others, or a recent
history of being bullied. Let’s Connect teams adolescents with community and natural mentors to actively facilitate and support the adolescents’ engagement with community organizations and activities to decrease the risk for suicide. Researchers at the University of Rochester are receiving funding to evaluate The Senior Connection, a suicide prevention strategy designed for older adults who are socially disconnected or feel that they are a burden on others. This strategy pairs these at-risk seniors with peer volunteers with the goal of increasing connectedness and decreasing suicide risk. This research is ground-breaking and could help reduce suicides among vulnerable groups.

Evaluating Economic and Environmental Change Approaches to Prevent Violence

The social, economic, and physical characteristics of neighborhoods and communities influence the likelihood of violence, but little is known about the effectiveness of strategies to address these broader community risk factors. DVP’s research is addressing this gap. For example, researchers at the University of Pittsburgh are receiving funding to evaluate the impact of a community economic development initiative on rates of youth violence and crime in urban neighborhoods. DVP is also supporting the RAND Corporation to evaluate the effects of school choice and school finance reform on community violence. DVP is working with researchers at ICF Macro to evaluate the impact of Colorado’s state-supervised, county-administered Temporary Assistance to Needy Families program on child maltreatment and other child health outcomes over a 20 year period. Results of these research projects will inform strategies that strengthen the health and safety of communities.

Comprehensive Youth Violence Prevention in High-Risk Communities

Youth violence is caused by numerous factors, and its prevention requires multiple strategies that are systematically identified and implemented by many community partners. DVP’s Academic Centers of Excellence in Youth Violence Prevention (ACES) connect academic and community partners to implement and evaluate strategies to prevent violence in high-risk neighborhoods. The ACES are taking the best available research evidence, implementing these strategies as part of a comprehensive approach, and then assessing their impact on assault, homicide, and other youth violence outcomes. The ACES are a catalyst for prevention efforts in the communities that they serve. Their development and evaluation of innovative partnerships and prevention strategies are also creating new approaches that other communities can utilize and informing how national reductions in youth violence can be achieved.

Recent Findings about Individual, Family, and Community Violence Prevention Strategies

- An evaluation of the Coaching Boys Into Men program showed that high school male athlete participants increased intentions and positive behavior to intervene on peers’ dating and sexual violence behaviors relative to control athletes. At the one-year follow-up, the perpetration of dating violence was also less among program participants.

- Families for Safe Dates is the first family-based teen dating violence prevention program and was effective in promoting changes in the family context to support the prevention of dating abuse, decreasing teens’ acceptance of dating abuse, and preventing dating abuse victimization.

- Business Improvement Districts (BIDs) had a 12% drop in robbery rates, an 8% drop in violent crime overall, and 32% fewer arrests over time compared with non-BID areas as well as cost savings due to reduced crime rates, arrests, and prosecution-related expenditures.

- The average rate of ambulance pick-ups for intentional injuries declined from 13.1 per 1,000 residents aged 15-24 years to zero when alcohol beverage licenses were restricted and increased to 5.3 per 1,000 residents when restrictions were removed.

- Baltimore’s Safe Streets program, a street-level outreach and conflict mediation strategy, resulted in fewer homicides and non-fatal shootings in most implementation communities and less acceptance to use violence to solve conflicts.
Family Approaches to Preventing Intimate Partner Violence

Family environments can create risks for or buffers against future violence. DVP is evaluating a number of innovative approaches to help at-risk individuals and families stop violence before it starts. DVP is providing funding to researchers at SUNY Stony Brook to conduct a randomized controlled trial of Couple Care for Parents, which is a self-directed program that builds healthy relationship skills of parents with newborns in order to reduce the potential of partner violence in the relationship. Researchers at the Boston VA Research Institute are receiving funding to evaluate PTSD-Focused Relationship Enhancement Therapy, which is a group-based approach for returning veterans from Iraq or Afghanistan and their partners and addresses PTSD symptoms, anger, and problem-solving skills. Researchers at John Jay College are being supported to examine the long-term impact of a preschool family intervention (which showed promise in reducing early childhood risk factors for delinquency and peer violence) on sexual and dating violence experiences in adolescence and young adulthood. University of North Carolina researchers are evaluating Moms and Teens for Safe Dates, which is a dating abuse primary prevention strategy for teens exposed to adult intimate partner violence in their homes. Findings from these studies will inform ways to act early to prevent the occurrence of dating and intimate partner violence and promote health.

Preventing Sexual Violence among Youth

Sexual violence is a pervasive problem that has broad and long-lasting impacts on health, yet we lack effective prevention strategies. DVP is supporting the University of Kentucky to conduct a population-based, state-wide randomized controlled trial of Green Dot in 26 high schools. Green Dot is a comprehensive bystander approach focused on the primary prevention of teen sexual and dating violence that uses social norms change strategies and skills training for peer leaders. Researchers at the University of Illinois at Urbana-Champaign are receiving support to conduct a randomized controlled trial of Second Step: Student Success Through Prevention in 34 middle schools. This classroom-based curriculum is implemented throughout 6th, 7th, and 8th grade and addresses the shared underlying risk and protective factors for bullying, sexual harassment, and dating aggression. In a second randomized controlled trial, University of Illinois at Urbana-Champaign researchers are comparing Second Step and a gender-enhanced Second Step/Shifting Boundaries program on violence perpetration, bystander behavior, and peer attitudes about violence. DVP also is working with Safe Place to evaluate Expect Respect Support Groups in preventing sexual and dating violence among at-risk middle and high school youth. Researchers at Rutgers University are receiving support to investigate the effectiveness of SCREAM Theater, a bystander intervention focused on reducing sexual violence among college students. This research will provide critical knowledge about strategies that stop sexual violence.

Screening for Intimate Partner Violence

Many professional organizations recommend screening all women for intimate partner violence in primary care settings as a way to identify potential victims and to prevent the negative health outcomes of partner violence. Whether screening leads to better health, help-seeking, or prevents the recurrence of violence is less clear. Previous research by DVP examining whether screening for intimate partner violence and giving women information on partner violence resources improved health found no differences between participants who included women who were screened and provided a resource list, women who were not screened but given a resource list, and a control group. DVP is currently funding the Collaborative Research Unit at Stroger Hospital to evaluate the impact of screening for these participants within a 3-year period. Results can inform strategies to identify and support women experiencing intimate partner violence.
Promoting Healthy Teen Relationships

Teen dating violence has significant negative effects on short- and long-term mental and physical health, and unhealthy teen relationships increase the risk for adult intimate partner violence. DVP developed *Dating Matters* — a comprehensive teen dating violence prevention program for youth, their parents, educators, and the neighborhoods in which they live. The program engages local health departments and reinforces skills taught to parents and youth through evidence-based programs with educator training and a communication campaign that uses social media and text messages. *Dating Matters* is being delivered in approximately 45 middle schools across 4 high-risk, urban communities and is being evaluated for its effectiveness in reducing the risk for physical, emotional, and sexual violence among teens and its cost effectiveness. This work will help guide and strengthen national efforts to stop dating violence.

References

10. Webster DW, Whitehill JM, Vernick JS, Parker EM. *Evaluation of Baltimore’s Safe Streets program: effects on attitudes, participants’ experiences, and gun violence.* Baltimore, MD: Johns Hopkins Center for Prevention of Youth Violence; 2012.
Domestic Violence Counts 2013
A 24-Hour Census of Domestic Violence Shelters and Services

NATIONAL NETWORK TO END DOMESTIC VIOLENCE
To the staff at the 1,649 local domestic violence programs that participated in the 2013 National Census of Domestic Violence Services, thank you for taking time out of your busy schedules to provide us with a glimpse of the incredible, life-saving work you do every day.
On September 17, 2013, 1,649 out of 1,905 (87%) identified domestic violence programs in the United States participated in the 2013 National Census of Domestic Violence Services. The following figures represent the information provided by these 1,649 participating programs about services provided during the 24-hour survey period.

**66,581 Victims Served in One Day**
36,348 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs.

30,233 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children’s support groups.

This chart shows the percentage of programs that provided the following services on the Census Day.

<table>
<thead>
<tr>
<th>Services Provided by Local Programs:</th>
<th>Sept. 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Support or Advocacy</td>
<td>98%</td>
</tr>
<tr>
<td>Children’s Support or Advocacy</td>
<td>84%</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>77%</td>
</tr>
<tr>
<td>Court Advocacy/Legal Accompaniment</td>
<td>58%</td>
</tr>
<tr>
<td>Transportation</td>
<td>58%</td>
</tr>
<tr>
<td>Group Support or Advocacy</td>
<td>53%</td>
</tr>
</tbody>
</table>

**9,641 Unmet Requests for Services in One Day, of which 60% (5,778) were for Housing**
Victims made more than 9,000 requests for services, including emergency shelter, housing, transportation, childcare, legal representation, and more, that could not be provided because programs did not have the resources to provide these services. The most frequently requested non-residential services that could not be provided were housing advocacy, legal representation, and financial assistance.

Domestic violence programs do not always know what happens when a survivor courageously calls a stranger to ask for a bed or other help and the services aren’t available; however, 60% of programs report that victims return to the abuser, 27% report that victims become homeless, and 11% report that victims end up living in their cars.

**Cause of Unmet Requests for Help**
- 27% reported reduced government funding.
- 20% reported not enough staff.
- 12% reported cuts from private funding sources.
- 10% reported reduced individual donations.

Across the United States, 1,696 staff positions were eliminated in the past year. Most of these positions were direct service providers, such as shelter staff or legal advocates. This means that there were fewer advocates to answer calls for help or provide needed services.

**20,267 Hotline Calls Answered**
Domestic violence hotlines are a lifeline for victims in danger, providing support, information, safety planning, and resources. In the 24-hour survey period, local and state hotlines answered 20,267 calls and the National Domestic Violence Hotline answered 550 calls, averaging more than 14 hotline calls every minute.

**23,389 Educated in Prevention and Education Trainings**
On the survey day, 23,389 individuals in communities across the United States and territories attended 1,413 training sessions provided by local domestic violence programs, gaining much-needed information on domestic violence prevention and early intervention.

“On the Census Day, one of our residents left the program. She had entered the program with a great deal of anxiety and self-doubt after leaving her abusive husband of 30 years. While she was moving her belongings out of the shelter, she expressed hope for her future. She said, ‘I came here with nothing and you gave me everything.’”

—New Jersey Advocate
On September 17, 2013...

In Massachusetts...
A woman escaped after her husband severely assaulted her and threatened her with a knife.

In Illinois...
A little boy jumped in front of his mother to protect her from her abusive husband.

In Arizona...
A woman was stabbed and raped by her abusive partner in front of his friends.

In Pennsylvania...
A woman called for help after her boyfriend pulled a gun on her.

In Michigan...
A woman and her children faced eviction after her abusive partner evaded the police and emptied their bank account.

In the United States...
Two women were killed by their abusive partners.

This information was reported by domestic violence programs in the 2013 Domestic Violence Counts. With 87 percent participation, more women and men may have been injured or killed as a result of domestic violence on September 17, 2013, than reported here.
On September 17, 2013, across the United States and U.S. Territories, 66,581 adults and children received services from domestic violence programs. Unfortunately, 9,641 requests for services went unmet due to lack of resources. For the eighth consecutive year, the National Network to End Domestic Violence (NNEDV) conducted its annual National Census of Domestic Violence Services (Census), a one-day, unduplicated snapshot of the number of individuals who accessed domestic violence services, the types of services they requested, and the stories and experiences of survivors and advocates. Out of 1,905 domestic violence programs and shelters identified nationwide, 1,649 programs (87%) participated in the 2013 Census.

During that 24-hour period, 19,431 children and 16,917 adults found safety in emergency shelters and transitional housing, while 5,873 children and 24,360 adults received advocacy and support through nonresidential services. In addition to providing face-to-face services with victims and their children, local domestic violence advocates answered 20,267* hotline calls on that day, and provided 1,413 trainings on domestic violence to more than 23,000 people.

For the past eight years, the Census has illuminated the daily successes and struggles that programs face while assisting victims who come to their doors seeking refuge and safety. In those eight years, the country has experienced significant economic upheaval resulting in substantial funding cuts at the federal, state, and local levels. Those cuts have forced many programs to reduce services and some programs to permanently close their doors. Yet, at the same time, programs across the country are experiencing an increase in demand for services.

While programs continue to do their best to meet survivors’ needs, and often go to incredible lengths to provide services, programs’ resources are stretched thin. For victims, domestic violence programs are the light at the end of a long, dark tunnel. Advocates and programs must have greater resources so that they can continue to ensure that when victims reach out for help, they are met with a sympathetic ear, a helpful hand, and a safe place to go.

* The National Domestic Violence Hotline answered an additional 550 calls on the survey day.
Victims Served

Bravely Reaching Out
In just one day, 66,581 adults and children found safety and help at 1,649 domestic violence programs across the United States. Victims often reach out for assistance after a particularly violent or threatening act of abuse or when the daily violence has escalated to a point at which they fear for their lives or their children’s lives. When victims seek help, it is a critical time, and it is vitally important that domestic violence service providers be there to provide help and safety. An advocate from California shared, “A victim entered our shelter with eyes that were black and blue and swollen shut from injuries caused by her partner. She also had a bad fracture that required surgery. When she came into the shelter she was extremely frightened, but was visibly relieved at our reassurance that she was now in a safe place.”

Limited, Yet Critical, Transitional Housing
Following emergency shelter, many survivors need help in the transition to permanent housing. Some domestic violence programs are able to provide transitional housing—temporary accommodation designed as a stepping stone between crisis and long-term safety and self-sufficiency. On the survey day, 12,831 victims and their children were living in transitional housing.

On September 17
Local and state hotlines answered 20,267 hotline calls and the National Domestic Violence Hotline answered an additional 550 calls. On this one day, hotlines answered an average of 867 calls per hour or 14 calls per minute.

Seeking Safety and Refuge
Survivors who are trying to escape from abuse and begin new lives have many basic needs: shelter, food, money, transportation, childcare, legal assistance, and more. One of the most immediate needs is a safe place to stay. When victims make the decision to leave, they should not have to worry about where they and their children will sleep at night. As a Wisconsin advocate pleaded, “Women escaping domestic violence need the security only safe shelter can provide.”

On September 17
77% of programs provided emergency shelter for survivors and their children.
37% of programs provided transitional housing for survivors and their children.

On September 17

<table>
<thead>
<tr>
<th></th>
<th>Emergency Shelter</th>
<th>Transitional Housing</th>
<th>Non-Residential Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>11,870</td>
<td>7,561</td>
<td>5,873</td>
<td>25,304</td>
</tr>
<tr>
<td>Adults</td>
<td>11,647</td>
<td>5,270</td>
<td>24,360</td>
<td>41,277</td>
</tr>
<tr>
<td>Total</td>
<td>23,517</td>
<td>12,831</td>
<td>30,233</td>
<td>66,581</td>
</tr>
</tbody>
</table>

Although the common of length of stay in an emergency shelter is 30 to 60 days, it can take 6 to 10 months or more for a family to secure stable, permanent housing due to a lack of affordable housing options. Without transitional housing options, many victims face the untenable choice between homelessness and returning to further violence. As one advocate in Washington, DC said, “Survivors’ lives are put at risk every day due to lack of funding and access to safe, affordable housing.”
Comprehensive Advocacy and Support

In the aftermath of abuse, survivors benefit from compassion and support as they heal and rebuild their lives. During this time, domestic violence advocates provide vital support and services to address a variety of issues, including legal concerns, counseling, employment, transportation, and childcare.

For example, a Florida advocate worked with a survivor to build her resume and learn interview techniques before an upcoming job interview. The advocate was also able to provide the survivor with a suit to wear and a bus pass to get to the interview. The survivor was offered the position and shared that “because of the support she received from the program, she felt confident enough to secure the job.”

On the Census Day, 30,233 individuals received non-residential services, which included support, advocacy, and counseling. The chart below shows the percentage of programs that provided the following requested services on the survey day.

### On September 17

<table>
<thead>
<tr>
<th>Services</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Support/Advocacy</td>
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<td>Transportation</td>
<td>58%</td>
</tr>
<tr>
<td>Group Support/Advocacy</td>
<td>53%</td>
</tr>
<tr>
<td>Social Service System Advocacy</td>
<td>49%</td>
</tr>
</tbody>
</table>

For a complete list of services programs provided on the Census Day and throughout the year, see page 11.

Whether they are providing safety planning, connecting survivors with resources, or advocating on survivors’ behalf, advocates strive to empower survivors and strengthen their voices. Advocates often go above and beyond, dedicating as much as they can to support survivors. As one program staff member from Kansas shares, “It never ceases to amaze me how creative advocates and survivors can be, doing so much with so little.”

### Prevention and Education: A Path to Ending Domestic Violence

Community-wide education and prevention initiatives are crucial to ending domestic violence. Educating children and young adults on healthy relationships and the signs of dangerous and controlling behavior is a vital step toward preventing abuse. On the survey day, local programs provided education on understanding and identifying dating violence, bullying, sexual harassment, and domestic violence to students from grade school through college, as well as to educators and parents.

#### On September 17

Advocates provided 1,413 trainings to 23,389 students, parents, teachers, law enforcement officers, mental health professionals, attorneys, child protective services employees, and other professionals.

“Today, we were able to educate high school students on domestic violence,” reported an Ohio advocate, “This will help empower them to speak for the right to live free from violence.” These trainings are more than educational; they let young victims know that they aren’t alone and can get resources and support. In Indiana, after attending a training conducted by a program, a teenager called asking for help.

A Virginia advocate noted that these trainings “have historically been difficult to organize, implement, and build upon, but engaging these professionals is critical in raising awareness about how to respond to domestic violence and the services available for victims.”

—Alabama Advocate

“We helped a survivor secure childcare for her 2-year-old child. Since her only option for childcare was to leave her child with the abuser’s parents, she was considering quitting her job to keep her child safe. The survivor was so excited that she could keep her job and not jeopardize her safety or the safety of her child.”

“A woman entered our shelter after she fled her abusive husband. She had been living in her car for a week before coming to us. Since she’s been in shelter, she has been able to increase her safety, continue to care for her teenage children, obtain a job, and is now planning to move into her own home.”

—Delaware Advocate
Devastating Unmet Needs

Although more than 66,500 adults and children found refuge and support on the survey day, an additional 9,641 requests for services were unmet due to a lack of resources. This means that over 9,000 times an advocate was forced to tell a courageous caller or person at the door that, unfortunately, there was no bed, counselor, or attorney available to help.

On September 17

- 9,641 requests for services were unmet because of limited resources.
- 42% of unmet requests were for emergency shelter.
- 18% of unmet requests were for transitional housing.
- 40% of unmet requests were for non-residential services.

Now more than ever, domestic violence programs and shelters across the country are operating with less funding, fewer resources, and fewer staff. The economic environment of the last few years has resulted in a combination of fewer grants, fewer donations from the community, and reduced government funds at every level. This shortage of resources within domestic violence programs has been compounded by a reduction in funding for other social services upon which victims often rely, such as low-income housing, mental health services, and more.

The chart below shows the number of unmet requests, broken down by requests from adults and children by types of services.

<table>
<thead>
<tr>
<th></th>
<th>Emergency Shelter</th>
<th>Transitional Housing</th>
<th>Non-Residential Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>2,388</td>
<td>871</td>
<td>2,930</td>
<td>6,189</td>
</tr>
<tr>
<td>Children</td>
<td>1,643</td>
<td>876</td>
<td>933</td>
<td>3,452</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,031</strong></td>
<td><strong>1,747</strong></td>
<td><strong>3,863</strong></td>
<td><strong>9,641</strong></td>
</tr>
</tbody>
</table>

Lack of Housing

The largest unmet need was for shelter. One of the first steps for survivors escaping violence is finding a safe place to go, and domestic violence shelters offer safe spaces for victims to figure out their next steps. Emergency shelter, transitional housing, and affordable housing are critical in helping survivors permanently escape violence.

However, in most places, the demand for emergency shelter is outpacing the availability. Despite serving more than 23,000 people in emergency shelter on the Census Day, 4,031 requests for emergency shelter went unmet.

Safe shelter is crucial for survivors when they are escaping a deadly threat. In Colorado, an advocate reported, “We have a woman living in our shelter. Her husband tried to shoot her, and the only reason she got away was because the gun jammed. She begged us to let her stay in the shelter, saying that she and her kids are beginning to feel safe for the first time in their lives. Of course, we extended their stay.”

In some places, the location of domestic violence shelters is confidential, which is a necessity for survivors whose abusive partners are incredibly dangerous and are stalking them. In Rhode Island, an advocate reported, “We got a call from a homeless shelter asking for shelter for a woman who had been severely beaten by her husband. He is very dangerous and she needed a confidential shelter to go to so he couldn’t find her. We were full and the only shelter with space available was a few states away. Unfortunately, we didn’t have any transportation funds to get her to that shelter.”

When shelters are at capacity, or when additional security is needed, many programs look to alternative safe locations to house a survivor, such as hotels or motels in the community. In the past year, though, 149
programs had to eliminate these services due to funding cuts. Programs often rely on individual donations to pay for rooms, and hotel or motel stays are expensive. When these programs are not available, many victims and their children are left without a safe place to sleep at night and may face the untenable choice between homelessness or further violence.

Transitional housing is another option for survivors and is particularly critical for victims’ safety and self-sufficiency after they leave emergency shelter and work towards finding permanent housing. An advocate in New Mexico shared how significant it was for a survivor to learn that she had been placed in a transitional housing program, “The survivor opened the letter with her children standing nearby. As she read the letter, she began jumping in excitement, and her children joined in the celebration!”

Currently, only 42% of programs provide transitional housing as part of their services throughout the year, and because of funding cuts, 71 programs reduced or eliminated their transitional housing services in the past year. Despite the success of transitional housing programs in helping survivors find stability for themselves and their children, the shortage of these services means that far too many victims leave shelter with nowhere to go or lack adequate housing options in their communities.

Fewer Staff to Assist Survivors
Demand for services has increased, yet there are fewer staff to answer the phone, provide comprehensive services, or even document the unmet needs and unmet requests for help. Most programs operate with few staff to begin with, so when employees are laid off it not only means that people in the community are without jobs, it also means that fewer people are available to provide the critical services victims need. A Kansas advocate reported, “Without staff, there is no one to answer the phones, advocate on behalf of the survivor, or provide them with support. We can’t create new or enhanced programing. Our advocates are faced with horrific stories of violence and abuse and we’re asked to do more with less every day.”

Prior to the economic downturn, local programs were already underfunded and understaffed. In 2009, NNEDV collected the number of layoffs and found that almost 2,000 positions had been eliminated in the previous 12 months. In addition to downsizing in the intervening years, in 2013, 1,696 staff were laid off due to funding reductions, an average of more than 1 person per program. This is significant since half of local domestic violence programs have fewer than 20 employees.

Of the staff that were laid off in 2013, 70% were direct service positions, such as case managers, advocates, shelter staff, and child advocates. As an Illinois advocate reported, “We cut our walk-in counseling support staff several years ago because of funding cuts, and we have never been able to rebound from this. We aren’t able to meet the increasing demand for help.” Many advocates report not even being able to know how many victims reach out to request services every day, because so few staff are there to answer calls or keep the program doors open.

Positions that have been laid off in the past year:

<table>
<thead>
<tr>
<th>Position</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager/Advocate</td>
<td>16%</td>
</tr>
<tr>
<td>Shelter Staff</td>
<td>16%</td>
</tr>
<tr>
<td>Hotline &amp; Other Advocates</td>
<td>12%</td>
</tr>
<tr>
<td>Legal Advocate/Attorney</td>
<td>10%</td>
</tr>
<tr>
<td>Community Outreach</td>
<td>9%</td>
</tr>
<tr>
<td>Child Advocate</td>
<td>8%</td>
</tr>
<tr>
<td>Prevention Staff</td>
<td>5%</td>
</tr>
</tbody>
</table>

“Today a survivor called our 24-hour crisis line asking for emergency shelter. She was fleeing from her abuser, who had found her at her sister’s house and assaulted her so badly she ended up in the hospital. Unfortunately, we have no shelter space available, and she has nowhere to go.”

—Oregon Advocate

“Despite extreme stalking and a high threat of danger, a survivor was denied community legal services because there was no physical abuse. The survivor makes minimum wage and is unable to afford a divorce attorney.”

—Alabama Advocate
**Significant Cuts to Services**

With fewer staff and resources, comprehensive and critical services have to be eliminated. Significant services that programs had to cut or reduce in the past year included transportation, legal representation, bilingual advocacy, and therapy or counseling for both adults and children.

<table>
<thead>
<tr>
<th>Programs Reduced or Eliminated the Following Services in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>187</td>
</tr>
<tr>
<td>94</td>
</tr>
<tr>
<td>81</td>
</tr>
<tr>
<td>71</td>
</tr>
<tr>
<td>69</td>
</tr>
<tr>
<td>64</td>
</tr>
<tr>
<td>55</td>
</tr>
<tr>
<td>54</td>
</tr>
</tbody>
</table>

Some domestic violence programs are able to offer transportation services to survivors (such as bus vouchers, gas money, or transport in a program vehicle); however, many are not. This past year, 94 programs across the country reduced or eliminated their transportation-related services because of budget cuts, leaving many victims without the means to access safety and self-sufficiency. With enough funding, transportation can be a lifeline for survivors in need.

**Advocate in the Midwest**

“Although we were full, we took in a woman from another state because her life was in danger. Through coordination with law enforcement, our lethality assessment program, and our 24-hour hotline staff, we were able to get her on a plane to make it here, to safety.”

**Legal Services are Desperately Needed**

Access to legal services can significantly increase a survivor’s safety and long-term stability. Yet survivors often need help navigating the court system to access protection and hold abusers accountable. Sometimes, they must face the abuser in court to obtain a protection order, gain child support, or testify in criminal proceedings. For many survivors, this can be financially and emotionally difficult, and it can be helpful to have an advocate with them who is supportive and knowledgeable about the court system.

Legal cases involving domestic violence are often complex, and without proper legal representation, survivors are frequently further victimized by unfavorable outcomes.

Some domestic violence programs are able to address this critical need by providing either legal advocacy or representation by a lawyer. On the survey day, 58% of programs were able to have an advocate accompany a victim to court, but only 12% of programs were able

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“Through cooperation with local police, we helped a woman leave her abusive husband and enter emergency shelter. Previously, whenever she tried to leave, he threatened to take the baby, physically abused her, and threatened to kill her mother.”

—Texas Advocate

“With the support of our court advocate, a survivor testified at the jury trial against her abuser. She was scared but in the end felt empowered. Having someone encourage and support her was very valuable; and testifying was an important step in her healing.”

—Massachusetts Advocate
to assist victims with legal representation. Funding cuts have forced some programs to cut these important services. In the past year, 50 programs reduced or eliminated their legal advocacy programs and 69 programs reduced or eliminated their legal representation services. Of the unmet requests, legal representation through an attorney was the second most sought-after service.

South Dakota Advocate

“A woman was denied custody and her children were given to an incredibly violent ex-husband. She has a chronic illness and cannot work; but she must pay child support and is financially destitute. She is living with relatives and far from her children. I think of her and her vulnerable children every single minute of every day—hoping she will be able to survive another day.”

Underserved Victims

With resources and services already strained, victims from isolated or marginalized communities have an even harder time seeking help and finding pathways out of abuse.

Immigrant survivors often face isolation, fear, restrictive immigration laws, and language barriers, which may prevent them from reaching out for help. Furthermore, abusers of immigrant victims often control their victims by deliberately misrepresenting the law, confiscating immigration documents, and threatening deportation or taking away their children if they report violence. A California advocate shared, “We worked with a woman who was stabbed by her husband. She was 4½ months pregnant and her 10-year-old child saw the violence. He was sentenced to prison for attempted murder and felony domestic violence. She told me that she was always afraid of going to the police to report the violence because she had entered the country illegally when she was 10 years old.”

Survivors who are elderly, disabled, or dependent on a caregiver may face additional barriers. An advocate on the West Coast shared, “We got a call from a 70-year-old woman who had been with her abusive husband for more than 30 years. In those years, he was controlling, emotionally and financially abusive, and convinced her she was crazy. She cried for most of the phone call, but said she wanted a divorce and to move away, but without access to her money, she felt helpless, hopeless, and confused. We walked through several options and I referred her to our legal department. After the call, she was more confident and hopeful.”

Victims who identify as members of the LGBTQ community also face unique barriers in accessing safety and justice. Criminal justice and law enforcement systems and personnel frequently struggle to understand the dynamics of domestic violence in the LGBTQ community. Despite laws that prohibit discrimination, LGBTQ survivors sometimes have a difficult time accessing help and protection.

Programs Provide the Following Services:

Advocacy Related to Immigration:
- 24% on the Census Day
- 83% throughout the year
- 35 programs reduced or eliminated this service in the past year

Bilingual Advocacy:
- 37% on the Census Day
- 72% throughout the year
- 55 programs reduced or eliminated this service in the past year

Advocacy Related to Disability Issues:
- 22% on the Census Day
- 84% throughout the year
- 20 programs reduced or eliminated this service in the past year

“We took a call from a survivor whose husband beat her after years of verbal and emotional abuse. He coerced their older sons to join him in beating their mother. With the help of the language line, we talked to her about going to the hospital to get her injuries looked at and we’re arranging a Spanish-speaking counselor to speak with her.”

—Virginia Advocate

“Many survivors who need mental health services fall between the cracks. They are often not eligible for free services but can’t afford to pay either. We need more resources.”

—Washington Advocate
Unconscionable Consequences

While domestic violence programs must face the untenable reality of being unable to help everyone who comes to their door, survivors face the ultimate consequences: no alternatives to violence or options for safety.

When asked what most often happens to survivors when programs are not able to meet their requests for services, 60% of local programs report that victims return to the abuser, and 27% said that they become homeless. Other potential consequences include ending up financially ruined and/or facing bankruptcy; moving to a location that requires leaving jobs, family, or other support systems; or living in a series of short-term locations, such as with family members or in a car.

The abuse that many survivors suffer is multifaceted and can include emotional, physical, sexual, financial, and mental abuse. Despite their efforts to leave the violence, the barriers they face often seem insurmountable.

**Funding and Laws are Vital**

When victims reach out for help, they must be able to find safety and support. Given the dangerous and potentially lethal nature of domestic violence, we cannot afford to ignore victims’ needs.

Funding is crucial to the work that domestic violence programs do day in and day out. Studies have shown that domestic violence shelters are essential for addressing and ending domestic violence, as is the work that programs do to address victims’ urgent and long-term needs and help them protect themselves and their children.

At the federal level, the Family Violence Prevention and Services Act (FVPSA), which was passed by Congress thirty years ago, is the only federal funding source dedicated directly to domestic violence shelters and programs. FVPSA-funded programs are the foundation of our nation’s response to adult and child victims of domestic violence. FVPSA funds essential services that are at the core of addressing domestic violence: emergency shelters, hotlines, counseling and advocacy, and primary and secondary prevention. Unfortunately, the FVPSA program is severely underfunded, and its funding in 2013 was lower in actual dollars than it was in 2001.

The Violence Against Women Act (VAWA), reauthorized in 2013 and marking its 20th anniversary in 2014, also provides specialized funding for domestic violence programs and other social service agencies that work with survivors. While VAWA’s focus is on criminal justice system responses, it is also integral to our nation’s response to violence.

Addressing domestic violence requires everyone—funders, policy makers, victim advocates, social service providers, law enforcement, courts, and communities—to work together to respond to and prevent further violence.

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**Delaware Advocate**

“Domestic violence can be eradicated if we are willing to work together with the goal of supporting those affected by domestic violence.”

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## Services Provided on the Census Day

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>On Sept. 17, 2013</th>
<th>Throughout the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Support or Advocacy</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>Children’s Support or Advocacy</td>
<td>84%</td>
<td>94%</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>77%</td>
<td>85%</td>
</tr>
<tr>
<td>Court Advocacy/Legal Accompaniment</td>
<td>58%</td>
<td>95%</td>
</tr>
<tr>
<td>Transportation</td>
<td>58%</td>
<td>91%</td>
</tr>
<tr>
<td>Group Support or Advocacy</td>
<td>53%</td>
<td>91%</td>
</tr>
<tr>
<td>Advocacy Related to Public Benefits/TANF/Welfare</td>
<td>49%</td>
<td>91%</td>
</tr>
<tr>
<td>Advocacy Related to Housing Office/Landlord</td>
<td>41%</td>
<td>90%</td>
</tr>
<tr>
<td>Advocacy Related to Mental Health</td>
<td>41%</td>
<td>91%</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>37%</td>
<td>42%</td>
</tr>
<tr>
<td>Bilingual Advocacy (services provided by someone who is bilingual)</td>
<td>37%</td>
<td>72%</td>
</tr>
<tr>
<td>Advocacy Related to Child Welfare/Protective Services</td>
<td>33%</td>
<td>92%</td>
</tr>
<tr>
<td>Advocacy Related to Substance Abuse</td>
<td>29%</td>
<td>85%</td>
</tr>
<tr>
<td>Financial Skills/Budgeting</td>
<td>29%</td>
<td>83%</td>
</tr>
<tr>
<td>Therapy/Counseling for Adults (by a licensed practitioner)</td>
<td>28%</td>
<td>52%</td>
</tr>
<tr>
<td>Childcare/Daycare</td>
<td>27%</td>
<td>54%</td>
</tr>
<tr>
<td>Rural Outreach</td>
<td>27%</td>
<td>71%</td>
</tr>
<tr>
<td>Advocacy Related to Immigration</td>
<td>24%</td>
<td>83%</td>
</tr>
<tr>
<td>Advocacy Related to Health Care or Healthcare Systems</td>
<td>24%</td>
<td>83%</td>
</tr>
<tr>
<td>Advocacy Related to Disability Issues</td>
<td>22%</td>
<td>84%</td>
</tr>
<tr>
<td>Job Training/Employment Assistance</td>
<td>22%</td>
<td>69%</td>
</tr>
<tr>
<td>Support/Advocacy to Teen Victims of Dating Violence</td>
<td>19%</td>
<td>86%</td>
</tr>
<tr>
<td>Support/Advocacy to Elder Victims of Abuse</td>
<td>19%</td>
<td>88%</td>
</tr>
<tr>
<td>Safe Houses</td>
<td>18%</td>
<td>28%</td>
</tr>
<tr>
<td>Therapy/Counseling for Children (by a licensed practitioner)</td>
<td>18%</td>
<td>44%</td>
</tr>
<tr>
<td>Translation/Interpretation Services (provided through a 3rd party)</td>
<td>16%</td>
<td>78%</td>
</tr>
<tr>
<td>Medical Services/Accompaniment</td>
<td>16%</td>
<td>79%</td>
</tr>
<tr>
<td>Advocacy Related to Technology Use (Cyberstalking, etc.)</td>
<td>13%</td>
<td>79%</td>
</tr>
<tr>
<td>Legal Representation by an Attorney</td>
<td>12%</td>
<td>31%</td>
</tr>
<tr>
<td>Hotel/Motel Stay</td>
<td>10%</td>
<td>63%</td>
</tr>
<tr>
<td>Support/Advocacy to Victims of Trafficking</td>
<td>10%</td>
<td>71%</td>
</tr>
<tr>
<td>Media/Press Response or Outreach</td>
<td>10%</td>
<td>82%</td>
</tr>
<tr>
<td>Policy Advocacy</td>
<td>8%</td>
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</tr>
<tr>
<td>Advocacy with the Military</td>
<td>5%</td>
<td>49%</td>
</tr>
<tr>
<td>HIV/AIDS Counseling and/or Support</td>
<td>4%</td>
<td>31%</td>
</tr>
</tbody>
</table>
## Summary Data

<table>
<thead>
<tr>
<th>State or Territory</th>
<th>Response Rate</th>
<th>Adults Served</th>
<th>Children Served</th>
<th>Total People Served</th>
<th>Unmet Requests for Services</th>
<th>Hotline Calls Answered</th>
<th>Total People Trained</th>
<th>Served in Shelter</th>
<th>Served in Transitional Housing</th>
<th>Non-Residential Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>95%</td>
<td>337</td>
<td>281</td>
<td>618</td>
<td>51</td>
<td>97</td>
<td>221</td>
<td>268</td>
<td>68</td>
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<td>AL</td>
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<td>357</td>
<td>208</td>
<td>565</td>
<td>26</td>
<td>155</td>
<td>658</td>
<td>249</td>
<td>105</td>
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<td>79%</td>
<td>216</td>
<td>298</td>
<td>514</td>
<td>29</td>
<td>150</td>
<td>318</td>
<td>245</td>
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<td>1,796</td>
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<td>294</td>
<td>806</td>
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<td>978</td>
<td>205</td>
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<td>625</td>
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<td>855</td>
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<td>183</td>
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<td>DC</td>
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<td>202</td>
<td>553</td>
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<td>DE</td>
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<td>52</td>
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<td>251</td>
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<td>ME</td>
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<td>499</td>
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<td>393</td>
<td>86</td>
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<td>Children Served</td>
<td>Total People Served</td>
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<td>Hotline Calls Answered</td>
<td>Total People Trained</td>
<td>Served in Shelter</td>
<td>Served in Transitional Housing</td>
<td>Non-Residential Served</td>
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<td><strong>Total</strong></td>
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<td><strong>23,517</strong></td>
<td><strong>12,831</strong></td>
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Every day, advocates work to empower victims, help them figure out the next steps in their lives, and assist them in navigating complex and intimidating systems so they can obtain safety and justice. In Georgia, a survivor shared that after some time in a shelter she feels like she finally “has the tools she needs to start her life over.” In Utah, a survivor said that “she was having a peaceful day—the first she has had in many years—as a result of the services provided.” A survivor in Indiana expressed gratitude to the advocates who supported him in getting a protection order against his abusive ex-partner, saying, “Thank you for believing in me and being willing to go the extra mile for the people you help. This is the worst thing I’ve ever had to deal with. Your help and time means the world.” And in Virginia, a woman with a lifelong history of sexual abuse and domestic violence said that coming into a program “was like possibly coming out of a bad dream.”
I/ Introduction
I. INTRODUCTION

The National Intimate Partner and Sexual Violence Survey (NISVS) Communications Toolkit is a practical guide that outlines basic elements for effective communications initiatives: defining a goal or specific objective, identifying your priority audience(s), creating central messages, working with traditional and new media, and mobilizing others. The toolkit contains creative ideas and examples that CDC’s partners, grantees, and other groups can use leading up to and following the release of NISVS data. Whether you have extensive or little experience with communications, we invite you to use the strategies and materials in this toolkit to promote the NISVS data and your organization’s commitment to violence prevention.

Sexual violence, stalking, and intimate partner violence are preventable problems. Strategic and sustained communications about why and how these forms of violence occur can change the way people understand and respond to them. Data from NISVS will lay the foundation for greater awareness of this long-standing public health crisis and help inform prevention strategies.

What is the National Intimate Partner and Sexual Violence Survey?

The National Intimate Partner and Sexual Violence Survey is an ongoing, nationally representative survey that assesses sexual violence (SV), stalking, and intimate partner violence (IPV) among adult women and men in the United States. The primary objectives of the survey are to describe:

- The prevalence and characteristics of sexual violence, stalking, and intimate partner violence
- Who is most likely to experience these forms of violence
- The patterns and impact of the violence experienced by specific perpetrators
- The health consequences of these forms of violence

CDC’s National Center for Injury Prevention and Control launched the survey in 2010 with the support of the National Institute of Justice and the Department of Defense. The survey was developed with the help of experts and stakeholders from various organizations and representatives from other federal agencies.

NISVS includes data from English- and Spanish-speaking female and male adults living in the United States and asks respondents about victimization over their lifetime and in the 12 months prior to taking the survey. It captures information on:

- Sexual violence (SV) victimization by any perpetrator, including rape (completed, attempted, and alcohol/drug facilitated forced penetration), being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences.
- Stalking victimization, including through the use of newer technologies such as text messages, emails, monitoring devices (e.g., cameras and GPS, or global positioning devices), by perpetrators known and unknown to the victim.
• Physical violence by an intimate partner, psychological aggression by an intimate partner, including information on expressive forms of aggression and coercive control, and control of reproductive or sexual health by an intimate partner.

The median length of time to complete the telephone survey in 2010 was approximately 25 minutes. The data represent the national population. Respondents were randomly selected through random-digit dialing of both landline and cell phone numbers.

Financial support from the National Institute of Justice enabled the collection of a separate targeted sample of persons of American Indian and Alaskan Native ethnicity, and the financial support from the Department of Defense enabled the collection of a separate random sample of female active duty military and female spouses of active duty military. Findings from these samples will be described in future publications.

In 2010, a total of 18,049 interviews from the general population sample were conducted. This includes 16,507 completed and 1,542 partially completed interviews. Findings in the 2010 summary report are based on the completed interviews (9,026 women and 7,421 men).

Why the National Intimate Partner and Sexual Violence Survey?
Understanding the magnitude, impact, and consequences of violence against females and males in the U.S. is an important first step in preventing violence. This information can be used to:
• Inform policies and programs that are aimed at preventing these forms of violence
• Provide information for states to consider in their prevention planning and advocacy efforts
• Establish priorities for preventing these forms of violence at the national, state, and local levels

Data collected in future years from the survey can also be used to examine trends in sexual violence, stalking, and intimate partner violence, and to evaluate and track the effectiveness of prevention efforts.

In summary, National Intimate Partner and Sexual Violence Survey will help guide and evaluate progress in reducing the substantial health burden from sexual violence, stalking victimization, and intimate partner violence.
II / Creating a Communications Plan
II. CREATING A COMMUNICATIONS PLAN

Creating a communications plan is essential for achieving the greatest impact from your communications efforts and activities, and it can also support your broader organizational goals and help make the most of resources.

**Steps for Developing a Communications Plan**

This step-by-step approach for creating a communications plan may be helpful for responding to the launch of the *National Intimate Partner and Sexual Violence Survey* report and leveraging the data to promote and improve your organization’s work to prevent sexual violence, stalking victimization, and intimate partner violence.

**Step 1: Define your goal and assess the situation.**

*NISVS* will provide new and compelling information for you to share, but first you must determine what you hope to accomplish in sharing the *NISVS* data. As you set your goal, evaluate the opportunities and challenges your organization faces and the resources available to pursue your goal.

**Step 2: Identify your priority audience(s).**

Once you’ve defined your goal, identify the audience(s) you need to reach in order to accomplish your goal. If you identify multiple audiences or segments within each audience, prioritize them, and learn as much as you can about what motivates, influences, and interests them.

**Step 3: Develop messages.**

After you’ve identified, prioritized, and gained knowledge about your priority audience(s), develop messages that will resonate with them, compelling them to think, feel, or act in ways that support your goal. Think about the key concepts and language that will resonate with your priority audience(s).

**Step 4: Determine strategies and tactics for disseminating your messages.**

Determine how your priority audience(s) receive and share information. Think about the best spokesperson, channels, activities, and materials for delivering your messages to your priority audience(s).

**Step 5: Create an action plan.**

Set your strategies and tactics to a timeline, determining where, when, and how each task will be done. Set milestones and deadlines. Allocate your resources and assign personnel accordingly.

**Step 6: Implement, evaluate, and modify your plan.**

Before you implement your plan, establish benchmarks and measures by which to evaluate whether or not your plan is meeting your goal and how you will determine success. Once the plan is in motion, if it is not on track to meet your goal, make modifications to your plan to ensure success.
III / Promoting the National Intimate Partner and Sexual Violence Survey
III. PROMOTING NISVS

NISVS will provide the most current and comprehensive data on SV, IPV and stalking victimization – and an important opportunity to use these data to support your work. Developing a promotional strategy now will position you to lead the conversation about NISVS when it is released and gain exposure for your work on violence prevention.

Identifying Your Target Audience

Identifying a target audience is a crucial step in any promotion strategy. By establishing which parties will be most interested in, and affected by the NISVS data, you can tailor your campaign to have the largest possible impact.

The key to having a large impact, counter-intuitive as it may seem, is to target a small audience. While you may aspire to have the “general public” talk about your cause, it is next to impossible to find a common denominator for a group so large. A more effective approach is to select a specific audience on whom to focus your communications strategies and to allow the ripple effect to carry your message across waters you alone could not reach.

Follow this step-by-step process to determine your target audience.

Step 1: Name your "Wish List"

If you could convince 500 people to embrace your message today, who would they be? What if you had to narrow down that list to 100 people? What if you had to select only one person to relay your message to? Who would she or he be? Why?

Though you will certainly be able to reach a target audience far greater than one person, going through this exercise allows you to research the characteristics, concerns and knowledge base of a broader audience for whom that individual is a good representative. It is far easier to research what one individual thinks about your issue than a group of 500.

Figure one shows the progression from a broad, unfocused target audience to one specific person, a hypothetical character named Carol Smith. For the purpose of illustrating this process, let’s say that Carol Smith is a columnist for the New York Times who primarily writes about women’s issues, volunteers at a woman’s shelter, and she has 300,000 followers on Twitter.
Step 2: Not a Popularity Contest
Effective communications is usually not about raw numbers. It is often about targeting key constituencies and influencing their behavior and attitudes to create change. It is often better to find and inspire a few committed activists than have 100 inconsistent supporters. For example, earning attention (and possible media coverage) from Carol Smith will have greater effect on your cause than getting 100 people to “like” your page on Facebook. In fact, the former may achieve the latter all on its own.

Step 3: Find the "Friend of a Friend"
Sometimes you may not be the best messenger for your message. Determine who influences your target audience and could help deliver your message with a better chance for success. Do you know anyone among that group? If not, branch out to “friends of friends” to widen the circle of influence until you find someone who can help you enter the “target circle” (see figure 2).

Step 4: Reach into the Circle
Once you identify an entry point into the target circle, craft a communications strategy that will allow you to move toward the bull’s-eye. Be direct with people you know, and be strategic with people you don’t know. If you know someone, contact them directly. If you don’t know them use your target circle to determine who influences them, and then try to contact someone in an outer circle.

Selecting Data Highlights
Since the NISVS report contains such a large amount of data, it will be important to identify data highlights that will be most interesting and relevant to the audience you are targeting. Though the data are not yet available, descriptions of the objectives and categories of data are available to help you determine which might be of most interest to your target audience.

The primary objectives of NISVS are to describe:
- The prevalence and characteristics of sexual violence, stalking, and intimate partner violence
- Who is most likely to experience these forms of violence
- The patterns and impact of the violence experienced by specific perpetrators
- The health consequences of these forms of violence

The NISVS report will present information related to several types of violence that have not previously been measured in a national population-based survey, including types of sexual violence other than
rape, expressive psychological aggression and coercive control, and control of reproductive or sexual health. The report will also provide the first ever simultaneous national and state-level prevalence estimates of violence for all states.

Specifically, the report will include findings on:
- Sexual violence by any perpetrator
- Stalking victimization by any perpetrator
- Violence by an intimate partner
- Impact of violence by an intimate partner
- Number and sex of perpetrators
- Violence over one’s lifetime and in the 12 months prior to taking the survey
- Health consequences
- State level estimates

The NISVS data can be used for a number of purposes. First, these data can help inform policies and programs aimed at preventing sexual violence, stalking, and intimate partner violence. In addition, these data can be used to establish priorities for preventing these forms of violence at the national, state, and local levels. Finally, data collected in future years from the survey can be used to examine trends in sexual violence, stalking, and intimate partner violence and to evaluate and track the effectiveness of prevention efforts.

In addition to collecting lifetime and 12 month prevalence data on sexual violence, stalking, and intimate partner violence, the survey collects information on the age at the time of the first victimization, demographic characteristics of respondents, demographic characteristics of perpetrators (age, sex, race/ethnicity) and detailed information about the patterns and impact of the violence experienced by specific perpetrators.

Which findings you choose to focus on depends upon the interests of your target audience. Research your audience and see what specific elements of the report they would find most interesting. More technical statistics or data will be appropriate for medical professionals, scientists and researchers, while media outlets may seek a human story to bring the figures to life.

**Engaging and Communicating with Your Target Audience**
In order to engage and communicate with your audience you have to first determine how they communicate and adapt your strategy accordingly. Are they Twitter pros, do they keep a blog or attend conferences? What particular phrases, statistics or data, resonate with them? What kind of language do they use? Understanding their behavior is crucial to effectively target and engage them.

Go to where they are.
Don't expect your target audience to reach out to you for the information. Posting the information on your website or in a pamphlet at your location will only be effective if your target audience is already receiving their information from those sources. If your audience gets news from a few media outlets, try connecting with those sources to influence your audience. Search social media to get a sense of online conversations about your subject and discover links to other online sources.

Join the conversation.
If you want to truly engage your audience in a discussion, it is not enough to just present them with the report. You need to join their conversation, wherever that may be. Listening is an often overlooked part of a communications campaign. Listen to what your audience is saying and then respond with the information you want to share in a context that is relevant to their conversation. Figure 3 shows how to employ this strategy on Twitter. Simply blasting your information into the Twitterverse is not going to garner a lot of attention. Directing your comments toward a specific individual may yield better results. Sharing your thoughts as part of a conversation makes it more likely that your audience will respond.

Use their language.
In order to successfully engage your audience, it is important to use the language they use. For example Carol Smith may only use the phrase “sexual violence,” while other interested parties use “sexual abuse.” Speak the language your audience speaks to increase the odds that your message will resonate.

Create Feedback Loops
Test the accuracy and effectiveness of your message delivery by asking friendly members of each "ring" what they are hearing? Do they understand your message? Will your target audience?

Adjust Strategy and Message
Communications plans are NOT set in stone. Media work is opportunistic. Change things around if your message is not getting to the target audience. Simplify your message if it is garbled. Communications plans should adapt to changing realities of target responses and opposition tactics.
IV / Developing Messages for the National Intimate Partner and Sexual Violence Survey
IV. DEVELOPING MESSAGES FOR NISVS

Given the breadth and depth of data that NISVS will provide, it is important to start thinking now about how you will make sense of that information, especially as it relates to your cause. A message framework is an essential communications tool for distinguishing what information is most relevant to you and the populations you serve. Much like the metaphor it suggests, framing draws a border around the information you want to highlight and de-emphasizes the rest.

Consider the example below, in which the same image is framed in different ways, thereby conveying different stories about the same information. The picture on the left shows a pristine forest, conveying a sense of serenity. The picture on the right shows a wildfire swiftly consuming the landscape, injecting danger and destruction into the scene. Same picture, different frames. In this way, a message framework can create, or alter, the *meaning* of information.

![Forest Image](image1.png) ![Wildfire Image](image2.png)

**How to Create a Message Framework**

Before you create your message framework, determine these four things: 1) what you want to frame, 2) why you want to frame it, 3) who you want to see it, and 4) how they would talk about it.

1. **What You Want to Frame | The Information**

For a message framework to be effective, it has to be solidly grounded in the information it is framing. Though the NISVS data are not yet available, your experience in violence prevention can serve as a
placeholder for this part of the process. Based on your experience, anticipate different scenarios – that the data will be consistent with your assessments and observations, or that the data will reflect rates that are higher or lower than you expect. Once the NISVS data are available, it will be important to ensure your framework has “proof points” in the data so that your messages are credible.

2. Why You Want to Frame It | The Goal
What is the outcome you hope an effective message framework would help achieve?

Now think of an onion.

If the outcome you identified is a specific objective, like implementing a new curriculum in public schools, peel back a layer to determine the goal behind that goal. With this example, you might articulate that deeper goal as teaching young people the principles of a healthy relationship. Then peel back another layer to articulate the goal behind that goal – preventing intimate partner violence in the next generation.

If violence prevention was the first goal you identified, go through the same process in the opposite direction, getting progressively narrower in focus until you have identified a specific objective with a tangible call to action. Being able to connect immediate programmatic goals to a vision for broad societal change, and articulating the steps between, will lay the foundation for a message framework that can be specific or visionary. This will allow you to connect with various audiences according to where their values align with your goals along that spectrum.

3. Who You Want to See It | The Audience
To create a message that reaches and engages your audience, you need to know who your audience is. What makes them tick? What do they care about? What do they know about your issue already, and why it does or doesn’t matter to them? It will be difficult to answer these questions if your target audience is too broad, because their interests will be too diverse, their knowledge of your issue all over the map. At the same time, you want to have critical mass to get your message to spread out like a ripple across a pond.

Much like the layered goals described above, your target audience may shrink or expand depending on the objective you’re aiming to achieve. To get a new curriculum implemented in public schools, your target audience could be the school administrators responsible for selecting courses for the academic
year. To teach young people the principles of healthy relationships, your target audience could be the high school student body in your municipality. To prevent IPV in the next generation, your target audience could encompass the entire community.

Different goals will likely have different audiences, and different audiences will likely need different messages to become interested and engaged in your cause. Refer to “Identifying Your Target Audience” in the previous section for additional guidelines on how to identify and reach your target audience.

4. How They Talk About It | The Language
One of the items you should research about your target audience is how they talk about your issue. Odds are good they talk about it differently than you do. The language your audience uses should inform the word choice of your message. Speaking their language will ensure that they not only understand your message but that it resonates.

● BUILDING YOUR FRAME
Now that you have identified the information, goal, audience and language that will inform your message framework, you are ready to build your frame. Like a picture frame, a message framework has four “sides”: the value, the barrier, the solution, and the vision.

Value
Begin your message framework by articulating the value you share with your audience. It is a core belief that inspires what you do and why your audience cares. The value establishes common ground between you and your audience and serves as the entry point to the rest of your message. Returning to the example of trying to implement a new school curriculum, the value could be, “We want no harm to come to our children.”

Barrier
Then identify the barrier that is getting in the way of that value. There may be multiple barriers to this value, so select the barrier that both hinders attainment of your goal and is recognized as a problem by your audience. In the case of the curriculum example, the barrier might be, “There is a common and
dangerous misperception that children are too innocent to understand sexual violence. This does not match the reality of the situation and is magnifying the harm young victims are experiencing.

Solution
Next propose a solution that will overcome the barrier and aligns with the work that you are doing to address the problem. Describe the solution in a way that will resonate with your audience, based on the research you did about why they care about the issue and how they talk about it. In the curriculum example, you could share data on the prevalence of violence among youth, the increased risk to young victims of experiencing violence again later in life, and the long-term toll violence will have on their physical and mental development. Will your audience be better persuaded by presenting these data as statistics or as a human story? For some, it may not be tolerable to think of children as victims of violence; for others, it may be the only way to make the statistics sink in.

Vision
Conclude your framework by describing a vision in which your solution removes the barrier obstructing the value. The vision is grander in scope than the attainment of your goal; it aspires to a better world. At the same time, keep it grounded in your audience research and the language they use to talk about the issue. In the curriculum example, if your audience is educators or school administrators whom you are trying to persuade to adopt your curriculum, you might describe the vision as, “Let education on prevention, not the impact of violence, be the lesson that lasts a lifetime.” Once you have articulated the four “sides” of your frame, you can create additional messages based on each piece as well as a cohesive message that incorporates all the elements.

The NISVS Frame
The following message framework was created to describe why NISVS was developed and provide a general way to discuss the survey in advance of its launch.

- **Value:** Everyone deserves to live a life free of violence
- **Barrier:** There are significant gaps in the existing data around sexual violence, stalking, and intimate partner violence.
- **Solution:** The CDC developed NISVS to better identify and understand the magnitude and impact of sexual violence, stalking, and intimate partner violence. NISVS has innovative features that allow for an improved understanding of the public health burden of these problems.
- **Vision:** When people better understand the nature and extent of these problems, they will use that knowledge to strengthen and support efforts to prevent violence before it occurs.

Core Message
The four elements of a frame can be combined into a core message, such as this one for NISVS:
Sexual violence, stalking, and intimate partner violence are some of the country’s most serious public health issues, but the good news is that they can be prevented. By better understanding the extent, characteristics and consequences of these forms of violence, we can take action to prevent them.

**NISVS Narrative**

The core message can be expanded into the master narrative, which provides additional detail and context. Here is the NISVS narrative:

Everyone deserves to live a life free of violence.

Unfortunately, sexual violence, stalking, and intimate partner violence are some of the country’s most serious public health problems. Victims of violence not only suffer the immediate injury but also long-term physical, psychological and social consequences. More than a decade has passed since the last major assessment of the prevalence of intimate partner violence and sexual violence, and there are significant gaps in the existing data on these forms of violence. More recent surveys have examined these issues in a crime or public safety context, potentially missing data from victims who may not identify or report their experiences as crime. The sensitivity of these issues has minimized some of the most serious public health problems in our country. Population-based surveys, like NISVS, are important because they help uncover violence that is often not reported to police or others.

When people better understand the nature and extent of these problems, they will use that knowledge to strengthen and support efforts to prevent violence before it occurs. The CDC designed the survey to maximize safety and to facilitate the reporting of sexual violence, stalking, and intimate partner violence using the best available knowledge and expert advice. NISVS provides the most current and comprehensive data about the prevalence of these forms of violence. It is also the first survey to provide simultaneous national and state level data. These data will help us identify who is most likely to experience these forms of violence and use this information to inform practices, policies, and programs that promote nonviolence and change the behaviors and environments that make violence more likely to occur.

With improved prevention efforts, respect and nonviolence will become the norm for individuals, peers, couples, families, communities, and society.
V / NISVS FAQs
V. **NISVS FREQUENTLY ASKED QUESTIONS**

In addition to the NISVS framework, core message, and master narrative above, we invite you to use the FAQs below to discuss NISVS between now and the November 15th release of initial findings. The following questions and answers are intended to 1) provide CDC’s partners, grantees and other violence prevention organizations with additional information about the National Intimate Partner and Sexual Violence Survey (NISVS) and 2) anticipate questions that might be raised by various constituencies – such as the media, funders, collaborators, etc – and provide possible responses to those questions.

Like any resource contained in this toolkit, these FAQs are meant to serve as a general guide that you should tailor to your specific situation, needs and audience. The order in which they appear is not meant to convey their importance or predict the frequency with which they might be asked. The questions are organized by the following categories:

- General questions about NISVS
- Interpreting NISVS results
- Questions about specific NISVS findings
- Implications of the findings
- Background on methods of NISVS
- NISVS and other surveys
- Special samples (Military and American Indian and Alaskan Native)

**General Questions about NISVS**

**Q: What is NISVS?**

CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally-representative telephone survey that collects detailed information on sexual violence, stalking, and intimate partner violence victimization from adult women and men in the United States. The primary objectives of the survey are to describe on an annual basis:

- The prevalence and characteristics of sexual violence, stalking, and intimate partner violence
- Who is most likely to experience these forms of violence
- The patterns and impact of the violence experienced by specific perpetrators
- The health consequences of these forms of violence

**Q: Why was NISVS developed?**

With the ultimate goal of stopping violence before it occurs, the CDC developed NISVS to better describe and monitor the magnitude of sexual violence, stalking, and intimate partner violence in the United States. Timely and reliable data on these forms of violence can be used to inform policies and programs, establish priorities at the national, state, and local level, and, overtime, can be used to track progress in preventing these forms of violence.
Q: Why is the CDC conducting this survey? Isn't disease control its focus?
CDC’s mission extends well beyond control of contagious diseases. The CDC makes sure people and communities have the expertise, information and tools they need to protect their health. While just 30 years ago the words “violence” and “health” were rarely used in the same sentence, violence is now widely recognized as a public health problem, both because of the immediate injury risk as well as the serious long-term health consequences that often result. Violence also indirectly affects health in communities by reducing productivity, decreasing property values and disrupting social services.

Q: Why is this issue important?
The private nature of these public health problems makes them more challenging to monitor, evaluate and address than most other issues. But the need is especially acute because sexual violence, stalking, and intimate partner violence can create a ripple effect of health consequences well beyond the immediate injury. We’ve only begun to understand the cumulative health and social costs of these problems; conservative estimates begin in the billions of dollars in terms of lost productivity, direct medical care, ongoing health care and lost earnings by victims of intimate partner and sexual violence. Most importantly, these problems are preventable. NISVS aims to create a better understanding of the prevalence, impact, and health consequences of sexual violence, stalking, and intimate partner violence, so that we can inform and improve prevention efforts.

Q: What makes NISVS unique?
NISVS is the first ongoing survey dedicated solely to describing and monitoring these forms of violence as public health issues. It also includes information that has not previously been measured in a national population-based survey, such as types of sexual violence other than rape, expressive psychological aggression and coercive control, and control of reproductive or sexual health. NISVS is also the first survey to provide national and state-level data on sexual violence, stalking, and intimate partner violence.

Q: Who was surveyed?
The NISVS 2010 Summary Report presents data from the first year of data collection, based on 16,507 completed interviews (9,086 women and 7,421 men) in the general population sample. In 2010, NISVS was also conducted with a separate sample of self-identified American Indian and Alaska Native people, and a separate random sample of female active duty military and female spouses of active duty military. The results from these other samples will be provided in separate reports.

Q: How much state-level information is available in this first report?
The 2010 Summary Report includes data that was statistically reliable for individual states. For women, state-level estimates are provided for rape, sexual violence other than rape, intimate partner violence, and IPV-related impacts. For men, state-level prevalence estimates are provided for sexual violence other than rape and intimate partner violence. Information on the other forms of violence for men (e.g.,
rape, stalking) are not included in this first report because the estimates were not statistically reliable. All of the estimates included in the state tables are for victimization over one’s lifetime. State-level information for victimization in the year preceding the survey is also not included in the first report. Similar to certain types of victimization for men, we need to pool data across a few years in order to be able to provide reliable annual estimates.

Q: How should state data be used?
The state data are provided for individual states to better understand the number of people with victimization histories currently residing in a state and the burden of these kinds of violence on their population. Over time, NISVS will be able to combine multiple years of data to create reliable state-level estimates that provide information about more recent (as opposed to lifetime) victimization experiences among residents in a particular state. These data will be useful to inform prevention planning, program evaluation, resource allocation, and other efforts to address prevention and response associated with sexual violence, stalking and intimate partner violence.

Interpreting NISVS Results

Q: Did NISVS make statistical comparisons between demographic groups (e.g., sex or race/ethnicity of the respondent)?
Formal statistical comparisons between demographic groups were not included in the summary report. Tests to determine which prevalence estimates differ significantly will be incorporated in future reports focused on the three main types of violence — sexual violence, stalking, and intimate partner violence. The reader is cautioned against making comparisons across groups because apparent variation in estimates might not reflect statistically meaningful differences.

Q: What does lifetime and 12-month prevalence mean? How should they be interpreted?
*Lifetime prevalence* is the proportion of people in a given population that have ever experienced a particular form of violence. Lifetime prevalence estimates are important because they provide information about the collective burden of violence within a population. *12-month prevalence* provides information about the proportion of people in a given population that have experienced a particular form of violence in the 12 months prior to the survey. 12-month prevalence estimates provide a snapshot depicting the recent burden of violence in a population. 12-month prevalence estimates collected over multiple years can be used to estimate trends in the burden of violence over time, suggesting whether violence may be increasing or decreasing.

Q: When comparing women and men, why do some 12-month estimates look more similar than lifetime estimates?
The pattern varies across forms of violence and the reader is cautioned against making comparisons across groups because apparent variation in estimates might not reflect statistically meaningful differences. It is important to consider patterns in the types of violence, the severity, the overlap and
the impacts. Another point to consider is the relative difference in estimates. For example, the 12 month prevalence for any physical violence by an intimate is 4.0 for women and 4.7 for men and this reflects a 17.5% relative difference between the two estimates. However, the 12 month prevalence of severe physical violence among women is 2.7% and the prevalence for men is 2.0%. This represents a 35% relative difference in the opposite direction.

**Q:** Given the rates of physical violence reported by men, should we be doing more to support male victims?

It is important to assure that coordinated services are available and accessible for all of those who need them. The 2010 NISVS data shows that 1 in 7 men reported severe physical violence and that 1 in 10 reported an IPV-related impact (e.g., fear, concern for safety, injury, need for medical care or other services). The report also shows that, among the victims of rape, physical violence or stalking by an intimate partner who experienced at least one IPV-related impact, 75% were women and 25% were men.

**Q:** How meaningful are the apparent differences across states or by sex in the state tables?

It is important to keep in mind that the prevalence estimates are based on a sample and not a census of the U.S. population. Estimates that are based on a sample always include some error. This uncertainty or error is estimated with a 95% confidence interval. The 95% confidence intervals for the state tables are available online at [http://www.cdc.gov/violenceprevention/NISVS/state_tables.html](http://www.cdc.gov/violenceprevention/NISVS/state_tables.html). The confidence interval provides a range of values that likely include the true prevalence estimate. The 95% confidence interval means that we can be 95% confident that the true prevalence is within the interval.

Readers are **strongly cautioned** against comparing estimates across states or by sex. Estimates that have overlapping confidence intervals might not be meaningfully different from each other and additional statistical analyses are necessary to test for differences. Across all the tables, very few states have confidence intervals that do not overlap with those for the highest estimate in the table and even fewer have confidence intervals that do not overlap with the estimate for the entire U.S. population. Similarly, when data are available for men and women the confidence intervals tend to overlap and when they do not overlap the estimates are higher for women.

**Q:** Are the lifetime estimates by state meaningful if victims move from one state to another?

*Lifetime prevalence* is the proportion of people in a given population that have ever experienced a particular form of violence. The lifetime victimization experiences reported by individuals in a given state could include violence that occurred elsewhere. These estimates, however, provide important information about the proportion of women and men with victimization histories currently residing in a state. Given the potential long-term health consequences of victimization and the likelihood of ongoing health and service needs, these estimates can help states better understand the burden of violence in
their populations. This information can also be used to inform prevention planning, resource allocation, and advocacy efforts.

Q: What does weighted data mean?
For NISVS, weighted data is the result of a statistical process that uses survey information gathered from the randomly sampled respondents in combination with national population statistics to provide data that are nationally representative. The weighting takes into account complex sample design features such as stratified sampling, unequal sample selection probabilities, and non-response adjustments. The technical note in the 2010 NISVS Summary Report provides more information about these features.

Q: How are weighted data interpreted?
Weighted data provide the best way to provide estimates that represent the nation as a whole.

Q: What are the strengths of the NISVS methodology?
One of the most important strengths of the NISVS methodology is related to gathering sensitive information in a safe, respectful, non-judgmental, and confidential manner from respondents and in a way that maximizes their comfort with disclosing difficult information. Other strengths include: 1) the ability to provide state-level and national data simultaneously, 2) the use of cell phone and landline samples because many homes now have only cell phones, 3) how NISVS moves beyond counts to provide information on the patterns, impacts, and health consequences of violence, and 4) the fact that NISVS is administered in a health context rather than a crime context because people are more willing to disclose victimization if they don’t have to label it as a crime - particularly violence by intimate partners or family members.

Q: What are the limitations of the NISVS methodology?
NISVS relies on self-reports of victimization experiences. Despite efforts to make respondents feel comfortable and safe, it is possible that some victims were unwilling or unable to report their experiences. For example victims who are experiencing a high level of fear or coercive control in their current intimate relationship might be unable or unwilling to talk to an interviewer. Other victims, particularly those who were victimized a long time ago, might not remember some experiences.

Other limitations relate to the sample size. Although NISVS includes over 16,000 respondents, it is not yet large enough to provide estimates that are statistically reliable for all forms of violence experienced in the past 12 months or estimates for every variable for every state.

Readers are also cautioned against making comparisons across groups or across states because apparent variation in estimates might not reflect statistically meaningful differences.
Q: Can NISVS results be compared to data from other surveys to assess changes over time?
This is the first year that NISVS has been conducted, so there are not yet multiple years of data available with which to compare rates. Because NISVS uses a different methodology than other current surveys that collect data on sexual violence, stalking, or intimate partner violence, results between surveys likely vary due to methodological differences and should not be interpreted as changes over time.

Q: Why are some groups more or less likely to experience IPV, SV and stalking victimization?
Although no group is free from violence, consistent patterns have emerged showing that women, young people, and racial and ethnic minorities are the most heavily affected subpopulations in the United States. There are a number of social factors such as attitudes about violence, poverty and disadvantage, sexism and other forms of discrimination and social exclusion that contribute to risk for perpetration and victimization as well as stressors resulting from limited access to education, community resources, and services that contribute to these differences. The NISVS data help us to better understand the variation across groups in the prevalence and consequences of violence but they do not explain why the differences exist.

Q: Can readers assume that violence causes negative health outcomes?
Beyond immediate physical injury, we cannot say with certainty that a past experience with violence was the specific cause of any particular adverse health outcome. However, these data allow us to evaluate whether victimization is associated with the likelihood that respondents will also report current health problems. We also know from other research that exposure to these kinds of violence can result in serious long-term physical and mental health problems as a result of the body’s biological responses to trauma.

Q: Can readers assume IPV causes the IPV impacts that victims reported?
For the purposes of this survey, respondents were specifically asked questions about what happened to them because of what a specific perpetrator did to them. Therefore, the respondent, who is the best source of this information, has made a causal link. The impact measure includes all victimization experiences by an intimate partner that we asked about (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health).

Questions about Specific NISVS Findings
Q: What does this report say about the relationship between the perpetrators and victims?
Across all forms of violence (sexual violence, stalking, intimate partner violence), the vast majority of victims knew their perpetrator, often an intimate partner or acquaintance. Perpetrators were rarely strangers to the victims.
Q: When are people most at risk for victimization?
Although risk for violence exists across the lifespan, the majority of victims first experienced rape, stalking, or intimate partner violence prior to age 25.

Q: Does this report show how both males and females experience violence?
Yes, although women are frequently at greater risk of victimization and our findings are reported separately for females and males. For example, the results indicate that nearly 1 in 5 women (18%) and 1 in 71 men (1%) in the United States have been raped at some time in their lives and 1 in 2 women (45%) and 1 in 5 men (22%) have experienced sexual violence other than rape, including being made to penetrate someone else and unwanted sexual contact. One in 6 women (16%) and 1 in 19 men (5%) in the United States have experienced stalking victimization during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.

Q: Do men and women experience similar levels of intimate partner violence (IPV)?
It is important to fully consider the overall pattern of IPV experiences and this is one of the strengths of NISVS. While overall 1 in 3 women and 1 in 4 men in the US have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, the contrasts between the experiences of men and women sharpen when we look at the specific forms of IPV, the severity of the physical violence experienced, and the impact of the violence.

**Forms:** While 92% of male victims experienced only physical violence, 36% of women experienced more than one form, including 12.5% of female victims who experienced all three (rape, physical violence, and stalking by an intimate partner). The type of physical violence assessed in NISVS ranged from being slapped, pushed, or shoved to more severe forms of physical violence such as being hit with a fist or something hard, beaten, slammed against something, choked, burned, etc..

**Severity:** While about 30% of women and 26% of men reported being slapped, pushed, or shoved by an intimate partner, 24% of women and 14% of men reported severe physical violence.

**Impact:** The types and severity of violence experienced contribute to the impact. About 3 in 10 women and 1 in 10 men experience these forms of violence AND reported at least one IPV-related impact. This means that, among victims, over 80% of women who reported rape, physical violence, and/or stalking by an intimate partner also reported one or more negative impacts (e.g., fear, injury, missed school/work, etc.), whereas, about 35% of men who experienced these forms of violence by an intimate partner reported an impact.

Q: Does the report include information about the sex of the perpetrators?
This report does include information about the sex of the perpetrators. For example, the report documents that male rape victims and male victims of non-contact unwanted sexual experiences reported predominantly male perpetrators. Also, nearly half of all male stalking victims reported
perpetration by a male. Male victims of other forms of violence reported predominantly female perpetrators. The majority of female victims reported victimization by a male perpetrator.

**Implications of the Findings**

**Q:** What are the implications of the NISVS data for prevention and services?

We hope these data will be used as a call to action for practitioners, researchers, and policy makers to engage in an array of activities ranging from prevention and intervention, to building the body of research. For example, the field can work to:

- Implement prevention approaches that promote healthy, respectful relationships and address beliefs/attitudes/messages that condone, encourage, or facilitate intimate partner violence, sexual violence, and stalking. These results underscore the need to focus on reducing violence earlier in life with both boys and girls, with the ultimate goal of preventing all of these types of violence before they start.

- Ensure appropriate response by ensuring access to services and resources and providing survivors with a system of care to ensure healing and prevent recurrence of victimization. An important aspect of public health practice is to tailor efforts to help those most at risk of victimization, and these data would suggest women in particular are heavily affected, as well as racial/ethnic minorities and younger populations. This suggests the need to address these disparities and provide needed services for victims, particularly those experiencing an array of consequences.

- Hold perpetrators accountable. Survivors may be reluctant to disclose their victimization for a variety of reasons including shame, embarrassment, fear of retribution from perpetrators, or a belief that they may not receive support from law enforcement. Laws may also not be enforced adequately or consistently. It is important to enhance training efforts within the criminal justice system to better engage and support survivors and thus hold perpetrators more accountable.

**Q:** What is CDC doing to address this problem?

CDC focuses on preventing sexual violence and intimate partner violence before it happens. CDC’s work focuses on three areas: 1) understanding the problem—NISVS is a key component of this work, 2) identifying effective interventions, and 3) ensuring that states and communities have the capacity and resources to implement prevention approaches based on the best available evidence.

**Some examples of CDC’s work to:**

**Understand the problem**

- Gathering information about sexual violence, stalking, and intimate partner violence victimization and perpetration through NISVS.
- Assessing the association between bullying experiences and co-occurring and subsequent sexual violence perpetration and to determine the shared and unique risk and protective factors for bullying experiences and perpetration of sexual violence.
• Examining the developmental pathways of violence perpetration, including those of IPV, among young women and men who have grown up in severely distressed neighborhoods in cities and who are now mothers and fathers.

**Identify effective interventions**

- Funding rigorous evaluations of strategies such as Green Dot and Second Step: Student Success Through Prevention to identify effective approaches aimed at preventing sexual violence before it occurs.
- Funding rigorous evaluations of other bystander approaches with campus and other populations and with different delivery approaches, including web-based applications.
- Examining an enhanced home visitation program to prevent intimate partner violence through a randomized trial that builds on the Nurse Family Partnership program.
- Conducting a randomized controlled trial to establish the impact of screening for IPV on health and quality of life.
- Rigorously testing the impact of family-based and dyad-based primary prevention strategies on the outcome of physical IPV perpetration and identified mediators with populations at risk for IPV.

**Implement and Disseminate Effective Strategies**

- Strengthening sexual violence prevention efforts through the Rape Prevention Education program by supporting strategies to prevent first-time victimization and perpetration; mobilize communities and build coalitions; increase awareness, education, and training; and operate hotlines. All 50 states have convened diverse sexual assault prevention planning committees and developed state sexual assault prevention plans to guide this work forward.
- Supporting the DELTA Program to develop primary prevention strategies to address intimate partner violence through funding, training and technical assistance. DVP funds 14 state domestic violence coalitions, which support local communities to implement and evaluate prevention programs while increasing sustainability.

CDC also collaborates with other parts of the federal government that provide leadership and resources for service provision.

**Q: Are sexual violence, stalking, and intimate partner violence really public health problems?**

Injuries and violence are widespread in society. Many people accept them as fate or as "part of life," but the fact is that most events resulting in injury, death or disability are predictable and therefore
preventable. The burden of injury and violence coupled with the enormous cost of these problems to society make them a pressing public health concern.

**Q: How can we use these data to inform our work?**

NISVS data can be used to support a wide array of violence prevention efforts, including:

- create awareness of these forms of violence within states
- inform local staff development and training programs
- set and monitor program goals at the state level
- inform prevention planning and priority-setting processes
- inform health education and other prevention programs
- support health-related policy
- inform funding decisions for state-level initiatives

**Background on the Methods of NISVS**

**Q: How are people selected?**

Respondents are randomly selected through random-digit dialing of both landline and cell phone numbers. One respondent is randomly selected from the households. These people complete the interview over the phone with a specially trained interviewer.

**Q: How long do the interviews take to complete?**

The median length of the interview is about 25 minutes.

**Q: How does CDC/NISVS measure sexual violence, stalking, and IPV victimization?**

The survey asks approximately 60 “behaviorally specific” questions to assess sexual violence, stalking, and intimate partner violence over the lifetime and during the 12 months prior to the interview. By “behaviorally specific” we mean that rather than using general terms like “abuse” or “rape” that might have different meanings to people or be stigmatizing, respondents are asked about specific behaviors. For example physical violence includes behaviors such as slapping, kicking, and choking. Rape is assessed with specific questions such as the number of times someone used physical force or threats to make you have vaginal sex. A list of the victimization questions used in the survey can be found in Appendix C.

**Q: What information does NISVS collect that relates to the context of violence?**

NISVS is designed to monitor the magnitude and impact of violent victimization and has been designed to be consistent with the way victims recall experiences of violence – all behaviors are linked to a specific perpetrator and all questions are asked within the context of that perpetrator. In this way, NISVS is able to measure the following:

- Patterns of violence, including:
  - the forms of violence experienced by a specific perpetrator
whether multiple forms of violence were experienced (e.g., physical and psychological aggression, sexual violence and stalking)
- severity of violence
- duration of the victimization (e.g., the age when they first experienced any violence by the perpetrator and their age the last time the perpetrator committed violence against them)
- and frequency of the victimization

The impact of violence by individual perpetrators (e.g., whether they were fearful, concerned for their safety, injured, had any post-traumatic stress disorder symptoms, had a need for medical care, missed days of work or school, contacted a crisis hotline, needed housing, community, victim advocacy, and legal services)

NISVS does not assess the context of discrete events (e.g., whether the violence happened in self-defense), but rather the overall violence experience as it pertains to a specific violent relationship.

**Q:** What constitutes severe physical violence and how does it differ from non-severe physical violence? What constitutes sexual violence and stalking?

The questionnaire includes behavior-specific questions that assess sexual violence, stalking, and intimate partner violence over the lifetime and during the 12 months prior to the interview.

**Physical Violence.** Physical violence includes a wide range of behaviors from slapping, pushing or shoving to more severe behaviors such as being beaten, burned, or choked. The physical violence estimates do not include sexual violence.

**Severe Physical Violence.** In this report, severe physical violence includes being hurt by pulling hair, being hit with something hard, being kicked, being slammed against something, attempts to hurt by choking or suffocating, being beaten, being burned on purpose and having a partner use a knife or gun against the victim. While slapping, pushing and shoving are not necessarily minor physical violence, this report distinguishes between these forms of violence and the physical violence that is generally categorized as severe.

**Sexual Violence.** Questions on sexual violence were asked in relation to rape (completed forced penetration, attempted penetration, and alcohol or drug facilitated completed penetration), being made to penetrate another person, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences.

**Stalking.** Stalking questions were aimed at determining a pattern of unwanted harassing or threatening tactics used by a perpetrator and included tactics related to unwanted contacts, unwanted tracking and following, intrusion, and technology-assisted tactics. Stalking victimization involves a
pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim. For the purposes of this report, a person was considered a stalking victim if they experienced multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator and felt very fearful, or believed that they or someone close to them would be harmed or killed as a result of the perpetrator's behavior.

Q: How is stalking assessed?
Stalking victimization involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim. For the purposes of this report, a person was considered a stalking victim if they experienced multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator and felt very fearful, or believed that they or someone close to them would be harmed or killed as a result of the perpetrator's behavior.

The stalking behaviors assessed include the following questions about technology-assisted stalking:
- Unwanted phone calls, voice or text messages, hang-ups
- Unwanted emails, instant messages, messages through social media
- Spying with a listening device, camera, or global positioning system (GPS)

Q: What is meant by “made to penetrate”?
*Made to Penetrate* is a form of sexual violence that is distinguished from rape. Being made to penetrate represents times when the victim was made to, or there was an attempt to make them, sexually penetrate *someone else* without the victim's consent. In contrast, rape represents times when the victim, herself or himself, was sexually penetrated or there was an attempt to do so. In both rape and made to penetrate situations, this may have happened through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm; it also includes times when the victim was drunk, high, drugged, or passed out and unable to consent.

Q: What is meant by “alcohol/drug facilitated penetration”?
This represents times when a victim was sexually penetrated but they were unable to consent to it because they were drunk, high, drugged, or passed out from alcohol or drugs. This includes times when a perpetrator intentionally drugged or spiked the drink of a victim but without the victim's knowledge, and cases where the victim may have voluntarily used alcohol or drugs, but the perpetrator took advantage of the victim when they were too intoxicated, high, or passed out to consent to sex.

Q: Will the questions change?
Potential changes to questions will be weighed against the impact on the ability to monitor trends over time.
Q: How often are data going to be collected for NISVS?
It is anticipated that data will be collected annually through 2013 and beyond.

Q: How are respondents protected?
NISVS utilizes a number of strategies designed to enhance the safety of respondents and to improve disclosure and accuracy of reporting.

- Respondents are interviewed over the telephone instead of in-person to create a social distance so that they are comfortable disclosing their victimization experiences.
- Interviewers ask a series of health-related questions at the outset of the survey to establish rapport and establish a health context for the survey.
- Following recommended guidelines from the World Health Organization, a graduated informed consent procedure is used to maximize respondent safety, to build rapport, and to provide participants the opportunity to make an informed decision about whether participation in the survey would be in their best interest.
- The survey is administered by highly trained, female interviewers because previous research suggests that female interviewers put respondents at ease, which is very important for improving disclosure and reporting.
- Interviewers also establish a safety plan and follow established distress protocols, including frequent check-ins with the participant during the interview, to assess their emotional state and determine whether the interview should proceed.
- All data are kept confidential and private.

Q: Why doesn’t NISVS measure the prevalence of perpetration?
NISVS is designed to monitor the magnitude of violent victimization and focus on factors most relevant to understanding the population burden. Victims are much more likely to disclose information than perpetrators. Data from our pilot study provided strong evidence that perpetrators are not reliable reporters of the violence they commit. Furthermore, there is a strong bias in underreporting, depending on the social acceptability of the behavior. For example, respondents are more willing to report that they committed psychological aggression (such as name calling) than they are to report perpetrating sexual violence.

Q: How can you develop effective primary prevention strategies if you don’t measure both victimization and perpetration?
NISVS collects valuable information from the victim about the patterns and impacts of the violence experienced from specific perpetrators. Such information is necessary to make sure people and communities are aware of the issues, the subgroups impacted, and the health consequences. Bringing attention to this often overlooked public health issue is necessary to inform prevention policies and change social norms that perpetuate violence.
Q: What does the response rate mean?
The overall weighted response rate for the 2010 National Intimate Partner and Sexual Violence Survey ranged from 27.5% to 33.6%. This range reflects differences in how the proportion of the unknowns that are eligible is estimated. The weighted cooperation rate was 81.3%. A primary difference between response and cooperation rates is that telephone numbers where contact has not been made are still part of the denominator in calculating a response rate. The cooperation rate reflects the proportion who agreed to participate in the interview among those who were contacted and determined to be eligible. The cooperation rate obtained for the 2010 NISVS data collection suggests that, once contact was made and eligibility determined, the majority of respondents chose to participate in the interview.

While the overall response was relatively low, the cooperation rate was high. A number of efforts were made to reduce non-response and non-coverage bias. These include a non-response follow-up in which randomly selected non-responders were re-contacted and offered an increased incentive for participation. In addition, the inclusion of a cell-phone component provided increased coverage of a growing population that would have otherwise been excluded, including demographic groups with a higher prevalence of victimization (e.g., young, low income, and comprised of racial/ethnic minorities).

Q: Why weren’t U.S. territories surveyed?
Providing consistent surveillance data for states and territories simultaneously with national data is a difficult balancing act which results in a complex sampling design. Due to limited resources, the first challenge was conducting enough interviews within individual states, to provide reliable estimates for as many states as possible, while also providing reliable national estimates. Similar to other CDC surveys, the intention is to add territories as resources allow.

Q: When will we have data for [state]?
In the current report, most states have some key estimates for sexual violence, stalking, and intimate partner violence victimization. Some states might require a few more years of data collection in order to ensure the estimates are reliable to report.

NISVS & Other Surveys
Q: How does NISVS differ from other surveys?
Previous surveys have:

- Primarily been conducted within the context of crime or public safety. For example, the National Crime Victimization Survey collects data on the frequency, characteristics and consequences of criminal victimization. If a person is hit or punched by a spouse or boyfriend or girlfriend, they may not consider those actions to be crimes or report them as such when asked. NISVS uses a health context and victims of violence are more likely to disclose their victimization experiences when discussing their health.
Tend to cover only select populations – such school or college populations, or people living in particular states (e.g., state-based modules from BRFSS). NISVS provides both national and state-specific estimates. It’s important to provide this information to states so that they can understand the magnitude of the problem in their state and use it for prevention planning and resource allocation.

Tend to include a small number of questions. The number and range of victimization experiences included in NISVS is much broader than other surveys. NISVS assesses 60 different violent behaviors.

Had different sampling strategies. For example, NVAWS, ICARIS-2, and BRFSS were all telephone surveys, but landline only. NISVS includes a cell phone sample because one in 4 adults in the U.S. now live in a cell phone only household.

NISVS is also unique because:

- NISVS is focused exclusively on violence; surveys that include modules or a few questions on violence and cover other topics in the same survey (e.g., BRFSS, ICARIS-2) typically yield lower prevalence estimates.
- NISVS provides both lifetime and 12-month prevalence estimates. NCVS, for example, only reports on experiences in the past 12 months.
- NISVS uses behaviorally-specific questions and avoids the use of questions such as “have you ever been abused”? Or “have you ever been raped”, which are subject to interpretation by respondents.
- NISVS is designed to monitor the magnitude and impact of violent victimization and has been designed to be consistent with the way victims recall experiences of violence – all behaviors are linked to a specific perpetrator and all questions are asked within the context of that perpetrator. In this way, NISVS is able to measure the patterns and impacts of the violence.

Q: How do NISVS results compare to those from other surveys?
Given all the differences listed above as well as other methodological differences and differences in timing, it is not appropriate to compare NISVS results to those from other surveys.

Q: How is NISVS different from crime data on sexual violence, stalking, and intimate partner violence?
NISVS examines sexual violence, stalking, and intimate partner violence as public health issues, not as crime issues. To determine how these different contexts affect the reporting of sexual assault, the National Institute of Justice and the Bureau of Justice Statistics conducted the National College Women Sexual Victimization Study in 2000, comparing the methodologies of NCVS and NISVS. The study demonstrated that health-based, behaviorally specific questions, like those asked in NISVS; substantially increase reporting of violence. People may not identify their experiences with sexual
violence, stalking, and intimate partner violence as crime, especially when it involves someone they know or love.

**Q: Is this all the data that NISVS produced?**
NISVS is a comprehensive data set with much more detail than could be included in this first report on the experiences of sexual violence, stalking, and intimate partner violence. Subsequent topic-specific reports of 2010 data are planned that will focus on sub-populations and examine each form of violence in more detail.

**Special Samples**

**Q: Didn’t NISVS also survey the military population and American Indian and Alaska Native Populations?**
Yes. In addition to providing guidance in the development of the National Intimate Partner and Sexual Violence Survey, the National Institute of Justice and the Department of Defense contributed financial support for the administration of the survey in 2010. The National Institute of Justice’s financial support enabled the addition of a separate targeted sample of self-identified American Indian or Alaska Native people. The Department of Defense’s financial support enabled the addition of a separate random sample of female active duty military and female spouses of active duty military. Data from these two additional samples are not presented in this initial report but will be described in future publications.

**Q: Why was the Native American Indian and Alaska Native population a separate sample?**
CDC and NIJ worked collaboratively to ensure a large enough sample size to produce reliable estimates among self-identified American Indian and Alaskan Native (AI&AN) peoples. The 2010 data collection included a separate sample of self-identified American Indian and Alaska Native peoples living in geographic areas with high concentrations of Native American populations. Similar to the general population sample, information from the AI&AN sample was gathered using random digit dial telephone interviews of the population aged 18 or older.

**Q: Why was information on the sample of American Indian and Alaska Native populations not included in the report?**
Only information from the general population sample was included in the 2010 report. This includes information from self-identified American Indian and Alaska Native people in the general population sample. To avoid confusion and to allow for a more detailed analysis of the separate sample, a special report will be developed through a collaborative effort between CDC and the National Institute of Justice.
Q: Why was information on the military sample not included in the report?
The military data came from a separate, stand alone sample. Only information from the general population sample was included in the 2010 report. A separate analysis of data from the military sample will be undertaken in a collaborative effort between CDC and Department of Defense.
VI / Media Outreach: Generating Attention and Action around the Launch of NISVS
VI. MEDIA OUTREACH: GENERATING ATTENTION & ACTION AROUND NISVS

NEW MEDIA: THE INTERNET AND NISVS

Over little more than a decade, the expansion of the Internet and the introduction of social networking sites, such as Facebook and Twitter, have created a major societal shift in how people share and receive information. According to the Pew Research Center’s Internet and American Life Project, nearly 80% of all adults are online, up from 46% in 2000. Among teens, approximately 93% use the Internet, up from 73% in 2000.

These new channels of dialogue have created a culture of openness that has affected not only our online lives, but our offline lives as well. The Internet allows people to create communities with others whom they might otherwise never know. It provides a setting where people are not limited by time or distance and where they can select their peers based on shared experiences, thoughts, and feelings. This may be important for victims of violence, whose experience may cause emotional or psychological isolation from the people physically around them. With the Internet, people can seek out online support groups, where they can create virtual identities in confidentiality.

The integration of the Internet in our daily lives presents a tremendous opportunity to create and participate in online communities that share data from NISVS as well as prevention strategies. The following sections provide information about online resources, present social media goals and strategies, and discuss how to make the most of your online presence.

Online Resources and Tools

The following resource centers and websites provide valuable tools to use in online (and offline) communications campaigns:

- PreventConnect is a national online project that aids information sharing among persons and groups dedicated to the primary prevention of violence against women. PreventConnect offers
digital resources, including podcasts, interviews, a moderated e-mail list, Web conferences, presentations, and a wiki.

- The National Sexual Violence Resource Center, or NSVRC, is an information and resource center for all aspects of sexual violence intervention and prevention. NSVRC provides consultation, technical assistance, and resource development and dissemination. It has a vast online collection of publications and other information to assist those working to prevent sexual violence and improve resources, outreach, and response strategies.

- VAWnet is a collection of online materials to help individuals, public and private agencies, and communities put together activities to prevent domestic violence and sexual violence. VAWnet is a project of the National Resource Center on Domestic Violence, which offers a range of free, comprehensive, and individualized technical assistance, training, and specialized resources materials and projects designed to enhance current intervention and prevention strategies.

- Veto Violence offers online violence educational tools, including free accredited training; resources for program planning, creation, and evaluation; and success stories about existing programs and strategies.

Social Media Goals and Strategies

“Social” is the operative word in social media. Like traditional media, social media are a means for communicating information. Unlike traditional media, which broadcast the news, social media share the news and engage people in discussion about it. Social media are more about conversing than reporting, about building relationships and recognizing personal experiences as authoritative sources of information and analysis. Social media allow people to communicate with one another in real time even when they are not occupying the same physical space. And when that physical space is dangerous, these sites can be especially important forums in which people interact and seek support.

Data from NISVS are certain to be conversation starters that present many opportunities to position your organization’s social media platforms as the forum where those conversations happen. Here are some basic steps to create a successful social media space.

1) Determine your goal. The allure of social media often compels organizations to dive in before determining their reasons for using social media. As is the case for other areas of an organization’s work, the first step for building social media presence is setting a goal. This goal should tie in with your organization’s mission and broader goals while also looking forward to achieving a clear, realistic, specific objective and providing benchmarks against which to measure your progress.

2) Identify your priority audience. This is not “the general public,” even if your ultimate goal is broad-reaching dissemination of information about violence prevention. Though it may appear counterintuitive, the best way to get exposure is to prioritize your audiences. If, for example, the mission of your organization is preventing interpersonal violence, identify the group most in need of
the resources you provide. Also identify who in those groups are the ones who lead change and get things done.

3) **“Listen” to inform your message.** To be able to reach your intended audience, you need to find out where their social networks are, what those networks are talking about, and how they’re talking about it. This is where social media are different from traditional media. Social media offer you an advantage in understanding what your priority audience cares about. Conversations about your issue are the most informative. They illustrate what kind of messages will resonate and drive action. In addition to determining how your issue is being discussed, you can also identify where your effort may be misunderstood. This will enable you to prevent or correct misinformation. Think strategically about your audience and the best ways to reach them. Only then can you create effective messages.

4) **Create effective messages.** Clear goals and measurable steps toward them are supported by messages that resonate with your priority audiences. And that resonance is important. Messages are designed to achieve goals. A winning message takes into account what will work with the audience to build support. This does not mean restating your goals. It means making your case in a way that compels your priority audience to turn passive support into action.

5) **Evaluate your message.** In much the same way that you listened to your priority audience to inform your message, you can listen to determine the effect of your message. How are people talking about your message, your organization, and your issue? Has that conversation changed? Social media also present the opportunity to ask for feedback about your message and its effect on your priority audience.

**Making the Most of Online Presence**

Social media are growing and evolving more rapidly than any other information outlet. Among the many channels are a few mainstays. Their staying power reflects their unique community-building qualities and outreach capacities, which you should take into consideration when identifying your priority audience and developing content.

Though your content should be tailored for each medium and audience, it should also complement the content on your other platforms. Here’s an overview of best practices for creating a social media strategy that makes the most of your online presence. They will help make the work of your organization more transparent, accessible, and influential and allow you to connect with a wide range of people, regardless of time and location.

Your **website** is your hub. It’s also the most static platform. It provides comprehensive information about who you are and what you do. Some of the content is probably dynamic, but your website’s structure, purpose, and essential information don’t often change.
A **blog** is where we get to know the personality or editorial voice of your organization. The content is more dynamic and more personal than a website and can offer opinion and analysis. It’s also a forum that allows you to respond to current items.

**Facebook**

Facebook is currently the largest online social networking site. It’s designed for you to share content with your personal networks, although users can be selective about who sees their information. Whereas websites and blogs emphasize the organization, Facebook emphasizes the organization’s network. This offers opportunities for social validation of both the organization and its fans through comments and the button that shows you “like” a post or a page.

At right is a screenshot from the Facebook page of the National Sexual Violence Resource Center, which shows successful use of sharing news that a) starts a conversation and b) invites the feedback of its network.

**How to Get Started on Facebook:**

1. **Go to** [https://www.facebook.com/pages/create.php](https://www.facebook.com/pages/create.php), click on “Company, Organization, or Institution,” fill out the short form, click “Get Started,” and you have a “fan” page.

2. **Find constituents and ask them to be a fan.** When you post content to your Facebook “wall”—the main page on your organization’s profile—it will show up on your fans’ “friend feed,” which appears when they log into Facebook.

3. **Make sure someone is responsible for monitoring your organization’s Facebook page, moderating conversations, responding to criticism, and posting content.**

**Ways to Use Facebook:**

- Share news articles and blog posts about your issue—people can comment on these as well
- Send action alerts asking people to call legislators, sign petitions, etc.
- Promote upcoming events
Start conversations about your issue in the “Discussions” section

Some Thing to Keep in Mind:
- **Test drive first.** Use Facebook as an individual for a while to get a feel for what people share about themselves and their interests and how other organizations are communicating their messages.
- **Facebook is personal.** Allow your organization’s fan page to have an editorial voice that sounds like a real person to take advantage of the personal appeal of online social networking.
- **Don’t overdo it.** Send an update to fans only when you have an important question or important news. Otherwise just post to your Facebook wall. You will get a feel for the difference as you spend time using the service as an individual.

**Twitter**

Twitter is a rapidly expanding social networking site that is redefining how news is shared in real time. These instant shares are called “tweets.” Like Facebook, Twitter is also about sharing content, but users cannot select who does and does not have access to it. Because users can easily follow and interact with one another, Twitter provides a great way for organizations to build and strengthen ties to reporters, bloggers, and thought leaders. Twitter users build influence by attracting followers through sharing valuable links; users also offer a fresh perspective on what they’re sharing. They receive social validation on their tweets through “retweets” (reposting the original tweet) and replies. And they build a sense of community by interacting with followers on key topics.

Following is a screenshot of the Twitter feed for the California Coalition Against Sexual Assault, the handle, or username, of which is @CALCASA. The organization has well over 1,500 followers and has been “listed” 110 times, which means that 110 users have included tweets from @CALCASA in their own specialized news feeds. The organization’s influence is also seen in the number of people who mention @CALCASA in their own tweets, shown in the screenshot displaying “Results for @calcasa.”
How to get started on Twitter:

1. Go to twitter.com and pick a Username—you don’t want it to be too long, because the letters in your name will count toward the 140-character limit that others have for replying to your tweets.
2. Pick your password and answer the e-mail from Twitter. You have a Twitter account now.
3. Find people whose posts you want to follow at twitter.com/invitations/find_on_twitter.
4. Tweet by typing in the “What’s happening?” box.

Tips for using Twitter:

- **Listen in real time** by following members of the media, officials, organizations, and individuals who are opinion leaders on the issues you care about. You can also search for key terms on Twitter at search.twitter.com.
- **Share links** to your blog or to news articles about your issue. Since Twitter limits what you can share to 140 characters, including spaces and punctuation, use web link shorteners like bit.ly (http://bit.ly) so that links fit into your 140-character tweet limit.
- **Interact by using @username** when referring to another person or organization on Twitter—then they’ll see you’re talking about them and can respond accordingly. You can also retweet, or share other people’s tweets, by typing “RT @username” and pasting their tweet after.
Examples: “I want to thank @Rainn01 for everything you do to help survivors!” or “RT @VAWnet An interesting report on the risk factors for sexual violence: bit.ly/abc”

- **Coordinate thoughts about an event or topic.** Encourage your staff to have Twitter accounts and use an agreed-upon “hashtag” (the format is #word) to tag tweets about an event, topic, or issue. For example, #VAW is a common hashtag to mark tweets about violence against women, as in “Thanks to our comrades in ending #VAW - @NNEDV @NCADV @CALCASA.”

The CDC has developed a comprehensive guide to social media use, which you can access here: [http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf](http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf)

**TRADITIONAL MEDIA**

Building a solid relationship with a journalist or blogger can help to educate, inform, and inspire the general public about the overall goals of the *National Intimate Partner and Sexual Violence Survey*. While the media has the power to increase awareness and make political priorities of sexual violence, stalking victimization, and intimate partner violence, it is up to organizations like yours to educate and inspire reporters to cover violence prevention after the release of *NISVS* data in 2011.

**Garnering Media Attention**

The following five steps will help guide interactions with media:

1. **Research**
   - Read recent editorials in all local, regional, and national news sources related to SV, stalking victimization, and IPV.
   - Read and follow relevant articles in academic or professional journals that touch on violence issues and prevention strategies.
   - Look for articles and/or writers covering topics related to *NISVS* report findings that you want to further publicize.
   - Contact the newspaper, journal, or online news outlet to find out who wrote those specific editorials; most outlets do not print the names of their editorial writers, but will provide the information if asked.
   - Record the contact information of the editorial writer to pitch your news story.

2. **Prepare a brief pitch to use when calling the editorial writer**
   - Put yourself in the shoes of the specific journalist you’re targeting: What particular findings would attract their interest? What information is new or most relevant to the journalist’s beat? How would they want the information packaged?
   - Determine what the “news hook” is. What makes this information newsworthy and relevant right now? What other current events relate to this news or might be impacted by this news?
Once you have this in mind, summarize your most salient points in a concise, attention-grabbing way.

Get to the point right away.

Don’t spend time explaining the entire background on NISVS, just the points related to your pitch.

3. Plan and practice the pitch before calling

- A knowledgeable and conversational approach is best, so know your pitch inside and out.
- Know how your news relates to larger societal trends and public health topics, especially those previously covered by the reporter or outlet.
- Speak with confidence and emphasize the relevance and importance of your news to the specific person you’re pitching.
- Help the reporter sell your story idea to their editor; can you connect it to something happening in your community? Another timely news report?
- Human interest: Many reporters look for the relatable angle to a story. Do you have an advocate, victim, or other spokesperson who can serve as the human side of the story? Being able to offer something like this may result in a longer article or more in-depth broadcast piece, versus a quick blurb with statistics only.

4. Call the writer or editor

- State the problem simply and briefly, and make a case for how an editorial or an article covering the findings could have an important effect on the audience.
- Stay upbeat, positive, and on-track with your message, no matter what happens.
- Inform the editor about prevention strategies, including why your news is important to discuss right now (for example, refer to the timely release of the data; the recent related coverage of IPV, SV, or stalking victimization; Domestic Violence Awareness Month; etc.).
- If your conversation is going well, ask for an in-person meeting with the journalist to inform him/her further about the broader issues NISVS covers or to offer more in-depth details on your specific issue(s).
- Be proactive: If you reach the writer’s voicemail, leave a message but don’t wait for a return call. Keep calling until a person answers; always ask to speak to the editor, managing editor, or issue-specific reporter/columnist.
- If one editorial writer or editor seems uninterested in your news, you can ask if there is another writer or editor who may be more interested.

5. If you haven’t yet made phone contact, e-mail a short note that includes your pitch and/or relevant background information

- Use the same principles in your e-mail pitch that you use for phone pitches.
• Craft a simple, concise, and to-the-point message that will both provide useful information to the recipient and create a desire to know more.
• If appropriate, provide a preview of information you could share if the journalist is interested in covering content from the NISVS.
• Craft a simple yet compelling subject line that will stand out in a journalist’s crowded inbox.
• Provide your contact information—e-mail, phone, mobile phone (if appropriate)—and emphasize your availability to speak in depth about your news.
• Be available: if you contact a news outlet, you should be ready to provide an interview at a moment’s notice—and if you aren’t willing to be the on-camera, quoted spokesperson, identify an alternate and make sure they are ready to assist.

6. Follow up
• Call the editorial writer, managing editor, and whoever else you pitched by e-mail a day or two later to see if they have had time to review your pitch and have any questions or need for further information.
• Offer any new information that might be of interest to them, especially that which is relevant to the day’s news.
• Be professional, courteous, and persistent.
• Because they are busy, forgetful, and often overwhelmed with their ever-increasing responsibilities, it may take you several calls to even get on their radar.
• Don't give up!

Engaging the Media
In the digital age, reporters, editors, and columnists are in constant need of fresh material to write for online editions as well as for print media outlets. As you know, NISVS data are fresh. So don’t be timid about contacting journalists with story ideas or news of an event, recent societal trend, upcoming data release, or pending legislative action that may be relevant to your overall communications objectives.

Pick up the phone and also e-mail
Sometimes reporters may not be interested or will not have time to speak with you. Other times, however, they may very well find your story idea or news useful or relevant to their work—especially because this topic relates to a broad range of social, economic, political, and cultural issues. Regardless of the immediate response from the journalists you speak to, being proactive and contacting the media is a perfect way of putting NISVS and SV, stalking victimization, and IPV issues on their radar.

Build on the reputation of CDC and your organization
With NISVS, the CDC is providing important public health data on SV, stalking victimization, and IPV. CDC grantees can use the data as the basis for prevention strategies and programs. This provides a solid platform for your organization to credibly convey information that is serious, trusted, and
newsworthy about SV, stalking victimization, and IPV. Use this opportunity to foster good working relationships with editorial, health, and policy journalists, positioning yourself as the go-to source for information about how the CDC data manifests in the field and informs prevention work.

Education
Good reporters and editorial writers are always looking for fresh data and news to follow. By providing them current, accurate, and up-to-the-minute information, it is more likely they will choose to write about NISVS findings and related public health issues than other topics. Educating reporters is important, because they might not know about your organization’s role in preventing violence or the extent of SV, stalking victimization, and IPV in the United States. You can be a valuable resource for editorial writers by providing them with the information and background on issues in which they are interested. Whether or not they immediately cover your news, you can become a reliable source for future story ideas by providing useful information regularly.

Success
By following these steps, you are likely to generate stories about NISVS and your organization’s specific communications and policy goals. Be assured, anything in the news mentioning IPV, SV, or stalking victimization issues, is an excellent opportunity to engage the media and promote NISVS findings. The following are some of the main tools for approaching the media:

- Editorial meetings
- Opinion pieces (for instance, Op-Eds)
- Letters to the editor
- Online commentary
- Media advisories
- News releases
- Calls to journalists
- Feature story ideas
- Press briefings (in person or online)
- Press conferences
- Photo opportunities

**Times When NISVS Data Should Be Especially Newsworthy in 2012**
By planning media outreach around significant dates and events, it is possible to help focus the public’s attention and increase the chances of gaining coverage for our news. Listed below is a calendar of dates that can serve as news “pegs” and should be used as opportunities to promote the campaign.

**IMPORTANT:** Letters to the editor and opinion pieces (for example, Op-Eds) are essential to promoting NISVS-related news locally and regionally. If submitting an Op-Ed, plan to have it completed at least
three weeks before the milestone day, week, or month to allow ample time to pitch, edit, and place the piece.

- National Stalking Awareness Month (January)
- V-Day (V-Day is a global activist movement to stop violence against women and girls. V-Day is a catalyst that promotes creative events to increase awareness, raise money and revitalize existing antiviolence organizations.) (February)
- Sexual Violence Against People with Developmental Disabilities Awareness Week (March)
- Sexual Assault Awareness Month (April) and Day of Action
- Childhood Exposure to Violence Prevention Week (April)
- Mother’s Day (May)
- Father’s Day (June)
- Domestic Violence Awareness Month (October)
- National Crime Prevention Month (October)
- Violence Prevention Month (October)

10 Tips for Preparing an Effective News Release

1. Make sure the headline, subheads, and first paragraph are powerful

The most important information should be in the first paragraph. Spend more time ensuring the headline and first paragraph are attention-getting and newsworthy than writing the rest of the news release. Journalists will look for the following in determining whether or not your “news” is newsworthy:

- Is it local? If it’s a national or global story, what’s the local angle?
- Is it something many people already care about?
- Is there important, new information?
- Is it timely? Does it have a sense of immediacy?
- Is there controversy?
- Is it unusual?
- Is it the first, the best, or the biggest of something?
- Is it tied to an important date or anniversary?
- Does it involve a prominent person or organization?
- Is there an interesting visual image that could be used with the story?

2. Put the most important information first

Use a “pyramid” style to organize information—featuring the most important and newsworthy information at the top and placing more general background information toward the end. If needed, provide links to additional background content, but don’t count on recipients to read them.

3. Use quotations to bolster your news
Aim to use a direct quote from someone, with attribution, within the first three paragraphs of the press release, and perhaps a couple additional quotes elsewhere. Using memorable quotes can bring the issue to life, validates the serious nature and importance of the news, and provides a platform to express strong opinions that the data itself cannot do. Remember, a quote is the only part of a news release that is reported word for word.

4. Keep it short
Keep the release to no more than one page, two pages if absolutely necessary. Rather than make the news release too long or complex, accompany it with a fact sheet or other briefing material.

5. Concise, concise, concise
Write short sentences of 25 to 30 words. Use paragraphs containing only two or three sentences. A good length for a news release is about 750-900 words.

6. Use a simple, concise news style
Avoid jargon, clinical or academic vernacular, and technical abbreviations.

7. Put the date and release details at the top of the page
State if it is EMBARGOED FOR RELEASE at a specific time and date, or if it is FOR IMMEDIATE RELEASE.

8. Conclude the news release
At the end of the news release, put END or ### to indicate end of the copy. Follow this with contact names, e-mail addresses, and telephone numbers for journalists to contact if they need more information from your organization.

9. Confirm that content and grammar are correct
Proofread the release carefully. Proofread it again. Send to a designated content approver for your organization, if necessary. Make sure all figures and statistics are accurate.

10. “Is it really news?”
Reread the release with one thing in mind, namely the first question a journalist will ask when reading it: “What’s the news?”
VII / Templates Section
VII. COMMUNICATIONS TEMPLATES

The following templates are meant to be tailored to your specific situation – the mission of your organization, the populations you serve, the data specific to your state, social and political environments, your relationships with opinion leaders, etc.

STATE FINDINGS SHEET

CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally-representative telephone survey that collects detailed information on sexual violence, stalking, and intimate partner violence victimization of adult women and men in the United States. The survey collects data on past-year experiences of violence as well as lifetime experiences of violence. The 2010 survey is the first year of the survey and provides baseline data that will be used to track trends in sexual violence, stalking and intimate partner violence. CDC developed NISVS to better describe and monitor the magnitude of these forms of violence in the United States.

Highlights of 2010 national findings are available online.

[STATE] FINDINGS

NISVS also provides the first-ever simultaneous national and state-level lifetime prevalence estimates of violence for all states. The lifetime estimates presented for [State] provide an indication of the proportion of residents with a victimization history and the potential for ongoing health and service needs. These data should not be used to rank or compare [State] to other states, as the lifetime victimization experiences reported by individuals may include violence that occurred outside [State] and the estimates may not be meaningfully or statistically different from each other. However, these estimates provide important information about the proportion of men and women with victimization histories currently residing in [State], which can help us understand better the burden of violence in our population and how to address it.

- [Nearly/more than] [xx%] of [State] women have been raped in their lifetime and [xx%] have experienced other forms of sexual violence.
- [x] in [x] men ([xx%]) in [State] has experienced a form of sexual violence other than rape in his lifetime.
- [Nearly/more than] [xx%] of women have been stalked in their lifetimes.
- [x] in [x] women and [x] in [x] men reported experiencing rape, physical violence and/or stalking by an intimate partner in their lifetime.
- [xx%] of women in [State] who have experienced rape, physical violence, and/or stalking by an intimate partner reported at least one impact related to the IPV experienced, such as fear or concern for safety, PTSD symptoms, or injury or need for medical care.

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1 For more information about confidence intervals, visit [http://www.cdc.gov/violenceprevention/nisvs/index.html](http://www.cdc.gov/violenceprevention/nisvs/index.html).
2 The report does not include state tables for rape or stalking victimization for men because the estimates at the state-level were unreliable (i.e., the relative standard error was greater than 30% or cell size ≤20).
### SOCIAL MEDIA POSTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Facebook</th>
<th>Tweet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 14th</td>
<td><strong>Facebook:</strong> BREAKING: At 12pm Eastern Time, the CDC released findings from the National Intimate Partner and Sexual Violence Survey. The survey indicates that millions of U.S. adults are victims of sexual violence, stalking and intimate partner violence. Read the full report here: <a href="http://www.cdc.gov/ViolencePrevention/NISVS/">http://www.cdc.gov/ViolencePrevention/NISVS/</a></td>
<td>BREAKING: @CDCInjury reports that millions are victims of sexual violence, stalking &amp; intimate partner violence: <a href="http://www.cdc.gov/ViolencePrevention/NISVS/">http://www.cdc.gov/ViolencePrevention/NISVS/</a> #NISVS</td>
</tr>
<tr>
<td>Dec. 15th</td>
<td><strong>Facebook:</strong> Yesterday we shared the CDC’s new report, which indicates that 12 million US women and men were victims of intimate partner violence in 2010. This is a MAJOR public health problem, one we’re committed to preventing. Click “Like” if you stand with us in this commitment.</td>
<td>New @CDCInjury data: 12M US adults per year are victims of violence by an intimate partner: <a href="http://www.cdc.gov/ViolencePrevention/NISVS/">http://www.cdc.gov/ViolencePrevention/NISVS/</a> #NISVS</td>
</tr>
<tr>
<td>Dec. 16th</td>
<td><strong>Facebook:</strong> Knowledge is prevention. New CDC data shows that each year over 1 million American women are raped and more than 6 million women and men are victims of stalking. We are committed to reducing these numbers. Learn more at <a href="http://www.cdc.gov/ViolencePrevention/NISVS/">http://www.cdc.gov/ViolencePrevention/NISVS/</a>, share widely, and click “Like” for helping stop violence before it occurs.</td>
<td>Each minute, 24 people become victims of rape, physical violence or stalking by an intimate partner in the US: <a href="http://www.cdc.gov/ViolencePrevention/NISVS/">http://www.cdc.gov/ViolencePrevention/NISVS/</a> #NISVS</td>
</tr>
<tr>
<td>Dec. 19th</td>
<td><strong>Facebook:</strong> Last week, the CDC released data on the prevalence of sexual violence, stalking and intimate partner violence in the United States. The results were staggering. On average 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner. Share these findings <a href="http://www.cdc.gov/ViolencePrevention/NISVS/">http://www.cdc.gov/ViolencePrevention/NISVS/</a> and click “Like” for efforts to drop this number to zero.</td>
<td>Nearly 1 in 5 women has been raped in her lifetime. Please RT: knowledge is prevention. <a href="http://www.cdc.gov/ViolencePrevention/NISVS/">http://www.cdc.gov/ViolencePrevention/NISVS/</a> #NISVS</td>
</tr>
</tbody>
</table>
CHECKLIST FOR ORGANIZING A PRESS EVENT

Planned well, a press event can be an effective way to share new information, show broad support for an initiative, and garner broad media coverage. The new data from NISVS covers one base, the previous section of this toolkit covers another, and the guidelines below will help you organize an event that runs smoothly and effectively.

This checklist walks you through the steps of organizing a press event, starting four weeks out and working toward the event date. If you want to hold an event sooner, just condense the timeline and prioritize the elements that will ensure the most success for your event. Each item includes an italicized description, so that you can regularly refer back to this template as your event approaches and put each step into the larger context of event preparations.

4 Weeks Out:

☐ Determine a date and time
   Be selective. Choose a date when your event is likely to receive coverage because the issue is already receiving attention – National Domestic Violence Awareness Month for example. Also be aware of times when your event could be overshadowed by other events (ex: 9/11 remembrances).

☐ Scout out a venue
   Choose a venue that is visually appealing and easily accessible for the press. Note: date and time might be subject to venue availability.

☐ Secure speakers
   It is essential to have your speakers lined up as early as possible. Once you have a date and venue, you should proactively seek out speakers. The sooner you have confirmation from speakers, the sooner you can begin referencing them in press materials.

3 Weeks Out:

☐ Build a media List
   Start by identifying the key outlets from which you would like to obtain coverage and build that list out to include outlets that seem likely to cover the event. Identify the specific journalists within those outlets whose work seems to indicate they would be interested in your event.

☐ Solicit statements from speakers
   Gathering up comments from speakers prior to the event will help you to develop your press materials and, depending on what the reporter is covering, might be the difference between gaining and not gaining coverage.

☐ Develop a media advisory
This is your opportunity to introduce your event to the public. You will want to specify event details and give an indication of why your event will be newsworthy to encourage attendance.

☐ Develop visuals and/or infographics
   Visuals are one of the most important aspects of a press conference, especially if you are hoping to attract broadcast media. Think strategically about what type of visuals will re-enforce the message of the press conference and provide an aesthetic to be used in media coverage. Be sure to include your organization’s logo on any visuals, including both posters and print-outs.

☐ Check-in with speakers to see if they have any presentation needs
   See if your speakers will require flash drives, tripods or A/V set-up and plan accordingly. Maintaining communication with the speakers will also make them feel more invested in the event.

2 Weeks Out:

☐ Send out the first round of media advisories
   Using the media list you built, begin emailing press advisories to your contacts. Make sure the date on the advisory is accurate and be sure to address the email to the correct person.

☐ Keep track of any media advisory responses
   While not getting a response does not guarantee that press will not show, it is worth monitoring any feedback you receive. Doing so will provide a loose guide as to how many press kits to assemble, and it may also give you a sense of any questions your press advisory might leave unanswered. It is also a way to see what aspects of the event are most appealing to the press.

☐ Write a press release
   This will be a more comprehensive version of your media advisory, written from the perspective of the event having already occurred. Adhere to the tone and format of a media story, but we aspirational too. Write the story you would most like to see a reporter write about your event. Take time to work on this and make revisions. Press releases are a huge resource for reporters and are sometimes re-printed in their entirety.

☐ Make sure visuals and infographics are prepared
   Make sure that the visuals are in their final stages of completion.

☐ Begin assembling press kits
   Print out press releases, statements from speakers, and graphics. Assemble them together in a folder. Be sure to provide contact information in case reporters have any questions after the event.

1 Week Out:

☐ Send out the second round of media advisories
Send the same advisory out as you did on the first round, but be sure to change the date. The purpose of this is to remind the press of the event, or bring it to their attention if they overlooked it in the first round. Follow up with phone calls to media you haven’t heard from.

- **Contact the venue to confirm reservation**
  
  The last thing you want is to ruin an amazing event by being without a venue. Call, email or stop by the venue to make sure that you are confirmed for the correct day and time.

**Day Before Event:**

- **Set up at venue**
  
  The more you can have set up at the venue before the day of the event, the less you will have to think about. Depending on your needs and the venue, this can mean anything from dropping off materials to setting up chairs and podiums.

- **Make sure P.A. system is functioning**
  
  While it is likely the venue will provide microphones and audio and/or visual equipment, it is still beneficial to make sure the equipment is functioning before event-day.

- **Send out third round of press advisories**
  
  Drive the message home, make slight edits to emphasize that the event is tomorrow. Follow up again with phone calls to reporters who haven’t responded to your advisory.

- **Print out your media list**
  
  Having this on hand for the event will help you to identify the media.

- **Touch base with speakers**
  
  If possible, have them stop by the venue the night before to practice speaking in that environment. At the very least, make sure they are still on-board and that they have everything they need to present.

**Event Day:**

- **Send out final press advisory**
  
  Change the information slightly to reflect that the event is occurring today.

- **Arrive at venue at least 2 hours early**
  
  Just to be on the safe side, give yourself time to make any last minute adjustments.

- **Hand out Press Kits to the media**
  
  Press kits are essential to getting your key points across. Take note of attending press.

- **Be prepared to liaison between speakers and media**
  
  Make sure to check the names of your media list as you hand out press kits.
☐ **As soon as the event is over, send out press release**

*Sending out your press release immediately after the event provides an opportunity for press who weren’t able to attend the event to still cover your story. For press who did attend, it provides an electronic copy that they can use as they develop their story.*

**Day After Event:**

☐ **Retrieve any remaining items from venue**

*Pick up any materials that might have been left behind.*

☐ **Send out thank you notes to speakers**

*Thank them for contributing to the success of your event.*

☐ **Be prepared to field follow-up questions from the media**

*Be quick to follow up on questions or requests, doing so will contribute to the success of future events.*
FOR IMMEDIATE RELEASE: [Date]

-MEDIA ADVISORY-

[Name of your organization] to share new state data on prevalence of sexual violence, intimate partner violence, and stalking

[Subtitle related to your organizations event, i.e.) Coalition of XX organizations call on [who] to [do what]]

[LOCATION] – [No more than one paragraph explaining what the event is, why you are having it, and the when and where details. and what you hope to accomplish]

WHAT: [your event title]

WHO: [your organization and partner organizations for the event]

WHEN: [date and time]

WHERE: [location]

VISUALS: [description of visual elements to attract broadcast and print media]

###

[Your organization’s boiler plate]