



# PREVENTING VIOLENCE AGAINST WOMEN

PROGRAM ACTIVITIES GUIDE

# Preventing Violence Against Women

## The Facts

Violence against women includes intimate partner violence, sexual violence, and other forms of violence against women committed by acquaintances or strangers. Victims of violence can experience physical injury; mental health consequences such as depression, anxiety, low self-esteem, and suicide attempts; and other health consequences such as gastrointestinal disorders, substance abuse, sexually transmitted diseases, and gynecological or pregnancy complications. These consequences can lead to hospitalization, disability, or death.

Intimate partner violence is actual or threatened physical, sexual, psychological, or emotional abuse by a current or former spouse (including common-law spouse), dating partner, or boyfriend or girlfriend. Intimate partners can be of the same or opposite sex. Women experience more chronic and injurious assaults from intimate partner violence than men.

Sexual violence is a completed or attempted sex act against the victim's will or involving a victim who is unable to consent; abusive sexual contact; and non-contact sexual abuse, including sexual harassment. It is committed by an intimate or non-intimate perpetrator such as a spouse, family member, friend, person in position of power or trust, acquaintance, or stranger. Although there is some overlap between intimate partner violence and sexual violence, the latter is committed by a wider range of perpetrators.

According to the National Violence Against Women Survey:

- Approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner each year.
- Nearly two-thirds of women who reported being raped, physically assaulted, or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend, or date.
- An estimated 1 of 6 U.S. women and 1 of 33 U.S. men has experienced an attempted or completed rape as a child and/or adult.
- More than half of all rapes of females occur before age 18, and of these, 22% occur before age 12.

## Key Partners

Preventing violence against women requires the support and contributions of many partners: federal agencies, state and local health departments, nonprofit organizations, academic institutions, international agencies, and private industry. Partners help in a variety of ways, including collecting data about violence, learning about risk factors, developing strategies for prevention, and ensuring that effective prevention approaches reach those in need.

## New Directions

The Centers for Disease Control and Prevention (CDC) is moving the field toward primary prevention and early intervention by exploring ways to prevent violence against women before it occurs. CDC's key activity areas for violence prevention include:

- Surveillance
- Research
- Capacity building
- Communication
- Partnership
- Leadership

CDC's violence prevention activities are guided by four key principles:

- An emphasis on primary prevention;
- A commitment to advancing the science of prevention;
- A focus on translating scientific advances into practical application through effective programs and policies; and
- A commitment to building on the efforts of others by addressing gaps or needs.

Additional information about CDC's programs and activities to prevent violence against women is available at [www.cdc.gov/injury](http://www.cdc.gov/injury).

## Monitoring, Tracking, and Researching the Problem

### Developing Uniform Definitions and Recommended Data Elements

In 1999, CDC published *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements* to improve and standardize data collected on intimate partner violence. Similar standards for sexual violence, *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*, were published in 2002. Uniform definitions and recommended data elements for both intimate partner violence and sexual violence are important to provide consistency in the use of terminology and standardization in data collection. Consistent data allow researchers to better gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

### Measuring the Incidence and Prevalence of Intimate Partner Violence and Sexual Violence

CDC has developed two optional modules for the Behavioral Risk Factor Surveillance System (BRFSS) to help states better assess the problem of intimate partner violence and sexual violence. The modules will enable state health officials and policy planners to better understand the prevalence and incidence of intimate partner violence and sexual violence, and will provide information about the effectiveness of prevention and intervention efforts. Data may also be used to compare statistics across states, assess the impact of programs and guide policy development.

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### Developing a National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, police, crime labs, and death certificates that could answer important, fundamental questions about trends and patterns in violence. However, the information is fragmented and difficult to access. Seventeen states are currently part of the

National Violent Death Reporting System (NVDRS)—Alaska, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Mexico, North Carolina, New Jersey, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin. These states gather, share, and link state-level data about violence. NVDRS enables CDC and states to access vital, state-level information to gain a more accurate understanding of the problem of violence. This will enable policy makers and community leaders to make informed decisions about violence prevention strategies and programs, including those that address violence against women.

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### National Electronic Injury Surveillance System - All Injury Program

The National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP) is operated by the U.S. Consumer Product Safety Commission in collaboration with the National Center for Injury Prevention and Control. It provides nationally-representative data about all types and causes of nonfatal injuries treated in U.S. hospital emergency departments. CDC uses NEISS-AIP data to generate national estimates of nonfatal injuries, including those related to violence against women.

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770-488-4410 ohcinfo@cdc.gov

### Assessing Links Between Various Forms of Violence

CDC is conducting a study to identify the links between different forms of violent behaviors among adolescents. The study will help scientists understand the prevalence and consequences of different types of aggressive behaviors; the association between dating violence and other forms of peer violence; and the manner in which these types of violent behaviors vary by sex, developmental stage, and other factors.

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## Intimate Partner Violence Perpetration Study

CDC is studying how issues of power and control contribute to the development of intimate partner violence perpetration. Results of the study will help scientists determine the best way to address issues of power and control in prevention and intervention

strategies. Information will be collected from male intimate partner violence perpetrators coming to court prior to entering a batterer treatment program. Data will help identify the factors associated with the type and frequency of intimate partner violence perpetrated.

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770-488-4410 ohcinfo@cdc.gov

## Developing and Evaluating Prevention Strategies

### Culturally-Competent Demonstration Projects

CDC funds 10 projects to prevent intimate partner violence and sexual violence among various racial and ethnic populations, including African Americans, American Indians and Alaska Natives, Hispanic Americans, and Asian Americans and Pacific Islanders. Project staff is developing and evaluating programs for children, victims, and perpetrators; programs to prevent dating violence among school-age youth; or programs that link victims with community-based service providers. The components of each project varies.

Funded Projects include:

- University of Arizona, Tucson
- National Asian Women's Health Organization, San Francisco
- RAND Corporation, Santa Monica
- University of Texas Health Science Center, Houston
- Latino Community Development Agency, Oklahoma City
- Turning Point for Families, Hilo, Hawai'i
- Boston Public Health Commission
- Commonwealth of Massachusetts Department of Public Health, Boston
- Johns Hopkins University School of Nursing, Baltimore
- St. Luke's–Roosevelt Institute for Health Sciences, New York

Contact: Prevention Development and Evaluation Branch  
770-488-4646 ohcinfo@cdc.gov

### Domestic Violence Prevention for Latino Families

CDC is exploring the dynamics of intimate partner violence in Latino immigrant families to develop and evaluate a culturally-appropriate family intervention.

Contact: Prevention Development and Evaluation Branch  
770-488-4646 ohcinfo@cdc.gov

### "Green Book" Project

CDC is partnering with other federal agencies to fund six community projects to implement recommendations from the National Council of Juvenile and Family Court Judges. These recommendations, published in *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (called the "Green Book"), are designed to improve the way the court system handles cases of abused women and children, to increase the effectiveness of the child protective system, and to enhance services for victims of intimate partner violence. Project goals include holding batterers accountable for their actions, increasing protection for victims of abuse, and decreasing the number of children who are removed from their non-abusive mothers. The project sites have formed interdisciplinary teams to develop protocol for handling child abuse and intimate partner violence and to increase cross-system training and awareness. Newly developed practice guidelines will focus on screening, reporting abuse, and addressing the needs of victims.

Contact: Prevention Development and Evaluation Branch  
770-488-4646 ohcinfo@cdc.gov

## Choose Respect Campaign

CDC is planning a national launch of the Choose Respect campaign, a communications campaign that seeks to prevent dating abuse by targeting 11- to 14-year-olds with positive messages about healthy relationships and information about recognizing and avoiding dating abuse. The development of the national launch will be informed by pilot test findings from Austin, Texas and Kansas City, Missouri, where campaign messages were disseminated through select middle schools and community organizations, direct-to-consumer materials, and community outreach.

Contact: Program Implementation and  
Dissemination Branch  
770-488-1424 ohcinfo@cdc.gov

## Evaluation Assistance for Projects to Prevent First-time Male Perpetration of Sexual Violence

CDC is providing evaluation assistance to projects designed to prevent first-time perpetration of sexual violence by males, and will also help the programs build capacity to conduct their own evaluations. The key elements CDC provides are training and coaching on the use of evaluation concepts, techniques, and findings to foster program improvement.

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770-488-1424 ohcinfo@cdc.gov

## Supporting and Enhancing Prevention Programs

### Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)

CDC is funding 14 state domestic violence coalitions to develop and implement prevention activities that can be integrated into Coordinated Community Responses (CCRs) or similar community-based collaborations. The DELTA program adds a significant prevention focus to the existing CCR model by funding state domestic violence coalitions that act as intermediary organizations, providing prevention-focused technical assistance, training, and funding to local communities. Funded state coalitions are Alaska, California, Delaware, Florida, Kansas, Michigan, Montana, New York, North Carolina, North Dakota, Ohio, Rhode Island, Virginia, and Wisconsin.

CDC is also funding an evaluation of the DELTA project. This evaluation includes a nationwide environmental scan to provide a status report on CCR operations within each state and an assessment of the DELTA program's success in developing and promoting the adoption of prevention-oriented enhancements.

Contact: Program Implementation and  
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770 488-1424 ohcinfo@cdc.gov

### Evaluability Assessment of the Rape Prevention and Education Grant Program

To enhance the administration and use of the Rape Prevention and Education (RPE) grant program, CDC assessed how states are allocating the funds and the types of activities the funds are supporting. The primary objectives of this evaluability assessment were to document the intended goals and objectives of the RPE program as it relates to the activities of state health departments and sexual assault coalitions; to assess the allocation mechanisms, uses, and impact of the funds; and to evaluate the public health needs of states and local programs in terms of knowledge, skills, resources, and barriers to effective implementation. The evaluability assessment provided CDC with important recommendations to improve the administration and efficacy of the RPE Program.

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## Rape Prevention and Education Grant Program

CDC administers and provides technical assistance for the Rape Prevention and Education Grant program to health departments and sexual assault coalitions. This program supports educational seminars, hotline operations, training programs for professionals, informational materials, and other efforts designed to

increase awareness of sexual violence. States and territories have implemented prevention and education programs and developed a stronger infrastructure to address sexual violence with this grant.

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## Providing Prevention Resources

### National Sexual Violence Resource Center

The National Sexual Violence Resource Center (NSVRC) identifies and disseminates information, resources, and research on all aspects of sexual violence prevention and intervention. Staff provide customized technical assistance, collaborate with other national and local organizations, and specialize in offering resources for underserved communities. Additional activities include coordinating national sexual assault awareness activities; identifying emerging policy issues and research needs; issuing a biannual newsletter; and recommending speakers and trainers. The NSVRC website features links to resources, including information about conferences, funding, jobs, research, and special events. The Center serves state sexual assault coalitions, rape crisis centers, government agencies, U.S. Territories and tribal entities, colleges and universities, service providers, researchers, allied organizations, policymakers, media, and the public.

Contact: [www.nsvrc.org](http://www.nsvrc.org)  
1-877-739-3895

### Compendium of Assessment Tools for Intimate Partner Violence

CDC has developed a compendium of assessment tools for intimate partner violence to help researchers select measures to assess IPV victimization and perpetration. The compendium includes tools on physical violence, sexual violence, psychological violence, and stalking. Separate sections are included for victimization and perpetration. The compendium will be published in Fall 2005.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

### Preventing Violence through Education, Networking and Technical Assistance

CDC is funding the University of North Carolina Injury Prevention Research Center to develop a national training program for violence prevention practitioners. Preventing Violence through Education, Networking and Technical Assistance (PREVENT) works with individuals and organizations to build skills in identifying community needs and assets, creating and mobilizing partnerships, developing and implementing prevention programs, measuring success, and funding and sustaining programs.

Contact: [www.prevent.unc.edu](http://www.prevent.unc.edu)  
919-966-2251

### National Online Resource Center on Violence Against Women

The National Online Resource Center on Violence Against Women (VAWnet) provides support for the development, implementation, and maintenance of effective violence against women intervention and prevention efforts at national, state, and local levels. VAWnet provides a collection of full-text, searchable electronic resources on domestic violence, sexual violence and related issues to state domestic violence and sexual assault coalitions, allied organizations, and the public. It offers useful links; monitors news coverage of violence against women issues; provides calendars of trainings, conferences and grant deadlines; and presents information about Domestic Violence Awareness and Sexual Assault Awareness Months.

Contact: [www.vawnet.org](http://www.vawnet.org)  
1-800-537-2238

## Prevention Connection

Prevention Connection: The Violence Against Women Prevention Partnership features a listserv and bi-monthly, web-based forums designed to build the capacity of local, state, national, and tribal agencies and organizations to develop, implement, and evaluate effective violence against women prevention initiatives. The Prevent-Connect Listserv provides a vehicle for ongoing analysis and discussion of domestic and sexual violence prevention efforts. The forums feature a variety of prevention experts who explore and discuss approaches and comprehensive solutions to domestic and sexual violence. Prevention Connection is a project of the California Coalition Against Sexual Assault.

Contact: [www.calcasa.org](http://www.calcasa.org)  
916-446-2520

## Evaluation Guide for Violence Against Women

CDC has developed a guide for violence against women programs to provide practitioners with information about how to conduct evaluations based on strong scientific methods. The guide will assist programs in identifying measurable objectives and goals and in linking these objectives and goals with services and evaluation plans. Information about data collection methodology and measures, data analyses, presentation of results, and selection of an external evaluator are included. The guide will be published in late 2005.

Contact: Prevention Development and  
Evaluation Branch  
770-488-4646 [ohcinfo@cdc.gov](mailto:ohcinfo@cdc.gov)

## Encouraging Research and Development

*CDC's extramural research program funds and monitors a variety of research on violence and injury prevention.*

### Effects of Formal Danger Assessment on Actions to Protect Women from Partner Violence

The Johns Hopkins Center for Injury Research and Policy is conducting a study to determine whether using a standardized tool to generate danger-level scores for victims of intimate partner violence will lead to protective actions taken by victims and the courts. The assessment will be used to educate victims about the dangers they face and effective prevention strategies. Legal advocates will use the assessment to influence legal decisions for victim safety.

Ellen MacKenzie, PhD 410-614-4025

### Safety and Effectiveness of Computer Screening for Intimate Partner Violence

Researchers from Emory University are conducting a study to explore the potential benefit or harm resulting from routine, computer-based screening for emotional, physical, and sexual abuse among both women and men in acute care settings.

Debra E. Houry, MD, MPH 404-727-9978

### Intimate Partner Violence: Improving Measures for Intervention Research

The Johns Hopkins Center for Injury Research and Policy is developing a peer-advocate counseling program based on stages of change for low-income urban women in abusive relationships. Results of the study will provide the foundation for an intervention trial evaluating a stage-tailored program to enhance the safety of abused women.

Ellen MacKenzie, PhD 410-614-4025

### Adolescent Pregnancy, Intimate Partner Violence, and Poor Birth Outcomes: Consequences of Childhood Victimization?

CDC is funding the University of North Carolina Injury Prevention Research Center to assess how victimization during childhood is associated with early pregnancy, victimization during pregnancy, and adverse pregnancy outcomes. Researchers are using a sample of adolescents in a longitudinal investigation of child maltreatment.

Carol W. Runyan, PhD, MPH 919-966-3916

## **Estimating the Cost of Employing Partner Violence Perpetrators**

The Harvard Injury Control Research Center is developing a measurement tool for use in occupational settings to identify perpetrators of intimate partner violence and to assess productivity level. The project involves developing a pilot survey, administering the survey to workers, and assessing the validity of the measure.

David Hemenway, PhD 617-432-4493

## **Sexual Violence Prevention Program for Perpetrators**

Researchers from the University of Arizona are collaborating with the Southern Arizona Center Against Sexual Assault and the Pima County Attorney's Office to implement and evaluate the Responsibility and Equity for Sexual Transgressions Offering a Restorative Experience (RESTORE) program. RESTORE is a perpetrator-focused sexual violence prevention program.

Mary Koss, PhD 520-626-9511

## **Preventing Adolescent Dating Violence**

Researchers from the University of North Carolina at Chapel Hill are developing and pilot testing a family-based program to address multiple types of youth violence, victimization, and perpetration.

Vangie A. Foshee, PhD 919-966-6616

## **Victim Support Team Evaluation**

CDC is funding researchers from the Harborview Injury Prevention and Research Center to examine the effectiveness of Seattle's Domestic Violence Victim Support Team. Goals are to lessen future adverse outcomes of intimate partner violence by promoting improved evidence collection, prosecution, and access to preventive services.

Mary A. Kernic, PhD, MPH 206-521-1556

## **Violence toward Peers, Dates, and Self**

Researchers from the University of North Carolina at Chapel Hill are examining the interrelationships among peer-, date-, and self-directed violence to identify risk factors from four levels of influence: individual, peer, family, and neighborhood.

Vangie A. Foshee, PhD 919-966-6616

## **Development of Partner Violence Perpetration Among Men**

Researchers from Harvard University's School of Public Health are conducting a study to assess risk and protective factors for perpetration of intimate partner violence among men ages 18 to 35 from eight community health centers within racially/ethnically diverse neighborhoods in Boston.

Jay Silverman, PhD 617-432-0081

**For more information or additional copies of this document, please contact:**

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