

**U.S. DEPARTMENT OF JUSTICE OFFICE ON
VIOLENCE AGAINST WOMEN**

HEARING
BEFORE THE
SUBCOMMITTEE ON CRIME, TERRORISM,
AND HOMELAND SECURITY
OF THE
COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES
ONE HUNDRED TWELFTH CONGRESS
SECOND SESSION

—————
FEBRUARY 16, 2012
—————

Serial No. 112-155

—————

Printed for the use of the Committee on the Judiciary



Available via the World Wide Web: <http://judiciary.house.gov>

—————
U.S. GOVERNMENT PRINTING OFFICE

72-905 PDF

WASHINGTON : 2013

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
Fax: (202) 512-2104 Mail: Stop IDCC, Washington, DC 20402-0001

COMMITTEE ON THE JUDICIARY

LAMAR SMITH, Texas, *Chairman*

F. JAMES SENSENBRENNER, Jr., Wisconsin	JOHN CONYERS, JR., Michigan
HOWARD COBLE, North Carolina	HOWARD L. BERMAN, California
ELTON GALLEGLY, California	JERROLD NADLER, New York
BOB GOODLATTE, Virginia	ROBERT C. "BOBBY" SCOTT, Virginia
DANIEL E. LUNGREN, California	MELVIN L. WATT, North Carolina
STEVE CHABOT, Ohio	ZOE LOFGREN, California
DARRELL E. ISSA, California	SHEILA JACKSON LEE, Texas
MIKE PENCE, Indiana	MAXINE WATERS, California
J. RANDY FORBES, Virginia	STEVE COHEN, Tennessee
STEVE KING, Iowa	HENRY C. "HANK" JOHNSON, JR., Georgia
TRENT FRANKS, Arizona	PEDRO R. PIERLUISI, Puerto Rico
LOUIE GOHMERT, Texas	MIKE QUIGLEY, Illinois
JIM JORDAN, Ohio	JUDY CHU, California
TED POE, Texas	TED DEUTCH, Florida
JASON CHAFFETZ, Utah	LINDA T. SANCHEZ, California
TIM GRIFFIN, Arkansas	JARED POLIS, Colorado
TOM MARINO, Pennsylvania	
TREY GOWDY, South Carolina	
DENNIS ROSS, Florida	
SANDY ADAMS, Florida	
BEN QUAYLE, Arizona	
MARK AMODEI, Nevada	

SEAN McLAUGHLIN, *Majority Chief of Staff and General Counsel*
PERRY APELBAUM, *Minority Staff Director and Chief Counsel*

SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY

F. JAMES SENSENBRENNER, Jr., Wisconsin, *Chairman*
LOUIE GOHMERT, Texas, *Vice-Chairman*

BOB GOODLATTE, Virginia	ROBERT C. "BOBBY" SCOTT, Virginia
DANIEL E. LUNGREN, California	STEVE COHEN, Tennessee
J. RANDY FORBES, Virginia	HENRY C. "HANK" JOHNSON, JR., Georgia
TED POE, Texas	PEDRO R. PIERLUISI, Puerto Rico
JASON CHAFFETZ, Utah	JUDY CHU, California
TIM GRIFFIN, Arkansas	TED DEUTCH, Florida
TOM MARINO, Pennsylvania	SHEILA JACKSON LEE, Texas
TREY GOWDY, South Carolina	MIKE QUIGLEY, Illinois
SANDY ADAMS, Florida	JARED POLIS, Colorado
MARK AMODEI, Nevada	

CAROLINE LYNCH, *Chief Counsel*
BOBBY VASSAR, *Minority Counsel*

CONTENTS

FEBRUARY 16, 2012

	Page
OPENING STATEMENTS	
The Honorable F. James Sensenbrenner, Jr., a Representative in Congress from the State of Wisconsin, and Chairman, Subcommittee on Crime, Terrorism, and Homeland Security	1
The Honorable Robert C. "Bobby" Scott, a Representative in Congress from the State of Virginia, and Ranking Member, Subcommittee on Crime, Terrorism, and Homeland Security	3
The Honorable Lamar Smith, a Representative in Congress from the State of Texas, and Chairman, Committee on the Judiciary	4
WITNESS	
Susan B. Carbon, Director, Office of Violence Against Women, U.S. Department of Justice	
Oral Testimony	6
Prepared Statement	8

**U.S. DEPARTMENT OF JUSTICE OFFICE ON
VIOLENCE AGAINST WOMEN**

THURSDAY, FEBRUARY 16, 2012

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIME, TERRORISM,
AND HOMELAND SECURITY,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The Subcommittee met, pursuant to call, at 10 a.m., in room 2141, Rayburn Office Building, the Honorable F. James Sensenbrenner, Jr., (Chairman of the Subcommittee) presiding.

Present: Representatives Sensenbrenner, Smith, Goodlatte, Poe, Chaffetz, Gowdy, Adams, Scott, Johnson, and Chu.

Staff present: (Majority) Caroline Lynch, Subcommittee Chief Counsel; Sarah Allen, Counsel; Harold Damelin, Counsel; Allison Rose, Professional Staff Member, Lindsay Hamilton, Clerk; (Minority) Bobby Vassar, Subcommittee Chief Counsel; Ron LeGrand, Counsel; and Aaron Hiller, Counsel.

Mr. SENSENBRENNER. The Subcommittee will be in order.

The Chair recognizes himself for an opening statement.

Good morning, Director Carbon, and welcome to the Subcommittee.

Today we will conduct an oversight hearing on the Office of Violence Against Women at the United States Department of Justice, which you have headed since early 2010.

OVW was originally created in 1995 within the Office of Justice Programs at the Justice Department to implement the various grant programs established in 1994 by the passage of the Violence Against Women Act. In 2003, the Attorney General established OVW as a separate office outside of OJP where it remains today.

The Violence Against Women Act, or VAWA, is an important law that has helped countless numbers of victims across the country deal with domestic violence and sexual assault. I have been a strong supporter of the act from the time of its initial passage and continuing through its two reauthorizations in 2000 and 2005, the last of which I was the principal author of.

VAWA established essential programs that support efforts to prevent and prosecute crimes of domestic violence, dating violence, sexual assault, and stalking, and to provide assistance and services to the women who are the victims of these crimes. Over the years, its reach has been expanded to help both the young and the elderly. Across the Nation, OVW's programs support the work of victim

advocates, attorneys, counselors, law enforcement personnel, prosecutors, health care providers, and emergency shelters.

Since its inception, OVW has awarded over \$4.7 billion in grants and cooperative agreements to fund and support programs established by the 1994 law and its subsequent reauthorizations. Although there exists bipartisan support for OVW's mission, in these very difficult economic times where the Federal Government must drastically reduce its spending, we simply cannot continue to allocate resources without verifying that they are being used as effectively and efficiently as possible.

In this context, today we examine OVW's grant programs and the office's performance. I am interested to learn what the office is doing to address possible duplication among the different OVW grant programs and between other Justice programs.

I am also interested to learn more about OVW's grant oversight efforts. Both the Justice Department's Inspector General and the General Accounting Office have identified what I consider to be significant problems with respect to OVW's grant management. Between 2005 and 2011, the IG conducted a number of audits of OVW grant recipients. These reports detail a series of violations of grant requirements ranging from very significant amounts of unsupported or unallowable expenditures to sloppy record keeping and failure to file required reports accurately and in a timely manner.

The violations include a July 2010 grantee audit report where the IG considered nearly \$830,000 of an \$890,000 OVW grant as unsupported or unallowable expenditures; a March 2009 audit report of another OVW grantee about which the IG questioned as unsupported or unallowable expenditures of \$477,000 of a \$681,000 OVW grant; and a September 2005 OVW grantee audit report in which the IG found over \$1.2 million of a \$1.9 million grant to be unsupported or questionable expenditures. This is all taxpayers' money that may not have gone toward the intended purpose of helping victims of domestic violence or sexual assault.

These IG reports cause me to wonder what grant monitoring procedures OVW has in place that allowed this type of grant abuse to occur. As we move forward, these problems need to be addressed and corrected during the life of the grant, not after the grant funds have already been expended and the IG comes in to do an audit.

The acting IG recently testified before another House Subcommittee on the topic of Federal grant program oversight. In the course of her testimony, she referenced a 2010 audit of OVW where several errors were found by OVW peer reviewers in the calculation of the grant application scores, resulting in the incorrect ranking of some grant applications and the possible denial of grants to qualified applicants.

The IG also pointed out that the same audit report discovered a number of instances where OVW peer reviewers were not properly screened for potential conflicts of interest before they were allowed to evaluate and score grant applications.

Lastly, the IG pointed out a 2006 audit report dealing with the grant close-out process in which the IG recommended that OVW resolve \$37 million in questioned costs and de-obligate another \$14 million. The IG noted that we have had multiple communications

with OVW since we issued our report in 2006, but OVW has yet to fully resolve these recommendations.

These are serious concerns pointed out by the IG, and I would like to know what OVW has done to address them. It is essential that we be able to determine how effective VAWA programs are and whether grantees are providing adequate services for the amount of funding they receive. We need to be sure that the population we are trying to help, the victims of domestic violence and sexual assault, are actually getting the services that they need.

I thank the director for appearing, and I now recognize the Ranking Member of the Subcommittee, the gentleman from Virginia, Mr. Scott.

Mr. SCOTT. Thank you, Mr. Chairman, and thank you for holding this hearing on the Office of Violence Against Women. And I thank Ms. Carbon for being with us today.

The Office of Violence Against Women was created specifically to implement the Violence Against Women Act. By fostering extensive partnerships, OVW facilitates the creation of programs, policies, and practices aimed at ending domestic violence, dating violence, sexual assault, and stalking. Through formula programs, State coalitions, and discretionary grant programs, OVW has been very successful in supporting victims and holding perpetrators accountable through promoting a coordinated community response.

Mr. Chairman, we have the responsibility to make sure that the grant programs are being administered effectively, and in July 2010, as part of an audit report, the Department of Justice's Office of Inspector General concluded that OVW worked quickly to make Recovery Act grants through a broad range of initiatives and that the grant selection process was transparent and objective.

The OIG's report cited five areas for improvement that included adjustments in the peer review process, tighter internal controls, more effective maintenance, and others, and OVW has concurred and has made the recommended changes. OVW's commitment to effectively managing its grant programs is demonstrated by the adoption of the OIG's recommendations and the establishment of a grants financial management division. This unit enables OVW to be much more proactive, scrutinize budgets more closely, and identify other issues before they become problems.

OVW programs and services have not only provided lifesaving services for victims and their children across the country, but have also yielded significant monetary benefits and averted victimization costs. A 2002 University of North Carolina cost-benefit analysis of the Violence Against Women Act of 1994 reported the net benefit of the bill is estimated to be \$16.4 billion. Because the cost is only \$1.6 billion, \$14.8 billion in averted victimization costs would be saved after the implementation of the act. On an individual level, VAWA is estimated to cost about \$15.50 per U.S. woman and would be expected to save over \$159 per woman in averted costs of criminalization. And so this shows that this is a fiscally responsible program.

And it is still needed. In Virginia, one our of three homicides are related to family and intimate partner violence. Domestic violence programs in Virginia are seeing an escalation of violence resulting in increased demand for services. According to the Department of

Justice, the rate of domestic violence triples when economic strain increases. The dynamics that fuel domestic violence can be exacerbated by an abuser cycling in and out of employment and a family's inability to pay bills and the threat of losing housing.

When asked, through a statewide survey of recipients of Virginia's domestic violence services, the question was asked, what would you have done if the shelter had not existed? 22 percent of service recipients indicated that they would have been homeless. 21 percent said they would have been compelled to return to their abusers, and 10 percent believed that they would be dead by now at the hands of their abusers.

The Virginia Sexual and Domestic Violence Alliance reports that in 2009, agencies located in my congressional district responded to almost 12,000 hotline calls, provided advocacy services for over 2,000 adults and 664 children, provided emergency shelter to 427 adults and 400 children, but they had to turn away 148 families in my congressional district due to lack of shelter.

Additionally in 2009, almost half the victims receiving advocacy services reported that they had missed time from work or school or lost income as a result, and 28 percent of victims receiving services had to relocate or became homeless as a result of domestic violence.

So, Director Carbon, we look forward to your testimony and look forward to continuing to work with you.

Thank you, Mr. Chairman.

Mr. SENSENBRENNER. The Chair recognizes the Chairman of the full Committee, the gentleman from Texas, Mr. Smith.

Mr. SMITH. Thank you, Mr. Chairman.

The Office of Violence Against Women, which Director Carbon has headed since early 2010, plays an important role in our ongoing battle against domestic violence, dating violence, stalking, and sexual assault. It administers and oversees the various programs authorized by the Violence Against Women Act, also known as VAWA, and I have been a strong supporter of the act since its enactment in 1994.

The Office on Violence Against Women was last authorized in 2006. Today's hearing is the first step in the Judiciary Committee's review of VAWA and consideration of its reauthorization.

The Federal Government faces significant long-term budgetary constraints. Agencies must get by with less. In this environment, the Office on Violence Against Women must focus its resources on its most efficient programs that allow it to accomplish the greatest good. Congress will not fund programs that are ineffective or waste money.

But with that in mind, I hope the testimony today will highlight what this legislation has allowed the office to accomplish.

I also look forward to hearing your thoughts, Director Carbon, on how the grant programs can be streamlined, consolidated, or even eliminated to achieve the greatest efficiencies possible.

I would like to mention two examples that demonstrate how this legislation has helped many people.

In February 1996, after having been authorized by the act, the Austin, Texas-based Texas Council on Family Violence launched the National Domestic Violence Hotline. Since that time, the group

has answered nearly 2.5 million calls and saved many injuries and lives. The hotline is a life line for victims of domestic violence and their families. Over the past 15 years, the hotline has provided victims with crisis counseling, information on legal advocacy, shelters, and health care facilities. When a victim has the courage to reach out for help, the hotline is there to guide them to a safe place and connect them to the resources they need. The National Domestic Violence Hotline is one of the most important services we can offer individuals and families who are in crisis. I am glad to have this beacon of hope in my home State of Texas.

The Bexar County Family Justice Center opened its doors in August 2005, thanks to funding from VAWA. The center currently occupies over 11,000 square feet of office space in downtown San Antonio. Today it has over 40 on- and off-site partners who use a local coordinated community response to deal with the problem of domestic violence and provide comprehensive service to victims. These services include assistance with law enforcement and prosecution, employment and educational services, counseling, civil legal services, child care and therapy, health care, food, clothing, and housing assistance and emergency shelter. Each client of the center has the ability to see any service provider at no charge. The center serves over 3,700 adults and 2,700 children a year. It is essential that programs like these are in place to protect victims not just from physical bruises but from the emotional and mental scars as well.

Funding through VAWA has helped women escape abuse and rebuild their lives. I hope that this hearing will bring to light ways that we can continue and improve programs through the Office on Violence Against Women.

Thank you, Mr. Chairman. I yield back.

Mr. SENSENBRENNER. I thank the Chairman.

Without objection, all Members' opening statements will be included in the record at this point.

I will now introduce today's witness. Susan Carbon is Director of the Justice Department's Office of Violence Against Women, or OVW. Prior to serving as director of OVW, she served as supervisory judge of the New Hampshire Judicial Branch, Family Division from 1996 to 2010. Director Carbon was also a member of the Governor's Commission on Domestic and Sexual Violence and chaired New Hampshire's Domestic Violence Fatality Review Committee. She also served as president of the National Council Juvenile and Family Court Judges from 2007 to 2008 and was the president of the New Hampshire State Bar Association in 1993 and 1994.

She is a graduate of the University of Wisconsin, Madison, and then she didn't stay in Wisconsin to pay income taxes that helped pay for her education and left for the DePauw University College of Law. [Laughter.]

The witness' written statement will be entered into the record in its entirety. I ask that Ms. Carbon summarize her testimony in 5 minutes or less, and to help you stay within that time limit, you have got the blinking lights in front of you. I now recognize Ms. Carbon.

**TESTIMONY OF SUSAN B. CARBON, DIRECTOR, OFFICE OF
VIOLENCE AGAINST WOMEN, U.S. DEPARTMENT OF JUSTICE**

Ms. CARBON. Thank you very much, Chairman Sensenbrenner—and I will do my best to assure that taxes are paid—Chairman Smith, Ranking Member Scott, and Members of the Committee, for the opportunity to speak with you today about the work of the Office on Violence Against Women, or OVW, and the success of the Violence Against Women Act programs.

Although violent crime generally has decreased nationwide, domestic violence, dating violence, sexual assault, and stalking, the crimes which are the focus of our office, still devastate the lives of an extraordinary number of women, men, youth, and children. One in five women have been raped in their lifetimes. One in four women and one in seven men have experienced severe physical violence at the hands of an intimate partner.

Given the long-term consequences for victims, their children, and our communities, the grant programs authorized under VAWA are an investment in our Nation's future, and we are immensely grateful for your support over these past 18 years.

OVW-administered VAWA funding has led to significant improvements in the civil and criminal justice systems encouraging victims to report these crimes, improving evidence collection in sexual assault and domestic violence cases, and increasing the issuance and enforcement of protection orders. With OVW leadership, communities are forging effective partnerships across disciplines to help victims reclaim their lives and hold offenders accountable.

For instance, an OVW-funded law enforcement officer in Dauphin County, Pennsylvania reports that a new partnership with a victim advocate allows him—and I quote—to obtain more detailed statements and collect evidence, which might have been initially overlooked, and then to bring more serious charges.

Many victims also first turn to their faith communities. So the City of Spartanburg, South Carolina has used OVW funds to train 230 ministers to date on effective responses to domestic violence.

The impact of this OVW programming is evident. The increased availability of legal services has contributed to a significant reduction in domestic violence. Obtaining a protection order has been shown in several studies to reduce future assault and enhance victim safety and well-being. 4 years after Milwaukee implemented a specialized prosecution unit, felony convictions had increased five-fold. Thanks to these types of programs, FBI data showed that between 1993 and 2010, the number of individuals killed by an intimate partner declined 30 percent for women and 66 percent for men.

These programs not only save lives, they save money. A 2002 study found that by reducing these crimes and the subsequent costs to the criminal justice and health care systems, VAWA saved an estimated \$12.6 billion in net averted social costs in its first 6 years alone.

As a family court judge in New Hampshire, I saw firsthand what can happen when VAWA services such as legal assistance and transitional housing are not always available. Not only did I see the adults back in my courtroom, but I also saw their children in

child protection cases and their teens in drug court and on our delinquency dockets. VAWA's most profound impact and outcome may be breaking the cycle of violence by reaching children and youth.

We at OVW are committed to using every dollar of VAWA funding prudently. We take very seriously our grant-making responsibilities and we are dedicated to managing our grant programs effectively and with transparency. As my written statement reflects, I have instituted several changes to our policies and practices that reflect my commitment to sound financial management.

The difficult economy has brought challenges to both victims and the programs that serve them. States are struggling to keep shelters and rape crisis centers open, as well as maintain police, prosecutors, probation officers, and even judges. Now more than ever, we must invest in innovative ways to prevent violence. OVW is using the most current research to target our resources. New initiatives, such as preventing domestic violence homicides, and funding the Austin, Texas-based National Dating Abuse Help Line to include text messaging. Since launching that text capacity last September, the help line has conducted over 10,000 chat and text conversations with young people in need.

I cannot stress enough how critical it is for Congress to reauthorize VAWA once again and to use this opportunity to sustain and strengthen our Nation's commitment and capacity to end violence against women. I look forward to continuing to work with you to improve OVW administration and our grant programs to combat sexual assault, domestic violence, dating violence, and stalking.

I thank you very much for your interest in this critically important work, and I am very happy to take your questions.

[The prepared statement of Ms. Carbon follows:]



Department of Justice

STATEMENT OF
SUSAN B. CARBON
DIRECTOR OF THE OFFICE ON VIOLENCE AGAINST WOMEN

BEFORE THE
COMMITTEE ON THE JUDICIARY
UNITED STATES HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON CRIME, TERRORISM AND HOMELAND SECURITY

ENTITLED
OVERSIGHT OF THE OFFICE ON VIOLENCE AGAINST WOMEN

PRESENTED
February 16, 2012

**Testimony of Susan B. Carbon, Director
Office on Violence Against Women
United States Department of Justice**

Oversight of the Office on Violence Against Women

**United States House of Representatives Committee on the Judiciary
Subcommittee on Crime, Terrorism and Homeland Security
February 16, 2012**

Introduction

Thank you, Chairman Sensenbrenner, Ranking Member Scott, and members of the Committee for the opportunity to speak with you today. My name is Susan Carbon, and I am the Director of the Office on Violence Against Women (OVW) in the Department of Justice (DOJ). I am here today to discuss the work of OVW in implementing the Violence Against Women Act (VAWA), and the vital role that VAWA has played in our collective efforts to respond to the crimes of domestic violence, dating violence, sexual assault and stalking by enhancing victim safety and autonomy, increasing the availability of victim services, and improving offender accountability.

The mission of OVW is to provide federal leadership in developing the nation's capacity to reduce violence against women and administer justice for and strengthen services to victims. A key role of OVW is to provide financial and technical assistance to communities across the country that are developing programs, policies, and practices aimed at ending domestic violence, dating violence, sexual assault, and stalking. The services that OVW funds under VAWA are available to a wide range of individuals. Grants help victims who are women, men, teenagers, children, elderly, living in rural areas, college students, middle or high school students, persons with disabilities, and persons from many different culturally and linguistically specific populations. VAWA programs fund states, territories, local governments, tribal governments, courts, police, prosecutors, non-profit victim services organizations, colleges and universities, state, territorial and tribal sexual assault and domestic violence coalitions, homeless service providers, and community based programs, including faith-based organizations.

Domestic Violence, Dating Violence, Sexual Assault, and Stalking

Although violent crime has decreased nationwide, the crimes of domestic violence, dating violence, sexual assault, and stalking still devastate the lives of too many women, men, youth, and children. Since then-Senator Biden brought national attention to crimes of violence against women in hearings in 1990, we have learned more about their shocking prevalence. One in every four women and one in every seven men have experienced *severe* physical violence by a current or former spouse, boyfriend, or girlfriend.¹ Stalkers victimize approximately 5.2 million women and 1.4 million men each year in the U.S, with domestic violence-related stalking the

¹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

most common type of stalking and often the most dangerous.² One in ten 9th-12th grade students were physically hurt on purpose by a boyfriend or girlfriend in 2009 alone.³ One in five women and one in 71 men have been raped in their lifetimes, and nearly 1.3 million women in the U.S. are raped every year.⁴ The statistics are sobering – even more so with our understanding that these types of crimes are often the most underreported. Many victims suffer in silence without confiding in family and friends, much less reaching out for help from hospitals, rape crisis centers, shelters, or even the police.

Increasingly, we are learning more about the overwhelming numbers of children exposed to violence and the insidious effects of this exposure. A recent DOJ-funded study concluded that a majority of children in the United States have been exposed to violence, crime, or abuse in their homes, schools, and communities.⁵ Approximately 15.5 million children are exposed to domestic violence every year.⁶ The consequences of this problem are significant and widespread. Children's exposure to violence, whether as victims or witnesses, is often associated with long-term physical, psychological, and emotional harm.⁷ Children exposed to violence are also at a higher risk of engaging in criminal behavior later in life and becoming part of a cycle of violence.⁸ I am honored to work for an Attorney General who has been personally and professionally committed to this issue for many years.

²Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

³Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., Harris, W. A., Lowry, R., McManus, T., Chyen, D., Lim, C., Whittle, L., Brener, N. D., & Wechsler, H. (2010, June 4). Youth risk behavior surveillance - United States, 2009. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 59(SS-5), 1-142.

⁴Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

⁵Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). *Children's exposure to violence: A comprehensive national survey*. *Juvenile Justice Bulletin* (No. NCJRS 227744). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

⁶McDonald, R., Jouriles, E. N., Ramisetty-Mikler, S., Caetano, R., & Green, C. E. (2006). Estimating the number of American children living in partner-violence families. *Journal of Family Psychology*, 20(1), 137-142.

⁷Dube, S., Felitti, V., Dong, M., Giles, W., & Anda, R. (2003). The impact of adverse childhood experiences on health problems: Evidence from four birth cohorts dating back to 1900. *Preventive Medicine*, 37(3), 268-277.

⁸Gorman-Smith, D., Tolan, P. H., Shcidow, A. J., & Henry, D. B. (2001). Partner violence and street violence among urban adolescents: Do the same family factors relate? *Journal of Research on Adolescence*, 11(3), 273-95.

Foshee, V. A., Benefield, T. S., Ennett, S. T., Bauman, K. E., & Suchindran, C. (2004). Longitudinal predictors of serious physical and sexual dating violence victimization during adolescence. *Preventive Medicine*, 39(5), 51007-16.

Foshee, V. A., Ennett, S. T., Bauman, K. E., Benefield, T., & Suchindran, C. (2005). The association between family violence and adolescent dating violence onset: Does it vary by race, socioeconomic status, and family structure? *Journal of Early Adolescence*, 25(3), 317-44.

Lavoie, F., Robitaille, L., Hébert, M., Tremblay, F., Vitaro, F., Vézina, L., & McDuff, P. (2002). History of family dysfunction and perpetration of dating violence by adolescent boys: A longitudinal study. *Journal of Adolescent Health*, 30(5), 375-83.

Cyr, M., McDuff, P., & Wright, J. (2006). Prevalence and predictors of dating violence among adolescent female victims of child sexual abuse. *Journal of Interpersonal Violence*, 21(8), 1000-17.

Weckerle, C., & Wolf, D. A. (1999). Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. *Clinical Psychology Review*, 19(4), 435-56.

Wolf, D. A. (2011). Risk factors for child abuse perpetration. In J. W. White, M. P. Koss, & A. E. Kazdin (Eds.), *Violence against women and children: Mapping the terrain. Volume 1* (pp. 31-54). Washington, DC: American Psychological Association.

Knight, R. A., & Sims-Knight, J. (2011). Risk factors for sexual violence. In J. W. White, M. P. Koss, & A. E. Kazdin (Eds.), *Violence against women and children: Mapping the terrain. Volume 1* (pp. 125-150). Washington, DC: American Psychological Association.

The Violence Against Women Act

Given the continued prevalence of the crimes of domestic violence, dating violence, sexual assault and stalking and the serious ongoing consequences to victims, their children and our communities, the grant programs authorized under VAWA are an investment in our nation's future. Congress recognized the severity of these serious crimes and our need for a national strategy with the enactment of VAWA in 1994. This landmark federal legislation's comprehensive approach to violence against women combined tough new penalties to prosecute offenders with programs to provide services for the victims of such violence. Congress authorized both formula grant programs and competitive, discretionary grant programs. This flexibility enables states to formulate their own responses to violence while also supporting the nationwide development and dissemination of evidence-based practices that create solutions for different professionals in the criminal justice and civil legal systems.

As a result of VAWA, we have witnessed a paradigm shift in how the issue of violence against women is addressed in the United States, and countless lives have been positively affected. VAWA has led to significant improvements in the criminal and civil justice systems, encouraging victims to file complaints, improving evidence collection, and increasing access to protection orders.⁹ Victims now can reach out for help, call the police, find 24-hour emergency services, and take steps to leave abusive relationships. According to FBI Uniform Crime Report data, between 1993 and 2010, the number of individuals killed by an intimate partner declined 30% for women and 66% for men.¹⁰ The annual incidence of intimate partner violence dropped by 67% during the same time period.¹¹ Fewer people are being victimized, and when they are, they feel safer reporting the abuse to the police. We have witnessed similar gains in the areas of sexual assault with the percentage of victims of rape and sexual assault who said they reported the assault to the police increasing from 28.8% in 1993 to 50% in 2010.¹²

By reducing crimes and the subsequent costs to the criminal justice and health care systems, VAWA has realized cost savings. A 2002 study found that VAWA saved an estimated \$12.6 billion in net averted social costs in its first six years alone.¹³ A recent study showed that the state of Kentucky averted \$85 million in costs by reducing violence and improving victims' quality of life through protection orders.¹⁴ Even small investments in VAWA have been shown to make a difference on the ground.¹⁵

Aldarondo, E., & Castro-Fernandez, M. (2011). Risk and protective factors for domestic violence perpetration. In J. W. White, M. P. Koss, & A. E. Kazdin (Eds.), *Violence against women and children: Mapping the terrain. Volume 1* (pp. 221-242). Washington, DC: American Psychological Association.

⁹ Roe, K. J. (2004). *The Violence Against Women Act and its impact on sexual violence public policy: Looking back and looking forward*. Retrieved from http://www.vawnet.org/Assoc_Files_VAWnet/VAWA-SVPubPol.pdf

¹⁰ Federal Bureau of Investigation. Uniform Crime Report (UCR) Supplementary Homicide Reports (SHR).

¹¹ Truman, J. L. (2011). *Criminal victimization, 2010. Bureau of Justice Statistics Bulletin* (No. NCJRS 235508)

Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Bastian, L. (1995). *Criminal victimization 1993. Bureau of Justice Statistics Bulletin* (No. NCJRS 151658)

Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

¹² Truman, 2011.

Bastian, 1995.

¹³ Clark, K. A., Biddle, A., & Martin, S. (2002). A cost-benefit analysis of the Violence Against Women Act of 1994. *Violence Against Women*, 8(4), 417-428.

¹⁴ Logan, T., Walker, R., Hoyt, W., & Faragher, T. (2009). *The Kentucky civil protective order study: A rural and*

VAWA's most profound outcome may be breaking the cycle of violence by reaching children exposed to violence and intervening early when they have experienced assault or abuse. Without intervention, they are more likely to assault other children, join a gang, commit acts of violent delinquency, enter the juvenile justice system, develop psychiatric disorders, fail at school, be victimized by crime, and commit violent crimes as adults.¹⁶ Researchers have found that "recent exposure to violence at home . . . was one of the most significant predictors of a teen's use of subsequent violence at school or in the community."¹⁷ Childhood abuse and neglect increase the odds of arrest as a juvenile by 59%, arrest as an adult by 28%, and arrest for a violent crime by 30%.¹⁸ One study found that, when exposed to abuse as children, men are almost four times more likely to perpetrate domestic violence as adults, and women are 3.5 times more likely to be victimized.¹⁹ VAWA programs are critically important to break this intergenerational cycle of violence and end sexual and domestic violence for good.

VAWA Grant Programs Fulfill the Congressional Vision for VAWA

A key component of OVW's mission is the administration of VAWA grant programs that support the efforts of state, local, and tribal communities across the country and in our territories to create innovative and necessary programs, policies, and practices that serve victims and hold perpetrators accountable. With VAWA funding, communities are forging effective partnerships

urban multiple perspective study of protective order violation consequences, responses, and costs (No. NCJRS 228350). Washington, DC: U.S. Department of Justice.

¹⁵ Boba, R., & Lilley, D. (2008). Violence Against Women Act (VAWA) funding: A nationwide assessment of effects on rape and assault (No. NCJRS 225748). *Violence Against Women*, 15(2), 168-185.

¹⁶ Nelson, H. D., Nygren, P., McInerney, Y., & Klein, J. (2004). Screening women and elderly adults for family and intimate partner violence: a review of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 140(5), 387-96.

Dube, Felitti, Dong, Giles & Anda, 2003.

Margolin, G., & Gordis, E. (2004). Children's exposure to violence in the family and community. *Current Directions in Psychological Science*, 13, 152-155.

Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse & Neglect*, 32(8), 785-796.

Kelley, B., Thornberry, T., & Smith, C. (1997). *In the wake of childhood maltreatment. Juvenile Justice Bulletin* (No. NCJRS 165257). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Donziger, S. (1996). *The real war on crime: The report of the National Criminal Justice Commission*. New York, New York: HarperCollins Publishers, Inc.

Widom, C. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin*, 106(1), 3-28.

Rosewater, A. (2003). *Promoting prevention, targeting teens: An emerging agenda to prevent domestic violence* (No. NCJRS 206959). San Francisco: Family Violence Prevention Fund, pp. 21.

Hagedorn, J., & Moore, J. (2001, March). *Female gangs: A focus on research. Juvenile Justice Bulletin* (No. NCJRS 186159). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Hill, K. G., Lui, C., & Hawkins, J. D. (2001, December). *Early precursors of gang membership: A study of Seattle youth. Juvenile Justice Bulletin* (No. NCJRS 190106). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

¹⁷ Rosewater, 2003.

¹⁸ Widom, C., & Maxfield, M. G. (2001, February). *An update on the 'cycle of violence'*. *National Institute of Justice Research in Brief*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/184894.pdf>

¹⁹ Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults. *Journal of Interpersonal Violence*, 18(2), 166-185.

among federal, state, local, territorial, and tribal governments, and between the civil and criminal justice systems and victim advocates. For example, in the *six-month* reporting period from July to December 2010 alone, OVW discretionary program grantees reported:

- Over 126,600 female and male victims were served;²⁰
- Over 258,100 services were provided to victims;²¹
- Grantees conducted 6,935 training events and trained 167,043 people;
- 280,075 protection orders were granted in jurisdictions that receive funding from OVW's Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program (Arrest Program); and
- More than 2,500 arrests were made for violations of protection orders.

Moreover, sub-grantees receiving funding awarded by States through OVW's STOP Violence Against Women Formula Grant Program (STOP Program) reported, in calendar year 2009:

- More than 476,200 female and male victims were served;
- Over 921,200 services were provided to victims;²²
- Subgrantees conducted 13,193 training events and trained 254,860 people; and
- More than 3,200 individuals were arrested for violations of protection orders.

These grant funded activities have an impact that goes well beyond the number of victims served, professionals trained, or arrests made. By requiring and supporting grantees' participation in coordinated community responses to domestic violence, dating violence, sexual assault, and stalking, OVW also ensures that these programs can serve as models for other agencies in their jurisdictions. This not only improves the quality of victim services and the criminal and civil justice response, it often changes the attitudes of the community as a whole.

Effective Grant Administration Must Be a Priority

OVW takes very seriously its grant-making responsibilities and is dedicated to managing its grant programs effectively and with transparency. As we continue to move forward as a grant making office, we strive to incorporate guidance we receive from various oversight entities such as the Office of the Inspector General (OIG) and the Government Accountability Office (GAO). We also recognize the inherent challenges that we face in administering millions of precious taxpayer dollars. It is imperative that our grants administration activities inspire public confidence in our ability to carry out our mission. In my tenure with the Office, I have instituted changes to our policies and practices which reflect my commitment to implementing strong financial management of grants.

²⁰ This does not include 2,523 families who were fully and partially served by Safe Haven's Program grantees, 4,672 children and 59 dependents who were fully and partially served by Transitional Housing Program grantees, and 121 families who were fully and partially served by Tribal Government Program grantees.

²¹ Because victims were reported only once in each category of service provided, this number represents the minimum number of times services were provided to victims by discretionary grantees from July-December 2010.

²² Because victims were reported only once in each category of service provided, this number represents the minimum number of times services were provided to victims by STOP subgrantees in 2009.

Grant Administration

One major example of this commitment is the creation of an OVW Grants Financial Management Division (GFMD). Although OVW had been in the planning phases of instituting this division for a number of years, it only came to fruition in time for the processing of our FY 2010 grants. The major services provided by OVW's GFMD include (1) pre- and post-award financial grants administration; (2) technical assistance on financial issues and grants administration to OVW recipients, including via a toll-free customer service line; and (3) financial grants management training to OVW grantees and program staff. The GFMD's knowledge of OVW programs and grantees and familiarity with the challenges faced in the administration of OVW programs has also enabled OVW to more closely scrutinize budgets and identify other issues *before* they become problems, often before awards are even made. The implementation of the GFMD also represents an area of our stewardship of scarce federal dollars. Before we established our GFMD, we conducted a cost analysis of assuming grants financial management functions. We concluded we could do the work less expensively and more effectively, using the on-site expertise to provide closer oversight and more accountability for OVW grantees.

This division is a crucial part of our response to grants challenges which the OIG has highlighted in the past. Unlike the State and local governments and agencies that receive a large portion of the department's grant dollars, many OVW grantees are small non-governmental community and faith-based organizations, often in rural communities. While these grantees share our commitment to ending violence against women, they are often first-time federal grant recipients without sophisticated financial systems to manage their awards. Having our own grants financial management division, allows us to focus on the unique needs of our grantees. For example, some grantees are unfamiliar with the federal grant requirements and may unknowingly violate federal administrative and cost principles. GFMD has identified some of the issues that grantees are facing and provides one-on-one guidance to ensure they have a better understanding of and are aware of the applicable rules and regulations. Another benefit of the GFMD has been its role in improving our grant close-out process. In FY 2010, OVW deobligated \$8,977,137 in grant funds, which were then incorporated into our FY 2011 program initiatives. Another step we have taken to assist our grantees in proper financial management is to provide annual trainings by both the GFMD and the OIG through our grantee orientations. These trainings are open to all discretionary grantees and required for all new grantees.

This fiscal year, the GFMD will be offering a number of topic-specific audio, in-person, and web-based trainings for OVW grantees. OVW proactively offers a range of trainings throughout the year to support grantees and prevent grant management mistakes before they are made. For example, OIG audits of OVW grantees have revealed that poor timekeeping and insufficient records are common problems. The GFMD is now providing specific training on this issue and working with grantees to improve their practices. In response to a recommendation from the OIG, OVW added a section to its program solicitations that requires applicants to respond to a number of questions regarding their financial accounting practices. OVW uses this information to assess the financial capability of the applicant organizations and to identify those organizations that will require additional training and technical assistance prior to making an award. Based on the responses provided to these questions and feedback from the field and

program staff, the GFMD identifies specific subject areas or topics requiring additional clarification or training and provides teleconferences to grantees to address their needs.

We understand that funding decisions impact communities across the country, and therefore these decisions must be made in a fair and transparent manner. A 2010 OIG audit highlighted the need to improve the internal controls of the OVW peer review process. I immediately asked staff to develop recommendations for correcting those issues identified. Recommendations were developed and adopted within short order. To be specific, OVW now requires that all peer reviewers submit their conflict of interest forms before receiving any scoring forms. While this might seem like a small solution, it works. Another issue in the same audit revolved around a handful of instances of inaccurate scoring. While it only affected a few applicants, when communities are competing for limited funds, every miscalculation impacts someone. Therefore we have added a requirement that scores be recalculated and certified when scoring is not automated.

Monitoring

Another inherent challenge in administering grant programs is ensuring the effective monitoring of grant awards for both financial and programmatic compliance and to avoid fraud, waste and abuse. In order to strengthen our monitoring policies and procedures, we developed a new OVW Monitoring Manual for Grants Program Specialists. Program staff have all been trained on the procedures addressed in the manual. Additionally, we have developed a grants management risk assessment tool. The OVW Grant Assessment Tool (GAT) is an automated system through which staff can carefully and impartially assess grant activities. Using this tool, OVW program specialists identify and set monitoring priorities for all grantees based on a standard set of criteria. The GAT also enables OVW to track risk assessments completed by program specialists and better coordinate on-site visits to grantees receiving multiple program awards. All OVW program specialists are required to use this tool to perform initial risk assessments for all new grants and supplemental grant awards. The GAT has made the process of identifying compliance issues with current grantees faster and more efficient by enabling program specialists to have access to a succinct and comprehensive overview of a grantee's performance on each of its current OVW grant awards. This allows for improved intra-office coordination of the review of grant proposals across all 21²³ grant programs administered by OVW.

The many steps OVW has taken to improve grant management have reduced the likelihood that grantees will violate grant requirements either inadvertently or intentionally. Many violations of grant requirements are minor, accidental, and easily cured. Most OIG audit findings regarding OVW grants are not about waste, fraud, or abuse, but rather concern inadequate accounting and insufficient documentation. Once a finding is identified, the OIG issues a recommendation. These recommendations are remedied when grantees provide appropriate documentation and work with OVW and the OIG to improve their accounting practices. The OIG closes the recommendation when it verifies that the problem has been solved or sufficient documentation demonstrates that no problem existed. Findings that may initially seem significant are often fully

²³ OVW administers 3 formula grant and 18 discretionary grant programs. However, because 4 youth programs were consolidated in the 2012 Congressional Budget, OVW will be administering 15 discretionary programs in the future.

addressed or dollar amounts greatly reduced once the appropriate documents are provided. In the overwhelming majority of cases, grantees have spent their funds appropriately and benefit from the lessons learned in the audit process. However, if OVW believes that a grantee has intentionally misspent funds, they are promptly reported to the OIG and may be prosecuted.

Program Consolidation

In addition to assessing our grants management processes, we regularly review the overall administration of our grant programs. Recently this internal review identified the advisability of requesting statutory consolidation of some of our grant programs. VAWA 2005 authorized four new programs that focus on children and youth and expand OVW's programming into the area of prevention. These programs are: Engaging Men and Youth in Preventing Domestic Violence, Dating Violence, Sexual Assault, and Stalking (Engaging Men and Youth); Grants to Assist Children and Youth Exposed to Violence (Children Exposed to Violence); Services to Advocate for and Respond to Youth (Youth Services); and Grants to Combat Domestic Violence, Dating Violence, Sexual Assault, and Stalking in Middle and High Schools (STEP). These programs individually have limited focus: Engaging Men and Youth funds prevention activities; Children Exposed to Violence focuses on children who come from families where there is domestic violence, dating violence, sexual assault, and stalking; Youth Services provides services for youth victims of these crimes; the STEP Program focuses on developing responses in the school environment. All of these activities are critically important to developing a comprehensive response to youth victims and to breaking an intergenerational cycle of violence. If a community wanted to pursue several or all of these activities, however, it would have to apply for and receive multiple grant awards. None of these programs had ever received an appropriation for more than \$3.5 million, so the reach of each program was extremely limited.

To facilitate our ability to fund more comprehensive youth and prevention projects, OVW proposed to consolidate these four small programs into one larger program as part of the FY 2012 and FY 2013 President's budget request. The consolidation was included in the FY 2012 Congressional Budget with an appropriation of \$10 million. The combined program will be able to fund more comprehensive projects in a greater number of communities than OVW is now able to do. Under the consolidated program, OVW will be able to support communities that wish to build comprehensive projects that provide services, promote prevention, and develop other responses that address both exposure and direct victimization.

Department-wide Coordination

In addition to improving our intra-office coordination, OVW has been actively involved in efforts within DOJ to improve coordination among the three major DOJ grant making components – the Office of Justice Programs, the Office of Community Oriented Policing Services, and OVW. In January, 2010, the Department of Justice's three grant components began bi-weekly meetings to address the issues raised by the Office of the Inspector General in the 2009 "Top Management and Performance Challenges in the Department" report and to develop Department-wide policies and procedures to improve grant processes. As a result of these meetings, we now have a Department-wide process for dealing with High Risk Grantees. The group, which is known as the Grants Challenges Working Group, developed and launched

an on-line financial training for grantees of the three components. The Grants Challenges Working Group continues to meet monthly in order to address and prioritize issues raised in OIG and GAO audits, as well as common areas of concern. In addition, there is now a quarterly meeting between the components and the OIG. OVW has found input from the Grants Challenges Working Group and from the OIG, GAO, and others helpful in our efforts to make significant, positive changes to our grant processes where needed. We welcome the continued suggestions and recommendations from these and other organizations.

Coordination within DOJ and among federal agencies also helps reduce duplicative uses of funding. Due to limited grant resources, DOJ encourages agencies to use multiple grant funding streams in a complementary manner in order to implement a comprehensive local approach to reducing crime. Using funding from multiple grant programs may be necessary to fully implement law enforcement and victim service projects in light of limited local and federal resources. In fact, OVW encourages applicants to maximize the impact of OVW grant funding by applying for other federal grants, leveraging state dollars and by contributing to the costs of their projects through in-kind contributions. Nonprofit, nongovernmental organizations often function by combining a number of small grants from various funding streams to provide victims with services to improve safety for themselves and their children. For instance, at a domestic violence shelter, a VAWA Legal Assistance for Victims grant may fund an attorney to help victims get protective orders, while a Victims of Crime Act grant funds a crisis counselor, an HHS Family Violence Prevention and Services Act grant funds a children's specialist who helps children in the shelter recover from the violence they have witnessed, a HUD Emergency Solutions Grant keeps the lights and heat on at the shelter, and a VAWA Transitional Housing grant funds short-term rental assistance for victims who are leaving the shelter and rebuilding their lives. OVW considers such a use of various federal funding streams an effective means of developing comprehensive victim services that can help victims escape their batterers permanently. In contrast, if a grantee were to use multiple funding streams to fund the same full-time victim counselor for the same 40 hours a week, this would be impermissible – and could constitute a fraudulent use of funds. To minimize the risk that grantees will engage in such "double-dipping," in FY 2009, OVW developed an award special condition specifically addressing the issue of duplicative funding in conjunction with the administration of Recovery Act Transitional Housing Assistance Program awards. OVW plans to address the issue of possible duplication of funds in all FY 2012 Grant Solicitations and plans to use this special condition on all OVW program awards beginning in FY 2012.

Cost Controls

Training conferences and meetings play a vital role in providing information, education, coordination, and innovative strategies and approaches to criminal and civil justice professionals and victim service agencies. OVW is fully cognizant of the importance of its fiduciary responsibility and that of its grantees to ensure conference spending is accomplished within proper guidelines and with restraint. OVW has provided explicit guidance to our award recipients about reducing conference costs, including that no OVW funding can be used to purchase food or beverages except under limited extenuating circumstances. Additionally, given the nature of a cooperative agreement and the fact that all of OVW's critical training and technical assistance awards are issued through cooperative agreements, all OVW cooperative

agreement recipients must receive prior approval from OVW for any conference supported with OVW funds. Travel costs must be minimized by finding the most cost effective locations and venues. OVW is also working with grantees to find alternative ways to provide training, such as webinars, teleconferences, and interactive online training modules. These types of trainings are not accessible to all grantees (such as rural grantees without broadband internet access) and may not provide the type of learning necessary to accomplish the training goal (such as building partnerships between police, courts, and service providers), so OVW works with grantees to determine sensible ways of reaching the target audience for a minimal cost.

Measuring Effectiveness

To aid our understanding of the effectiveness of VAWA grants, OVW has undertaken a significant effort to improve how we measure the work of VAWA grantees by developing and revising computerized progress report forms for grantees to collect relevant information. These progress report forms provide OVW with extraordinarily comprehensive and consistent data regarding grantee activities, including both process and outcome measures. While we use these progress report forms as a tool for monitoring, it is my goal to put to greater use this vast data collection. For example, our Transitional Housing grantees report the destination of their clients upon exit from program housing – and these reports tell that a substantial majority of these victims leave for permanent housing of their choice. Not only does this measure show true success for the grant program as a whole, but we should be using it to identify specific grantees with the most promising practices. The data also can reveal gaps in our services or barriers in our statute, which should guide our policy- and grant-making. Academic and governmental research also contribute greatly to our understanding of VAWA’s efficacy. Many of these studies are mentioned in the following sections illustrating VAWA’s achievements.

VAWA Programs Yield Successful Prosecutions

VAWA funds have supported significant improvements in the criminal and civil justice systems. One study finds that VAWA has “significantly strengthened victims’ involvement with criminal justice authorities such as prosecutors and court officers”²⁴ while other researchers have concluded that the “STOP program has been critical to law enforcement and prosecution training, and the development of specialized units.”²⁵

Specialized Responses for Law Enforcement and Prosecution

Law enforcement agencies are charged with identifying and arresting perpetrators of sexual assault, domestic violence, dating violence, and stalking. VAWA anticipates that law enforcement professionals will act to safeguard victims. The manner in which officers and agencies carry out these duties profoundly influences their success or failure in responding to violence against women. Specialized law enforcement units with dedicated staff that deal

²⁴ Cho, H., & Wilke, D. J. (2005). How has the Violence Against Women Act affected the response of the criminal justice system to domestic violence? *Journal of Sociology and Social Welfare*, 22, 125-139.

²⁵ Uckert, B., Miller, N., Dupree, C., Spence, D., & Archer, C. (2001). *The evaluation of the STOP Violence Against Women Grant Program, Law enforcement and prosecution components* (Publication No. NCJRS 189163). Washington, DC: U.S. Department of Justice.

exclusively with sexual assault, domestic violence, dating violence, or stalking often produce better outcomes for victims, police, and prosecution. From July to December 2010, 89 Arrest Program and Rural Domestic Violence, Dating Violence, Sexual Assault and Stalking Assistance Program (Rural Program) grantees reported that they developed or supported a specialized law enforcement unit.

Specialized domestic violence police units collect evidence in a much higher percentage of cases than traditional patrol units.²⁶ The evidence collected by specialized units is more likely to be useful for prosecution,²⁷ leading to higher rates of prosecution, conviction, and sentencing.²⁸ For example, Shelby County, Tennessee used its Arrest program funding to add two new officers to serve protection orders. This led to a 13% increase in the number of protection orders served over the previous reporting period. The City of Cleveland, Ohio used its Arrest program funding to create its first ever domestic violence warrant unit, enabling the police department to serve outstanding domestic violence warrants that otherwise might not have been served due to resource constraints.

Austin, Texas used Arrest Program funds to deliver training on dual arrests and department procedures relating to domestic violence:

A sheriff's office detective, with support from Domestic Violence Unit detectives, held seven domestic violence trainings for 109 sheriff's officers and civilian personnel. There were no dual arrests by sheriff's officers during this report period as a result of the impact of these trainings. Some sample comments from the evaluations: 'Very eye-opening. I was blaming the victim before this.' 'This class gave me a new perspective on domestic violence calls.' 'Instructors have good ideas on how to determine the predominant aggressor.' 'I have handled incidents of domestic violence involving staff and now see clues/symptoms I missed.' Austin Police Department (APD) Domestic Violence Unit detectives trained over 700 APD officers on domestic violence and Family Violence Protection Team procedures including all supervisors and district representatives and a cadet class of 60.

Jurisdictions with specialized domestic violence prosecution programs generally have the highest rates of successful prosecution.²⁹ From July to December 2010, 81 Arrest Program and Rural Program grantees reported that they developed or supported a specialized prosecution unit. In two years, a specialized domestic violence prosecution unit in Chicago convicted 71% of defendants compared to 50% of domestic violence defendants convicted by the rest of the Cook

²⁶ Friday, P., Lord, V. B., Exum, M. L., & Hartman, J. L. (2006). *Evaluating the impact of a specialized domestic violence police unit* (No. NCJRS 215916). Washington, DC: U.S. Department of Justice.

²⁷ Townsend, M., Hunt, D., Kuck, S., & Baxter, C. (2006). *Law enforcement response to domestic violence calls for service* (No. NCJRS 215915). Washington, DC: U.S. Department of Justice.

²⁸ Holleran, D., Beichner, D., & Spohn, C. (2010). Examining charging agreement between police and prosecutors in rape cases. *Crime & Delinquency*, 56(3), 385-413.

Jolin, A., Feyerherm, W., Fountain, R., & Friedman, S. (1998). *Beyond arrest: The Portland, Oregon domestic violence experiment, final report* (No. NCJRS 179968). Washington, DC: U.S. Department of Justice.

²⁹ Smith, B., Davis, R., Nickles, L., & Davies, H. (2001). *An evaluation of efforts to implement no-drop policies: Two central values in conflict, final report* (No. NCJRS 187772). Washington, DC: U.S. Department of Justice.

County office.³⁰ Four years after Milwaukee implemented a specialized prosecution unit, felony convictions had increased five-fold.³¹ Significantly, VAWA Grants to Encourage Arrest Program-funded prosecutors' offices had a 76% conviction rate for sexual assault cases in the second half of 2010.

VAWA funding has supported multi-agency, multi-disciplinary teams to investigate and prosecute sexual assault and abuse cases in the State of Vermont for many years, and the State has now committed to providing all citizens with access to these special investigation units. The most common model for a coordinated community response to sexual violence is a Sexual Assault Response Team, or SART. A SART is a community-based team that coordinates the responses of sexual assault victim advocates, Sexual Assault Nurse Examiners (SANEs), law enforcement, prosecutors, and others who may encounter a victim immediately after an assault. Upon the request of a sexual assault victim, the SANE (or other forensic examiner) conducts a forensic exam and collects evidence in a rape kit while providing the victim with medical care. A victim advocate also provides emotional and practical support before and after the exam, including throughout the law enforcement and criminal justice process.

SART and SANE programs have been found to improve the quality of forensic evidence, improve law enforcement's ability to collect information and to file charges, and increase the likelihood of successful prosecution.³² An OVW-funded project in West Virginia has found that changes following the establishment of a SART include greater communication and collaboration, on-call programs at local hospitals, and intensive training for service providers, nurses, law enforcement, and other professionals. In one county where law enforcement officers previously refused to work with the rape crisis center advocates, the officers now call an advocate when a victim is at the hospital and permit the advocate to be present during the victim interview.

Courts: The Importance of Training and a Dedicated Focus

Domestic violence courts process cases more efficiently, increase offender compliance, impose enhanced penalties, and achieve higher rates of conviction.³³ This helps stem the tide of

³⁰ Hartley, C. C., & Frohmann, L. (2003). *Cook County Target Abuser Call (TAC): An evaluation of a specialized domestic violence court, revised executive summary* (No. NCJRS 202944). Washington, DC: U.S. Department of Justice.

³¹ Harrell, A., Schaffer, M., DeStefano, C., & Castro, J. (2006). *The evaluation of Milwaukee's judicial oversight demonstration, final research report* (No. NCJRS 215349). Washington, DC: U.S. Department of Justice.

³² Campbell, R., Patterson, D., & Lichty, L. F. (2005). The effectiveness of Sexual Assault Nurse Examiner (SANE) programs: A review of psychological, medical, legal, and community outcomes. *Trauma, Violence, & Abuse, 6*(4), 313-329.

Bulman, P. (2009). Increasing sexual assault prosecution rates. *National Institute of Justice Journal, 26*(4), 14-17.

Campbell, R., Bybee, D., Ford, J., & Patterson, D. (2008). *Systems change analysis of SANE programs: Identifying the mediating mechanisms of criminal justice system impact* (No. NCJRS 226497). Washington, DC: U.S. Department of Justice.

Campbell, J. (2005). Assessing dangerousness in domestic violence cases: History, challenges, and opportunities. *Criminology & Public Policy, 4*(4), 653-672.

³³ Davis, R., Smith, B. E., & Rabbit, C. (2001). Increasing convictions in domestic violence cases: A field test in Milwaukee. *Justice System Journal, 22*(1), 61-72.

Harrell, Schaffer, DeStefano & Castro, 2006.

violence: victims are more inclined to follow through and testify if hearings occur in close proximity to the offense. The longer the lapse in time, the greater the likelihood an offender may persuade the victim to drop the charges, or coerce the victim into declining to testify. National studies have shown that courts need to take a more holistic approach to domestic violence case management in order to fully address the complexities of domestic violence cases and the needs and interests of the victims who seek remedies through the courts.³⁴ In Wisconsin, the Milwaukee County District Attorney's Office recently reported to OVW that:

[T]he new domestic violence case expedition or domestic violence fast-tracking is still in place in the three Milwaukee Domestic Violence Circuit Courts. On average, cases proceed to disposition within 67 days of their initial circuit court appearance. The [Arrest Program] funding made this possible and continues to enable our office to comply with its mandate with competent and effective prosecutions system-wide . . . Today, dozens of cases that would otherwise be dismissed in court due to the failure of the victim to appear as a result of undetected offender intimidation, are cases where the offender is held totally accountable.

OVW has funded highly interactive, effective education programming to enhance judicial skills and challenge judges' attitudes and values about domestic and sexual violence, victims, and perpetrators. A judge from California who recently attended a training with the National Judicial Institute on Domestic Violence said that:

I became a much better judge – better at understanding the enormous impact my decisions have on the families who come into my courtroom, better at making victims of violence feel safe and secure in court, and better at helping these individuals achieve safety, dignity, and support in their own communities. These interactive trainings give judges the opportunity to explore various approaches to solving problems that arise in the courtroom setting, ways to help eradicate future violence, and ways to make reasoned decisions that may end up saving lives.

VAWA Services Make All the Difference

We know that the provision of services to victims and their families is the primary conduit for creating safety. Over the past several decades, victim service providers and communities have worked diligently to create responsive programs and services to meet the often complex needs of victims and their families. Victims who receive comprehensive advocacy and services are more likely to achieve their goals of safety, autonomy, healing, and economic security than women not receiving such support and services.³⁵

Henning, K., & Klesges, L. (1999). *Evaluation of the Shelby County Domestic Violence Court, final report*. Shelby County, TN.

Newmark, L., Rempel, M., Diffily, K., & Kane, K. M. (2001). *Specialized felony domestic violence court: Lessons on implementation and impacts from the Kings County experience* (No. NCJRS 167237). Washington, DC: U.S. Department of Justice.

³⁴ Keilitz, S. (2004). *Specialization of domestic violence case management in the courts: A national survey*. Washington, DC: U.S. Department of Justice.

³⁵ Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women, 10*(9), 1015-1035.

Victims who are seeking services frequently have children with them and request assistance to help their children heal from the trauma they have witnessed. This is why the Attorney General's Defending Childhood initiative is so important. This coordinated effort with our public and private partners will leverage resources throughout the government. OVW is proud to be an active partner. We have provided technical expertise on domestic violence, dating violence, sexual assault and stalking and contributed over \$4 million in grant funding to date. Collaborative efforts between domestic violence and sexual assault organizations and governmental agencies serving children, such as child welfare systems, maximize community resources and ensure that children and youth in need are identified and referred for assistance.

VAWA funds support essential coordination between law enforcement and victim service providers. A grant-funded law enforcement officer from Dauphin County, Pennsylvania articulates how the addition of a victim advocate enables him to concentrate on domestic violence cases. The officer explains:

I am able to spend more one-on-one time with the victims and am able to ensure all aspects of the case have been met and proper charges have been filed. Many times, after speaking with a victim, it is apparent the initial charges are inadequate and more serious charges related to the case are then brought. I am very fortunate that this grant has allowed me to work side by side with a victim advocate. The advocate is able to provide victim services, such as advocacy, support, referrals, crisis intervention, etc., which allows me the ability to obtain more detailed statements and collect evidence which might have been initially overlooked. Having a female victim advocate along also allows me to get follow-up photographs when our forensics unit is unavailable. This program has been so successful that another department has used it as a model to use in their domestic violence program.

Understanding the Needs of Sexual Assault Victims

Congress recognized the need for specialized services for rape victims during the 2005 reauthorization of VAWA by creating the Sexual Assault Services Program (SASP), the only federal funding stream dedicated to providing services solely and specifically for sexual assault victims. Overall, the purpose of SASP is to provide intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by sexual assault. In Fiscal Years (FYs) 2009, 2010 and 2011, each state and territory received formula funds through SASP and these states and territories made subgrant awards to local programs to provide direct services to victims. OVW has also designed a Sexual Assault Demonstration Initiative (SADI) to address the challenges that multi-service agencies face in reaching both sexual violence victims within their communities. SADI Project sites are receiving customized guidance on developing and implementing models of service provision that prioritize the needs of sexual violence victims and provide resources they need to implement those models. The six demonstration sites are located in Sacaton, Arizona, Alpena, Michigan, Gering, Nebraska, New York, New York, Pittsboro, North Carolina, and Olympia, Washington.

Over the last two years, OVW worked with the FBI, law enforcement, and victim advocates to update the definition of rape used for the FBI's nationwide data collection, ensuring that rape will be more accurately reported nationally. The change sends an important message to all victims that what happens to them matters, and to perpetrators that they will be held accountable. Requests from members of Congress helped ensure this important change within the FBI's Uniform Crime Report (UCR) Summary Reporting System (SRS). The UCR is the national "report card" on serious crime; what gets reported through the UCR is how we, collectively, view crime in this country. Police departments submit data on reported crimes and arrests to the UCR SRS. "Forcible rape" had been defined by the UCR SRS as "the carnal knowledge of a female, forcibly and against her will." This definition, unchanged since 1927, was outdated and narrow, including only forcible male penile penetration of a female vagina. The new definition reads: "The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." This definition includes any gender of victim or perpetrator. It also includes instances in which the victim is incapable of giving consent because of temporary or permanent mental or physical incapacity (including due to the influence of drugs or alcohol) or because of age. The ability of the victim to give consent must be determined in accordance with state statute. Physical resistance is not required on the part of the victim to demonstrate lack of consent. The definition more closely matches the definitions used in state criminal codes. The change will allow law enforcement and the general public to better grasp the true extent of rape and make more targeted allocations of resources to promote public safety.

Legal Services Are Critical

VAWA also recognizes that access to legal services enhances safety for victims and their dependent children. Often, legal services are essential for victims to obtain comprehensive protection orders that will provide for care and custody of children, financial support and housing. Without this crucial assistance, victims may not be able to overcome legal and economic obstacles to achieving safety for themselves and their children. There is also a body of research indicating that the increased availability of legal services has significantly contributed to a decline in domestic violence in the United States.³⁶ Obtaining a protection order has been shown in multiple studies to reduce future assault and improve quality of life.³⁷ Even when orders were violated, there was a significant reduction in subsequent abuse.³⁸

Victims of domestic violence, however, often need highly trained attorneys willing to take on lengthy and complex litigation beyond the protection order hearing. Resources for this purpose are woefully inadequate. Since 1998, OVW has administered the Legal Assistance for Victims Program (LAV), the primary VAWA-funded vehicle for delivering legal assistance to victims of sexual assault, domestic violence, dating violence, and stalking. LAV is one of OVW's most-

³⁶ Dugan, L., Nagin, D. S., & Rosenfeld, R. (2003). *Do domestic violence services save lives?* (No. NCJRS 196548). *National Institute of Justice Journal*, 250, 20-25.

Farmer, A. & Tiefenthaler, J. (2002). Explaining the recent decline in domestic violence. *Contemporary Economic Policy*, 21(2), 158-172.

³⁷ Holt, V., Kemic, M., Wolf, M., & Rivara, F. (2003). Do protection orders affect the likelihood of future partner violence and injury? *American Journal of Preventive Medicine*, 24(1), 16-21.

Logan, Walker, Hoyt & Faragher, 2009.

³⁸ Logan, Walker, Hoyt & Faragher, 2009.

requested grant programs. This program has consistently provided services to an average of 35,424 victims during *each* six-month grantee reporting period.³⁹

The County of Schuylkill, Pennsylvania reports:

The bench appears to respect the work of the project attorneys, and this has greatly improved the experiences victims have in court. Being able to videoconference judges for protection orders in after hours from the shelter has been a godsend. It has improved accessibility and because the project's paralegal has assisted the victim/survivor in completing the petition, they are well prepared before the judge is called to hear the case – a tremendous improvement for the judges over the prior process. If the courts are happier, some might say the victim (and the service provider) will be, too.

VAWA Enhances the Capacity of Tribal Governments to Address Violence Against Native Women

American Indian and Alaska Native women are battered, raped and stalked at higher rates than other groups of U.S. women and often suffer more severe injuries.⁴⁰ OVW engages in ongoing dialogue with tribal leaders and advocacy organizations to determine how to increase the effectiveness of funds supporting efforts to address violence against American Indian and Alaska Native women. During FYs 2010 and 2011, OVW joined with DOJ's two other major grant-making components, the Office of Justice Programs and the Community Orienting Policing Services (COPS) Office, to combine DOJ's tribal-specific grant programs – including OVW's Grants to Indian Tribal Governments and Tribal Sexual Assault Services Programs – into a single Coordinated Tribal Assistance Solicitation (CTAS). Through the FY 2011 CTAS process,

³⁹ This is based on data that reflect LAV grantee activities from January 1, 2009 through December 31, 2010. Victims were reported once for each category of service received in each reporting period. However, victims may have received multiple services in the same reporting period and the same service(s) in multiple reporting periods.

⁴⁰ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

Tjaden, P., & Thoennes, N. (2000). *Full report on the prevalence, incidence, and consequences of violence against women* (No. NCJRS 183781). Washington, DC: U.S. Department of Justice, pp. 22.

Yuan, N. P., Koss, M., Polacca, M., & Goldman, D. (2006). Risk factors for physical assault and rape among six Native American tribes. *Journal of Interpersonal Violence, 21*(12), 1566-1590.

Wood, D. S., & Magen, R. H. (2009). Intimate partner violence against Athabaskan women residing in interior Alaska. *Violence Against Women, 15*(4), 497-507.

Evans-Campbell, T., Lindhorst, T., Huang, B., & Walters, K. L. (2006). Interpersonal violence in the lives of urban American Indian and Alaska Native Women: Implications for health, mental health, and help-seeking. *American Journal of Public Health, 96*(8), 1416-1422.

Tjaden, P., & Thoennes, N. (2006). *Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey* (No. NCJRS 210346). Washington, D.C.: U.S. Department of Justice.

Luna-Firebaugh, E. M. (2006). Violence against American Indian women and the Services-Training-Officers-Prosecutors Violence Against Indian Women (STOP VAIW) program. *Violence Against Women, 12*(2), 125-136.

Greenfield, L. A., & Smith, S. K. (1999). *American Indians and crime* (No. NCJRS 173386). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Bohu, D. K. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicide attempts among Native American women. *Issues in Mental Health Nursing, 24*(3), 333-352.

Jones, L. (2007). The distinctive characteristics and needs of domestic violence victims in a Native American community. *Journal of Family Violence, 23*(2), 113-118.

OVW awarded a total \$36.6 million to over 61 tribal governments and their designees. Tribal leaders had informed the Department that a single application would significantly improve their ability to apply for, and receive, the critical federal funding on which so many of their communities depend. This coordinated approach allows OVW and its sister grant-making components to consider the totality of a tribal community's overall public safety needs in making award decisions.

A majority (56%) of the tribes receiving funds did not have domestic violence programs prior to the receipt of VAWA funding.⁴¹ This funding has played a significant role in increasing programs and services available to American Indian populations. These programs have both improved and increased the effectiveness of services provided by tribal court systems.⁴² Grantees from OVW's Grants to Tribal Domestic Violence and Sexual Assault Coalitions Program provide technical assistance to programs to help other professionals and organizations improve their response to American Indian and Alaska Native victims and to improve organizational infrastructure. The Southwest Indigenous Women's Coalition in Arizona reports:

Tribes were so thankful for the opportunity to meet with someone – a resource – who could provide them assistance in developing their communities' response to domestic violence/sexual assault and to help them get connected to outside resources.

Leveraging the Impact of VAWA Funding

Over the past 16 years, we have learned that truly effective coordinated community responses must be informed by the experiences of survivors and must be broad enough to include a diverse group of community partners that affect the safety of survivors and the accountability of perpetrators. Communities now recognize the specialized needs of victims and the training required to effectively respond to these types of crimes. In addition to providing direct services such as crisis intervention, advocacy, counseling, legal support and representation, and shelter, communities across the country engage in a wide variety of educational and preventive services. Unlike other crimes, domestic and sexual violence are often glamorized in the media and minimized by our legal system. Training is the key element not only for improving the way professionals perform their jobs but also for changing deeply held beliefs and biases about domestic violence, dating violence, sexual assault and stalking.

Years of experience have taught us the importance of quality training in combating domestic violence, dating violence, sexual assault and stalking. As a result, almost all OVW discretionary and formula grant programs support training of professionals to improve their response to these crimes. Understanding these issues is critical to an effective response to domestic and sexual violence and to preventing further harm and unintended negative consequences to victims. The City of Spartanburg, South Carolina reports that:

We have engaged the local faith community in our work through training programs offered by our minister liaison with the Domestic Violence Coordinating Council. We

⁴¹ Luna-Fircbaugh, E. (2006). Violence Against American Indian Women and the Services-Training-Officers-Prosecutors *Violence Against Indian Women (STOP VAIW) Program*. *Violence Against Women*, 12, 125-136.

⁴² Luna-Fircbaugh, 2006.

have offered scholarships for the past two years to our annual conference. This year we had ministers calling for scholarships even before the registration forms went out. To date, we have trained 230 ministers.

In addition, OVW funds technical assistance projects so that national experts can educate and disseminate evidence-based practices to advocates, clinicians, police, prosecutors, judges, health care practitioners, and many other professionals who are on the front lines. In these times of limited resources, OVW has made it a priority to expand the reach of VAWA grant programs by sharing the best practices and knowledge that our grantees have developed.

For example, OVW has worked with national organizations with expertise in training criminal justice professionals to create curricula for law enforcement, prosecutors, and judges focusing on elder abuse, neglect, and exploitation. VAWA's Abuse in Later Life Program funding has enabled the National Clearinghouse on Abuse in Later Life (NCALL) and the Federal Law Enforcement Training Center (FLETC) to help local law enforcement develop multidisciplinary teams that both respond to elder abuse and train other law enforcement officers. The curriculum can be customized for each locality. NCALL also partnered with the National District Attorneys' Association, the National Council of Juvenile and Family Court Judges and Futures Without Violence to educate prosecutors and judges. Victim service providers and adult protective service workers received assistance recognizing the unique needs of older victims and providing victim centered services. This curricula and technical assistance free OVW grantees from the costly, time consuming and redundant work of creating separate curricula for each community and enables them to focus instead on addressing elder abuse, neglect and exploitation in their communities. Many trainings and train-the-trainer development programs are open to non-grantees, spreading the knowledge across the country.

Looking Ahead: Responding to Economic Challenges, Taking the Next Steps to End Violence

The past few years have brought challenges to both victims and the programs that serve them. Financial stress does not generally cause a normal relationship – even an unhealthy one – to become abusive. However, it often exacerbates abuse when both victims and perpetrators have fewer options and resources. Job loss, foreclosure and other stressors may increase violence or trap a victim in a dangerous relationship. Couples who reported extensive financial strain had a rate of violence more than three times that of couples with low levels of financial strain.⁴³ Women whose male partners experienced two or more periods of unemployment were almost three times as likely to be victims of intimate partner violence as were women whose partners were in stable jobs.⁴⁴ More than half of domestic violence shelters report that abuse is more violent now than before the economic downturn.⁴⁵

In the best of economic times, a victim worries about finding a job and housing and providing for her children; these problems intensify during a recession. During an economic downturn, a

⁴³ Benson, M. L., & Fox, G. L. (2004). *When violence hits home: How economics and neighborhood play a role, Research in brief* (No. NCJRS 205004). Washington, DC: U.S. Department of Justice.

⁴⁴ Benson & Fox, 2004.

⁴⁵ Mary Kay Ash Charitable Foundation. (2010). *Mary Kay's truth about abuse*.

victim of domestic violence faces additional obstacles to leaving her abuser. Victims may not have financial reserves, the ability to easily find a job, friends and family who can put them up, access to credit, or other resources that are available when the economy is stronger. Without such resources, emergency domestic violence shelters and other services become the only place victims can turn. In fact the economic downturn has had a significant effect on demand for domestic violence and sexual assault services.

On just one day in 2011, over 67,399 adults and children found safety through domestic violence services. Yet on that same day, 10,581 requests for services went unmet because of a lack of resources or staffing – an alarming 11% increase from 2010.⁴⁶ In 2010, 1,441 (82%) domestic violence programs reported a rise in demand for services, while 1,351 (77%) of programs reported a decrease in funding.⁴⁷ The National Domestic Violence Hotline and National Dating Abuse Helpline received 288,227 calls in 2011, but Hotline and Helpline advocates were unable to answer 66,884 (23%) of these calls due to increased call volume. Some states have seen particularly dramatic increases: New Jersey – 43% increase in the number of crisis calls; Rhode Island – 45% increase in hotline calls; Vermont – 40% increase in hotline calls; Missouri – 65% increase in individuals turned away when shelters were full.⁴⁸ Challenges maintaining private, state, and local funding have intensified this problem. According to the National Alliance to End Sexual Violence, 70% of rape crisis centers experienced a reduction in funding in 2009 and 57% cut staffing.⁴⁹ In 2010, the National Network to End Domestic Violence reported that domestic violence programs laid-off or did not replace 2,000 staff positions including counselors, advocates and children’s advocates.⁵⁰ Sixteen domestic violence shelters closed in 2009.⁵¹

The principles underlying VAWA have proven to succeed – many more victims now come forward to ask for help, police make more arrests, and prosecutors take more cases. However, if services are not available when victims ask for help, they may be forced to choose between staying in an abusive relationship and becoming homeless. They may never get the courage to ask for help again.

The increased need for services combined with a reduction in available services and cuts to local law enforcement has created a shocking trend. Though homicides and incidents of domestic violence are still down dramatically from where they were in the early 1990s, they have started to increase since the recession first began. Domestic violence homicides of women began increasing in 2007. FBI data show that from 2006 to 2010 there was an 8% total increase in the number of women murdered by spouses, boyfriends, and former spouses. During that time, overall murders declined by 19%. States are reporting even more significant increases in

⁴⁶ National Network to End Domestic Violence. (2012, February). *Domestic Violence Counts 2011: A 24-hour census of domestic violence shelters and services across the United States*. Washington, DC: Author.

⁴⁷ National Network to End Domestic Violence. (2011, January). *Domestic Violence Counts 2010: A 24-hour census of domestic violence shelters and services across the United States*. Washington, DC: Author.

⁴⁸ All of the state-specific statistics were reported in 2011 by the respective state coalitions against domestic violence.

⁴⁹ National Alliance to End Sexual Violence. (2010). *2010 survey of rape crisis centers*. Washington, DC: Author.

⁵⁰ National Network to End Domestic Violence, 2011.

⁵¹ National Network to End Domestic Violence. (2010). *2010 survey of state domestic violence coalitions*. Washington, DC: Author.

domestic violence homicides: Alabama – 29% increase (2008-2009); Florida – 21.4% increase (2009-2010); Missouri – 35% increase (2007-2009); Wisconsin – 35% increase (2008-2009).⁵²

This recent trend argues for continued support for OVW's programs and for research on domestic and sexual violence through our sister agency, the National Institute of Justice (NIJ). OVW has had a long collaboration with NIJ as well as with the Bureau of Justice Statistics and the Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services. These agencies are critical partners in our efforts to understand what works and to plan our future programming. The CDC released results from a new surveillance system, the National Intimate Partner and Sexual Violence Survey in December 2011. These data have given us valuable new information on the prevalence of violence against women and men. The CDC intends to conduct the survey annually, allowing us to measure trends over time.

Now more than ever, we must invest in innovative ways to efficiently prevent costly acts of violence. OVW is using the latest research to target resources on effective solutions.

Averting Domestic Violence Homicide

Although the overall rate of female homicide has fallen since 1993, female intimate partner homicide remains a persistent and troubling problem. According to the Bureau of Justice Statistics, an estimated 40% of female homicide victims were killed by an intimate partner in 1993; that percentage increased to 45% in 2007.⁵³ Some experts estimate that for every woman who is killed, at least nine are nearly killed (gunshot or stab wound to head, neck, or torso; strangulation or immersion in water to the point of unconsciousness; severe head injury with a blunt object weapon).⁵⁴ Other victims are also killed as a result of intimate partner violence. These include family members, friends and occasionally law enforcement officers who attempt to intervene, as well as children who become targets of the violence.

The double tragedy of domestic violence homicide is the realization after the fact, in many cases, that the homicide could have been prevented. There is a growing consensus among researchers and practitioners that domestic violence homicides are predictable and therefore often preventable. In the majority of these cases, there was a prior history of domestic violence as well as other indicators of high risk. An 11-city study comparing women who had been killed with a control group of abused women found significant differences in the severity and pattern of abuse.⁵⁵ Most of the women who were killed had experienced attempted strangulation, threats with weapons, stalking, sexual assault, and obsessively jealous and controlling behavior by their partners.

⁵² All of the state-specific statistics were reported in 2011 by the respective state coalitions against domestic violence.

⁵³ Catalano, S., Smith, E., Snyder, H., & Rand, M. (2009). *Selected findings: Female victims of violence* (No. NCJRS 228356). Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics.

⁵⁴ Campbell, J., Glass, N., Sharps, P., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence, & Abuse*, 8(3), 246-269.

⁵⁵ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C. R., Campbell, D., Curry, M. A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., & Wilt, S.A. (2003). Assessing risk factors for intimate partner homicide. *National Institute of Justice Journal*, 250, 14-19.

By the time abuse escalates to homicide, it is likely that someone in the family, the neighborhood, or the perpetrator's or victim's workplace has been aware that something is terribly wrong. A 2003 NIJ-funded study found that despite certain limitations, a lethality assessment tool can be used to reliably predict women who may be at risk of being killed by their partners.⁵⁶ Advocates, law enforcement officers, prosecutors, and the courts must take aggressive steps to plan for a victim's safety when these and other identified risk factors are present. OVW is undertaking a new initiative to screen victims, contain offenders, and provide victims in these cases with more comprehensive services over longer periods of time. The 2013 President's Budget requests \$4 million to expand this initiative.

Homicide reduction strategies work. Since implementing its High Risk Case Response Team, Newburyport, Massachusetts has had no domestic violence homicides. When a high risk offender is identified, a team of law enforcement, prosecutors, probation officers and victim advocates use this information to search for open warrants, make arrests, connect victims with services, and use pretrial conditions to keep offenders in custody. Between April 2007 and March 2008, the high risk team provided ongoing risk management to a total of 55 high risk cases. Not only were there no homicides, but 91% reported no reassaults by the offender and 93% did not need to relocate to a domestic violence shelter.⁵⁷

The Maryland Lethality Assessment Program (LAP) screens victims at crime scenes, protective order hearings, and in hospital emergency rooms. If a victim screens in as high risk for being seriously injured or killed, the first responder immediately calls the local 24-hour domestic violence hotline and encourages the victim to talk to the hotline worker. Over the past five years, Maryland law enforcement identified 17,604 high-danger victims through the LAP and, of this group, 10,394 (59%) spoke on the phone to a hotline worker. Of those who spoke to a hotline worker, 3,258 (31%) availed themselves of additional program services. At a time when some states are reporting record high spikes in domestic violence murders, Maryland has witnessed a 41% drop in intimate partner homicides over the past three years.⁵⁸

In my own state of New Hampshire, we created a Domestic Violence Fatality Review Committee to encourage systemic changes to help decrease the number of domestic homicides through interdisciplinary training and community-based prevention education. It is critical that all partners be involved in identifying high risk factors, gaps in system responses and barriers to safety in domestic violence situations.

These fatality reviews are being implemented around the country. Montana's Domestic Violence Fatality Review Commission consists of 18 individuals representing several regions and disciplines, including: local, state and federal law enforcement; courts; victim services; the legislature; tribal communities; health care and mental health care providers; educators; child protective services; legal services; and clergy. Team members review all available information, including police reports, autopsies, medical and mental health records, school records for

⁵⁶ Campbell, et. al., 2003.

⁵⁷ Jeanne Geiger Crisis Center, Inc. (2009). *Greater Newburyport High Risk Response Team, annual safety and accountability report 2006-2009*. Newburyport, MA: Author.

⁵⁸ Maryland Network Against Domestic Violence. (Summer 2011). *Reading the Signs Newsletter*, 4(2). Bowie, MD: Author.

children, criminal histories, shelter and/or victim-witness contacts, and court records. As a result, Montana residents have created long-term solutions to reduce the number of domestic violence injuries and homicides.

Stopping Sexual Assault on College Campuses

Research has helped us better understand how rapists target their victims and escape justice. This is particularly significant on our college campuses. College rapists may avoid the justice system by attacking acquaintances, picking women who will not be considered credible due to alcohol use or other factors, and by minimizing injuries by plying their victims with alcohol rather than using physical force. Nineteen percent of undergraduate women reported experiencing completed or attempted sexual assault since entering college. Most of these assaults occurred when the victim was incapacitated by alcohol. Rapes involving alcohol are much more prevalent than rapes involving date-rape drugs.⁵⁹ Risk of incapacitated rape increases significantly during college.⁶⁰ In one study, over 80% of undetected college rapists reported committing rapes of women who were incapacitated because of drugs or alcohol.⁶¹ Many college rapists create “cases” that victims are least likely to report and that prosecutors are less likely to prosecute.⁶² Only 2% of victims of incapacitated rape reported the assault to law enforcement.⁶³

Campuses often fail to respond to college rapists,⁶⁴ who continue to offend. Even the best-intentioned universities’ adjudication and other processes often blame the victim and fail to discipline the perpetrator.⁶⁵ In one study, 63% of rapists reported committing repeat rapes, averaging six each.⁶⁶ More than two-thirds (68%) of the repeat rapists admitted to other forms of interpersonal violence, averaging 14 violent acts. Their level of violence was nearly 10 times that of non-rapists, and nearly 3.5 times that of single-act rapists.⁶⁷ This portrait of college rapists is more consistent with the data on recidivism among sex offenders than with the still-prevalent image of a college student who, under the influence of alcohol, mistakenly crosses the line between sexual pressure and rape.⁶⁸

Our best chance to reduce this too-common type of sexual assault may be through bystander intervention. Although we tend to think of sexual assault as a crime usually involving only two

⁵⁹ Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. S., & Martin, S. L. (2007). *The Campus Sexual Assault (CSA) Study*. Washington, D.C.: National Institute of Justice.

⁶⁰ Krebs, Lindquist, Warner, Fisher, & Martin, 2007.

⁶¹ Lisak, D., & Miller, P. M. (2002). Repeat rape and multiple offending among undetected rapists. *Violence and Victims*, 73-84.

⁶² Lisak & Miller, 2002; Krebs, Lindquist, Warner, Fisher, & Martin, 2007.

⁶³ Krebs, Lindquist, Warner, Fisher, & Martin, 2007.

⁶⁴ Lombardi, K., Jones, K., Dattaro, L., Jimenez, C., Cheek, L., et al. (2010, February 24). *Sexual assault on campus: A frustrating search for justice*. Washington, DC: The Center for Public Integrity. Retrieved from http://www.publicintegrity.org/investigations/campus_assault/

⁶⁵ Lombardi, et. al., 2010.

⁶⁶ Lisak & Miller, 2002.

⁶⁷ Lisak & Miller, 2002.

⁶⁸ Lisak & Miller, 2002.

people, sexual assaults are often witnessed by at least one person in the bystander role,⁶⁹ and nearly 60% of alcohol-facilitated rapes occur at parties.⁷⁰ Bystander intervention training is an innovative and evidence-based strategy to end violence against women.⁷¹ This prevention model empowers and trains potential bystanders about the causes of sexual violence. It builds on research about community members' expressed willingness to get involved in these issues, and helps to minimize negative long-term consequences for survivors by strengthening informal safety nets in their social and community networks.

The Vice President inspired the nation when he and Secretary of Education Arne Duncan visited the University of New Hampshire and announced unprecedented new guidance requiring schools to prevent and respond appropriately to sexual assault. The Vice President called on young men and women to stop rape on their college campuses. He has also asked all of the federal agencies to follow his lead. OVW is proud to respond to his challenge, and in October hosted a two-day summit for 50 college and university presidents. Participating schools included Historically Black Colleges and Universities, the University of California system, universities serving both urban and rural communities, universities with recent sexual assault cases or recent consent agreements with the Department of Education's Office of Civil Rights, universities that have been leaders in addressing sexual assault (including the University of New Hampshire), and universities receiving OVW Campus Program grants. Changing the culture of campuses to hold rapists accountable and bring justice to victims requires leadership from the top. College and university presidents are crucial. We are engaging these presidents as partners in reaching other campuses, talking about how we can work together, and building momentum to reach a broad range of colleges. OVW is working with the Department of Education's Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention (HEC) to launch a dedicated website and resources for university presidents and trustees.

The center's online resources currently include an information page on complying with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), a federal mandate requiring all institutions of higher education (IHEs) that participate in the Federal student financial aid program to disclose information about crime on their campuses and in the surrounding communities. In particular, IHEs are required, among other requirements, to collect, classify, and count crime reports and crime statistics; issue campus alerts; publish an annual security report; and submit crime statistics to the Department of Education.

Keeping Youth Safe through the Latest Technology

Statistics show that teens and young adults experience particularly high rates of violence. According to the latest data from the CDC, one in six women were raped before the age of 25.⁷² Forty-two percent of female rape victims were first raped before the age of 18.⁷³ More than one quarter of male victims were raped before the age of 11.⁷⁴ A total of 69.5% of female victims of

⁶⁹ Planty, M. (2002). Third-party involvement in violent crime, 1993-1999. Bureau of Justice Statistics Special Report. (No. NCJRS 189100). Washington, D.C.: U.S. Department of Justice.

⁷⁰ Krebs, Lindquist, Warner, Fisher, & Martin, 2007.

⁷¹ www.higheredcenter.org

⁷² Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

⁷³ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

⁷⁴ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

rape, physical violence, or stalking by an intimate partner first experienced dating violence before the age of 25.⁷⁵ It is essential to target young victims for prevention and intervention – both because they are at great risk for victimization, and because prevention and intervention could reduce the likelihood of future assaults.⁷⁶ According to NISVS data, women who were raped before the age of 18 were twice as likely to be raped as adults: more than one-third of women who were raped as minors were also raped as adults compared to 14% of women without an early rape history.⁷⁷

Unfortunately, many do not know where to turn for help. Teens frequently go to their peers, not their parents, for relationship support. A 2008 study found that 67% of students who were abused in a relationship talked to a friend, but only 13% also talked to a parent or other adult.⁷⁸ Unfortunately, adolescents are often afraid or do not know how to intervene if a friend is being abusive.⁷⁹

Young people need an easy way to ask questions about dating violence, access lifesaving crisis counseling, and learn how to help a friend. This generation is less likely to pick up the phone and call a traditional victim service provider. Using online social networking sites and sending text messages on a mobile phone have become teens' favored ways to interact.⁸⁰ DOJ has funded the National Dating Abuse Helpline (www.LoveIsRespect.org), which is staffed by youth advocates and also provides an online chat option. OVW recently funded the expansion of the Helpline to include text messaging and provide all services 24-hours a day. Young people can text "loveis" to 77054 and connect with a trained advocate. Since launching text capacity in September 2011, the Helpline has conducted over 10,000 chat and text conversations with young people in need. OVW is also reaching adolescents directly through www.ThatsNotCool.com, a website where they can learn by interacting with videos, games, and downloads they can share with friends.

⁷⁵ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

⁷⁶ Campbell, Jacquelyn C., Alhusen, Jeanne, Draughon, Jessica, Kub, Joan, & Walton-Moss Benita. (2011). Vulnerability and Protective Factors for Intimate Partner Violence. In J.W. White, M.P. Koss & A.E. Kazdin (Eds.), *Violence Against Women and Children: Mapping the Terrain Volume 1* (243-264). Washington, D.C.: American Psychological Association.

Ullman, Sarah E., & Najdowski, Cynthia J. (2011). Vulnerability and Protective Factors for Sexual Assault. In J.W. White, M.P. Koss & A.E. Kazdin (Eds.), *Violence Against Women and Children: Mapping the Terrain Volume 1* (151-172). Washington, D.C.: American Psychological Association.

Gidycz, Christine A., Orchowski, Lindsay M., and Edwards, Katie M. (2011). Primary Prevention of Sexual Violence. In Mary P.Koss, Jacquelyn W. White, and Alan E. Kazdin (Eds.), *Violence Against Women and Children Navigating Solutions* (159-179). Washington D.C.: American Psychological Association.

Staggs, Susan L., Schewe, Paul A. (2011). Primary Prevention of Domestic Violence. In Mary P.Koss, Jacquelyn W. White, and Alan E. Kazdin (Eds.), *Violence Against Women and Children Navigating Solutions* (237-257). Washington D.C.: American Psychological Association.

⁷⁷ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011.

⁷⁸ Black, B. M., Tolman, R. M., Callahan, M., Saunders, D. G., & Weisz, A. N. (2008). When will adolescents tell someone about dating violence victimization? *Violence Against Women*, 14(7), 741-758.

⁷⁹ Noonan, R., & Charles, D. (2009). Developing teen dating violence prevention strategies: Formative research with middle school youth. *Violence Against Women*, 15(9), 1087-1105.

⁸⁰ Lenhart, A., Purcell, K., Smith, A., & Zickuhr, K. (2010). *Social media & mobile internet use among teens and young adults*. Washington, DC: Pew Research Center.

Lenhart, A., Ling, R., Campbell, S., & Purcell, K. (2010). *Teens and mobile phones*. Washington, DC: Pew Research Center.

Technology can also be a tool of abuse.⁸¹ One in three teens who have dated say they've been text messaged 10 to 30 times an hour by a partner finding out where they are, what they are doing, or who they are with.⁸² Research shows that young women ages 18-24 experience the highest rate of stalking⁸³ and that a quarter of stalking victims report being stalked through the internet or electronic monitoring.⁸⁴ Stalkers will sometimes make hundreds of unwanted phone calls, while also sending text messages, instant messages, or emails to the victim. This harassing contact is common in teen dating violence.⁸⁵ One in four teens in a relationship has been called names, harassed, or put down by their partner through cell phones and texting.⁸⁶ One in ten has been threatened physically via digital communication.⁸⁷ Sixteen percent of college students have been the victim of abuse via technology.⁸⁸ VAWA has funded the Safety Net Project and the Stalking Resource Center to educate OVW grantees on technology abuse and how to keep victims of all ages safe. In addition, activities funded through OVW's Campus Program seek to strengthen security and investigative strategies to prevent and prosecute stalking on campuses. The Virginia Polytechnic Institute, Blacksburg Campus, reported that:

The number of stalking cases adjudicated on campus has doubled, which we attribute to increased awareness amongst our students about what constitutes stalking and how to report those behaviors.

Engaging Men in Preventing Violence Against Women

VAWA has been successful at engaging a broad range of partners to work together to intervene after violent crimes against women have occurred. We must shift from a historical paradigm that has focused on intervention, treatment, and accountability and address the entire cycle of violence at every stage. Many experts agree that it is imperative to involve men and boys in these efforts if we expect them to succeed. Men are eager to become partners. In fact, in a recent national poll, 73% of American men said that they think they can help reduce domestic violence and sexual assault.⁸⁹

Last spring, OVW launched the VAWA Engaging Men in Preventing Sexual Assault and Domestic Violence program. This is the first time in the history of OVW that a grant program focuses primarily on the prevention of violence against women and girls and acknowledges the critical roles men play in this prevention. The program supports multi-faceted strategies that involve men as allies, active positive bystanders and influencers of other men and boys. Authorized in VAWA 2005, this program uses the latest technology combined with hands-on

⁸¹ Fraser, C., Olsen, E., Lee, K., Southworth, C., & Tucker, S. (2010). The new age of stalking: Technological implications for stalking. *Juvenile and Family Court Journal*, 61(4), 39-55.

⁸² Teenage Research Unlimited. (2007). *Tech abuse in teen relationships study*. New York: Liz Claiborne, Inc.

⁸³ Baum, K., Catalano, S., Rand, M., & Rosc, K. (2009). *Stalking victimization in the United States*. Bureau of Justice Statistics Special Report (No. NCJRS 224527). Washington, DC: U.S. Department of Justice.

⁸⁴ Baum, Catalano, Rand, & Rosc, 2009

⁸⁵ Fraser, Olsen, Lee, Southworth, & Tucker, 2010.

⁸⁶ Lenhart, Ling, Campbell, & Purcell, 2010.

⁸⁷ Teenage Research Unlimited. (2007). *Tech abuse in teen relationships study*. New York: Liz Claiborne, Inc.

⁸⁸ Knowledge Networks, Inc. (2011). *2011 College dating violence and sbuse poll*. New York: Liz Claiborne, Inc.

⁸⁹ Family Violence Prevention Fund and Verizon Wireless Fathers' Day Poll, May 2007.

mentorship to reach young men and change their attitudes about violence. The program aims to develop new male leaders in the field, willing to publicly speak and act to oppose violence against women and girls and create a ripple effect, encouraging men in many more states and communities to get involved.

For example, Maine Boys to Men is developing the Reducing Sexism and Violence Program Bystander Intervention Project. The project creates teams of young men and women between the ages of 15 and 24 at the University of Southern Maine and three area high schools using the Reducing Sexism and Violence Program. Up to 400 student leaders will create campaigns and events in their school communities, develop media outreach, promote evidence-based bystander interventions to stop violence, and model healthy relationships.

Violence Against Women Act Reauthorization

Again, I want to thank you, Chairman Sensenbrenner, Ranking Member Scott, and members of the Committee, for the opportunity to testify before you today about the importance of OVW's work in implementing VAWA. As a Nation, we have made great strides. In the past seventeen years, we have changed the way that our communities respond to domestic violence, dating violence, sexual assault and stalking. But, there is still work to do if we are to reach our collective goal of breaking the cycle of violence that plagues families and communities across our country. The Obama Administration is dedicated to building upon the achievements of VAWA and ending domestic violence, dating violence, sexual assault, and stalking. For the first time the White House has a Senior Advisor on Violence Against Women, Lynn Rosenthal, with whom I am privileged to work closely.

I would like to end with a few words about VAWA reauthorization, because as you know, the authorizations for VAWA programs expired last year and VAWA is currently operating under the authority of P.L. 112-55, the Consolidated and Further Continuing Appropriations Act, 2012. With VAWA reauthorizations in both 2000 and 2005, Congress has shown an ongoing willingness and commitment to support the evolution of this important federal legislation. In past reauthorizations, Congress has identified and responded to challenges in the field, such as gaps in service for youth and elder victims and marginalized populations, and highlighted new strategies such as transitional housing. I cannot stress enough how critical it is for Congress to reauthorize VAWA once again and to use this opportunity to sustain, strengthen, and continue to enhance our nation's commitment to end violence against women. I look forward to working together with you to consider how VAWA reauthorization can help us respond to the challenges ahead.

Mr. SENSENBRENNER. Thank you very much, Ms. Carbon.

I will begin by recognizing myself for 5 minutes.

In my opening statement, I referred to a number of audits that had been done that indicate that a lot of the money in some of the grants that had been audited ended up being unsubstantiated or wasted. That is a matter of concern to all of us on this Committee

because all of us support the thrust of these programs. Every time a VAWA reauthorization has come up, there has been overwhelming bipartisan support for it.

There is a cloud over the program not in what its goals are but in how it has been administered. What are you and your office doing to make sure that we do not have any more really awful audit reports from the IG that we have had in the past few years?

Ms. CARBON. Thank you, Chairman Sensenbrenner.

We take this issue extremely seriously, and we have no more interest than you in seeing that there be any fraud, waste, or abuse of any Federal taxpayer money. In my view, it is critically important that the funds that Congress appropriates go to the victims and to our communities to make them safer. So we have taken several steps in our office to ensure that we address these concerns and welcome the opportunity to work with you and others to shore them up. Let me give you a number of examples.

The first I would begin with is—

Mr. SENSENBRENNER. Don't have a long litany because I have 5 minutes and I have got two follow-up questions on that.

Ms. CARBON. Let me tell you that we have established our own grants financial management division which has been able to provide a great deal of expertise to our grantees.

We have also looked into—you speak to the issue of the audits. We have looked into those very carefully and worked with the IG to resolve those concerns, and I am happy to give you detail later if you wish.

Mr. SENSENBRENNER. Could you please do that in writing? And without objection, it will be included in the record.

[The information referred to follows:]

Chairman Sensenbrenner mentioned three OIG audits of OVW grantees:

- (1) a July 2010 audit report questioning \$830,000 of a \$890,000 award
- (2) a March 2009 audit report questioning \$477,000 of a \$681,000 award
- (3) a September 2005 audit report questioning \$1.2 million of a \$1.9 million award

OVW has identified each of these three audits, as detailed below. These are examples of just how misleading some audit reports can be at first glance. Ultimately, each of the grantees involved was able to prove they had not misspent the funds.

- (1) **Community Legal Aid Society, Inc. (CLASI), Wilmington, DE:** OIG originally questioned 93% of the grantee's cost. OIG recommended that CLASI remedy \$829,340 in unsupported and unallowable expenditures and implement an accounting system that can completely and accurately gather, record, and report data for the OVW grant. CLASI has since provided the necessary documents to remedy the entire \$829,340 – demonstrating to OVW that the costs have been appropriately supported and are allowable under their grant – and has implemented the requisite accounting system to better report data to DOJ. A sample test was administered to CLASI in an effort to ensure that the payroll and contractor costs included in the amount in question were being handled correctly. The grantee responded to the tested items and provided the necessary documents as support. OVW has submitted final documentation to the OIG, and we anticipate the audit will soon be closed. This is a good example of a grantee that lacked sophisticated accounting, but was not misappropriating any funds. By supporting the grantee with technical assistance, the program is able to continue its critically important work.
- (2) **Asotin County, WA:** OIG made 20 recommendations to remedy questioned costs totaling \$477,144 of a \$681,361 grant (or 70% of its expenditures). Asotin County has already provided supporting documentation to remedy 98% of the questioned costs. For example, the audit questioned \$10,433 in equipment purchases, stating that Asotin's procurement policy had not been followed. However, Asotin was able to demonstrate that the equipment had in fact been purchased appropriately through the State's contract system, using a competitive bidding process. OIG has closed 18 of the 20 findings and is awaiting additional documentation to close the remaining two. The county has provided initial documentation for the remaining \$11,272 in questioned costs and is working with OVW to resolve the concern.
- (3) **Legal Aid of Nebraska, Omaha, NE:** OIG originally questioned 64.5% of the grantee's costs. The grantee vigorously challenged the findings and provided additional documentation, as well as improved their accounting practices to comply with DOJ requirements. Of the \$1,277,909 that was questioned, only \$39,030 was not closed. The grantee maintained that that sum was spent appropriately, but, due to

staff turnover and a change in accounting procedures, could not provide adequate documentation. The grantee had an otherwise distinguished record as an OVW grantee and had expended \$207,544 of its own non-OVW funds toward the grant – more than five times the amount of questioned costs. During the process, OIG determined that only \$19,152 was outstanding, less than 1.5% of the questioned costs. The Department has closed the audit.

OVW would welcome the opportunity to answer any questions that the Congressman or his staff have about these or other audits of OVW grantees.

Ms. CARBON. Certainly.

In addition to our grants financial management division, we work with the OIG to train our new grantees to ensure that they will understand what the requirements are so that they will not be in a situation where they may unwittingly make mistakes on how they report and handle all of their financial management responsibilities.

We have also adopted a monitoring manual for all of our program staff to ensure that they are giving appropriate guidance and that we are collecting all of the information which the OIG has requested.

Mr. SENSENBRENNER. Now, the DOJ has got an Office of Audit Assessment and Management, which is called the OAAM for short. And their job is to look at audits and figure out how to do a better job. Has the OVW sought the assistance of the OAAM, and if so, how successful has this been?

Ms. CARBON. Actually we do work with OAAM. That is a part of the Office of Justice Programs where OVW used to be. We have no interest in seeing redundancies, so we do work with OAAM when it is appropriate. One example is the high-risk grantee list which we have worked with OJP, COPS, and our office to determine those grantees that need additional assistance and additional oversight.

Mr. SENSENBRENNER. Now, when I was on the Science Committee as the Chairman, there are an awful lot of grants that the various agencies under the Science Committee's jurisdiction pass out. And then-Ranking Member George Brown and I were very, very supportive of the peer review system. In my opening statement, I indicated that there had been problems with people who have been peer reviewers. Have those problems been solved, and if not, why not?

Ms. CARBON. Yes, they have been solved.

Mr. SENSENBRENNER. Good.

Now, the final point—it is more of a macro issue—is the concern about overlap and duplication of effort with OJP and with the COPS program. I think everybody is going to have tough budget times as we get through the deficit problems. One of the ways we can keep the money flowing to help victims is to make sure it is not wasted in duplication of effort.

What is being done with the other two agencies within Justice to put an end to duplication of effort?

Ms. CARBON. Within the other offices, OJP and COPS? I am sorry.

Mr. SENSENBRENNER. Yes.

Ms. CARBON. I can speak to what we do with regard to that. Our mission is very different from the other missions. I can tell you that when we review our grant applications, one of the questions which we ask in our solicitations is the extent to which grantees are seeking or have received funds from our office.

We share a monitoring list which has all of the grantees between COPS, OJP, and OVW, but specifically with regard to what the other offices may do, I would have to respond further to you because I do not have that level of detail.

Mr. SENSENBRENNER. Thank you. And without objection, that will be placed in the record as well.*

Mr. SENSENBRENNER. The gentleman from Virginia, Mr. Scott.

Mr. SCOTT. Thank you, Mr. Chairman.

*The information referred to was not received by the Subcommittee at the time this hearing record was submitted for printing on February 19, 2013.

Ms. Carbon, on these audits that found deficiencies, this was not your office but was in the grantees'. Is that right? They weren't auditing your office. They were auditing your grantees.

Ms. CARBON. Yes. The OIG audits our grantees.

Mr. SCOTT. And that is where they found the irregularities, not in your office itself.

Ms. CARBON. Correct.

Mr. SCOTT. Now, what portion of the grantees are government agencies and how many are volunteer groups?

Ms. CARBON. I don't know that I have that breakdown. We fund State and local governments. We fund nonprofit organizations. We fund educational institutions. I would be happy to get you that figure, but I apologize I don't have that.

Mr. SCOTT. If you could, because State and local governments ought to have enough accounting capability.

[The information referred to follows:]

OVW Grantees 2009-2011

Non-Profit - 54.7%

Government – 40.5 %

Institution of Higher Learning – 4.3 %

Other - .5 %

Mr. SCOTT. But do you check the accounting capability of your potential grantees before you give them grants to make sure that they could follow through?

Ms. CARBON. Absolutely. That is a part of the application process. When a grantee applies, we look at their budgets. We look at their accounting practices. We look at their policies. We also continue to review. If we determine that we may award a grant to them, we continue to review along the way and we will work with them throughout the course of the award as well.

Mr. SCOTT. Now, the auditors have made recommendations. Did you accept and implement all of those recommendations?

Ms. CARBON. Almost universally, yes. And the only reason I give you a caution is that we may have a disagreement with them and the OIG may agree that the recommendation ought not to have been made. Short of that, yes, we do work with them and resolve all issues.

Mr. SCOTT. Generally speaking, what do you do for prevention, not just follow up after domestic violence? What do you do to prevent domestic violence?

Ms. CARBON. We have programs to address prevention. That is an area that we believe is critically important because if we don't begin prevention, we are never going to break that cycle of violence.

Some of the prevention programs we have are in our Engaging Men program and in how we work with our children's programs because we find that it is important that we are getting services earlier on so that we can begin to stem that tide. Some of our grant programs deal with that directly; others deal with it indirectly through intervention services. But one example would be through our new help line. Another example is through the Children Exposed to Violence program, and a third would be our Engaging Men program.

Mr. SCOTT. Can you tell us generally why OVW needs to be a separate office, not combined with others?

Ms. CARBON. The Office on Violence Against Women has a very distinct mission. We are established to be the leading voice on responding to crimes of violence against women, and Congress recognized the importance of making a very strong statement, back in 1994 when VAWA was first established and then in 2002 when OVW was made an independent office, that the crimes of violence are incredibly important and that we recognize and give attention. When we focus and have that specialized office, we can dedicate the time and resources to it.

We have recognized that it is critically important that this office focus on a whole different process than other offices within the Department of Justice do. Our mission is to address victim safety, offender accountability, and build strong communities through the coordinated community response. We don't believe that we have duplication, and we don't believe that by being separate that we are in any way inefficient. And to the contrary, we believe that being independent gives us a very strong, distinct voice within the Federal Government, across the country, and in fact, internationally as well.

Mr. SCOTT. And if you were combined with another agency, you would lose that focus?

Ms. CARBON. Yes, yes, absolutely.

Mr. SCOTT. Thank you, Mr. Chairman.

Mr. SENSENBRENNER. The gentleman from Utah, Mr. Chaffetz.

Mr. CHAFFETZ. Thank you, Mr. Chairman.

Ms. CARBON. Good morning.

Mr. CHAFFETZ. Hi. Good morning. Thank you for being here. I appreciate the work that you and your staff do. It is very important work and vital and makes a real difference in a lot of people's lives.

I just want to touch briefly on a couple different topics. I wanted to, at least initially, draw your attention to these biennial reports to Congress that seem to have a previous pattern at least of tardiness. I just wanted to get your briefest of comments on that and just a commitment that these reports will be a little bit more timely.

Ms. CARBON. Very briefly, yes. The reports, I am very happy to report, are now all current with the exception of one that we hope to have to you by the end of the month, and I will do my level best to ensure from this point forward they all remain current.

Mr. CHAFFETZ. Thank you.

Perhaps this is included in some of those reports, but if your staff could help me. I would love to see, perhaps over the last 2 to 3 years, a geographical map of where these grants are given, and

if you could help me visually see in a synopsis form where these grants go. I worry sometimes that we get so diluted that you look at a big, heavy topic—and you know, you could pick probably any one of these, and we get so diffused. Do we really make a difference when there are just so few dollars going here or there? I am not saying I am advocating more dollars, but it is curious to me as to whether or not more focus would be more effective and then being able to spread that out. I would just like to see a geographical map of the grants over the last few years. If you could help me with that, I would appreciate it.

The next point I wanted to make is you obviously have had some concerns with the amount that is spent on these conferences. I realize it is a minor portion of the budget, but it goes to the frugality of using dollars. I know you are fairly new to this position, but I wanted to get your perspective on what you plan to do to help rein in. There is this one event, for instance, that there were \$70,000 for a 5-day conference attended by 60 people. It just seemed like an excessive amount of money to spend on event planning and wanted to get your brief comment on that.

Ms. CARBON. Let me respond twofold. First of all, we certainly take the issue of conference costs very seriously. We have adopted within our office, and I think you will find across the Department as well, a new approval process for all of the conferences so that depending upon the expense for the conference, it is a different level of review. We have also established strict limitations with regard to food and beverage, and we are also giving guidance to grantees in securing locations so that they can minimize that conference cost as well.

There are some conferences and some events where you can do training very effectively and very efficiently through a webinar, but there are also some where you really need in-person training. Where you are trying to change behavior, to change practice, having face time with people can be critically important to change that kind of behavioral programming. So we are very mindful and we target dollars on those kinds of events, minimize where we can.

Mr. CHAFFETZ. And I appreciate it. We will not know the improvements that you make unless you tell us, and so along the way, if you could share those with us, that would be important.

I want to go quickly to DNA backlogs. Where within this would that fall? Is that something that you have engaged in? I am concerned about these DNA backlogs, the processing of DNA after violence. There have been concerns in certain pockets of the country, particularly in California, where sometimes these DNA samples have not been tested. The expense for conducting these DNA tests—is this something that you all are engaged in? Where would that fall within these groups of programs?

Ms. CARBON. It generally falls within, actually, other parts of the Department, but we are very concerned that when there is an act of sexual assault, that there can be a test done promptly if the victim wishes for that to be done. And I think that is one distinction that is important to make because some people are not always ready to begin and engage the criminal justice process. But there are other parts of the Department that are—you know, NIJ, for example.

Mr. CHAFFETZ. So why wouldn't this fall within your area of expertise?

Ms. CARBON. The DNA testing itself is—just happens to be how the Department has allocated resources. Part of that is OVC. Part of it is NIJ. But it certainly is a concern of ours to ensure, and in programming and policies that we have through our sexual assault services program and as well through the SAFE Protocol, it is important that we ensure that those tests be done promptly. The funding of those typically does not come out of our grant programs, though.

Mr. CHAFFETZ. And, Mr. Chairman, last question. I am sorry. I can't see the lights.

Mr. SENSENBRENNER. 10 seconds.

Mr. CHAFFETZ. Homicide reduction. What can you possibly do with \$4 million, and homicide reduction is one of the categories here.

Ms. CARBON. We can do a lot. There is a lot of very good research that shows what can be done to reduce homicide through lethality assessments, through different coordinated responses, through different levels of risk intervention with victims whether they come to hospitals or law enforcement, and how we design those programs through the reduction or through fatality review committees and other initiatives and have a significant impact on reducing domestic homicide.

Mr. CHAFFETZ. Thanks, Mr. Chairman.

Mr. SENSENBRENNER. The time of the gentleman has expired.

The gentlewoman from California, Ms. Chu.

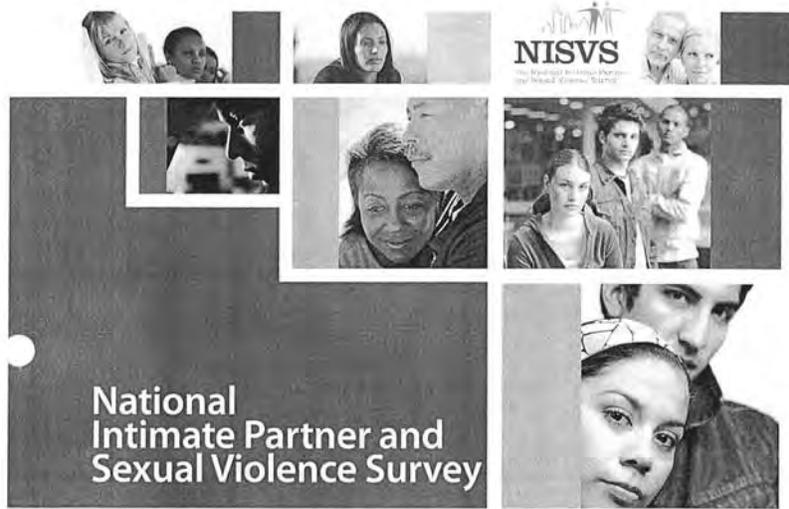
Ms. CHU. Thank you, Mr. Chair.

Well, I was once a rape crisis counselor and I went to emergency rooms to advocate for rape victims. So as you can imagine, I am very interested in the reauthorization of VAWA.

And I was also very interested in the release of the Center for Disease Control National Intimate Partner and Sexual Violence Survey. This survey collected all kinds of detailed information on sexual violence, stalking, and intimate partner violence, victimization of adult women and men in the United States and gave a truer picture of violence against women and men that goes beyond the definition that has existed for the last decade, which was indeed a limited one.

This survey is the first of its kind and it found, amongst other things, that if you include all forms of sexual violence, that one in two women have experienced sexual violence, and also that one in five men have experienced a form of sexual violence other than rape in their lifetime. And I would like to enter this survey into the record.

[The information referred to follows:]



2010 Summary Report

The National Intimate Partner and Sexual Violence Survey | 2010 Summary Report

The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report is a publication of the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention
Thomas R. Frieden, MD, MPH, Director

National Center for Injury Prevention and Control
Linda C. Degutis, DrPH, MSN, Director

Division of Violence Prevention
Howard R. Spivak, MD, Director

Suggested Citation:

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

The National Intimate Partner and Sexual Violence Survey:

2010 Summary Report

Michele C. Black, Kathleen C. Basile, Matthew J. Breiding, Sharon G. Smith
Mikel L. Walters, Melissa T. Merrick
Jieru Chen and Mark R. Stevens

November 2011

National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Atlanta, Georgia

TABLE OF CONTENTS

List of Tables and Figures	iv
Contributors	vi
Acknowledgments.....	vii
Dedication	viii
Executive Summary.....	i
Sections:	
1. Background and Methods.....	5
What is the National Intimate Partner and Sexual Violence Survey?	7
How was the survey developed?.....	8
What does this report include?	9
Methods.....	9
Survey instrument	9
Survey administration.....	10
Interviewer recruitment, training and monitoring.....	11
IRB and OMB Approval	12
Data analysis.....	12
Data quality assurance.....	13
2. Sexual Violence Victimization	15
Prevalence of sexual violence victimization	18
Prevalence of rape and other sexual violence by race/ethnicity	20
Type of perpetrator in lifetime reports of sexual violence.....	21
Number of perpetrators in lifetime reports of sexual violence.....	23
Sex of perpetrator in lifetime reports of sexual violence.....	24
Age at the time of first completed rape victimization.....	25
Rape victimization as a minor and subsequent rape victimization	26
3. Stalking Victimization	27
Prevalence of stalking victimization	29
Prevalence of stalking victimization by race/ethnicity	31
Tactics used in lifetime reports of stalking victimization	31
Type of perpetrator in lifetime reports of stalking victimization	32
Number of perpetrators in lifetime reports of stalking victimization.....	33
Sex of perpetrator in lifetime reports of stalking victimization	33
Age at the time of first stalking victimization.....	34

4. Violence by an Intimate Partner	35
Prevalence of rape, physical violence, and/or stalking	39
Prevalence of rape, physical violence, and/or stalking by race/ethnicity	39
Overlap of rape, physical violence, and stalking	41
Prevalence of sexual violence	42
Prevalence of physical violence	43
Prevalence of stalking	44
Prevalence of psychological aggression	45
Prevalence of control of reproductive or sexual health	48
Victim-perpetrator relationship	48
Number of perpetrators in lifetime reports of intimate partner violence	48
Age at the time of first intimate partner violence	49
5. Impact of Intimate Partner Violence	51
Prevalence of rape, physical violence, and/or stalking with IPV-related impact	54
Distribution of IPV-related impacts among victims	56
6. Physical and Mental Health Outcomes by Victimization History	59
7. Sexual Violence, Stalking, and Intimate Partner Violence by State	65
8. Discussion	81
Highlights and Cross-Cutting Findings	83
Comparison of Prevalence Estimates to Previous National Studies	83
Limitations	85
9. Implications for Prevention	87
Implement Prevention Approaches	89
Ensure Appropriate Response	90
Hold Perpetrators Accountable	91
Support Efforts Based on Strong Research and Data	91
Conclusion	92
References	93
Appendix A: Expert Panel from the 2007 CDC Consultation on NISVS	99
Appendix B: Technical Note	100
Appendix C: Victimization Questions	106



TABLES AND FIGURES

Section 2	Sexual Violence Victimization	15
Table 2.1	Lifetime and 12 month prevalence of sexual violence – U.S. Women	18
Table 2.2	Lifetime and 12 month prevalence of sexual violence – U.S. Men	19
Table 2.3	Lifetime prevalence of sexual violence by race/ethnicity – U.S. Women	20
Table 2.4	Lifetime prevalence of sexual violence by race/ethnicity – U.S. Men	21
Table 2.5	Lifetime reports of sexual violence among female victims by type of perpetrator	22
Table 2.6	Lifetime reports of sexual violence among male victims by type of perpetrator	23
Figure 2.1	Lifetime number of perpetrators among female victims of sexual violence	24
Figure 2.2	Age at time of first completed rape victimization in lifetime among female victims	25
Figure 2.3	Women raped as an adult by whether raped as a minor	26
Section 3	Stalking Victimization	27
Table 3.1	Lifetime and 12 month prevalence of stalking victimization – U.S. Women and Men	30
Table 3.2	Lifetime prevalence of stalking victimization by race/ethnicity – U.S. Women	30
Table 3.3	Lifetime prevalence of stalking victimization by race/ethnicity – U.S. Men	30
Figure 3.1	Lifetime reports of stalking among female victims by type of tactic experienced	31
Figure 3.2	Lifetime reports of stalking among male victims by type of tactic experienced	31
Figure 3.3	Lifetime reports of stalking among female victims by type of perpetrator	32
Figure 3.4	Lifetime reports of stalking among male victims by type of perpetrator	33
Figure 3.5	Lifetime number of perpetrators among female and male victims of stalking	33
Figure 3.6	Age at time of first stalking victimization in lifetime among female victims	34
Figure 3.7	Age at time of first stalking victimization in lifetime among male victims	34
Section 4	Violence by an Intimate Partner	35
Table 4.1	Lifetime and 12 month prevalence of rape, physical violence, and/or stalking victimization by an intimate partner – U.S. Women	38
Table 4.2	Lifetime and 12 month prevalence of rape, physical violence, and/or stalking victimization by an intimate partner – U.S. Men	38
Table 4.3	Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner, by race/ethnicity – U.S. Women	40
Table 4.4	Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner, by race/ethnicity – U.S. Men	40
Table 4.5	Lifetime and 12 month prevalence of sexual violence by an intimate partner – U.S. Women	42
Table 4.6	Lifetime and 12 month prevalence of sexual violence by an intimate partner – U.S. Men	43
Table 4.7	Lifetime and 12 month prevalence of physical violence by an intimate partner – U.S. Women	44
Table 4.8	Lifetime and 12 month prevalence of physical violence by an intimate partner – U.S. Men	45
Table 4.9	Lifetime and 12 month prevalence of psychological aggression by an intimate partner – U.S. Women	46
Table 4.10	Lifetime and 12 month prevalence of psychological aggression by an intimate partner – U.S. Men	46

Figure 2.1	Overlap of lifetime intimate partner rape, stalking, and physical violence among female victims	41
Figure 4.2	Overlap of lifetime intimate partner rape, stalking, and physical violence among male victims	41
Figure 4.3	Lifetime reports of psychological aggression among female victims by type of behavior experienced	47
Figure 4.4	Lifetime reports of psychological aggression among male victims by type of behavior experienced	47
Figure 4.5	Age at time of first IPV experience among women who experienced rape, physical violence, and/or stalking by an intimate partner	49
Figure 4.6	Age at time of first IPV experience among men who experienced rape, physical violence, and/or stalking by an intimate partner	49
Section 5	Impact of Intimate Partner Violence	51
Table 5.1	Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner with IPV-related impact – U.S. Women	54
Table 5.2	Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner with IPV-related impact – U.S. Men	55
Figure 5.1	Distribution of IPV-related impacts among female victims of rape, physical violence, and/or stalking by an intimate partner	56
Figure 5.2	Distribution of IPV-related impacts among male victims of rape, physical violence, and/or stalking by an intimate partner	57
Section 6	Physical and Mental Health Outcomes by Victimization History ..	59
Table 6.1	Prevalence of physical and mental health outcomes among those with and without a history of rape or stalking by any perpetrator or physical violence by an intimate partner – U.S. Women	62
Table 6.2	Prevalence of physical and mental health outcomes among those with and without a history of rape or stalking by any perpetrator or physical violence by an intimate partner – U.S. Men	63
Section 7	Sexual Violence, Stalking, and Intimate Partner Violence by State ..	65
Table 7.1	Lifetime prevalence of sexual violence by any perpetrator by state of residence – U.S. Women	68
Table 7.2	Lifetime prevalence of sexual violence other than rape by any perpetrator by state of residence – U.S. Men	70
Table 7.3	Lifetime prevalence of stalking victimization by any perpetrator by state of residence – U.S. Women	72
Table 7.4	Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner by state of residence – U.S. Women	74
Table 7.5	Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner by state of residence – U.S. Men	76
Table 7.6	Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner with IPV-related impact by state of residence – U.S. Women ..	78
Appendix B	Technical Note	100
Table 8.1	Demographic characteristics of the NISVS sample and the U.S. population	102

Contributors

Division of Violence Prevention, CDC

Linda L. Dahlberg, Associate Director for Science
E. Lynn Jenkins, Chief, Etiology and Surveillance Branch
Thomas R. Simon, Deputy Associate Director for Science
Debra Karch, Surveillance Team Lead, Etiology and Surveillance Branch
Nimesh Patel, Information Technology Specialist, Etiology and Surveillance Branch
James A. Mercy, Special Advisor for Global Activities

National Institute of Justice

Bernard Auchter, Senior Social Science Analyst,
Office of Research and Evaluation
Angela Moore, Division Director, Office of Research and Evaluation
Christine Crossland, Senior Social Science Analyst,
Office of Research and Evaluation

Research Triangle Institute, International

Lisa Carley-Baxter, Project Director
Susan Rooker, Associate Project Director
Christopher Krebs, Instrumentation Lead
Andy Petychev, Lead Statistician
Steven Thomas, Analyst
Lilla Filippenko, Programming Lead
Niki Mayo, Survey Specialist
Rodney Baxter, Analyst
Angela Pitts, Analyst

Acknowledgments

We would like to acknowledge the following individuals who contributed in many ways to the development and support of the National Intimate Partner and Sexual Violence Survey. We give special thanks to: Barbara Bibb, Marie Boyle, Margaret Brome, Tessa Burton, Cecilia Casanueva, Michele Decker, Sarah DeGue, Faye Floyd, Cathy Flynn, Jennifer Groux, W. Rodney Hammond, Diane Hall, Annie Howerton, Lisa James, Wanda Jones, Mary Louise Kelley, Allida Knuth, Karol Krotki, Karen Lang, Dakisha Locklear, David Lloyd, Shannon Lynberg, Joyce McCurdy, Annie Menard, Jennifer Middlebrooks, Elizabeth Miller, T.J. Nesius, Phyllis Niolon, Paula Orlosky, Brandy Airall Perry, Ashley Richards, David Roe, Jay Silverman, Jocelyn Wheaton, Renee Wright and the many telephone interviewers and their supervisors at RTI who supported this effort throughout the 2010 data collection.

We would also like to acknowledge and extend our gratitude to the National Institute of Justice and the Department of Defense Family Advocacy Program for their collaboration and financial support for the 2010 data collection.



Dedication

We dedicate this report to the memory of Linda E. Saltzman, PhD, who was a pioneer in improving the consistency of definitions and measurement of intimate partner violence, sexual violence, and stalking. Linda laid the groundwork for this report as the lead scientist who was involved in the early stages of the National Intimate Partner and Sexual Violence Survey. Her early leadership has made the survey and this report possible.

EXECUTIVE SUMMARY

Sexual violence, stalking, and intimate partner violence are major public health problems in the United States. Many survivors of these forms 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.

Our understanding of these forms of violence has grown substantially over the years. However, timely, ongoing, and comparable national and state-level data are lacking. Less is also known about how these forms of violence impact specific populations in the United States or the extent to which rape, stalking, or violence by a romantic or sexual partner are experienced in childhood and adolescence.

CDC's National Center for Injury Prevention and Control launched the National Intimate Partner and Sexual Violence Survey in 2010 with the support of the National Institute of Justice and the Department of Defense to address these gaps.

The primary objectives of the National Intimate Partner and Sexual Violence 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

The National Intimate Partner and Sexual Violence Survey is an ongoing, nationally representative random digit dial (RDD) telephone survey that collects information about experiences of sexual violence, stalking, and intimate partner violence among non-institutionalized English and/or Spanish-speaking women and men aged 18 or older in the United States. NISVS provides detailed information on the magnitude and characteristics of these forms of violence for the nation and for individual states.

This report presents 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. This report also provides the first ever simultaneous national and state-level prevalence estimates of violence for all states.

The findings presented in this report are for 2010, the first year

of data collection, and are based on complete interviews. Complete interviews were obtained from 16,507 adults (9,086 women and 7,421 men). The relative standard error (RSE), which is a measure of an estimate's reliability, was calculated for all estimates in this report. If the RSE was greater than 30%, the estimate was deemed unreliable and is not reported. Consideration was also given to the case count. If the estimate was based on a numerator ≤ 20 , the estimate is also not reported. Estimates for certain types of violence reported by subgroups of men such as rape victimization by racial/ethnic group are not shown because the number of men in these subgroups reporting rape was too small to calculate a reliable estimate. These tables are included in the report so that the reader can easily determine what was assessed and where gaps remain.

Key Findings

Sexual Violence by Any Perpetrator

- Nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) in the United States have been raped at some time in their lives, including completed forced penetration, attempted forced penetration, or alcohol/drug facilitated completed penetration.
- More than half (51.1%) of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance; for male victims, more than

half (52.4%) reported being raped by an acquaintance and 15.1% by a stranger.

- Approximately 1 in 21 men (4.8%) reported that they were made to penetrate someone else during their lifetime; most men who were made to penetrate someone else reported that the perpetrator was either an intimate partner (44.8%) or an acquaintance (44.7%).
- An estimated 13% of women and 6% of men have experienced sexual coercion in their lifetime (i.e., unwanted sexual penetration after being pressured in a nonphysical way); and 27.2% of women and 11.7% of men have experienced unwanted sexual contact.
- Most female victims of completed rape (79.6%) experienced their first rape before the age of 25; 42.2% experienced their first completed rape before the age of 18 years.
- More than one-quarter of male victims of completed rape (27.8%) experienced their first rape when they were 10 years of age or younger.

Stalking Victimization by Any Perpetrator

- One in 6 women (16.2%) and 1 in 19 men (5.2%) in the United States have experienced stalking victimization at some point during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.
- Two-thirds (66.2%) of female victims of stalking were stalked by a current or former intimate partner; men were primarily stalked by an intimate partner

or an acquaintance, 41.4% and 40.0%, respectively.

- Repeatedly receiving unwanted telephone calls, voice, or text messages was the most commonly experienced stalking tactic for both female and male victims of stalking (78.8% for women and 75.9% for men).
- More than half of female victims and more than one-third of male victims of stalking indicated that they were stalked before the age of 25; about 1 in 5 female victims and 1 in 14 male victims experienced stalking between the ages of 11 and 17.

Violence by an Intimate Partner

- More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Among victims of intimate partner violence, more than 1 in 3 women experienced multiple forms of rape, stalking, or physical violence; 92.1% of male victims experienced physical violence alone, and 6.3% experienced physical violence and stalking.
- Nearly 1 in 10 women in the United States (9.4%) has been raped by an intimate partner in her lifetime, and an estimated 16.9% of women and 8.0% of men have experienced sexual violence other than rape by an intimate partner at some point in their lifetime.
- About 1 in 4 women (24.3%) and 1 in 7 men (13.8%) have experienced severe physical violence by an intimate

partner (e.g., hit with a fist or something hard, beaten, slammed against something) at some point in their lifetime.

- An estimated 10.7% of women and 2.1% of men have been stalked by an intimate partner during their lifetime.
- Nearly half of all women and men in the United States have experienced psychological aggression by an intimate partner in their lifetime (48.4% and 48.8%, respectively).
- Most female and male victims of rape, physical violence, and/or stalking by an intimate partner (69% of female victims; 53% of male victims) experienced some form of intimate partner violence for the first time before 23 years of age.

Impact of Violence by an Intimate Partner

- Nearly 3 in 10 women and 1 in 10 men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one impact related to experiencing these or other forms of violent behavior in the relationship (e.g., being fearful, concerned for safety, post traumatic stress disorder (PTSD) symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school).

Violence Experienced by Race/Ethnicity

- Approximately 1 in 5 Black (22.0%) and White (18.8%) non-Hispanic women, and 1 in 7 Hispanic women (14.6%) in the

United States have experienced rape at some point in their lives. More than one-quarter of women (26.9%) who identified as American Indian or as Alaska Native and 1 in 3 women (33.5%) who identified as multiracial non-Hispanic reported rape victimization in their lifetime.

- One out of 59 White non-Hispanic men (1.7%) has experienced rape at some point in his life. Nearly one-third of multiracial non-Hispanic men (31.6%) and over one-quarter of Hispanic men (26.2%) reported sexual violence other than rape in their lifetimes.
- Approximately 1 in 3 multiracial non-Hispanic women (30.6%) and 1 in 4 American Indian or Alaska Native women (22.7%) reported being stalked during their lifetimes. One in 5 Black non-Hispanic women (19.6%), 1 in 6 White non-Hispanic women (16.0%), and 1 in 7 Hispanic women (15.2%) experienced stalking in their lifetimes.
- Approximately 1 in 17 Black non-Hispanic men (6.0%), and 1 in 20 White non-Hispanic men (5.1%) and Hispanic men (5.1%) in the United States experienced stalking in their lifetime.
- Approximately 4 out of every 10 women of non-Hispanic Black or American Indian or Alaska Native race/ethnicity (43.7% and 46.0%, respectively), and 1 in 2 multiracial non-Hispanic women (53.8%) have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Nearly half (45.3%) of American Indian or Alaska Native men and almost 4 out of every 10 Black and multiracial men (38.6% and 39.3%, respectively) experienced

rape, physical violence and/or stalking by an intimate partner during their lifetime.

Number and Sex of Perpetrators

- Across all types of violence, the majority of both female and male victims reported experiencing violence from one perpetrator.
- Across all types of violence, the majority of female victims reported that their perpetrators were male.
- Male rape victims and male victims of non-contact, unwanted sexual experiences reported predominantly male perpetrators. Nearly half of stalking victimizations against males were also perpetrated by males. Perpetrators of other forms of violence against males were mostly female.

Violence in the 12 Months Prior to Taking the Survey

- One percent, or approximately 1.3 million women, reported being raped by any perpetrator in the 12 months prior to taking the survey.
- Approximately 1 in 20 women and men (5.6% and 5.3%, respectively) experienced sexual violence victimization other than rape by any perpetrator in the 12 months prior to taking the survey.
- About 4% of women and 1.3% of men were stalked in the 12 months prior to taking the survey.
- An estimated 1 in 17 women and 1 in 20 men (5.9% and 5.0%, respectively) experienced rape, physical violence, and/or stalking by an intimate partner in the 12 months prior to taking the survey.

Health Consequences

- Men and women who experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence. Women who had experienced these forms of violence were also more likely to report having asthma, irritable bowel syndrome, and diabetes than women who did not experience these forms of violence.

State-Level Estimates

- Across all types of violence examined in this report, state-level estimates varied with lifetime estimates for women ranging from 11.4% to 29.2% for rape; 28.9% to 58% for sexual violence other than rape; and 25.3% to 49.1% for rape, physical violence, and/or stalking by an intimate partner.
- For men, lifetime estimates ranged from 10.8% to 33.7% for sexual violence other than rape; and 17.4% to 41.2% for rape, physical violence, and/or stalking by an intimate partner.

Implications for Prevention

The findings in this report underscore the heavy toll that sexual violence, stalking, and intimate partner violence places on women, men, and children in the United States. Violence often begins at

an early age and commonly leads to negative health consequences across the lifespan. Collective action is needed to implement prevention approaches, ensure appropriate responses, and support these efforts based on strong data and research.

Prevention efforts should start early by promoting healthy, respectful relationships in families by fostering healthy parent-child relationships and developing positive family dynamics and emotionally supportive environments. These environments provide a strong foundation for children, help them to adopt positive interactions based on respect and trust, and foster effective and non-violent communication and conflict resolution in their peer and dating relationships. It is equally important to continue addressing the beliefs, attitudes and messages that are deeply embedded in our social structures and that create a climate that condones sexual violence, stalking, and intimate partner violence. For example, this can be done through norms change, changing policies and enforcing existing policies against violence, and promoting bystander approaches to prevent violence before it happens.

In addition to prevention efforts, survivors of sexual violence, stalking, and intimate partner violence need coordinated services to ensure healing and prevent recurrence of victimization. The healthcare system's response must be strengthened and better coordinated for both sexual violence and intimate partner violence survivors to help navigate the health care system

and access needed services and resources in the short and long term. One way to strengthen the response to survivors is through increased training of healthcare professionals. It is also critically important to ensure that legal, housing, mental health, and other services and resources are available and accessible to survivors.

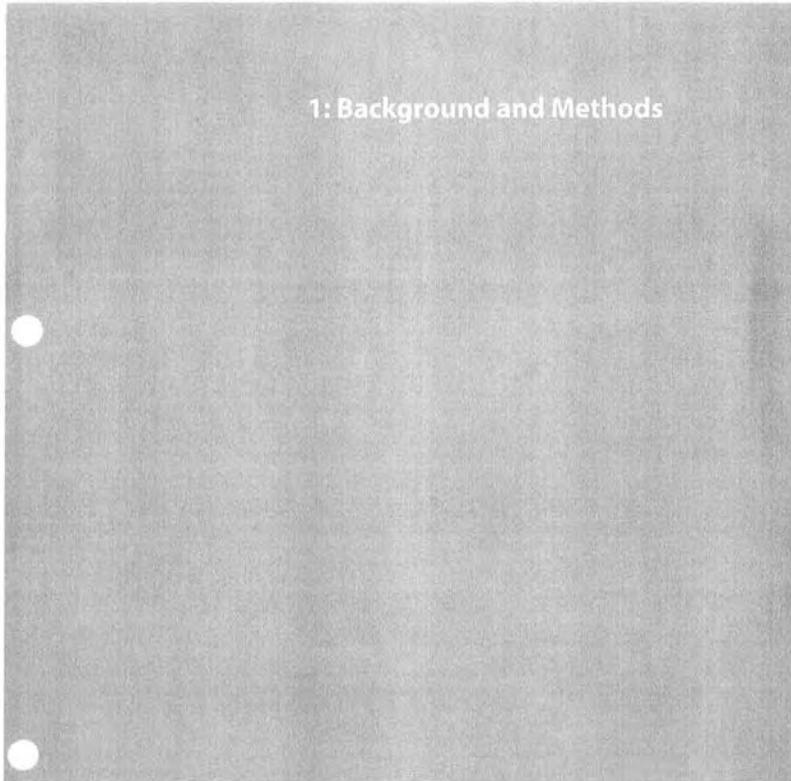
An important part of any response to sexual violence, stalking, and intimate partner violence is to hold perpetrators accountable. Survivors may be reluctant to disclose their victimization for a variety of reasons including shame, embarrassment, fear of retribution from perpetrators, or a belief that they may not receive support from law enforcement. Laws may also not be enforced adequately or consistently and perpetrators may become more dangerous after their victims report these crimes. It is important to enhance training efforts within the criminal justice system to better engage and support survivors and thus hold perpetrators accountable for their crimes.

Implementing strong data systems for the monitoring and evaluation of sexual violence, stalking, and intimate partner violence is critical to understand trends in these problems, to provide information on which to base development and evaluation of prevention and intervention programs, and to monitor and measure the effectiveness of these efforts. Establishing cost-efficient and timely surveillance systems for all states, by using consistent definitions and uniform survey methods, will assist states

by providing policymakers much needed information for enhancing prevention efforts at the state level.

Ongoing data collection and monitoring of these problems through NISVS and other data sources at the local, state, and national level must lead to further research to develop and evaluate strategies to effectively prevent first-time perpetration of sexual violence, stalking, and intimate partner violence. This research should focus on key gaps to address the social and economic conditions (e.g., poverty, sexism, and other forms of discrimination and social exclusion) that increase risk for perpetration and victimization. This work should be complemented with efforts to monitor strategies being used by the field, to identify and rigorously evaluate these approaches and document their value. As effective strategies are identified, research examining how to best disseminate, implement, and adapt evidence-based prevention strategies, will become increasingly important.

Much progress has been made in the prevention of violence. There is strong reason to believe that the application of effective strategies combined with the capacity to implement them will make a difference. The lessons already learned during public health's short experience with violence prevention are consistent with those from public health's much longer experience with the prevention of infectious and chronic diseases. Sexual violence, stalking, and intimate partner violence can be prevented with data-driven, collaborative action.



1: Background and Methods

More than two decades of research has shown that sexual violence and intimate partner violence are major public health problems with serious long-term physical and mental health consequences, as well as significant social and public health costs (e.g., Breiding, Black, & Ryan, 2008; Logan & Cole, 2007; Finkelhor, 1990). Elevated health risks have been observed in relation to multiple body systems, including the nervous, cardiovascular, gastrointestinal, genitourinary, reproductive, musculoskeletal, immune and endocrine systems (Basile & Smith, 2011; Black, 2011). While less is known about the health impact of stalking, within the past decade stalking has been increasingly recognized as a significant public health issue. The few studies that have been conducted suggest that those who are stalked are more likely to report similar negative mental and physical health consequences (Davis, Coker, & Sanderson, 2002).

In addition to the negative physical and mental health effects of sexual violence, intimate partner violence, and stalking, prior research has shown that experiencing these forms of violence during childhood and adolescence increases the likelihood of experiencing these forms of violence as an adult (Tjaden & Thoennes, 2000; Smith, White, & Holland, 2003). Consequently, understanding sexual violence, intimate partner violence, and

stalking experienced during childhood and adolescence is particularly important in order to prevent the reoccurrence of these forms of violence across the life course.

CDC's National Center for Injury Prevention and Control launched the National Intimate Partner and Sexual Violence Survey (NISVS) in 2010. The survey was developed and fielded with the support of the National Institute of Justice, and the Department of Defense. The primary objectives of the National Intimate Partner and Sexual Violence 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

Data from the National Intimate Partner and Sexual Violence Survey can be used for a number of purposes. First, these data can help inform policies and programs that are 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.

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 experiences of sexual violence, stalking, and intimate partner violence among adult women and men in the United States and for each individual state. It measures lifetime victimization for these types of violence as well as victimization in the 12 months prior to taking the survey. The survey is focused exclusively on violence and collects information about:

- Sexual violence by any perpetrator, including information related to rape, being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences
- Stalking, including the use of newer technologies such as text messages, emails, monitoring devices (e.g., cameras and GPS, or global positioning system devices), by perpetrators known and unknown to the victim

In addition to receiving grants for the development of the National Intimate Partner and Sexual Violence Survey, the National Institute of Justice and the Department of Defense furnished financial support for the development of the survey in 2010. The National Institute of Justice's financial support enabled the authors to receive a special license of copyright clearance from the Alaska Native Ethnobotany. The Department of Defense financial support enabled the addition of a separate random sample of female active duty military and female spouses of active duty military to the survey. Some of these individuals' responses are presented in this special issue and will be deposited in future publications.

- Physical violence by an intimate partner
- Psychological aggression by an intimate partner, including information on expressive forms of aggression and coercive control
- Control of reproductive or sexual health by an intimate partner

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 by specific perpetrators. For example, the National Intimate Partner and Sexual Violence Survey:

- Links each individual act of violence with a specific perpetrator, enabling the collection of all forms of violence committed by a specific perpetrator and allowing for an examination of how different forms of violence co-occur.
- Examines the length of time and frequency of the occurrence of sexual violence, stalking, and intimate partner violence relative to specific perpetrators.
- Collects information on a range of negative impacts (e.g., injury, absence from school or work, need for medical care) resulting from experiences of violence by individual perpetrators.
- Gathers information from respondents on a range of long-term physical and mental health outcomes that may be associated with the experience of violence.

There are a number of additional features of the National Intimate Partner and Sexual Violence Survey that distinguish it from other national surveys (see box), such as the National Violence Against Women Survey (Fjaden & Thoennes, 2000), a one-time survey that the National Institute of Justice and the Centers for Disease Control and Prevention conducted in 1995-1996; the National Crime Victimization Survey that the U.S. Census Bureau has conducted annually for the Bureau of Justice Statistics since 1973; and the state-based modules on intimate partner violence and sexual violence that 34 states/territories collected for at least one year from 2005 to 2007 using the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System.

In sum, the National Intimate Partner and Sexual Violence Survey

allows for an improved understanding of the public health burden of sexual violence, stalking, and intimate partner violence nationally and at the state level. Beyond estimating the prevalence of sexual violence, stalking, and intimate partner violence, the survey captures information on these forms of violence in ways that maximize the ability to take action to prevent these public health problems.

How Was the Survey Developed?

The development of the National Intimate Partner and Sexual Violence Survey was informed by the National Violence Against Women Survey, which provided a starting point for the development of the survey instrument; a federally sponsored workshop that focused on building data systems

Additional Features that Distinguish NISVS from Other National Surveys:

- 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.
- 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.
- Interviewers establish a safety plan so that a respondent knows what to do if they need to discontinue the interview for safety reasons.
- Interviewers 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.
- The survey includes detailed behavior-specific questions on components of sexual violence and intimate partner violence that previous population-based national surveys have not measured. Examples include information on types of sexual violence other than rape, coercive control, and control of reproductive or sexual health.
- The survey is designed to assess violence in a way that is consistent across states.

for monitoring and responding to sexual violence, stalking, and intimate partner violence (CDC, 2000); and a pilot methods study that was conducted in 2007. The pilot study was designed to help address information gaps and inform the development of a national intimate partner, sexual violence, and stalking surveillance system. In 2007, the CDC also convened an expert panel to discuss findings from the 2007 pilot study and to make recommendations on the design of the NISVS survey instrument (Appendix A). The panel consisted of practitioners and advocates, subject matter experts with experience in designing measures of violence, and representatives from other federal agencies with subject matter expertise in sexual violence, stalking, and intimate partner violence.

What Does This Report Include?

This report summarizes findings from the 2010 National Intimate Partner and Sexual Violence Survey data collection. The first three sections present lifetime and 12-month prevalence estimates and other descriptive information (e.g., the number of perpetrators, the type of perpetrator, and age when the violence was first experienced) for the three primary types of violence examined in the survey—sexual violence, stalking, and violence by an intimate partner. The prevalence of these types of violence by state of residence is also presented. This report also includes information on the impact of intimate partner violence and on the relationship between violence and various health consequences such as asthma, diabetes,

chronic pain, disability, and poor mental health.

Methods

The National Intimate Partner and Sexual Violence Survey is a national random digit dial (RDD) telephone survey of the non-institutionalized English and/or Spanish-speaking U.S. population aged 18 or older. NISVS uses a dual-frame sampling strategy that includes both landline and cell phones. The survey was conducted in 50 states and the District of Columbia and was administered from January 22, 2010 through December 31, 2010. In 2010, a total of 18,049 interviews were conducted (9,970 women and 8,079 men) in the U.S. general population. This includes 16,507 completed and 1,542 partially completed interviews. A total of 9,086 females and 7,421 males completed the survey. Approximately 45.2% of interviews were conducted by landline telephone and 54.8% of interviews were conducted using a respondent's cell phone.

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. Additional information about the sampling strategy, weighting procedures, response and cooperation rates, and other methodological details of NISVS can be found in the technical note in Appendix B.

Survey Instrument

Violence Domains Assessed

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. Intimate partner violence-related questions assess psychological aggression, including expressive aggression (5 items) and coercive control (12 items); control of reproductive or sexual health (2 items); physical violence (11 items); sexual violence (21 items); and stalking (7 items). A list of the victimization questions used in the survey can be found in Appendix C.

Psychological aggression, including expressive aggression and coercive control, is an important component of intimate partner violence. Although research suggests that psychological aggression may be even more harmful than physical violence by an intimate partner (Follingstad, Rutledge, Berg, Hause, & Polek, 1990), there is little agreement about how to determine when psychologically aggressive behavior becomes

abusive and can be classified as intimate partner violence. Because of the lack of consensus in the field at the time of this report, the prevalence of psychologically aggressive behaviors is reported, but is not included in the overall prevalence estimates of intimate partner violence. Expressive psychological aggression includes acting dangerous, name calling, insults and humiliation. Coercive control includes behaviors that are intended to monitor and control an intimate partner such as threats, interference with family and friends, and limiting access to money.

Physical violence includes a wide range of behaviors from slapping, pushing or shoving to more severe behaviors such as being beaten, burned, or choked. 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.

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 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.

Perpetrator Information

Respondents who reported experiencing violence were subsequently asked to identify individual perpetrators by initials, nick name or in some other general way so that each violent behavior reported could be tied to a specific perpetrator. Respondents were asked a series of questions about each perpetrator including age, sex, and race/ethnicity. In addition, for each perpetrator reported, respondents were asked their age and their relationship to the perpetrator, both at the time violence first began and at the last time violence was experienced. Additional questions were asked regarding perpetrators of stalking and rape. These include questions about the respondent's age when they first experienced stalking by each perpetrator and the age at which they last experienced stalking. Separately, questions were asked about the respondent's age when they first experienced rape by each perpetrator and the age at which they last experienced rape. Age and relationship at the time the violence began were used throughout this report.

Indicators of the Impact of Violence Experienced

Follow-up questions related to the potential impact of violence committed by individual perpetrators were asked. Respondents were asked about whether or not they experienced any of the following as

a result of any violence committed by a specific perpetrator: fearfulness or being concerned about safety, post-traumatic stress disorder (PTSD) symptoms (e.g. nightmares, feeling numb or detached), injury, need for medical care, need for housing services, need for victim's advocate or legal services, having contacted a crisis hotline, and missed days of work or school. Respondents who reported experiencing rape (completed rape, attempted rape, or alcohol/drug-facilitated completed rape), or being made to sexually penetrate another person were asked about additional indicators of impact, such as the contraction of a sexually transmitted disease or pregnancy as a result of the sexual violence.

Cognitive Testing

A key component of the questionnaire design process was conducting cognitive tests on the introductions and key questions used throughout the instrument. The purpose of the cognitive testing was to provide information on how well the questions worked and whether participants understood the text provided.

Survey Administration

Advance Letters

Reverse address matching was used to link available addresses to the landline sample. Approximately 50% of telephone numbers in the landline sample were matched. Prior to contacting participants, informational letters addressed to "Resident" were sent to available addresses to make residents aware that they would be receiving a request for an interview in the coming days. Following the World Health Organization's guidelines

for research on domestic violence. Introductory letters were carefully written, providing only general information about the survey to maximize safety and confidentiality (WHO, 2001).

Incentives

Respondents in the landline and cell phone samples were offered an incentive of \$10 to participate in the survey. Respondents could choose to have the incentive mailed to them or donated to the United Way on their behalf. 58.4% of respondents chose to donate their incentive. For respondents who chose to receive the incentive, mailing information was obtained so the incentive check could be sent to them. Mailing information was kept in a separate database from data collected during the administration of the survey and destroyed at the end of data collection.

Graduated Informed Consent Process

Following recommended guidelines (Sullivan & Cain, 2004; WHO, 2001) a graduated informed consent protocol was used. Specifically, to ensure respondent safety and confidentiality, the initial person who answered the telephone was provided general non-specific information about the survey topic. The specific topics of the survey (e.g., physical aggression, harassing behaviors, and unwanted sexual activity) were only revealed to the individual respondent selected. After a single adult respondent in a household was randomly selected to participate, the interviewer administered an IRB-approved informed consent that provided information on the voluntary and confidential nature of the survey, the benefits and risks of

participation, the survey topic, and telephone numbers to speak with staff from the Centers for Disease Control and Prevention or project staff from the Research Triangle Institute, International (RTI) (which was contracted by the Centers for Disease Control and Prevention to administer the survey).

Respondent Safety and Confidentiality

For topics such as intimate partner violence and other forms of violence and abuse, a graduated consent process is often the safest and most appropriate method of research. Literature about the ethical and safe collection of research data on intimate partner violence offers many reasons for obtaining informed consent in a graduated manner (Sullivan & Cain, 2004; WHO, 2001). In addition to revealing the specific content of the survey only to the respondent selected, a graduated consent process allows the interviewer to build rapport and increases the likelihood of gaining the participant's trust, the key to minimizing non-participation and under-reporting. Carefully conducted studies with well-trained interviewers who are able to build rapport and trust with potential participants are essential both to the collection of valid data and the well-being of respondents.

Interviewers also reminded respondents that they could skip any question and could stop the interview at any time. Interviewers also established a safety plan with the respondents so that respondents would know what to do if they needed to stop an interview for safety reasons. Specifically, interviewers suggested that

respondents answer questions in a private setting and instructed them to just say "Goodbye" if at any time they felt physically or emotionally unsafe. Interviewers also checked in with the respondents several times during the interview to make sure they wanted to proceed. At the end of the interview, respondents were provided telephone numbers for the National Domestic Violence Hotline and the Rape, Abuse and Incest National Network.

Length of Interview

The median length of the interview was 24.7 minutes.

Interviewer Recruitment, Training, and Monitoring

Hiring, training and maintaining high quality interviewers is essential to maximize disclosure of sensitive information about sexual violence, stalking, and intimate partner violence. Only female interviewers administered the survey as previous research suggests that female interviewers may be more likely to create conditions conducive to disclosure (Dalley & Claus, 2001). During the hiring process, potential interviewers were informed about the background and purpose of the National Intimate Partner and Sexual Violence Survey and were carefully screened to insure that they were comfortable conducting interviews on the topics included in the survey. Interviewers received 16 hours of training and an additional 2 hours of post-training practice. A detailed training manual written specific to the National Intimate Partner and Sexual Violence Survey was developed. The content of the

training manual focused on the background information relevant to the survey, project-specific protocols, confidentiality procedures, safety protocols, respondent distress, and refusal avoidance.

The interviewer training sessions were conducted using a variety of methods, including lecture, demonstration, round-robin practice, paired-practice, and group and paired mock interviews. Interviewers were also briefed on the potential challenges of administering a survey on sexual violence, stalking, and intimate partner violence, and were trained in administering questions about these sensitive topics. Resource information was provided to interviewers regarding assistance in coping with traumatic and violent events. Interviewers were also provided the opportunity to discuss and process difficult or upsetting interviews.

Project staff held bimonthly quality assurance meetings with interviewers during the data collection. Throughout the data collection period, approximately 10% of interviews were monitored to check the quality of their work and to identify areas needing more training or clarification. The information obtained was then used as a teaching tool for other interviewers, when appropriate.

IRB and OMB Approval

The survey protocol received approval by the Office of Management and Budget (OMB 0920-0822) as well as the Institutional Review Board of Research Triangle Institute, International.

Data Analysis

Lifetime and 12 month prevalence estimates were calculated for the different forms of violence presented in this report. The 12 month estimates were obtained by asking respondents to report whether the specific form of violence by the perpetrator occurred in the past 12 months. Respondents were anchored to the 12 month period with a CATI reminder of the date (e.g., "...in the past twelve months, that is, since [fill: date, 12 months ago]?"). To be included in the prevalence estimate for sexual violence, physical violence, or psychological aggression, the respondent must have experienced at least one behavior within the relevant violence domain during the time frame of reference (lifetime or in the 12 months prior to taking the survey). Respondents could have experienced each type of violence more than once so prevalence estimates should be interpreted as the percentage of the population who experienced each type of violence at least once. To be included in the prevalence of

stalking, a respondent must have experienced more than one of the seven stalking tactics that were measured in the National Intimate Partner and Sexual Violence Survey, or a single tactic multiple times by the same perpetrator, and must have been very fearful or believed that they or someone close to them would be harmed or killed as a result of the perpetrator's behavior.

Within categories of violence (e.g., rape, other sexual violence, any severe physical violence, any reported IPV-related impact), respondents who reported more than one subcategory of violence are included only once in the summary estimate but are included in each relevant subcategory. For example, victims of completed forced penetration and alcohol or drug facilitated penetration are included in each of these subtypes of rape but counted only once in the estimate of rape prevalence.

The denominators in prevalence calculations include persons who answered a question or responded with don't know or refused. Missing data (cases where all questions for constructing an outcome of interest

Lifetime and 12 Month Prevalence Estimates of Violence

Lifetime prevalence refers to the proportion of people in a given population who have ever experienced a particular form of violence. Lifetime prevalence estimates are important because they provide information about the burden of violence within a population.

12 month prevalence provides information about the proportion of people in a given population who have experienced a particular form of violence in the 12 months prior to taking the survey. Twelve-month prevalence estimates provide a snapshot of the recent burden of violence in a population. When collected over multiple years, 12 month estimates can be used to assess trends in the burden of violence over time (suggesting whether violence may be increasing or decreasing).

were not fully administered) were excluded from analyses. All analyses were conducted using SUDAAN[®] statistical software for analyzing data collected through complex sample design.

The estimated number of victims affected by a particular form of violence is based on United States population estimates from the census projections by state, sex, age, and race/ethnicity (www.census.gov/popest/states/asrh/).

Statistical inference for prevalence and population estimates were made based on weighted analyses, where complex sample design features such as stratified sampling, weighting for unequal sample selection probabilities, and non-response adjustments were taken into account. The estimates presented in this report are based on complete interviews. An interview is defined as "complete" if the respondent completed the screening, demographic, general health questions, and all questions on all five sets of violence victimization, as applicable. A comparison of the demographic characteristics of the complete interviews in the NISVS sample and the U.S. population is provided in Appendix B.

Analyses were conducted by sex. Prevalence estimates by selected demographic characteristics were also calculated. No formal statistical comparisons of the prevalence estimates between demographic subgroups were made. As prevalence and population estimates were based on a sample population, there is a degree of uncertainty associated with these estimates. The smaller the sample upon which an estimate is based,

the less precise the estimate becomes and the more difficult it is to distinguish the findings from what could have occurred by chance. The relative standard error (RSE) is a measure of an estimate's reliability. The RSE was calculated for all estimates in this report. If the RSE was greater than 30%, the estimate was deemed unreliable and is not reported. Consideration was also given to the case count. If the estimate was based on a numerator ≤ 20 , the estimate is also not reported. Tables where specific estimates are missing due to high RSEs or small case counts are presented in full with missing unreliable estimates noted by an asterisk so that the reader can clearly see what was assessed and where data gaps remain. Tables showing the confidence intervals around the estimates are available at: www.cdc.gov/violenceprevention/nisvs.

A number of health outcomes were assessed in this survey and were examined with respect to violence victimization. Chi-square tests were conducted to ascertain the difference in the health outcomes of interest with respect to victimization. A p-value of .05 was set as the threshold for establishing statistical significance. Statistical analyses for this report were performed by Research Triangle Institute, International and independently replicated by statisticians from the Centers for Disease Control and Prevention.

Data Quality Assurance

An independent set of programs were developed to ensure that skip patterns, response values, missing values, rotations, range checks,

and other logical consistency checks had been implemented as programmed in the computer-assisted telephone interview (CATI) system. The programs created a number of quality control/quality assurance variables and flags to track such data as the frequencies of behaviors with the frequencies of the perpetrators, timeframes, and other responses from each perpetrator in order to compare behaviors and/or their related follow-up data. All discrepancies were investigated and corrected as appropriate. Additional information on the data collection and security procedures is included in Appendix B.

2: Sexual Violence Victimization

2: Sexual Violence Victimization

Previous studies of sexual violence victimization have shown that it is a widespread problem that happens early in the lifespan for many victims, although sexual violence can occur at any age (Kilpatrick, Edmunds, & Seymour, 1992; Tjaden & Thoennes, 2000). It has been more than a decade since the sexual violence field has had national prevalence estimates of a wide range of sexual violence victimization experiences. To date, few national studies have examined the various forms of sexual violence (Basile & Saltzman, 2002), particularly types of sexual violence other than rape. Previously, the only nationally representative prevalence estimates measuring a wide range of types of sexual violence victimization were derived from college populations (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987).

This section summarizes lifetime and 12 month experiences of sexual violence victimization of women and men in the United States, including rape (forced penetration, attempted forced penetration, and alcohol or drug facilitated penetration), being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences. What follows also includes lifetime prevalence estimates by self-identified race/ethnicity, as well as the characteristics of the victimization experiences, including the type of

How NISVS Measured Sexual Violence

Five types of sexual violence were measured in NISVS. These include acts of rape (forced penetration), and types of sexual violence other than rape.

- **Rape** is defined as any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physical harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent. Rape is separated into three types: completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration.
 - Among women, rape includes vaginal, oral, or anal penetration by a male using his penis. It also includes vaginal or anal penetration by a male or female using their fingers or an object.
 - Among men, rape includes oral or anal penetration by a male using his penis. It also includes anal penetration by a male or female using their fingers or an object.
- **Being made to penetrate someone else** includes times when the victim was made to, or there was an attempt to make them, sexually penetrate someone without the victim's consent because the victim was physically forced (such as being pinned or held down, or by the use of violence) or threatened with physical harm, or when the victim was drunk, high, drugged, or passed out and unable to consent.
 - Among women, this behavior reflects a female being made to orally penetrate another female's vagina or anus.
 - Among men, being made to penetrate someone else could have occurred in multiple ways: being made to vaginally penetrate a female using one's own penis; orally penetrating a female's vagina or anus; anally penetrating a male or female; or being made to receive oral sex from a male or female. It also includes female perpetrators attempting to force male victims to penetrate them, though it did not happen.
- **Sexual coercion** is defined as unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. In NISVS, sexual coercion refers to unwanted vaginal, oral, or anal sex after being pressured in ways that included being worn down by someone who repeatedly asked for sex or showed they were unhappy, feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority.
- **Unwanted sexual contact** is defined as unwanted sexual experiences involving touch but not sexual penetration, such as being kissed in a sexual way, or having sexual body parts fondled or grabbed.
- **Non-contact unwanted sexual experiences** are those unwanted experiences that do not involve any touching or penetration, including someone exposing their sexual body parts, flashing, or masturbating in front of the victim, someone making a victim show his or her body parts, someone making a victim look at or participate in sexual photos or movies, or someone harassing the victim in a public place in a way that made the victim feel unsafe.

perpetrators, the number and sex of perpetrators, age at the time of the first completed rape victimization, and rape victimization as a minor and subsequent rape victimization in adulthood.

Prevalence of Sexual Violence Victimization

Rape
Nearly 1 in 5 women in the United States has been raped in her lifetime (18.3%) (Table 2.1). This translates to almost 22 million women in the United States. The most common form of rape victimization experienced by women was completed forced penetration, experienced by 12.3% of women

in the United States. About 5% of women (5.2%) experienced attempted forced penetration, and 8.0% experienced alcohol/drug-facilitated completed forced penetration. One percent, or approximately 1.3 million women, reported some type of rape victimization in the 12 months prior to taking the survey.

Approximately 1 in 71 men in the United States (1.4%) reported having been raped in his lifetime, which translates to almost 1.6 million men in the United States (Table 2.2). Too few men reported rape in the 12 months prior to taking the survey to produce a reliable 12 month prevalence estimate.

Nearly 1 in 5 women and 1 in 71 men in the U.S. have been raped at some time in their lives.

Table 2.1
Lifetime and 12 Month Prevalence of Sexual Violence — U.S. Women, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Rape	18.3	21,840,000	1.1	1,270,000
Completed forced penetration	12.3	14,617,000	0.5	620,000
Attempted forced penetration	5.2	6,199,000	0.4	519,000
Completed alcohol/drug facilitated penetration	8.0	9,524,000	0.7	781,000
Other Sexual Violence	44.6	53,174,000	5.6	6,646,000
Made to penetrate	*	*	*	*
Sexual coercion	11.0	15,492,000	2.0	2,410,000
Unwanted sexual contact	27.2	32,447,000	2.2	2,600,000
Non-contact unwanted sexual experiences	11.7	40,193,000	3.0	3,512,000

¹Rounded to the nearest thousand.

*Estimated to not represent reliable information due to 20% or less (N=30).

Table 2.2
Lifetime and 12 Month Prevalence of Sexual Violence — U.S. Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ^a	Weighted %	Estimated Number of Victims
Rape	1.4	1,581,000	*	*
Completed forced penetration	0.9	970,000	*	*
Attempted forced penetration	0.4	499,000	*	*
Completed alcohol/drug facilitated penetration	0.9	665,000	*	*
Other Sexual Violence	22.2	25,130,000	5.1	6,027,000
Made to penetrate	4.8	5,451,000	1.1	1,267,000
Sexual coercion	6.0	6,866,000	1.5	1,669,000
Unwanted sexual contact	11.7	13,296,000	2.3	2,565,000
Non-contact unwanted sexual experiences	12.8	14,450,000	2.7	3,037,000

^aRounded to the nearest thousand.

*Percent is not reported because standard error > 30% or less than 2%

Sexual Violence Other than Rape

Nearly 1 in 2 women (44.6%) and 1 in 5 men (22.2%) experienced sexual violence victimization other than rape at some point in their lives (Tables 2.1 and 2.2). This equates to more than 53 million women and more than 25 million men in the United States. Approximately 1 in 20 women (5.6%) and men (5.3%) experienced sexual violence victimization other than rape in the 12 months prior to taking the survey.

Being Made to Penetrate Someone Else

Approximately 1 in 21 men (4.8%) reported having been made to

penetrate someone else in his lifetime (Table 2.2). Too few women reported being made to penetrate someone else to produce a reliable estimate (Table 2.1).

Sexual Coercion

About 1 in 8 women (13%) reported experiencing sexual coercion in her lifetime, which translates to more than 15 million women in the United States (Table 2.1). Sexual coercion was reported by 2.0% of women in the 12 months prior to taking the survey. Six percent of men reported sexual coercion in their lifetimes (almost 7 million men), and 1.5% in the 12 months prior to taking the survey (Table 2.2).

Unwanted Sexual Contact

More than one-quarter of women (27.2%) have experienced some form of unwanted sexual contact in their lifetime (Table 2.1). This equates to over 32 million women in the United States. The 12 month prevalence of unwanted sexual contact reported by women was 2.2%. Approximately 1 in 9 men (11.7%) reported experiencing unwanted sexual contact in his lifetime, which translates to an estimated 13 million men in the United States (Table 2.2). The 12 month prevalence of unwanted sexual contact reported by men was 2.3%.

Table 2.3
Lifetime Prevalence of Sexual Violence by Race/Ethnicity¹ — U.S. Women, NISVS 2010

		Hispanic			Non-Hispanic		
		Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial	
Rape	Weighted %	14.6	22.0	18.8	26.9	11.5	
	Estimated Number of Victims ²	2,202,000	3,186,000	15,225,000	234,000	452,000	
Other sexual violence	Weighted %	36.1	41.0	47.6	29.5	58.0	
	Estimated Number of Victims ²	5,442,000	5,907,000	38,632,000	1,673,000	786,000	

¹Race/ethnicity was self-reported. The American Indian or Alaska Native designations does not indicate being enrolled or affiliated with a tribe. Rounding to the nearest thousand.
²Estimate(s), not reported; relative standard error $\geq 50\%$ or cell size ≤ 20 .

Non-Contact Unwanted Sexual Experiences

Non-contact unwanted sexual experiences were the most common form of sexual violence experienced by both women and men (Tables 2.1 and 2.2). One-third of women (33.7%) experienced some type of non-contact unwanted sexual experience in their lifetime, and 1 in 33 women (3.0%) experienced this in the 12 months prior to taking the survey. This equates to 40 million women in the United States for the lifetime estimate and 3.5 million women in the last 12 months. Nearly 1 in 8 men (12.8%) reported non-contact unwanted sexual experiences in his lifetime, and 1 in 37 men (2.7%) experienced this type of sexual violence in the 12 months before taking the survey. These

numbers translate to 14 million men in the United States who had these experiences in their lifetimes and 3 million men in the last 12 months.

Prevalence of Rape and Other Sexual Violence by Race/Ethnicity

Approximately 1 in 5 Black (22.0%) and White (18.8%) non-Hispanic women, and 1 in 7 Hispanic women (14.6%) in the United States have experienced rape at some point in their lives (Table 2.3). More than one-quarter of women (26.9%) who identified as American Indian or as Alaska Native and 1 in 3 women (33.5%) who identified as multiracial non-Hispanic reported rape victimization in their lifetime

(Table 2.3). Just under half of Black non-Hispanic (41.0%), White non-Hispanic (47.6%), and American Indian or Alaska Native (49.0%) women reported sexual violence other than rape in their lifetime and more than half of multiracial non-Hispanic women (58.0%) reported these experiences in their lifetime. Approximately 1 in 3 Hispanic (36.1%) and Asian or Pacific Islander (29.5%) women reported sexual violence other than rape.

Between one-fifth and one-quarter of Black non-Hispanic (22.6%), White non-Hispanic (21.5%), Hispanic (26.2%), and American Indian or Alaska Native (20.1%) men experienced sexual violence other than rape in their lives (Table 2.4). About 1 in 6 Asian or Pacific Islander

Table 2.4
Lifetime Prevalence of Sexual Violence by Race/Ethnicity¹ — U.S. Men, NISVS 2010

		Hispanic		Non-Hispanic			
			Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted %	-	-	1.7	-	-	-
	Estimated Number of Victims ²			1,256,000			
Other sexual violence	Weighted %	26.2	22.6	21.5	15.7	20.1	51.6
	Estimated Number of Victims ²	4,261,000	2,820,000	16,508,000	802,000	162,000	813,000

¹Race/ethnicity was self-identified. The American Indian or Alaska Native designations does not include being enrolled or affiliated with a tribe. We rounded to the nearest thousand.
²Estimate is not reported relative standard error > 30% or cell size < 20.

(15.7%) men and nearly one-third of multiracial (31.6%) men in the United States had these experiences during their lifetime. The only reportable estimate of rape was for White non-Hispanic men – 1.7% or an estimated 1.3 million men in this group reported being raped at some point in their lifetime.

Type of Perpetrator in Lifetime Reports of Sexual Violence

Rape
 The majority of both female and male victims of rape knew their perpetrators. More than half of female victims of rape (51.1%) reported that at least one perpetrator was a current or former

intimate partner (Table 2.5). Four out of 10 of female victims (40.8%) reported being raped by an acquaintance. Approximately 1 in 8 female victims (12.5%) reported being raped by a family member, and 2.5% by a person in a position of authority. About 1 in 7 female victims (13.8%) reported being raped by a stranger. In terms of lifetime alcohol/drug-facilitated rape, half of female victims (50.4%) were raped by an acquaintance, while 43.0% were raped by an intimate partner.

Most victims of rape knew their perpetrators.

Table 2.5
Lifetime Reports of Sexual Violence Among Female Victims by Type of Perpetrator¹ —
NISVS 2010

	Current or Former Intimate Partner	Family Member ²	Person of Authority ³	Acquaintance ⁴	Stranger
	Weighted %	Weighted %	Weighted %	Weighted %	Weighted %
Rape	51.1	12.5	2.5	40.8	13.8
Attempted or completed forced penetration	52.5	14.8	2.4	33.0	14.1
Alcohol/drug-facilitated penetration	41.0	6.6	*	50.4	9.6
Other sexual violence	35.7	16.1	7.9	42.1	44.8
Made to penetrate	*	*	*	*	*
Sexual coercion	75.4	6.1	5.7	21.8	*
Unwanted sexual contact	23.5	19.9	8.3	45.9	24.9
Non-contact unwanted sexual experiences	23.1	14.8	4.3	31.2	50.5

¹The data on rape is based on respondents' reports of their relationship at the time the perpetrator first committed any violence against them. Due to the possibility of multiple perpetrators, combined row percents may exceed 100%.

²Includes immediate and extended family members.

³Includes, for example, police, supervisor, supervisor in classroom, teacher, professor, coach, clergy, doctor, therapist, and caregiver.

⁴Includes friends, neighbors, family friends, first dates, someone barely known, and people not known well.

*Estimate is not reported; relative standard error is 50% or less (n < 3).

More than half of the male victims of rape (52.4%) were raped by an acquaintance, and 1 in 7 male victims (15.1%) was raped by a stranger (Table 2.6). The estimates for male victims raped by other types of perpetrators were based upon numbers too small to calculate a reliable estimate and therefore are not reported.

Sexual Violence Other than Rape

For both women and men, the type of perpetrator varied by the form of sexual violence experienced. The majority of female victims of sexual coercion and unwanted sexual contact reported known perpetrators. Three-quarters of female victims (75.4%) of sexual coercion reported perpetration

by an intimate partner, and nearly 1 in 2 female victims (45.9%) of unwanted sexual contact reported perpetration by an acquaintance. Strangers were the most commonly reported perpetrators of non-contact unwanted sexual experiences against women, reported by 1 in 2 female victims (50.5%) (Table 2.5).

Table 2.6
Lifetime Reports of Sexual Violence Among Male Victims by Type of Perpetrator¹ —
NISVS 2010

	Current or Former Intimate Partner	Family Member ²	Person of Authority ³	Acquaintance ⁴	Stranger
	Weighted %	Weighted %	Weighted %	Weighted %	Weighted %
Rape⁵	*	~	*	52.4	15.1
Other sexual violence	36.0	6.2	7.5	50.6	31.1
Made to penetrate	44.8	*	*	46.7	8.2
Sexual coercion	69.7	*	3.4	31.3	*
Unwanted sexual contact	22.6	8.1	9.2	51.7	34.2
Non-contact unwanted sexual experiences	21.1	8.7	7.2	44.9	36.4

¹Relationship is based on 1 respondent's report of their relationship at the time the perpetrator (he, she, or they) committed any violence against them. Due to the possibility of multiple perpetrators, combined row contents may exceed 100%.

²Includes immediate and extended family members.

³Includes, for example, boss, supervisor, boss/in command, officer/prisoner, coach, clergy, doctor, therapist, and caregiver.

⁴Includes friends, neighbors, family friends, first date, someone briefly known, and people not known well.

⁵Includes attempted or completed forced penetration and alcohol/drug-facilitated penetration.

* Estimate is not reported, relative standard error >30% or cell size <20.

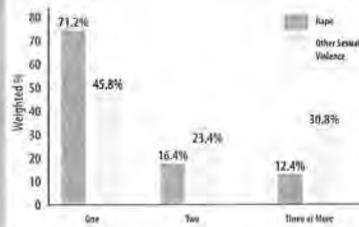
Male victims most commonly reported a known perpetrator for all types of sexual violence other than rape. Nearly half of male victims reported an intimate partner (44.8%) or an acquaintance (44.7%) as a perpetrator in situations where the male was made to penetrate someone else. The majority of male victims of sexual coercion (69.7%) reported an intimate partner as a perpetrator. For both unwanted sexual contact (51.7%) and non-contact unwanted sexual experiences (44.9%), approximately 1 in 2 male victims reported an acquaintance as a perpetrator (Table 2.6).

Number of Perpetrators In Lifetime Reports of Sexual Violence

Among sexual violence victims, the majority of both women and men reported one perpetrator in their lifetime. Almost three-quarters of female rape victims (71.2%) reported being raped by one perpetrator. For female rape victims, 1 in 6 (16.4%) reported two perpetrators and 1 in 8 (12.4%) reported three or more perpetrators in their lifetime (Figure 2.1):

Almost half of female victims (45.8%) of lifetime sexual violence other than rape reported one perpetrator, approximately one-quarter (23.4%) reported two perpetrators, and just under one-third (30.8%) reported three or more perpetrators (Figure 2.1). For male victims of rape and sexual violence other than rape, the large majority (86.6% and 92.1%, respectively) reported one perpetrator in their lifetime (data not shown). Too few male victims reported two or more perpetrators to produce a reliable estimate.

Figure 2.1
Lifetime Number of Perpetrators Among Female Victims of Sexual Violence — NISVS 2010



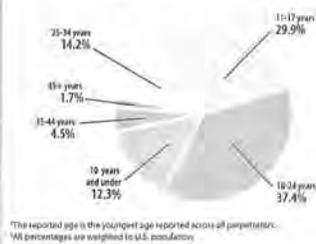
The majority of female victims of rape and sexual violence other than rape reported only male perpetrators. For males, the sex of the perpetrator varied across types of sexual violence.

Sex of Perpetrator in Lifetime Reports of Sexual Violence

Most perpetrators of all forms of sexual violence against women were male. For female rape victims, 98.1% reported only male perpetrators. Additionally, 92.5% of female victims of sexual violence other than rape reported only male perpetrators. For male victims, the sex of the perpetrator varied by the type of sexual violence experienced. The majority of male rape

victims (93.3%) reported only male perpetrators. For three of the other forms of sexual violence, a majority of male victims reported only female perpetrators: being made to penetrate (79.2%), sexual coercion (83.6%), and unwanted sexual contact (53.1%). For non-contact unwanted sexual experiences, approximately half of male victims (49.0%) reported only male perpetrators and more than one-third (37.7%) reported only female perpetrators (data not shown).

Figure 2.2
Age at Time of First Completed Rape Victimization
In Lifetime Among Female Victims — NISVS 2010^{1,2}



Most female victims of completed rape experienced their first rape before the age of 25 and almost half experienced their first completed rape before age 18.

Age at the Time of First Completed Rape Victimization

More than three-quarters of female victims of completed rape (79.6%) were first raped before their 25th birthday, with 42.2% experiencing their first completed rape before the age of 18 (29.9% between 11-17 years old and 12.3% at or before age 10) (Figure 2.2). Approximately 1 in 7 female victims (14.2%) experienced their first completed rape between 25-34 years of age.

More than one-quarter of male victims of completed rape (27.8%) were first raped when they were 10 years old or younger (data not shown). With the exception of the youngest age category (i.e., age 10 or younger), the estimates for age at first completed rape for male victims in the other age groups were based upon numbers too small to calculate a reliable estimate and therefore are not reported.

Over one-quarter of male victims of completed rape experienced their first rape at or before the age of 10.

Figure 2.3
Women Raped as an Adult* by Whether Raped as a Minor — NISVS 2010



More than one-third of women who were raped as minors were also raped as adults compared to 14% of women without an early rape history.

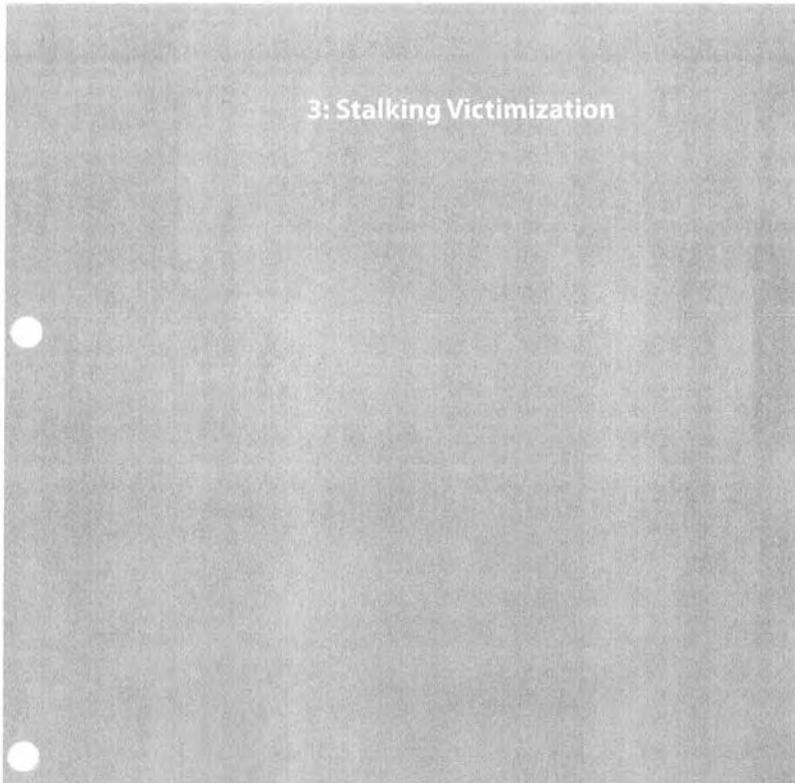
Rape Victimization as a Minor and Subsequent Rape Victimization

More than one-third (35.2%) of the women who reported a completed rape before the age of 18 also experienced a completed rape as an adult, compared to 14.2% of the women who did not report being raped prior to age 18 (Figure 2.3). Thus, the percentage of women who were

raped as children or adolescents and also raped as adults was more than two times higher than the percentage among women without an early rape history.

Too few men reported rape victimization in adulthood to examine rape victimization as a minor and subsequent rape victimization in adulthood.

Rape victimization in adulthood could have been by the same or a different perpetrator.



3: Stalking Victimization

In the past decade, stalking victimization has received greater recognition as a problem affecting both women and men in the United States. Much of what we have learned about stalking is based on studies of intimate partner violence and special populations, such as college students (Fisher, et al., 2000). In recent years, technological advances have dramatically increased the options available for communication between people. Less is known about the extent to which newer technologies (e.g., text messages, emails, instant messages) have been used for stalking and harassment of others. Further, there are few recent national level estimates of stalking victimization (Basile, Swahn, Chen & Saltzman, 2006; Baum, Catalano, Rand, & Rose, 2009).

This section summarizes lifetime and 12 month experiences of stalking victimization among women and men in the United States, including characteristics of the victimization experiences such as the type of perpetrator, the number and sex of perpetrators, and age at the time of the first stalking victimization.

How NISVS Measured Stalking

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.

Stalking tactics measured:

- Unwanted phone calls, voice or text messages, hang-ups
- Unwanted emails, instant messages, messages through social media
- Unwanted cards, letters, flowers, or presents
- Watching or following from a distance, spying with a listening device, camera, or global positioning system (GPS)
- Approaching or showing up in places such as the victim's home, workplace, or school when it was unwanted
- Leaving strange or potentially threatening items for the victim to find
- Sneaking into victims' home or car and doing things to scare the victim or let the victim know the perpetrator had been there

Prevalence of Stalking Victimization

Approximately 1 in 6 women (16.2%) in the United States has experienced stalking at some point in her lifetime in which she felt very fearful or believed that she or someone close to her would be harmed or killed as a result (Table 3.1).¹ This translates to

approximately 19.3 million adult women in the United States. About 4%, or approximately 5.2 million women, were stalked in the 12 months prior to taking the survey.

Approximately 1 in 19 men (5.2%) in the United States (approximately 5.9 million) has experienced stalking victimization at some point during his lifetime in which

¹Legal scholars vary regarding the requirement of victim fear during a stalking episode. Similarly, there is debate in the research community about the necessity of requiring a criterion of fear in measures of stalking prevalence. If a criterion of fear is used, it is also not clear how much fear is required to be considered a victim of stalking. Similar to the National Violence Against Women Survey (Tjaden & Thoennes, 2005), we used a conservative definition in this report to estimate stalking prevalence, which required the victim to report having felt very fearful or concerns that harm would come to the victim or someone close to him/her as a result of the perpetrator's behavior. In stalking situations, victims may vary in their assessment of the danger of the situation and consequently report varying levels of fear, such as low or no fear even if the situation would cause a reasonable person to feel afraid. Using a less conservative criterion of stalking, which considers any amount of fear (i.e., a little fearful, somewhat fearful, or very fearful), 1 in 6 women (22.9%) and 1 in 15 men (7.9%) in NISVS reported being a victim of stalking in their lifetime, with 8.3% and 2.2% of women and men, respectively, reporting stalking in the 12 months prior to taking the survey.

1 in 6 women and 1 in 19 men in the U.S. have experienced stalking at some point in their lives in which they felt very fearful or believed that they or someone close to them would be harmed or killed.

Table 3.1
Lifetime and 12 Month Prevalence of Stalking Victimization — U.S. Women and Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Women	16.2	19,327,000	4.3	5,179,000
Men	5.2	5,863,000	1.3	1,419,000

¹Rounded to the nearest thousand.

Table 3.2
Lifetime Prevalence of Stalking Victimization by Race/Ethnicity¹ — U.S. Women, NISVS 2010

	Hispanic			Non-Hispanic		
		Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Weighted %	15.2	19.6	16.0	*	22.7	30.6
Estimated Number of Victims ²	2,295,000	2,848,000	12,997,000		197,000	414,000

¹Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.

²Rounded to the nearest thousand.

*Estimate is not reported; relative standard error >30% or cell size < 20.

Table 3.3
Lifetime Prevalence of Stalking Victimization by Race/Ethnicity¹ — U.S. Men, NISVS 2010

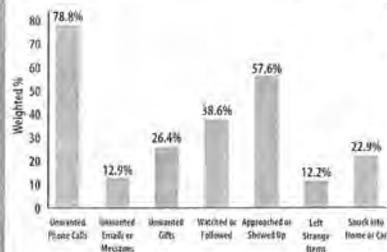
	Hispanic			Non-Hispanic		
		Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Weighted %	5.1	6.0	5.1	*	*	*
Estimated Number of Victims ²	829,000	750,000	3,916,000			

¹Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.

²Rounded to the nearest thousand.

*Estimate is not reported; relative standard error >30% or cell size < 20.

Figure 3.1
Lifetime Reports of Stalking Among Female Victims
by Type of Tactic Experienced — NISVS 2010

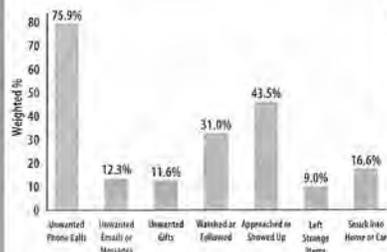


he felt very fearful or believed that he or someone close to him would be harmed or killed as a result, and 1.3% of men (about 1.4 million) reported being stalked in the 12 months prior to taking the survey.

Prevalence of Stalking Victimization by Race/Ethnicity

In the United States, approximately 1 in 5 Black non-Hispanic women experienced stalking in her lifetime (Table 3.2). The prevalence of stalking for White non-Hispanic and Hispanic women was similar (1 in 6 and 1 in 7, respectively). Additionally, approximately 1 in 3 multiracial non-Hispanic and 1 in 4 American Indian or Alaska Native women reported being stalked at some point during their lives.

Figure 3.2
Lifetime Reports of Stalking Among Male Victims
by Type of Tactic Experienced — NISVS 2010

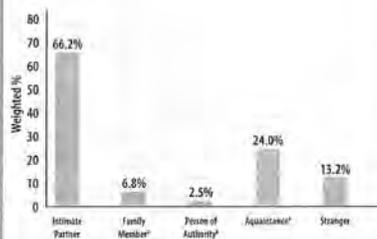


Approximately 1 in 17 Black non-Hispanic men in the United States experienced stalking in their lifetime (Table 3.3). The prevalence of stalking for White non-Hispanic and Hispanic men was similar (about 1 in 20). The estimates for the other racial/ethnic groups of men were based upon numbers too small to produce a reliable estimate and therefore are not reported.

Tactics Used in Lifetime Reports of Stalking Victimization

A variety of tactics were used to stalk victims. More than three-quarters of female stalking victims (78.8%) reported receiving unwanted phone calls, including voice or text messages, or hang ups (Figure 3.1). More than half of female victims (57.6%) reported being approached, such as at their

Figure 3.3
Lifetime Reports of Stalking Among Female Victims
by Type of Perpetrator¹ — NISVS 2010



¹Relationship is based on respondents' reports of their relationship at the time the perpetrator first committed any violence against them.
 *Includes immediate and extended family members.
 †Includes, for example, boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, and caregiver.
 ‡Includes friends, neighbors, family friends, first class, someone briefly known and people not known well.

Two-thirds of female victims of stalking were stalked by intimate partners. Male victims were primarily stalked by intimate partners or acquaintances.

home or work, and more than one-third (38.6%) were watched, followed or tracked with a listening or other device.

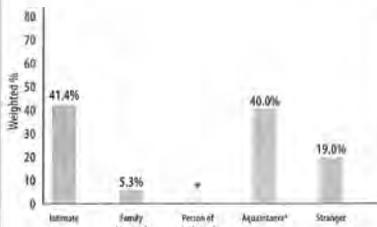
Similarly, about three-quarters of male victims (75.9%) reported receiving unwanted phone calls, voice or text messages, or hang ups (Figure 3.2). Just under half (43.5%) reported being approached by the perpetrator. Nearly one-third of male victims (31.0%) reported being watched, followed, or tracked.

Type of Perpetrator in Lifetime Reports of Stalking Victimization

For both female and male victims, stalking was often committed by people they knew or with whom they had a relationship. Two-thirds of the female victims of stalking (66.2%) reported stalking by a current or former intimate partner and nearly one-quarter (24.0%) reported stalking by an acquaintance (Figure 3.3). About 1 in 8 female victims (13.2%) reported stalking by a stranger.

Approximately 4 out of 10 male stalking victims (41.4%) reported that they had been stalked by an intimate partner in their lifetime, with a similar proportion indicating that they had been stalked by an acquaintance (40.0%) (Figure 3.4). Nearly one-fifth of male victims (19.0%) reported stalking by a stranger and 5.3% reported being stalked by a family member.

Figure 3.4
Lifetime Reports of Stalking Among Male Victims by Type of Perpetrator* — NISVS 2010



*Relationship is based on respondent reports of their relationship at the time the perpetrator first committed any violence against them. Includes immediate and extended family members.
 †Includes, for example, boss, supervisor, superior, coworker, coach, instructor, therapist, and caregiver.
 ‡Includes friends, neighbors, family friends, first date, someone briefly known, and people not known well.
 §Includes friends, neighbors, family friends, first date, someone briefly known, and people not known well.
 ¶Includes friends, neighbors, family friends, first date, someone briefly known, and people not known well.

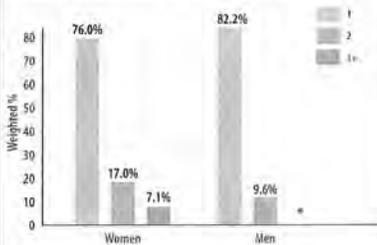
Number of Perpetrators in Lifetime Reports of Stalking Victimization

The majority of both women and men reported that they experienced stalking from one perpetrator in their lifetime, 76.0% and 82.2%, respectively (Figure 3.5). Approximately 1 in 6 female victims (17.0%) experienced stalking by two perpetrators, and 1 in 14 (7.1%) had experienced stalking by three or more perpetrators. Among men, about 1 in 10 (9.6%) experienced stalking by two perpetrators.

Sex of Perpetrator in Lifetime Reports of Stalking Victimization

Among female stalking victims, 82.5% reported being stalked by only male perpetrators in their lifetime; 8.8% reported only female perpetrators; and 4.6% reported having been stalked by both male and female perpetrators (data not shown).

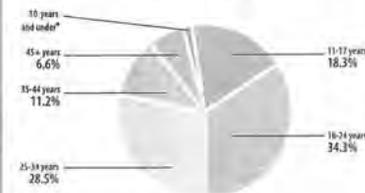
Figure 3.5
Lifetime Number of Perpetrators Among Female and Male Victims of Stalking — NISVS 2010



*Estimate is not reported; relative standard error > 30% or cell size < 20.

Among male stalking victims, almost half (44.3%) reported being stalked by only male perpetrators, while a similar proportion (46.7%) reported being stalked by only female perpetrators. About 1 in 18 male stalking victims (5.5%) reported having been stalked by both male and female perpetrators in his life (data not shown).

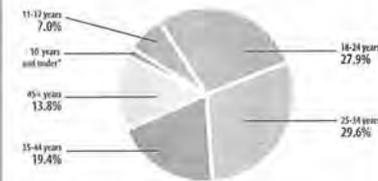
Figure 3.6
Age at Time of First Stalking Victimization in Lifetime Among Female Victims — NISVS 2010^{1,2}



¹The reported age is the youngest age reported across all perpetrators.
²All percentages are weighted to U.S. population.
^{*}Estimate is not reported; relative standard error > 30% or cell size < 20.

More than half of female victims and more than one-third of male victims were stalked before the age of 25.

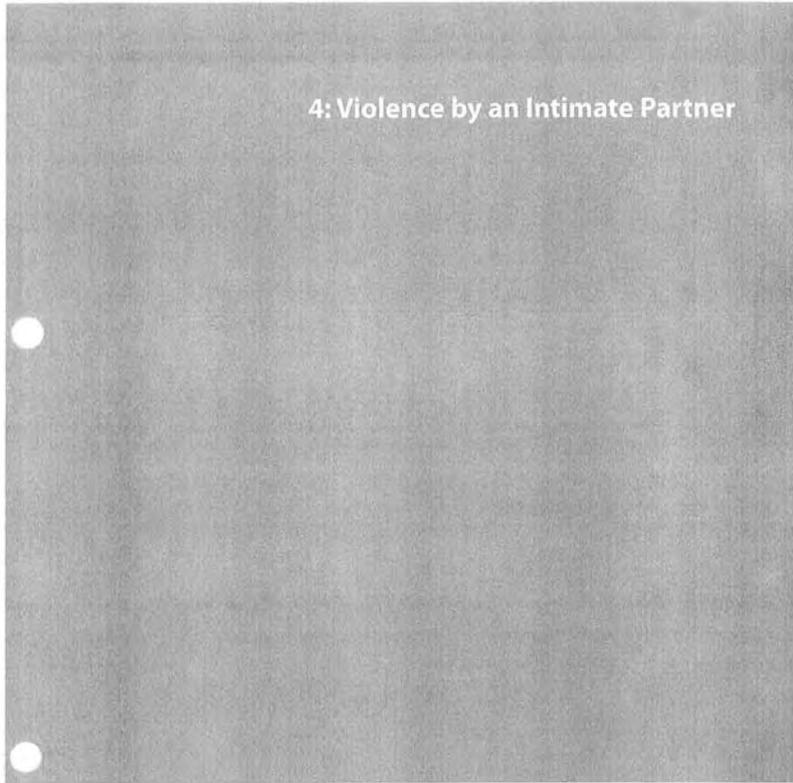
Figure 3.7
Age at Time of First Stalking Victimization in Lifetime Among Male Victims — NISVS 2010^{1,2}



¹The reported age is the youngest age reported across all perpetrators.
²All percentages are weighted to U.S. population.
^{*}Estimate is not reported; relative standard error > 30% or cell size < 20.

Age at the Time of First Stalking Victimization

More than half of female victims and more than one-third of male victims of stalking indicated that they were stalked before the age of 25 (Figures 3.6 and 3.7). About 1 in 5 female victims and 1 in 14 male victims had experienced stalking between the ages of 11 and 17. For both female and male victims, more than one-quarter (28.5% and 29.6%, respectively) reported that their first stalking victimization occurred between 25 to 34 years of age.



4: Violence by an Intimate Partner

Intimate partner violence includes physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner. Intimate partner violence may occur among cohabitating or non-cohabitating romantic or sexual partners and among opposite or same sex couples. Previous large scale surveys of intimate partner violence have primarily examined only certain aspects of intimate partner violence (e.g., physical or sexual violence) or have examined these forms of intimate partner violence within the context of crime or public safety. More recent smaller scale surveys have covered selected populations, for example schools, colleges, individual states and, in general, have included a limited number of questions. By comparison, the National Intimate Partner and Sexual Violence Survey includes a broad range of behaviorally specific questions to capture the full burden of physical, sexual, and psychological violence by an intimate partner, as well as stalking. Respondents were asked about their relationship at the time the perpetrator first committed any violence against them. Incidents perpetrated by a current or former intimate partner are considered violence by an intimate.

How NISVS Measured Intimate Partner Violence

Five types of intimate partner violence were measured in NISVS. These include sexual violence, stalking, physical violence, psychological aggression, and control of reproductive/sexual health.

- **Sexual violence** includes rape, being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences as described in Section 2.
- **Physical violence** includes a range of behaviors from slapping, pushing or shoving to severe acts such as being beaten, burned, or choked.
- **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 as described in Section 3.
- **Psychological aggression** includes expressive aggression (such as name calling, insulting or humiliating an intimate partner) and coercive control, which includes behaviors that are intended to minimize and control or threaten an intimate partner.
- **Control of reproductive or sexual health** includes the refusal by an intimate partner to use a condom. For a woman, it also includes times when a partner tried to get her pregnant when she did not want to become pregnant. For a man, it also includes times when a partner tried to get pregnant when the man did not want her to become pregnant.

This section summarizes lifetime and 12 month experiences of intimate partner violence among women and men in the United States, including estimates for sexual violence, stalking, physical violence, psychological aggression (expressive aggression and coercive control), and control of reproductive or sexual health by an intimate partner. This section also includes the overlap of lifetime rape, physical violence, and stalking by an intimate partner;

lifetime prevalence estimates of these forms of violence by self-identified race/ethnicity; and information on the characteristics of the victimization experiences, including the type of perpetrators, the number of perpetrators, and age at the time of the first intimate partner violence victimization. Detailed information regarding the impact of intimate partner violence is included in Section 5.

Table 4.1
Lifetime and 12 month Prevalence of Rape, Physical Violence, and/or Stalking Victimization by an Intimate Partner — U.S. Women, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Rape	9.4	11,162,000	0.6	686,000
Physical violence	32.9	39,167,000	4.0	4,741,000
Stalking	10.7	12,786,000	2.8	3,353,000
Rape, physical violence, and/or stalking	35.6	42,420,000	5.9	6,882,000
With IPV-related impact ^{2,3,4}	28.8	34,273,000	—	—

¹Rounded to the nearest thousand.

²Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped it also includes having contracted a sexually transmitted disease or having become pregnant.

³IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and reproductive control) in that relationship.

⁴By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.

⁵Estimate is not reported; relative standard error >30% or cell size < 20.

— 12-month prevalence of IPV-related impact was not assessed.

Table 4.2
Lifetime and 12 month Prevalence of Rape, Physical Violence, and/or Stalking Victimization by an Intimate Partner — U.S. Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Rape	*	*	*	*
Physical violence	28.2	31,893,000	4.7	5,365,000
Stalking	2.1	2,427,000	0.5	519,000
Rape, physical violence, and/or stalking	28.5	32,280,000	5.0	5,691,000
With IPV-related impact ^{2,3,4}	9.9	11,214,000	—	—

¹Rounded to the nearest thousand.

²Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped it also includes having contracted a sexually transmitted disease.

³IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and reproductive control) in that relationship.

⁴By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.

⁵Estimate is not reported; relative standard error >30% or cell size < 20.

— 12-month prevalence of IPV-related impact was not assessed.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner

Prevalence Among Women
More than one-third of women in the United States (35.6% or approximately 42.4 million) have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime (Table 4.1). One in 3 women (32.9%) has experienced physical violence by an intimate partner and nearly 1 in 10 (9.4%) has been raped by an intimate partner in her lifetime. Approximately 5.9%, or almost 7.0 million women in the United States, reported experiencing these forms of violence by an intimate partner in the 12 months prior to taking the survey.

Nearly 3 in 10 women in the United States (28.8% or approximately 34.3 million) have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to experiencing these or other forms of violent behavior in that relationship. The impact estimate is broader than the experience of rape, physical violence, and/or stalking because violent acts often do not occur in isolation and are frequently experienced in the context of other violence committed by the same perpetrator. More detailed information regarding the prevalence and distribution of IPV-related impacts is described in Section 5.

Prevalence Among Men
More than 1 in 4 men in the United States (28.5%) has experienced

rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime. Most of the violence reported by men was physical violence; only 2.1% reported experiencing stalking by an intimate partner (Table 4.2). An estimated 1 in 20 men in the United States (5.0% or about 5.7 million) reported experiencing rape, physical violence, and/or stalking by an intimate partner in the 12 months prior to taking the survey.

About 1 in 10 men in the United States (9.9% or an estimated 11.2 million) has experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violent behavior in that relationship.

Prevalence of Intimate Partner Rape, Physical Violence, and/or Stalking by Race/Ethnicity

Prevalence Among Women
Approximately 4 out of every 10 non-Hispanic Black women, 4 out of every 10 American Indian or Alaska Native women (43.7% and 46.0%, respectively), and 1 in 2 multiracial non-Hispanic women (53.8%) have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime (Table 4.3). Among the other racial/ethnic groups of women, about one-third of White non-Hispanic women (34.6%), more than one-third of Hispanic women (37.1%), and about one-fifth of Asian or Pacific Islander non-Hispanic women (19.6%) in the United States

reported that they have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime.

Prevalence Among Men
Nearly half (45.3%) of American Indian or Alaska Native men and almost 4 out of every 10 Black and multiracial non-Hispanic men (38.6% and 39.3%, respectively) in the United States reported experiencing rape, physical violence, and/or stalking by an intimate partner during their lifetime (Table 4.4). The estimated prevalence of these forms of violence by an intimate partner among Hispanic and White non-Hispanic men was 26.6% and 28.2%, respectively.

Table 4.3
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner,
by Race/Ethnicity¹ — U.S. Women, NISVS 2010

		Hispanic		Non-Hispanic			Total
		Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial	
Rape	Weighted %	8.4	12.2	9.2	*	*	20.1
	Estimated Number of Victims ²	1,273,000	1,768,000	7,475,000			273,000
Physical violence	Weighted %	35.2	40.9	31.7	*	45.9	50.4
	Estimated Number of Victims ²	5,317,000	5,955,000	25,746,000		399,000	683,000
Stalking	Weighted %	10.6	14.6	10.4	*	*	18.9
	Estimated Number of Victims ²	1,599,000	2,123,000	8,402,000			256,000
Rape, physical violence, and/or stalking	Weighted %	37.1	43.7	34.6	19.6	46.0	53.8
	Estimated Number of Victims ²	5,596,000	6,349,000	28,653,000	1,110,000	400,000	729,000

¹Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
²Rounded to the nearest thousand.
 * Estimate is not reported; relative standard error >30% or cell size < 20.

Table 4.4
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner,
by Race/Ethnicity¹ — U.S. Men, NISVS 2010

		Hispanic		Non-Hispanic			Total
		Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial	
Rape	Weighted %	*	*	*	*	*	*
	Estimated Number of Victims ²						
Physical violence	Weighted %	26.5	36.8	28.1	8.4	45.3	38.8
	Estimated Number of Victims ²	4,277,000	4,595,000	21,534,000	428,000	365,000	507,000
Stalking	Weighted %	*	*	1.7	*	*	*
	Estimated Number of Victims ²			1,282,000			
Rape, physical violence, and/or stalking	Weighted %	26.6	38.6	28.2	*	45.3	39.3
	Estimated Number of Victims ²	4,331,000	4,820,000	21,596,000		365,000	513,000

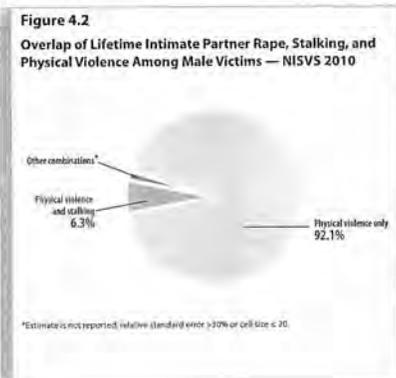
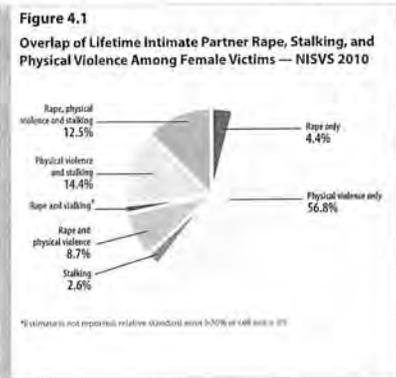
¹Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
²Rounded to the nearest thousand.
 * Estimate is not reported; relative standard error >30% or cell size < 20.

Overlap of Rape, Physical Violence, and Stalking in Lifetime Reports of Violence by an Intimate Partner

Among all women who experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, 63.8% experienced one form of violence by an intimate partner: 56.8% experienced physical violence alone, 4.4% experienced rape alone, and 2.6% experienced stalking alone (Figure 4.1). Approximately 8.7% experienced rape and physical violence, 14.4% experienced physical violence and stalking, and 12.5% experienced all three forms of IPV.

Among all men who experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, approximately 92% experienced physical violence alone, while 6.3% experienced both physical violence and stalking by an intimate partner (Figure 4.2). Too few men reported rape or other combinations of intimate partner violence to produce a reliable estimate.

Nearly 1 in 10 women in the U.S. has been raped by an intimate partner in her lifetime.



Sexual Violence by an Intimate Partner

Prevalence Among Women

Nearly 1 out of 10 women in the United States (9.4% or approximately 11.1 million) has been raped by an intimate partner in her lifetime (Table 4.5). More specifically, 6.6% of women reported completed forced penetration by an intimate partner, 2.5% reported attempted forced penetration, and 3.4% reported alcohol/drug facilitated rape. Approximately 1 in 6 women (16.9% or nearly 19 million) has experienced sexual violence other than rape by an intimate partner in her lifetime; this

includes sexual coercion (9.8%), unwanted sexual contact (6.4%) and non-contact unwanted sexual experiences (7.8%).

In the 12 months prior to taking the survey, 0.6% or an estimated 686,000 women in the United States indicated that they were raped by an intimate partner, and 2.3% or an estimated 2.7 million women experienced other forms of sexual violence by an intimate partner.

Prevalence Among Men

Too few men reported rape by an intimate partner to produce reliable prevalence estimates. Approximately 1 in 12 men in the

United States (8.0% or approximately 9 million) has experienced sexual violence other than rape by an intimate partner in his lifetime (Table 4.6). This includes being made to penetrate an intimate partner (2.2%), sexual coercion (4.2%), unwanted sexual contact (2.6%) and non-contact unwanted sexual experiences (2.7%). In the 12 months prior to taking the survey, 2.5% or nearly 2.8 million men experienced sexual violence other than rape by an intimate partner.

Table 4.5
Lifetime and 12 Month Prevalence of Sexual Violence by an Intimate Partner — U.S. Women, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Rape	9.4	11,162,000	0.6	686,000
Completed forced penetration	6.6	7,859,000	0.4	472,000
Attempted forced penetration	2.5	2,975,000	*	*
Completed alcohol/drug facilitated	3.4	4,058,000	*	*
Other Sexual Violence	16.9	18,971,000	2.3	2,747,000
Made to penetrate	*	*	*	*
Sexual coercion ²	9.8	11,681,000	1.7	1,978,000
Unwanted sexual contact ³	6.4	7,633,000	0.5	645,000
Non-contact unwanted sexual experiences ⁴	7.8	9,298,000	0.7	836,000

¹Rounded to the nearest thousand.
²Pressured in a non-physical way (includes, for example, threatening to end the relationship, using influence or authority).
³Includes unwanted kissing in a sexual way, fondling or grabbing sexual body parts.
⁴Includes, for example, exposing sexual body parts, being made to look at or participate in sexual photos or movies, harassed in a public place in a way that fell outside.
⁵Estimate is not reported; relative standard error >30% or cell size < 20.

Table 4.6
Lifetime and 12 Month Prevalence of Sexual Violence by an Intimate Partner —
U.S. Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims	Weighted %	Estimated Number of Victims
Rape¹	*	**	**	*
Other Sexual Violence	8.0	9,050,000	2.5	2,793,000
Made to penetrate	2.2	2,442,000	0.5	586,000
Sexual coercion ³	4.2	4,744,000	1.0	1,143,000
Unwanted sexual contact ⁴	2.6	2,999,000	0.9	1,031,000
Non-contact unwanted sexual experiences ⁵	2.7	3,049,000	0.8	882,000

*Rounded to the nearest thousand.
 **Includes completed forced penetration, attempted forced penetration, and completed or attempted forced oral sex.
 *Rounded to a non-physical way (includes, for example, threatening to end the relationship using violence or authority).
 †Includes unwanted kissing in a sexual way, fondling or grabbing sexual body parts.
 ‡Includes, for example, exposing sexual body parts, being made to look at or participate in sexual photos or movies, harassed in a public place in a way that left a male.
 §Intimate is not reported, sexual contact score > 50% or cell size < 20.

Physical Violence by an Intimate Partner

Prevalence Among Women
 Nearly 1 in 3 women (30.3%) in the United States has been slapped, pushed or shoved by an intimate partner at some point in her lifetime. This translates to approximately 36.2 million women in the United States. An estimated 3.6%, or approximately 4.3 million women, reported experiencing these behaviors in the 12 months prior to taking the survey (Table 4.7).

Approximately 1 in 4 women in the United States (24.3%) has experienced severe physical violence by an intimate partner in her lifetime, translating to nearly 29 million women. An estimated 17.2% of women have been slammed against something by a partner, 14.2% have been hit with a fist or something hard, and 11.2% reported that they have been beaten by an intimate partner in their lifetime. An estimated 2.7%, or approximately 3.2 million women, reported experiencing severe physical violence by an intimate partner in the 12 months prior to taking the survey.

Approximately 1 in 4 women and nearly 1 in 7 men in the U.S. have experienced severe physical violence by an intimate partner at some point in their lifetime.

Table 4.7
Lifetime and 12 Month Prevalence of Physical Violence by an Intimate Partner —
U.S. Women, NISVS 2010

Behavior Experienced	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Slapped, pushed or shoved	30.3	36,164,000	3.6	4,322,000
Slapped	20.4	24,282,000	1.6	1,851,000
Pushed or shoved	27.5	32,783,000	3.4	4,078,000
Any severe physical violence	24.3	28,981,000	2.7	3,163,000
Hurt by pulling hair	19.4	23,416,000	0.8	897,000
Hit with a fist or something hard	14.2	16,923,000	1.1	1,289,000
Kicked	7.1	8,403,000	0.3	373,000
Slammed against something	17.2	20,467,000	1.5	1,843,000
Tried to hurt by choking or suffocating	9.7	11,605,000	0.9	1,123,000
Beaten	11.2	13,386,000	0.7	822,000
Burned on purpose	1.1	1,286,000	+	+
Used a knife or gun	4.6	5,519,000	+	+

¹Rounded to the nearest thousand.

²Estimate is not reported; relative standard error >= 30% (Korn & Grais, 2001)

Prevalence Among Men

Approximately 1 in 4 men in the United States (25.7% or about 29 million) has been slapped, pushed or shoved by an intimate partner in his lifetime, and 4.5% or approximately 5 million men, reported experiencing these behaviors in the 12 months prior to taking the survey (Table 4.8).

Nearly 1 in 7 men in the United States (13.8% or approximately 15.6 million) has experienced severe physical violence by an intimate partner in his lifetime. About 9.4% of men have been hit with a fist or something hard by an intimate

partner, 4.3% reported being kicked, and less than 3% reported each of the other forms of severe violence by an intimate partner in their lifetime. Two percent of men (approximately 2.3 million men) reported experiencing severe physical violence by an intimate partner in the 12 months prior to taking the survey.

Stalking by an Intimate Partner

Approximately 1 in 10 women in the United States (10.7% or an estimated 12.7 million) has been

stalked by an intimate partner in her lifetime, and 2.8% or about 3.3 million, reported being stalked by an intimate partner during the 12 months prior to taking the survey (data not shown). More than three-quarters of the women who reported being stalked by an intimate partner in their lifetime reported receiving unwanted phone calls or text messages (77.4%), nearly two-thirds (64.8%) reported that a current or former intimate partner showed up at their home, workplace or school when they didn't want them to be there, and 37.4% reported being watched or followed by a

Table 4.8
Lifetime and 12 Month Prevalence of Physical Violence by an Intimate Partner —
U.S. Men, NISVS 2010

Behavior Experienced	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Slapped, pushed or shoved	25.7	29,064,000	4.5	5,066,000
Slapped	18.3	20,717,000	2.7	3,103,000
Pushed or shoved	19.4	21,951,000	3.8	4,253,000
Any severe physical violence	13.8	15,581,000	2.0	2,266,000
Hurt by pulling hair	2.9	3,331,000	0.3	390,000
Hit with fist or something hard	9.4	10,695,000	1.4	1,555,000
Kicked	4.3	4,817,000	0.7	737,000
Strammed against something	2.7	3,004,000	0.4	459,000
Tried to hurt by choking or suffocating	1.1	1,239,000	*	*
Beaten	2.6	2,982,000	0.3	376,000
Burned on purpose	0.6	654,000	*	*
Used a knife or gun	2.8	3,121,000	*	*

¹Rounded to the nearest thousand.
²Estimate is not reported, relative standard error > 30% or cell size < 20.

current or former intimate partner. Approximately 2.1% of men in the United States (2.4 million) were stalked by an intimate partner during their lifetime, and 0.5% (approximately 519,000 men) reported being stalked during the 12 months prior to taking the survey (data not shown). The most frequently reported stalking behaviors by an intimate partner were unwanted phone calls or text messages (83.7%); being approached or having a current or former intimate partner show up at their home, workplace or school when they didn't want them to be there (52.1%), and being watched or followed by a current or former intimate partner (52.1%).

Psychological Aggression by an Intimate Partner

Prevalence Among Women

Nearly half of all women in the United States (48.4% or approximately 57.6 million) have experienced at least one form of psychological aggression by an intimate partner during their lifetime, with 4 in 10 (40.3%) reporting some form of expressive aggression (e.g., their partner acted angry in a way that seemed dangerous, told them they were a loser or a failure, insulted or humiliated them), or some form of coercive control (41.1%) by an intimate partner (Table 4.9). Nearly 1 in 7 women in the United

States (13.9% or approximately 16.6 million) reported experiencing psychological aggression by an intimate partner in the 12 months prior to taking the survey. The prevalence of expressive aggression or coercive control by an intimate partner in the 12 months prior to taking the survey was similar at 10.4% and 10.7%, respectively.

Prevalence Among Men

Nearly half of men in the United States (48.8% or approximately 55.2 million) have experienced psychological aggression by an intimate partner during their lifetime (Table 4.10). Approximately one-third (31.9%) experienced some form of expressive aggression and about

Table 4.9
Lifetime and 12 Month Prevalence of Psychological Aggression by an Intimate Partner—
U.S. Women, NISVS 2010

Behavior Experienced	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Any Psychological Aggression	48.4	57,613,000	11.9	16,578,000
Any expressive aggression	40.3	47,994,000	10.4	12,334,000
Any coercive control	41.1	48,972,000	10.7	12,609,000

¹Rounded to the nearest thousand.

Table 4.10
Lifetime and 12 Month Prevalence of Psychological Aggression by an Intimate Partner—
U.S. Men, NISVS 2010

Behavior Experienced	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Any Psychological Aggression	48.8	55,249,000	18.1	20,548,000
Any expressive aggression	31.9	36,186,000	9.3	10,573,000
Any coercive control	42.5	48,105,000	15.2	17,253,000

¹Rounded to the nearest thousand.

4 in 10 (42.5%) experienced coercive control. Nearly 1 in 5 men (18.1%) experienced at least one of these behaviors by an intimate partner in the 12 months prior to taking the survey; 9.3% experienced expressive aggression and 15.2% experienced coercive control.

Psychologically Aggressive Behaviors Experienced by Female Victims

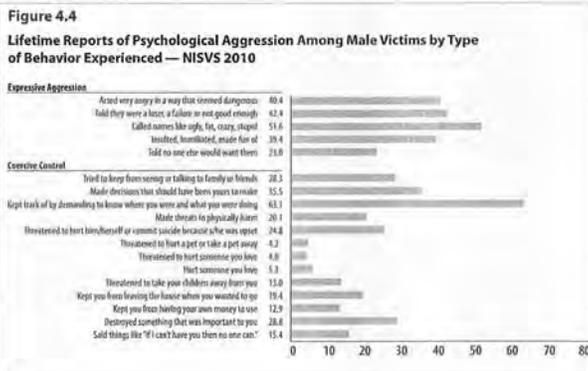
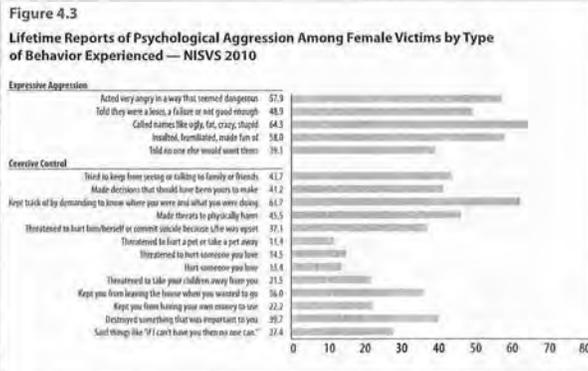
Among female victims of psychological aggression, the most commonly reported behaviors were expressive forms of aggression

such as being called names like ugly, fat, crazy, or stupid (64.3%), witnessing an intimate partner act angry in a way that seemed dangerous (57.9%), and being insulted, humiliated, or made fun of (58.0%) (Figure 4.3). Being kept track of by demanding to know her whereabouts (61.7%) was also a commonly reported behavior.

Psychologically Aggressive Behaviors Experienced by Male Victims

Among male victims of psychological aggression, the most

commonly reported forms were: being kept track of by demanding to know his whereabouts (63.1%); being called names such as ugly, fat, crazy, or stupid (51.6%); being told he was a loser, a failure, or not good enough (42.4%); witnessing an intimate partner act angry in a way that seemed dangerous (40.4%); and being insulted, humiliated, or made fun of (39.4%) (Figure 4.4).



Nearly half of women and men in the U.S. have experienced psychological aggression by an intimate partner in their lifetime.

Prevalence of Control of Reproductive or Sexual Health by an Intimate Partner

Approximately 8.6% (or an estimated 10.3 million) of women in the United States reported ever having an intimate partner who tried to get them pregnant when they did not want to, or refused to use a condom, with 4.8% having had an intimate partner who tried to get them pregnant when they did not want to, and 6.7% having had an intimate partner who refused to wear a condom (data not shown).

Approximately 10.4% (or an estimated 11.7 million) of men in the United States reported ever having an intimate partner who tried to get pregnant when they did not want to or tried to stop them from using birth control, with 8.7% having had an intimate partner who tried to get pregnant when they did not want to or tried to stop them from using birth control and 3.8% having had an intimate partner who refused to wear a condom (data not shown).

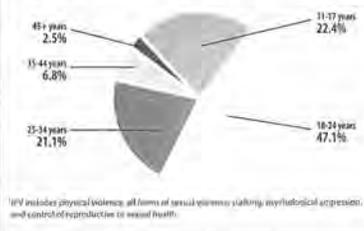
Victim-Perpetrator Relationship in Lifetime Reports of Violence by an Intimate Partner

Approximately 86.1% of women and 83.6% of men who experienced rape, physical violence, and/or stalking by an intimate partner during their lifetime reported that the perpetrator was a current intimate partner at the time when the violence first occurred, while less than a quarter (21.9% and 23.1%, respectively) experienced one of these forms of intimate partner violence by someone who was a former intimate partner at the time the violence first occurred (data not shown).

Number of Perpetrators in Lifetime Reports of Violence by an Intimate Partner

The majority of women (70.8%) who ever experienced rape, physical violence, and/or stalking by an intimate partner reported being victimized by one partner, 20.9% were victimized by two partners and 8.3% were victimized by three or more partners. Similarly, the majority of men (73.1%) reported being victimized by one partner, 18.6% were victimized by two partners and 8.3% were victimized by three or more partners (data not shown).

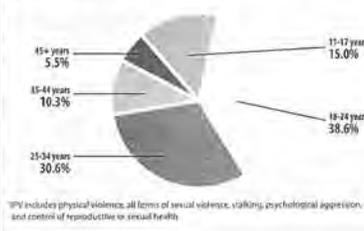
Figure 4.5
Age at Time of First IPV¹ Experience Among Women Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010



Age at the Time of First IPV Experience among those who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner

Among women who ever experienced rape, physical violence, and/or stalking by an intimate partner, more than 1 in 5 women (22.4%) experienced some form of intimate partner violence for the first time between the ages of 11 and 17 years (Figure 4.5). Nearly half (47.1%) were between 18 and 24 years of age when they first experienced violence by an intimate partner.

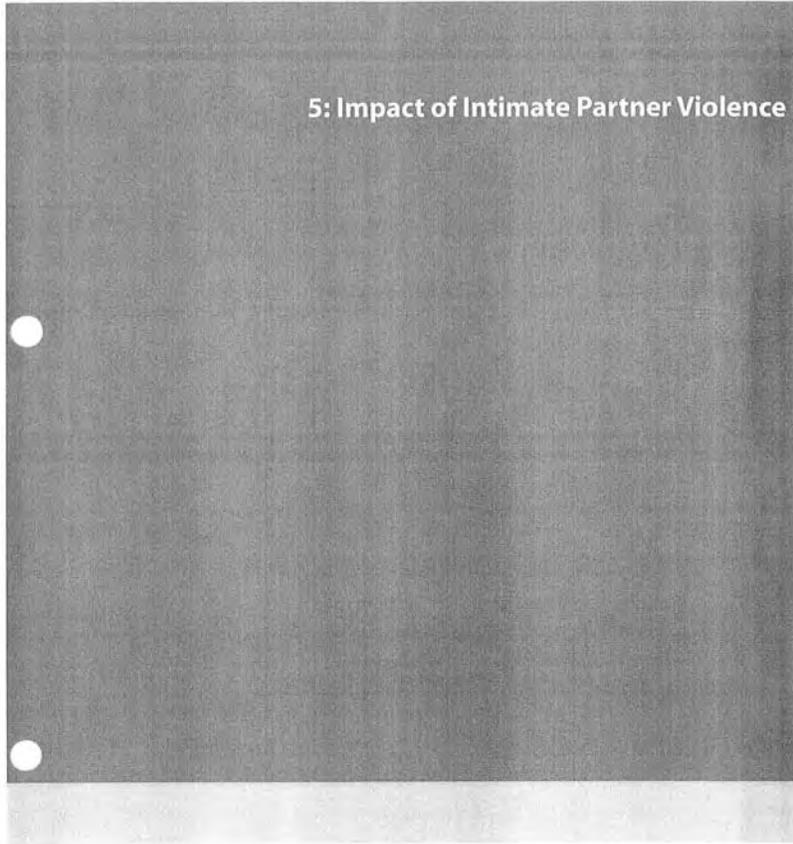
Figure 4.6
Age at time of First IPV¹ Experience Among Men Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner—NISVS 2010



Among men who ever experienced rape, physical violence, and/or stalking by an intimate partner, 15.0% experienced some form of IPV between the ages of 11 and 17 years (Figure 4.6). In addition, 38.6% were between the ages of 18 and 24 when they first experienced violence by an intimate partner.

1 in 5 women and nearly 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of intimate partner violence between 11 and 17 years of age.

5: Impact of Intimate Partner Violence



5: Impact of Intimate Partner Violence

Factors beyond whether a person has ever experienced intimate partner violence are important to measure and understand in order to achieve a more complete picture of the true burden of intimate partner violence. Evidence from several studies suggests a dose-response effect of violence; as the frequency and severity of violence increases, the impact of the violence on the health of victims also becomes increasingly severe (Campbell, 2002; Cox, Coles, Nortje, Bradley, Charfield, Thompson, & Menon, 2006). However, given that intimate partner violence victimization can range from a single act experienced once to multiple acts, including acts of severe violence over the course of many years, it is difficult to represent the variation in severity experienced by victims in a straightforward manner. To this end, NISVS included a number of questions to assess a range of impacts that victims of intimate partner violence may have experienced. This information provides not only a measure of the severity of the violence experienced, but also documents the magnitude of negative impacts to better focus preventive services and response.

Impact was measured using a set of indicators that represent a range of direct impacts that may be experienced by victims of intimate partner violence. IPV-related impact was assessed in relation to specific perpetrators, without regard to the time period in which impact occurred, and asked in

How NISVS Measured the Impact of Intimate Partner Violence

For each perpetrator of intimate partner violence, respondents were asked about whether they had experienced:

- being fearful
- being concerned for safety
- symptoms of post-traumatic stress disorder (PTSD)
 - having nightmares
 - trying hard not to think about it or avoiding being reminded of it
 - feeling constantly on guard, watchful, or easily startled
 - feeling numb or detached from others, activities, or surroundings
- being injured
- needing healthcare as a result of the intimate partner violence experienced
- needing housing services
- needing victim's advocate services
- needing legal services
- contacting a crisis hotline
- missing days of work or school because of the intimate partner violence experienced
- for those reporting rape by an intimate partner – contracting a sexually transmitted infection or becoming pregnant (for women)

The questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred. Because violent acts often do not occur in isolation and are frequently experienced in the context of other violence committed by the same perpetrator, questions regarding the impact of the violence were asked in relation to all forms of violence (sexual violence, physical violence, stalking, expressive aggression, coercive control, and reproductive control) committed by the perpetrator in that relationship. Such information provides a better understanding of how individual and cumulative experiences of violence interact to result in harm to victims and provides a more nuanced understanding of the overall impact of violence.

relation to the forms of intimate partner violence experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship.

Table S.1
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner With IPV-Related Impact — U.S. Women, NISVS 2010

	Weighted %	Estimated Number of Victims ^c
Any Reported IPV-Related Impact^{1,2,3,4}	28.8	34,273,000
Fearful	25.7	30,611,000
Concerned for safety	22.2	26,448,000
Any PTSD symptoms ⁵	22.3	26,546,000
Injury	14.8	17,640,000
Needed medical care	7.9	9,362,000
Needed housing services	2.4	2,911,000
Needed victim's advocate services	2.7	3,195,000
Needed legal services	7.6	8,998,000
Contacted a crisis hotline	2.1	2,496,000
Missed at least one day of work/school	10.0	11,887,000
Contracted a sexually transmitted disease ⁶	1.5	1,804,000
Became pregnant ⁷	1.7	2,053,000

¹Revised to the nearest thousand.
²Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school.
³For those who reported being raped, this also includes having contracted a sexually transmitted disease or having become pregnant.
⁴IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship. 12-month prevalence of IPV-related impact was not assessed.
⁵By definition, all stalking incidents result in impact because the behavior of stalking includes the impacts of fear and concern for safety.
⁶Includes gonorrhea, chlamydia, and other STIs.
⁷Includes unintended pregnancies, induced abortions, and stillbirths.
^cBased on the number of women who reported IPV by an intimate partner.

Prevalence of Rape, Physical Violence, and/or Stalking with IPV-Related Impact

Prevalence Among Women
 Nearly 3 in 10 women in the United States (28.8% or approximately 34.2 million) have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to experiencing these or other forms of violent behavior in that relationship (Table

S.1). Approximately one-quarter of women reported being fearful (25.7%), and more than 1 in 5 reported being concerned for their safety (22.2%), or reported at least one post-traumatic stress disorder (PTSD) symptom (22.3%) as a result of the violence experienced. More than 1 in 7 (14.8%) experienced an injury, while 1 in 10 (10.0%) missed at least one day of work or school as a result of these or other forms of intimate partner violence.

Nearly 3 in 10 women and 1 in 10 men in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship.

Table S.2
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner With IPV-Related Impact — U.S. Men, NISVS 2010

	Weighted %	Estimated Number of Victims ¹
Any Reported IPV-Related Impact^{2,3,4}	9.9	11,214,000
Fearful	5.2	5,925,000
Concerned for safety	4.5	5,080,000
Any PTSD symptoms ⁵	4.7	5,304,000
Injury	4.0	4,489,000
Needed medical care	1.6	1,773,000
Needed housing services	0.4	489,000
Needed victim's advocate services	"	"
Needed legal services	3.1	3,477,000
Contacted a crisis hotline	"	"
Missed at least one day of work/school	3.9	4,397,000
Contracted a sexually transmitted disease ⁶	"	"

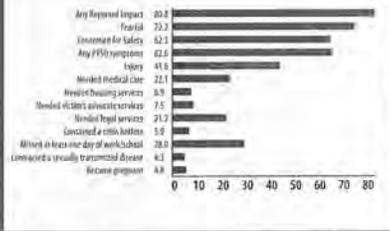
¹ Rounded to the nearest thousand.
² Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped it also includes having contracted a sexually transmitted disease.
³ IPV-related impact questions were assessed in relation to specific, past violent behaviors, regardless of the time passed at which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship; 12-month prevalence of IPV-related impact was not assessed.
⁴ By definition, all stalking incidents result in injury because the definition of stalking includes the impacts of fear and concern for safety.
⁵ Includes nightmares, flashbacks, startle reflex, or avoided being reminded of, felt constantly on guard, watched, or sexually harassed. All numbers deflated.
⁶ Only a tiny fraction of those who reported rape by an intimate partner.
⁷ Estimate is not reported; relative standard error >30% or cell size < 20.

Approximately 1 in 7 women and 1 in 25 men were injured as a result of IPV that included rape, physical violence, and/or stalking by an intimate partner.

Prevalence Among Men
 Approximately 1 in 10 men in the United States (9.9% or an estimated 11.2 million) has experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violent behavior in that

relationship (Table S.2). One in 20 men (5.2%) was fearful as a result of the violence experienced. Approximately 1 in 25 men (4.0%) experienced injury, and nearly 1 in 25 men (3.9%) missed at least one day of work or school as a result of these or other forms of intimate partner violence.

Figure 5.1
Distribution of IPV-Related Impacts Among Female Victims of Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010



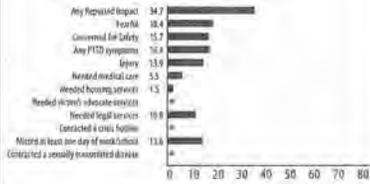
Among victims of rape, physical violence, and/or stalking by an intimate partner, approximately 6 out of 10 women and 1 in 6 men reported being concerned for their safety because of the violence in that relationship.

Distribution of IPV-Related Impacts Among Victims

Distribution Among Female Victims

Among female victims of rape, physical violence, and/or stalking by an intimate partner, approximately 8 in 10 (80.8%) experienced at least one of the impacts measured in the survey from these or other forms of intimate partner violence in that relationship (Figure 5.1). Specifically, 72.2% of victims were fearful, 62.3% were concerned for their safety, 62.6% experienced at least one post-traumatic stress disorder (PTSD) symptom, 41.6% were injured as a result of the violence, and 28.0% missed at least one day of work or school.

Figure 5.2
Distribution of IPV-Related Impacts Among Male Victims of Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010



Distribution Among Male Victims

Among male victims of rape, physical violence, and/or stalking by an intimate partner, more than 1 in 3 (34.7%) experienced at least one of the impacts measured in the survey from these or other forms of intimate partner violence in that relationship (Figure 5.2). Specifically, 18.4% of victims were fearful, 15.7% were concerned for their safety, 13.9% experienced at least one post-traumatic stress disorder (PTSD) symptom, 13.6% were injured as a result of the violence, and 13.6% missed at least one day of work or school.

** TABLE 5.2. DISTRIBUTION OF IMPACTS AMONG MALE VICTIMS OF IPV BY TYPE OF IMPACT

**6: Physical and Mental Health
Outcomes by Victimization History**

6: Physical and Mental Health Outcomes by Victimization History

Previous research suggests that victims of intimate partner and sexual violence make more visits to health providers over their lifetime, have more hospital stays, have longer duration of hospital stays, and are at risk of a wide range of physical, mental, reproductive, and other health consequences over their lifetime than non-victims (Basile & Smith, 2011; Black, 2011). Many studies have documented increased risk for a number of adverse physical, mental, reproductive, and other health outcomes among those who have experienced intimate partner violence and sexual violence. A smaller body of research has also documented that stalking has a negative impact on health (Davis, Coker, & Sanderson, 2002). Most studies that have evaluated the adverse health impact of intimate partner violence and sexual violence are based on female victims of such violence; less is known about the risk for adverse health events among men (Bredling, Black, & Ryan, 2008; Smith & Bredling, 2011).

The cross-sectional nature of NISVS does not allow for a determination of causality or the temporal precedence of violence victimization and associated health outcomes. However, there may be a number of potential

How NISVS Measured Health Outcomes

Before being asked about sexual violence, stalking, and intimate partner violence, all survey participants were asked the following health related questions:

- Have you ever been told by a doctor, nurse, or other health professional that you had ...
 - Asthma?
 - Irritable bowel syndrome or IBS?
 - Diabetes?
 - High blood pressure?
- Do you have ...
 - Frequent headaches?
 - Chronic pain?
 - Difficulty sleeping?
- Are any of your activities limited in any way because of physical, mental, or emotional problems?
- Would you say that in general your physical health is excellent, very good, good, fair, or poor?
- Would you say that in general your mental health is excellent, very good, good, fair, or poor?

mechanisms by which violence is related to health over one's lifetime (Black, 2011). For example, some health conditions may result directly from a physical injury. Other health conditions may result from the adoption of health-risk coping behaviors such as smoking and the harmful use of alcohol or drugs (Campbell, 2002; Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002). Another explanation for the association between violence victimization and poor health is the harmful

biologic response to chronic stress associated with experiences of violence (Sutherland, Bybee, & Sullivan, 2002).

This section compares the prevalence of various health outcomes among persons with a lifetime history of rape by any perpetrator, stalking by any perpetrator, or physical violence by an intimate partner in relation to those who have not experienced these forms of violence in their lifetime.

Table 6.1
Prevalence of Physical and Mental Health Outcomes Among Those With and Without a History of Rape or Stalking by any Perpetrator or Physical Violence by an Intimate Partner — U.S. Women, NISVS 2010

Health Outcome	Weighted %		p value
	History	No history	
Asthma	23.7	14.3	<.001
Irritable Bowel Syndrome	12.4	6.9	<.001
Diabetes	12.6	10.2	<.001
High Blood Pressure	27.3	27.5	n.s. ¹
Frequent Headaches	28.7	16.5	<.001
Chronic Pain	29.8	16.5	<.001
Difficulty Sleeping	37.7	21.0	<.001
Activity Limitations	35.0	19.7	<.001
Poor Physical Health	6.4	2.4	<.001
Poor Mental Health	3.4	1.1	<.001

¹The history of rape, stalking, or intimate-partner/physical violence to victim determined using Chi-square test for independence at $p < .0000001$.
 Non significant difference.

Prevalence of Physical and Mental Health Outcomes by Victimization History

Prevalence Among Women
 With the exception of high blood pressure, the prevalence of adverse mental and physical health outcomes was significantly higher among women with a history of rape or stalking by any perpetrator, or physical violence by an intimate partner, compared to women without a history of these forms of violence (Table 6.1). This includes a higher reported prevalence of asthma, irritable bowel

syndrome, diabetes, frequent headaches, chronic pain, difficulty sleeping, and activity limitations. The percentage of women who considered their physical or mental health to be poor was almost three times higher among women with a history of violence compared to women who have not experienced these forms of violence. The observed differences in the prevalence of health outcomes were in most cases quite large. The largest differences in prevalence of health outcomes between those with and without a violence history were observed for difficulty sleeping, activity limitations, chronic pain, and frequent headaches.

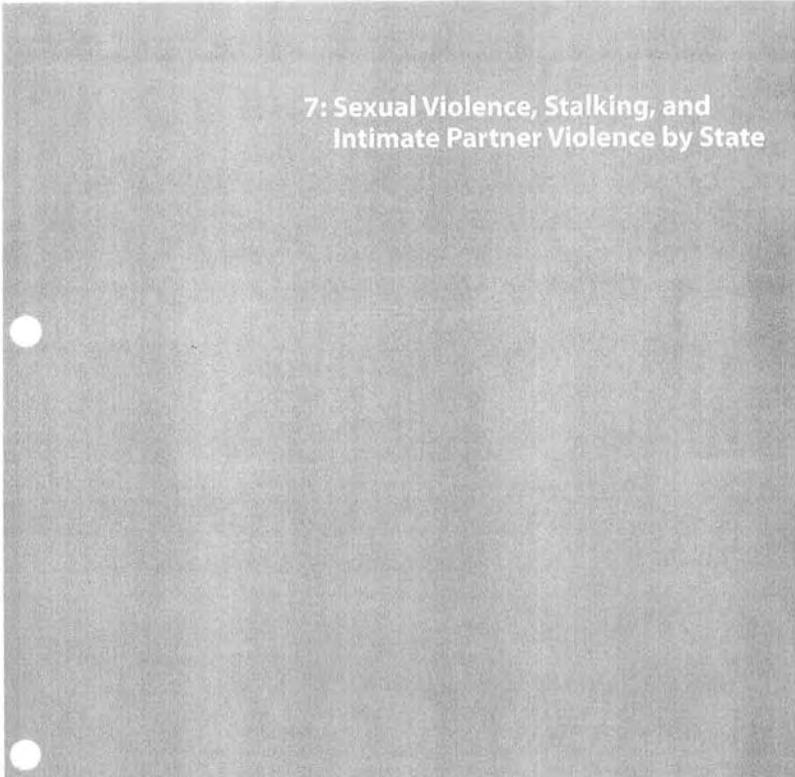
Prevalence Among Men

Compared to men without a history of rape or stalking by any perpetrator, or physical violence by an intimate partner, men with such histories had significantly higher prevalence of frequent headaches, chronic pain, difficulty sleeping, activity limitations, and consider their physical and mental health to be poor (Table 6.2). There were no significant differences between the two groups of men in the prevalence of asthma, irritable bowel syndrome, diabetes, or high blood pressure.

Table 6.2
Prevalence of Physical and Mental Health Outcomes Among Those With and Without A History of Rape or Stalking by Any Perpetrator or Physical Violence by an Intimate Partner — U.S. Men, NISVS 2010

Health Outcome	Weighted %		p value ¹
	History	No History	
Asthma	14.5	12.9	n.s. ²
Irritable Bowel Syndrome	4.4	3.5	n.s. ²
Diabetes	10.0	10.5	n.s. ²
High Blood Pressure	30.1	29.3	n.s. ²
Frequent Headaches	17.0	8.9	< .001
Chronic Pain	23.5	13.1	< .001
Difficulty Sleeping	33.0	18.4	< .001
Activity Limitations	29.7	17.9	< .001
Poor Physical Health	5.1	2.6	< .001
Poor Mental Health	2.7	1.2	< .01

¹No history of rape, stalking, or intimate partner physical violence
²p-value determined using chi-square test of independence in STATA™
³n.s. = significant difference



**7: Sexual Violence, Stalking, and
Intimate Partner Violence by State**

7: Sexual Violence, Stalking, and Intimate Partner Violence by State

The National Intimate Partner and Sexual Violence Survey is designed to provide data for states as well as the nation. Although some individual states have collected data at various points during the past decade, most states do not have state prevalence data on sexual violence, stalking, and intimate partner violence. State-level data on these forms of violence help to define the nature and burden of the problem within a state and can be used to inform prevention planning and response. They can also help guide and evaluate progress toward reducing the substantial health, social, and economic costs associated with sexual violence, stalking, and intimate partner violence.

Lifetime estimates of the prevalence of sexual violence, stalking, and intimate partner violence are presented by state in this section. These estimates reflect the proportion of people in a given state population with a history of sexual violence, stalking, and intimate partner violence. The lifetime victimization experiences reported by individuals in a given state may 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.

Separate tables are provided for women and men. When reportable, prevalence estimates are presented for rape, sexual violence other than rape, and stalking by any perpetrator. State-level prevalence estimates of rape, physical violence, and/or stalking by an intimate partner are also provided along with the prevalence of lifetime intimate partner violence victimization with IPV-related impact. State-level 12-month estimates of sexual violence, stalking, and intimate partner violence are not included in this first report due to small numbers. In order to be able to provide reliable state-level annual estimates, many of the 12-month prevalence rates will be released in subsequent reports as moving averages over multiple years.

The findings in the detailed state tables show a range in lifetime victimization experiences of rape, sexual violence other than rape, and intimate partner violence across states. Lifetime estimates for women ranged from 11.4% to 29.2% for rape; 28.9% to 58% for sexual violence other than rape; and 25.3% to 49.1% for rape, physical violence, and/or stalking

by an intimate partner. For men, lifetime estimates ranged from 10.8% to 33.7% for sexual violence other than rape; and 17.4% to 41.2% for rape, physical violence, and/or stalking by an intimate partner. Confidence intervals for these estimates are available at www.cdc.gov/violenceprevention/nisvs. For women, the percentage reporting rape, physical violence, and/or stalking by an intimate partner and experiencing at least one measured impact from these or other forms of violence in the relationship ranged from 19.3% to 39.5%. Data on IPV-related impact for men are not reported due to small numbers resulting in unreliable estimates.

When reviewing state level data it is important to recognize that although there are variations between states, the purpose in presenting these data is not to compare states but rather to help states understand the burden of the problem in their populations. The states, themselves, vary in a number of ways, including in their demographic characteristics (e.g., age distribution), social, economic and cultural characteristics, as well as external stressors (e.g., economic downturn, job loss, poverty), and other factors.

For information on how sexual violence and stalking were measured in NISVS, refer to Sections 2 and 3, respectively. For more information regarding how intimate partner violence was measured, refer to Section 4. For information regarding how IPV-related impact was measured, refer to Section 5. The prevalence estimates reported in Table 7.6 for women represent the percentage of women who experienced rape, physical violence, and/or stalking and reported experiencing at least one of the impacts measured as a result of these or other forms of intimate partner violence in a specific relationship. To provide a point of reference, the U.S. total is provided in the first row in each table.

Sexual Violence Victimization among Women

Table 7.1
Lifetime Prevalence of Sexual Violence by Any Perpetrator by State of Residence — U.S. Women, NISVS 2010

State	Rape		Sexual Violence Other Than Rape	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
United States Total	18.3	21,840,000	44.6	53,174,000
Alabama	17.1	321,000	39.3	737,000
Alaska	29.2	72,000	58.0	143,000
Arizona	18.0	441,000	43.6	1,064,000
Arkansas	20.4	230,000	42.2	475,000
California	14.6	2,024,000	40.7	5,634,000
Colorado	23.8	451,000	47.4	897,000
Connecticut	22.1	310,000	48.6	683,000
Delaware	14.2	50,000	34.9	123,000
District of Columbia	*	*	43.0	112,000
Florida	17.0	1,266,000	41.8	3,111,000
Georgia	17.6	655,000	46.4	1,731,000
Hawaii	*	*	41.9	210,000
Idaho	18.6	105,000	46.9	265,000
Illinois	18.4	930,000	50.6	2,526,000
Indiana	20.4	505,000	43.9	1,091,000
Iowa	16.9	198,000	33.1	389,000
Kansas	15.6	168,000	39.4	424,000
Kentucky	20.3	345,000	47.7	812,000

Table 7.1 — continued

State	Rape		Sexual Violence Other Than Rape	
	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
Louisiana	15.9	280,000	28.9	509,000
Maine	17.3	94,000	42.5	231,000
Maryland	20.5	466,000	54.9	1,248,000
Massachusetts	15.1	406,000	41.1	1,105,000
Michigan	25.6	1,005,000	45.2	1,773,000
Minnesota	22.2	452,000	48.4	962,000
Mississippi	*	*	33.8	387,000
Missouri	17.5	413,000	39.8	939,000
Montana	18.5	70,000	40.2	153,000
Nebraska	18.8	129,000	47.5	325,000
Nevada	26.1	252,000	48.0	463,000
New Hampshire	23.5	125,000	51.2	772,000
New Jersey	*	*	46.7	1,606,000
New Mexico	19.5	149,000	49.0	374,000
New York	17.7	1,398,000	48.2	3,798,000
North Carolina	21.6	794,000	51.0	1,875,000
North Dakota	19.3	48,000	30.6	77,000
Ohio	16.2	743,000	41.7	1,886,000
Oklahoma	24.9	353,000	48.0	680,000
Oregon	27.2	409,000	55.7	837,000
Pennsylvania	18.8	960,000	45.3	2,313,000
Rhode Island	14.8	64,000	34.9	151,000
South Carolina	15.0	273,000	45.9	831,000
South Dakota	*	*	38.7	120,000
Tennessee	13.6	340,000	44.4	1,108,000
Texas	21.7	1,963,000	46.5	4,201,000
Utah	18.1	174,000	47.8	459,000
Vermont	15.4	39,000	43.3	110,000
Virginia	11.4	354,000	42.0	1,302,000
Washington	23.7	608,000	53.2	1,367,000
West Virginia	18.9	139,000	35.9	265,000
Wisconsin	17.7	390,000	41.3	912,000
Wyoming	22.2	45,000	43.8	89,000

¹ Rounded to the nearest thousand.

* Estimate is not reported; relative standard error >30% or cell size < 20.

Sexual Violence Victimization Other than Rape among Men

Table 7.2

Lifetime Prevalence of Sexual Violence Other Than Rape¹ by Any Perpetrator by State of Residence — U.S. Men, NISVS 2010

State	Weighted %	Estimated Number of Victims ²
United States Total	22.2	25,130,000
Alabama	21.5	367,000
Alaska	17.9	48,000
Arizona	25.9	627,000
Arkansas	18.5	195,000
California	22.1	3,015,000
Colorado	26.5	505,000
Connecticut	*	*
Delaware	18.4	60,000
District of Columbia	*	*
Florida	20.4	1,437,000
Georgia	22.1	776,000
Hawaii	17.1	86,000
Idaho	27.3	153,000
Illinois	*	*
Indiana	25.8	606,000
Iowa	19.8	222,000
Kansas	*	*
Kentucky	19.6	313,000
Louisiana	32.4	523,000
Maine	25.8	130,000
Maryland	17.3	359,000
Massachusetts	23.3	577,000
Michigan	22.5	834,000
Minnesota	22.4	442,000
Mississippi	21.1	220,000
Missouri	20.9	459,000
Montana	28.7	108,000
Nebraska	26.3	174,000
Nevada	21.3	212,000
New Hampshire	28.0	141,000

Table 7.2 — continued

State	Weighted %	Estimated Number of Victims ²
New Jersey	*	*
New Mexico	21.5	158,000
New York	20.2	1,463,000
North Carolina	16.8	576,000
North Dakota	*	*
Ohio	24.7	1,048,000
Oklahoma	27.3	368,000
Oregon	18.6	270,000
Pennsylvania	18.6	880,000
Rhode Island	18.7	74,000
South Carolina	17.8	296,000
South Dakota	*	*
Tennessee	25.7	592,000
Texas	26.3	7,328,000
Utah	22.8	217,000
Vermont	23.6	57,000
Virginia	20.9	614,000
Washington	33.7	850,000
West Virginia	21.6	150,000
Wisconsin	23.7	507,000
Wyoming	29.3	61,000

¹Estimates of rape among men are not included due to small numbers.

²Rounded to the nearest thousand.

*Estimate is not reported; relative standard error >30% or cell size ≤20.

Stalking Victimization among Women

Table 7.3
Lifetime Prevalence of Stalking Victimization by Any Perpetrator by State of Residence —
U.S. Women¹, NISVS 2010

State	Weighted %	Estimated Number of Victims ²
United States Total	16.2	19,327,000
Alabama	24.1	452,000
Alaska	20.1	50,000
Arizona	14.9	364,000
Arkansas	18.6	210,000
California	14.0	1,943,000
Colorado	17.2	325,000
Connecticut	*	*
Delaware	*	*
District of Columbia	*	*
Florida	15.8	1,175,000
Georgia	14.8	554,000
Hawaii	*	*
Idaho	17.5	99,000
Illinois	13.8	691,000
Indiana	16.7	413,000
Iowa	17.3	203,000
Kansas	*	*
Kentucky	24.7	420,000
Louisiana	13.5	237,000
Maine	13.5	73,000
Maryland	15.5	352,000
Massachusetts	*	*
Michigan	18.2	715,000
Minnesota	18.4	373,000
Mississippi	20.1	230,000
Missouri	14.7	347,000
Montana	18.4	70,000
Nebraska	17.4	119,000
Nevada	24.4	236,000
New Hampshire	15.9	84,000

Table 7.3 — *continued*

State	Weighted %	Estimated Number of Victims ²
New Jersey	*	*
New Mexico	22.3	171,000
New York	13.9	1,099,000
North Carolina	21.3	784,000
North Dakota	*	*
Ohio	17.9	818,000
Oklahoma	22.3	315,000
Oregon	16.8	252,000
Pennsylvania	19.1	977,000
Rhode Island	13.5	58,000
South Carolina	19.0	345,000
South Dakota	*	*
Tennessee	20.0	498,000
Texas	15.6	1,407,000
Utah	21.1	203,000
Vermont	14.6	37,000
Virginia	11.3	352,000
Washington	17.0	437,000
West Virginia	14.7	108,000
Wisconsin	12.7	280,000
Wyoming	20.6	42,000

¹ State-level stalking estimates for men are not reported; relative standard error > 30% or cell size ≤ 20.
² Rounded to the nearest thousand.

* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner among Women

Table 7.4

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner by State of Residence — U.S. Women, NISVS 2010

State	Weighted %	Estimated Number of Victims ¹
United States Total	35.6	42,420,000
Alabama	31.0	582,000
Alaska	44.2	109,000
Arizona	36.5	891,000
Arkansas	37.3	420,000
California	32.9	4,563,000
Colorado	32.7	618,000
Connecticut	32.9	462,000
Delaware	34.9	124,000
District of Columbia	*	*
Florida	34.2	2,546,000
Georgia	35.1	1,310,000
Hawaii	35.7	179,000
Idaho	29.3	166,000
Illinois	37.7	1,882,000
Indiana	40.4	1,001,000
Iowa	31.3	368,000
Kansas	29.0	312,000
Kentucky	37.5	638,000
Louisiana	33.4	586,000
Maine	36.6	199,000
Maryland	42.1	957,000
Massachusetts	31.7	851,000
Michigan	41.8	1,638,000
Minnesota	33.7	684,000
Mississippi	40.1	460,000
Missouri	36.1	854,000
Montana	39.2	149,000

Table 7.4 — continued

State	Weighted %	Estimated Number of Victims ¹
Nebraska	38.5	263,000
Nevada	48.1	465,000
New Hampshire	40.4	214,000
New Jersey	26.2	902,000
New Mexico	34.4	263,000
New York	32.3	2,544,000
North Carolina	43.9	1,615,000
North Dakota	25.3	64,000
Ohio	35.6	1,629,000
Oklahoma	49.1	697,000
Oregon	37.3	561,000
Pennsylvania	37.7	1,927,000
Rhode Island	29.9	129,000
South Carolina	41.5	752,000
South Dakota	33.7	104,000
Tennessee	40.0	997,000
Texas	34.5	3,116,000
Utah	36.9	355,000
Vermont	33.6	85,000
Virginia	31.3	971,000
Washington	42.6	1,094,000
West Virginia	33.6	249,000
Wisconsin	32.4	714,000
Wyoming	35.8	73,000

¹Rounded to the nearest thousand.²Estimate is not reported; relative standard error > 30% or cell size < 20.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner among Men

Table 7.5
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking¹ by an Intimate Partner by State of Residence — U.S. Men, NISVS 2010

State	Weighted %	Estimated Number of Victims ²
United States Total	28.5	32,280,000
Alabama	26.9	459,000
Alaska	25.0	67,000
Arizona	27.1	657,000
Arkansas	35.6	375,000
California	27.3	3,737,000
Colorado	28.6	545,000
Connecticut	33.9	442,000
Delaware	36.8	119,000
District of Columbia	24.4	55,000
Florida	24.6	1,731,000
Georgia	39.9	1,401,000
Hawaii	21.8	110,000
Idaho	33.3	187,000
Illinois	25.7	1,215,000
Indiana	26.8	631,000
Iowa	19.6	219,000
Kansas	23.0	239,000
Kentucky	31.0	495,000
Louisiana	28.4	457,000
Maine	26.7	135,000
Maryland	27.2	563,000
Massachusetts	19.2	474,000
Michigan	23.0	850,000
Minnesota	23.5	465,000
Mississippi	25.8	268,000
Missouri	40.4	886,000
Montana	32.6	122,000
Nebraska	26.1	172,000
Nevada	30.9	307,000
New Hampshire	37.8	191,000

Table 7.5 — continued

State	Weighted %	Estimated Number of Victims ¹
New Jersey	29.3	944,000
New Mexico	29.1	214,000
New York	33.5	2,423,000
North Carolina	19.3	660,000
North Dakota	26.1	66,000
Ohio	30.0	1,274,000
Oklahoma	40.7	550,000
Oregon	33.6	487,000
Pennsylvania	27.5	1,298,000
Rhode Island	19.3	76,000
South Carolina	17.4	290,000
South Dakota	30.2	92,000
Tennessee	32.5	750,000
Texas	35.1	3,104,000
Utah	19.6	187,000
Vermont	*	*
Virginia	22.1	647,000
Washington	28.3	716,000
West Virginia	41.2	286,000
Wisconsin	23.0	492,000
Wyoming	35.8	75,000

¹Most of the violence reported by men was physical violence; 2.1% of men overall experienced stalking by an intimate partner.
²Rounded to the nearest thousand.

*Estimate is not reported; relative standard error >30% or cell size < 20.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner and Impact from these or other forms of IPV among Women

Table 7.6
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner with IPV-related Impact by State of Residence — U.S. Women, NISVS 2010

State	Any IPV-related impact ¹		Prevalence of Selected Impacts					
	Weighted %	Estimated Number of Victims ²	Any fear or concern for safety	Any PTSD Symptoms ³	Injury and/or Need for Medical Care	Estimated Number of Victims ²		
			Weighted %	Estimated Number of Victims ²	Weighted %	Estimated Number of Victims ²	Weighted %	Estimated Number of Victims ²
United States Total	28.8	34,388,000	27.0	31,895,000	22.3	26,546,000	14.8	19,153,000
Alabama	26.6	498,000	24.8	465,000	21.5	404,000	12.4	232,000
Alaska	39.5	98,000	37.4	93,000	30.8	76,000	20.9	52,000
Arizona	28.2	688,000	26.7	652,000	19.4	474,000	*	*
Arkansas	27.9	314,000	24.8	280,000	21.2	239,000	15.8	178,000
California	25.9	3,589,000	24.0	3,324,000	18.8	2,603,000	14.5	2,004,000
Colorado	28.9	547,000	27.9	529,000	22.3	422,000	14.5	275,000
Connecticut	33.2	327,000	31.8	306,000	19.8	278,000	17.9	252,000
Delaware	29.0	103,000	27.3	97,000	22.5	80,000	*	*
District of Columbia	*	*	*	*	*	*	*	*
Florida	29.4	2,183,000	28.7	2,133,000	22.9	1,706,000	14.4	1,072,000
Georgia	31.7	1,184,000	28.9	1,077,000	24.0	895,000	19.7	735,000
Hawaii	28.3	142,000	26.8	134,000	22.9	115,000	*	*
Idaho	22.1	125,000	21.5	122,000	19.8	112,000	13.7	77,000
Illinois	32.7	1,635,000	28.8	1,441,000	21.7	1,084,000	17.4	870,000
Indiana	31.2	774,000	27.1	673,000	23.5	582,000	17.7	439,000
Iowa	24.2	285,000	22.1	260,000	16.9	198,000	14.5	170,000
Kansas	24.7	266,000	24.7	266,000	19.9	214,000	*	*
Kentucky	30.5	519,000	28.6	486,000	26.3	447,000	22.8	388,000
Louisiana	25.4	456,000	23.9	420,000	18.8	330,000	18.5	325,000
Maine	31.3	170,000	29.4	160,000	24.1	130,000	11.4	62,000
Maryland	32.0	727,000	27.2	618,000	20.9	476,000	15.2	346,000
Massachusetts	25.1	673,000	22.6	606,000	20.5	530,000	*	*
Michigan	34.4	1,348,000	32.8	1,286,000	27.9	1,093,000	22.8	894,000
Minnesota	27.1	550,000	26.8	543,000	23.6	478,000	13.1	266,000
Mississippi	31.2	358,000	28.2	324,000	24.5	281,000	23.3	268,000
Missouri	30.8	727,000	29.4	694,000	25.4	600,000	14.6	345,000

Table 7.6 — continued

State	Any IPV-related impact ^{1,3}		Prevalence of Selected Impacts					
	Weighted %	Estimated Number of Victims ⁴	Any fear or concern for safety		Any PTSD Symptoms ⁵		Injury and/or Need for Medical Care	
			Weighted %	Estimated Number of Victims ⁴	Weighted %	Estimated Number of Victims ⁴	Weighted %	Estimated Number of Victims ⁴
Montana	32.3	123,000	30.8	117,000	24.0	91,000	15.5	59,000
Nebraska	29.2	200,000	27.5	188,000	25.0	171,000	16.1	110,000
Nevada	40.6	392,000	39.3	380,000	32.5	314,000	25.4	246,000
New Hampshire	33.0	175,000	29.0	154,000	26.4	140,000	15.4	82,000
New Jersey	21.3	733,000	19.6	676,000	*	*	*	*
New Mexico	29.9	228,000	28.1	215,000	22.2	170,000	20.0	153,000
New York	23.2	1,829,000	22.3	1,756,000	20.0	1,577,000	15.1	1,187,000
North Carolina	37.3	1,372,000	33.3	1,227,000	29.8	1,096,000	20.3	747,000
North Dakota	20.9	53,000	20.4	51,000	18.3	46,000	*	*
Ohio	31.5	1,442,000	29.2	1,336,000	21.2	970,000	17.6	808,000
Oklahoma	37.7	534,000	36.0	516,000	30.9	439,000	24.5	347,000
Oregon	26.2	393,000	25.0	375,000	19.9	299,000	14.5	217,000
Pennsylvania	28.3	1,447,000	25.0	1,280,000	22.8	1,163,000	17.3	884,000
Rhode Island	19.3	83,000	18.9	82,000	16.6	71,000	11.9	51,000
South Carolina	34.1	618,000	33.3	603,000	26.3	477,000	18.2	330,000
South Dakota	29.6	91,000	*	*	*	*	*	*
Tennessee	34.2	854,000	32.2	803,000	26.3	657,000	17.9	446,000
Texas	28.9	2,611,000	27.0	2,443,000	23.9	2,163,000	16.0	1,447,000
Utah	32.4	312,000	29.3	281,000	27.4	264,000	15.6	150,000
Vermont	26.7	68,000	25.6	65,000	21.1	54,000	15.3	39,000
Virginia	23.9	741,000	22.5	697,000	18.5	575,000	*	*
Washington	32.8	842,000	30.2	775,000	30.6	775,000	19.6	502,000
West Virginia	28.9	213,000	27.0	199,000	22.5	166,000	17.6	130,000
Wisconsin	23.4	516,000	22.5	496,000	17.9	394,000	11.4	251,000
Wyoming	25.4	52,000	22.7	46,000	18.9	38,000	15.3	31,000

¹Data for men are not reported; relative standard error > 30% or cell size < 20.
²Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for healthcare, injury, crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work/school. For those who reported having raped, it also includes having contracted a sexually transmitted disease or having become pregnant.
³IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (rape, physical violence, stalking, expressive aggression, coercive control, and reproductive control) in that relationship. 12-month prevalence of IPV-related impact was not assessed.
⁴By definition, all stalking incidents result in impact because the definition of stalking includes the impact of fear and concern for safety.
⁵The individual impact measures in this table were selected because the majority of states have reportable data for these impacts.
⁶Includes having nightmares, trying hard not to think about what happened, feeling constantly on guard, watchful, or easily startled, being numb or detached from others, activities or surroundings.
⁷Rounded to the nearest thousand.
⁸States in which not reported; relative standard error > 30% or cell size < 20.

8: Discussion

8: Discussion

Highlights and Cross-Cutting Findings

The findings in this report indicate that sexual violence, stalking, and intimate partner violence continue to be important public health issues affecting many women and men in the United States. Although no demographic group is immune to these forms of violence, consistent patterns emerged with respect to the subpopulations in the United States that are most heavily affected. Consistent with previous national studies (Tjaden & Thoennes, 2000), the findings in this report indicate that women are heavily affected by sexual violence, stalking, and intimate partner violence. Many of these forms of violence are first experienced during childhood and remain prevalent among young adults aged 18–24. Furthermore, victims who reported rape prior to 18 years of age had a higher prevalence of subsequent victimization of rape as an adult. These data provide further evidence that when victimization occurs, particularly when it occurs in childhood, it is often repeated in adulthood (Tjaden & Thoennes, 2000; Smith, White, & Holland, 2003; Maker, Kemmelmeier, & Peterson, 2001; West, Williams, & Seigel, 2000).

For all types of violence examined in this report, the majority of both female and male victims had one perpetrator. Across all forms of violence, the majority of female victims reported that the perpetrators were male. Male rape victims

and male victims of non-contact unwanted sexual experiences reported predominantly male perpetrators. Nearly half of male stalking victims also reported perpetration by a male. Male victims of other forms of violence reported predominantly female perpetrators. Across all subpopulations and all forms of violence, the vast majority of victims knew their perpetrator—for women, perpetrators were often current or former intimate partners and for men they were often acquaintances. A substantial number of female victims of intimate partner violence experienced multiple forms of violence (e.g., rape, physical violence, and stalking) in their lifetime. Among male victims of intimate partner violence, the majority experienced physical violence, with a smaller percentage of men having experienced both physical violence and stalking.

Additionally, racial and ethnic minority women and men continue to bear a relatively heavier burden of sexual violence, stalking, and intimate partner violence. This is likely a reflection of the many stressors that racial and ethnic minority communities continue to experience. For example, a number of social determinants of mental and physical health, such as low income and limited access to education, community resources, and services, likely play important roles.

These findings also confirm and extend the literature documenting

that exposure to sexual violence, stalking, and intimate partner violence has significant adverse consequences for physical and mental health. The severity and range of health consequences were greater for victims of these forms of violence than for persons without a history of victimization. This is the first U.S. survey that enables us to document and track these consequences on a national scale.

For many states, the findings in this report provide the first reliable and representative state-level prevalence estimates for sexual violence, stalking, and intimate partner violence. State-level data reveal variation across states for all types of violence examined. Demographic composition and other factors may play an important role in the nature and magnitude of violence within and across states.

Comparison of Prevalence Estimates to Previous National Studies

Differences in methodology between the National Intimate Partner and Sexual Violence Survey and other population-based surveys or data sources make comparisons of prevalence estimates difficult. NISVS uses a combination of strategies to enhance accuracy of reporting and safety of respondents. The extent to which similar strategies

are utilized in other surveys that measure violent victimization varies. For example, to facilitate recall, NISVS is designed to be consistent with the way victims tend to recall experiences of violence—all behaviors are linked to a specific perpetrator (e.g., ex-husband, acquaintance, stranger). All questions are asked within the context of that perpetrator. Additionally, as described in the background section of this report, NISVS uses a number of methods that are designed to safely maximize disclosure of sensitive information. A key example is that one adult is randomly selected from each household and the specific survey content is only disclosed to that adult; no other household members are aware of the specific questions being asked. The respondent then answers questions about their own experiences with violence and they do not have to inform anyone else in the household about the nature of the questions. Other features of NISVS also are designed to reduce underreporting, such as use of only female interviewers, creating a social distance by interviewing over the telephone instead of in person, use of extensive introductions to questions asking about sensitive topics, and specialized training for interviewers to prepare them to collect sensitive information. The NISVS procedures are intended to enhance respondents' comfort and safety so that they are willing and able to disclose their victimization experiences.

Other differences between NISVS and other surveys may include differing contexts for survey questions (e.g., health, relationship, or crime), differences in question

wording, and differences in the number and range of victimization experiences included in the violence measures. For example, in addition to forced penetration, the findings for rape in this report include attempted forced penetration and alcohol/drug-facilitated forced penetration in the calculation of the overall prevalence estimate for rape. The differences between the findings in this survey and other similar surveys could also be due, in part, to differing sampling strategies (e.g., sampling cell phones); differing methods used to produce representative estimates (e.g., weighting); and differing methods of data collection (e.g., in-person versus telephone) and who is interviewed (e.g., victims only or victims and proxies).

As an example of prevalence differences between the National Intimate Partner and Sexual Violence Survey and other surveys, the lifetime prevalence estimate of rape for men in this report is lower than what has been reported in other surveys (e.g., for forced sex more broadly) (Basile, Chen, Black, & Saltzman, 2007). This could be due in part to the National Intimate Partner and Sexual Violence Survey making a distinction between rape and being made to penetrate someone else. Being made to penetrate is a form of sexual victimization distinct from rape that is particularly unique to males and, to our knowledge, has not been explicitly measured in previous national studies. It is possible that rape questions in prior studies captured the experience of being made to penetrate someone else, resulting in higher prevalence estimates for male rape in those studies.

The findings in this report also show a higher prevalence of stalking among women and men than previous national surveys (Baum et al., 2009; Tjaden & Thoennes, 2000). Although victims reported experiencing the conventional forms of stalking (e.g., watching and showing up unexpectedly), the higher prevalence estimates in the National Intimate Partner and Sexual Violence Survey may largely be due to the inclusion of stalking tactics related to newer technologies (e.g., persistent cell phone texting) that did not exist as a stalking modality when some of the previous studies were conducted. Cell phone ownership has grown tremendously in the last several years. Furthermore, advancements in wireless technology have led to Internet access that is no longer dependent upon the use of home or business computers. For many people, these technologies provide greater convenience and easier accessibility to others; however, this growth in technology may have also increased the ease of engaging in certain stalking behaviors.

The prevalence estimates for intimate partner violence reported here also differ from those reported in other similar national surveys. The estimates are higher for both men and women, but particularly for physical violence victimization of men. In addition to the previously mentioned changes related to the measurement of stalking and sexual violence, which are components of intimate partner violence, another key factor may account for the differences in prevalence estimates. Specifically, some previous national surveys

have asked respondents to identify whether they have experienced physical violence by any perpetrator, and then respondents are subsequently asked whether the perpetrator was an intimate partner. By contrast, respondents in the National Intimate Partner and Sexual Violence Survey are asked whether they have experienced physically violent acts specifically by a romantic or sexual partner. This difference may have increased reporting by focusing respondents on intimate partner violence specifically rather than physically violent acts that may have been perpetrated by others, such as strangers and acquaintances. This may particularly be true for men as they are more likely to have experienced physical violence outside the context of an intimate relationship (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Limitations

The findings of this report are subject to a number of limitations. Random digit dial telephone surveys face two major issues that have the potential to affect the representativeness of the sample population. This includes declining response rates and an increasing number of households without landline telephones (Peytchev, Carley-Baxter, & Black, 2011). While the overall response rate for the 2010 National Intimate Partner and Sexual Violence Survey was relatively low, the cooperation rate was high. A number of efforts were also made to mitigate the potential for 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. The cell-phone only population tends to be young, low income, and comprised of racial/ethnic minorities (Peytchev, Carley-Baxter, & Black, 2011). Importantly, these demographic groups have higher prevalence of sexual violence, stalking, and intimate partner violence.

Follow-up questions were designed to reflect the victim's experience with each perpetrator across the victim's lifetime. There are several limitations associated with how these questions were asked. First, respondents were asked about the impact from any of the violence inflicted by each perpetrator. Therefore, it is not possible to examine the impact of specific violent behaviors. However, results from the cognitive testing process for the National Intimate Partner and Sexual Violence Survey suggested that victims who experienced multiple forms of violence with a perpetrator would have a difficult time distinguishing which type of violence from that perpetrator resulted in a particular type of impact. Second, because we used victims' reports of the age and relationship at the time any violence started with each perpetrator it was not always possible to assess the age or relationship at the time specific types of violent behavior occurred. Based on the data we have about the relationship at the first victimization and last victimization, we estimate that less than 3% of perpetrators had a relationship with the victim that

changed categories over time (e.g., from acquaintance to intimate partner). All of the estimates in this report reflect the relationship at the time the perpetrator first committed any violence against the victim.

Even though the National Intimate Partner and Sexual Violence Survey captures a full range of victimization experiences, the estimates reported here are likely to underestimate the prevalence of sexual violence, stalking, and intimate partner violence for a number of reasons. These include: 1) potential respondents that are currently involved in violent relationships may not participate in the survey or fully disclose the violence they are experiencing because of concern for their safety; 2) although the survey gathers information on a wide range of victimizations, it is not feasible to measure all of the violent behaviors that may have been experienced; 3) given the sensitive nature of these types of violence it is likely that some respondents who had been victimized did not feel comfortable participating or did not feel comfortable reporting their experiences because of the social stigma associated with being a victim of these forms of violence; 4) although potentially mitigated by the use of a cell-phone sample, RDD surveys may not capture populations living in institutions (e.g., prisons, nursing homes, military bases, college dormitories), or those who may be living in shelters, or homeless and transient; and 5) it is possible that some respondents forgot about violence experiences that were less severe in nature or that occurred long ago.

In addition to the possible causes of underestimation of the prevalence, it is important to consider the limitations of self-report data and that errors in recall or reluctance to discuss specific types of violence or perpetrators might impact the accuracy of estimates in unpredictable ways and in a manner that could potentially vary across subgroups of victims (e.g., by age or sex). Also, the reader is cautioned against making

comparisons across groups or across states because apparent variation in estimates might not reflect statistically meaningful differences. Even with these limitations, population-based surveys that collect information directly from victims remain one of the most important sources of data on sexual violence, stalking, and intimate partner violence, particularly for capturing victimization experiences that are not likely to

come to the attention of police, that may not be considered a crime by victims, or do not require treatment by a health provider. Population-based surveys that are carefully conducted, with well-trained interviewers who are able to build rapport and trust with participants, are essential to the collection of valid data and the well-being of respondents.

9: Implications for Prevention

9: Implications for Prevention

The findings in this report underscore the heavy toll that sexual violence, stalking, and intimate partner violence places on women, men, and children in the United States. Given the scope and impact of sexual violence, stalking, and intimate partner violence, it is critical that feasible, evidence-informed actions are taken to prevent and respond to these problems. Collective action is needed to implement prevention approaches, ensure appropriate responses, and support these efforts based on strong data and research.

Implement Prevention Approaches

The goal of public health is to prevent violence from occurring in the first place. The following primary prevention strategies are scientifically credible, can potentially impact multiple forms of sexual violence, stalking and intimate partner violence, and represent areas where states and communities can make reasonable investments.

Promote Healthy, Respectful Relationships Among Youth

Relationships with Parents
Building healthy parent-child relationships can address a range of risk factors for sexual violence, stalking, and intimate partner violence. These relationships can benefit from efforts to build positive, effective parenting skills; include and support fathers;

increase positive family relationships and interactions; and develop emotionally supportive familial environments, which facilitate respectful interactions and open communication. Further, parents who model healthy, respectful intimate relationships free from violence or aggression foster these relationship patterns in their children. It is also important to give adults, particularly parents, the skills and resources to prevent child sexual abuse.

Relationships with Peers and Dating Partners

Characteristics of respectful relationships include: a belief in nonviolent conflict resolution; effective communication and conflict resolution skills; the ability to negotiate and adjust to stress and safely manage emotions such as anger and jealousy; and a belief in a partner's right to autonomy, shared decision-making, and trust. From preschool through the teen years, young people are refining the skills they need to form positive relationships with others. It is important to promote healthy relationships among young people and prevent patterns of dating violence that can last into adulthood. It is also important to reinforce respectful relationships among peers to prevent sexual harassment and bullying.

Prevention strategies that engage parents and youth in skill-building activities and encourage or reward

respectful, healthy peer interactions and dating relationships can be implemented in the home, community, or school to ensure more youth experience and practice healthy relationships during this key developmental phase.

Address Beliefs, Attitudes, and Messages that Condone, Encourage, or Facilitate Sexual Violence, Stalking, or Intimate Partner Violence

The promotion of respectful, nonviolent relationships is not just the responsibility of individuals and partners, but also of the communities and society in which they live. It is important to continue addressing the beliefs, attitudes and messages that are deeply embedded in our social structures and that create a social climate that condones sexual violence, stalking, and intimate partner violence. One way is through norms change. Societal and community norms, policies, and structures create environments that can support or undermine respectful, nonviolent relationships. Such beliefs and social norms are reinforced by media messages that portray sexual violence, stalking, or intimate partner violence as normative and acceptable, that reinforce negative stereotypes about masculinity, or that objectify and degrade women.

Further, failure to enforce existing policies and laws against these

forms of violence may perpetuate beliefs that these behaviors are acceptable. It is important for all sectors of society to work together as part of any effort to end sexual violence, stalking, and intimate partner violence, both to change norms, attitudes, and beliefs, as well as support women and men in rejecting violence.

Another strategy involves engaging bystanders to change social norms and intervene before violence occurs. In many situations, there are a variety of opportunities and numerous people who can choose to step forward and demonstrate that violence will not be tolerated within the community. For instance, bystanders may speak out against beliefs, attitudes, and behaviors that support or condone sexual violence, stalking, and intimate partner violence—such as media portrayals that glamorize violence—and change the perceptions of these social norms in their peer groups, schools, and communities.

Ensure Appropriate Response

An emphasis on primary prevention is essential for reducing the violence-related health burden in the long term. However, secondary and tertiary prevention programs and services are also necessary for mitigating the more immediate consequences of violence. These programs and services are valuable for treating and reducing the sequelae and severity of violence and for intervening in the cycle of violence. Sexual violence, stalking, and intimate partner violence are often repetitive and can recur

over long time periods. Several strategic foci for the secondary and tertiary prevention of violence have emerged from the existing knowledge base.

Provide Survivors with Coordinated Services and Develop a System of Care to Ensure Healing and Prevent The Recurrence of Victimization

The effects of sexual violence, stalking, and intimate partner violence on survivors and communities are profound. For example, survivors of sexual violence are at a higher risk for a number of physical and mental health problems and other adverse life events, including further victimization. The health care system's response must be strengthened and better coordinated for sexual violence, stalking, and intimate partner violence survivors to help navigate the health care system and access needed services and resources in the short and long term. For instance, more physicians and other health care professionals need training on forensic and patient care issues related to sexual violence. The health care response can be enhanced—and survivors can be better served—if more providers are equipped with the specific knowledge and skills necessary to provide good forensic medical care, direction, supervision, and leadership, as well as provide respectful, sensitive care and guidance to survivors. Education and training should be targeted specifically to stakeholders who may be involved in Sexual Assault Response Teams (SARTs), as these first responders

set the tone for the victim's experience in the criminal justice, health care, and legal systems.

It is also important that health professionals be alert to the signs and symptoms of sexual violence and intimate partner violence at initial, follow-up, and annual visits. When signs and symptoms of violence are present, it should be required that an appropriate history is taken, assessment of symptoms is conducted, and appropriate treatment, counseling, protection referrals, and follow-up care are provided. A recent report by the Institute for Medicine (IOM, 2011) also called upon the U.S. Department of Health and Human Services to require coverage for screening and counseling for all women and adolescent girls for interpersonal and domestic violence as a preventive service in health insurance plans. The IOM recommends that these services be carried out in a culturally sensitive and supportive manner as part of women's preventive services without charging a co-payment, co-insurance or a deductible.

Ensure Access to Services and Resources

It is also critically important to ensure legal, housing, mental health, and other services and resources are available and accessible to survivors. Creating a resource environment that is safe and where confidentiality is maintained should be a priority. This can be particularly challenging in rural areas given potentially long distances to resources and threats to confidentiality; however, access to appropriate services

and maintaining confidentiality are critical both for response to violence as well as recovery for the survivor.

One strategy to improve access is co-located, multi-disciplinary service centers that include mental health, legal, economic, housing and other related services for survivors. It is also important that services are specifically designed to meet the needs of a wide range of different populations such as teens, older adults, men, gay, lesbian, bisexual, and transgendered people.

Hold Perpetrators Accountable

Incidents of sexual violence, stalking, and intimate partner violence are underreported as crimes in the United States. Survivors may be reluctant to disclose their victimization—whether to law enforcement or to family and friends—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, and perpetrators may become more dangerous after their victims report these crimes. Understanding that there are many reasons why victims delay or avoid reporting is a prerequisite for developing better forms of engagement and support for victims and thus holding perpetrators more accountable for their crimes. Although survivors may understandably decide not to report immediately, if at all, they should receive information from advocates, health care personnel,

law enforcement, and others so they can make the decision that is best for them.

Some communities have developed highly trained, coordinated teams with expertise related to sexual violence victimization, stalking, and intimate partner violence and can provide compassionate, informed responses. These and other efforts aimed at enhancing training within the criminal justice system can facilitate reporting, provide survivors with the support they need, and ensure that perpetrators are held accountable for their crimes.

Support Efforts Based on Strong Research and Data

Actions need to be supported by a strong foundation of data and research. Data are necessary to set priorities, guide the development of interventions, programs and policies, and monitor progress. Research is necessary to identify new trends in violence as well as strategies for prevention and intervention.

Implement Strong Data Systems for Monitoring and Evaluation

Improved data collection and monitoring is needed to better understand the prevalence of and trends in sexual violence, stalking, and intimate partner violence at the local, state and national levels; to provide information on which to base the development and evaluation of prevention and intervention programs; and to monitor and measure the effectiveness of prevention efforts. Particularly with

regard to perpetration, innovative methods are needed to improve reporting when using survey methods. Ultimately, establishing cost-efficient and timely surveillance systems for all states, by using consistent definitions and uniform survey methods, will assist states by providing policymakers much needed information for enhancing prevention efforts at the state level. The National Intimate Partner and Sexual Violence Survey is a major step forward to fill this data gap.

Identify Ways to Prevent First-Time Perpetration of Sexual Violence, Stalking, and Intimate Partner Violence

Additional research is needed to develop and evaluate strategies to effectively prevent the first-time perpetration of sexual violence, stalking, and intimate partner violence. This includes research that addresses the social and economic conditions such as poverty, sexism, and other forms of discrimination and social exclusion, that increase risk for perpetration and victimization. Such research will complement efforts focused on preventing initial victimization and the recurrence of victimization.

Research examining risk and protective factors, including inequities in the distribution of and access to resources and opportunities, and their interactions at all levels of the social ecology is key to understanding how perpetration of violence develops and to determine the optimal times, settings, and strategies for preventing sexual violence, stalking, and intimate partner violence.

Documenting program costs and cost-effectiveness, when appropriate, will help practitioners and policymakers understand how to best use resources to implement effective programs. It is equally important to monitor strategies being used by the field, to identify and rigorously evaluate these approaches and document the value of efforts underway. As effective strategies are identified, research examining how to best disseminate, implement, and adapt evidence-based prevention strategies, will become increasingly important.

Conclusion

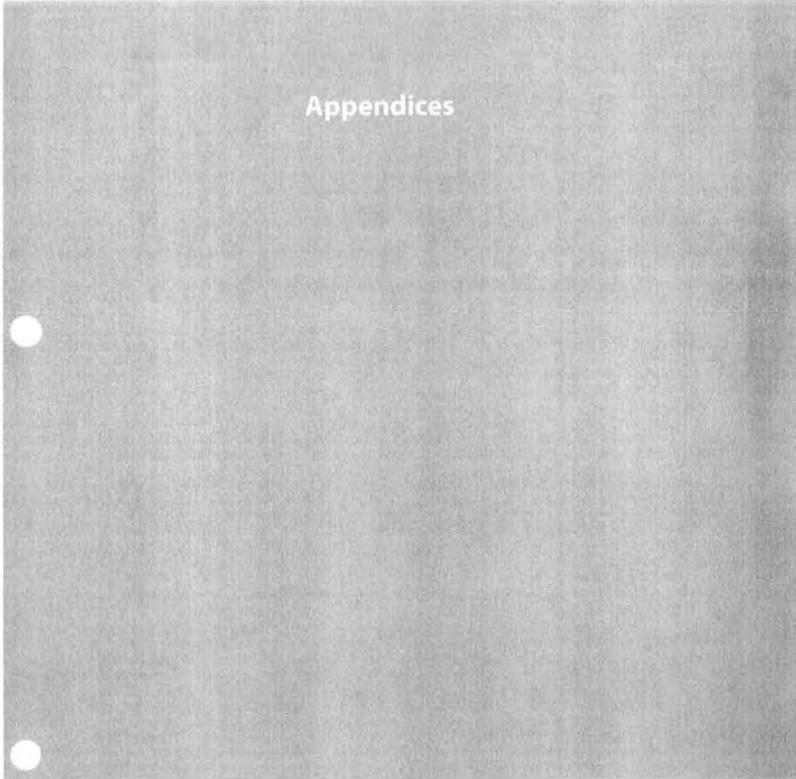
Much progress has been made in violence prevention. There is strong reason to believe that the application of effective strategies combined with the capacity to implement them will make a difference. The lessons already learned during public health's short experience with violence prevention are consistent with those from public health's much longer experience with the prevention of infectious and chronic diseases. Sexual violence, stalking and intimate partner violence can be prevented with data driven, collaborative action.

References

References

- American Association for Public Opinion Research (AAPOR). (2011). *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys* (7th ed). Retrieved from <http://www.aapor.org/StandardDefinitions/3049.html>.
- Basile, K.C., Chen, J., Black, M.C., & Saltzman, L.E. (2007). Prevalence and characteristics of sexual violence victimization among U.S. Adults 2001-2003. *Violence and Victims*, 22, 4, 437-448.
- Basile, K.C., & Saltzman, L.E. (2002). *Sexual violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Basile, K.C., & Smith, S.G. (2011). Sexual violence victimization of women: Prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine*, 5, 407-417.
- Basile, K. C., Swahn, M. H., Chen, J., & Saltzman, L. E. (2006). Stalking in the United States: Recent national prevalence estimates. *American Journal of Preventive Medicine*, 31, 2, 172-175.
- Baum, K., Catalano, S., Rand, M., & Rose, K. (2009). Stalking victimization in the United States. Special Report. (BJS Publication No. 224527). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Black, M.C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine*, 5, 428-439.
- Blumberg, S. J., & Luke, J.V. (2008). *Wireless substitution: Early release of estimates based on data from the National Health Interview Survey, July-December 2007*. Retrieved from <http://www.cdc.gov/nchs/nhis.html>.
- Breiding, M.J., Black, M.C., & Ryan, G.W. (2008). Chronic disease and health risk behaviors associated with intimate partner violence—16 U.S. States/Territories, 2005. *Annals of Epidemiology*, 18, 538-544.
- Campbell, J. (2002). Health consequences of intimate partner violence. *The Lancet*, 359, 1331-1336.
- Centers for Disease Control and Prevention. (2000). *Building data systems for monitoring and responding to violence against women: Recommendations from a workshop*. (MMWR 49, No. RR-11). Atlanta, GA: Centers for Disease Control and Prevention.
- Coker, A.L., Davis, K.E., Arias, I., Desai, S., Sanderson, M., Brandt, H.M., & Smith, P.H. (2002) Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23, 260-268.
- Cox, K.L., Cdele, A.J., Nonye, J., Bradley, P.G., Chatfield, D.A., Thompson, S.J., & Menon, D.K. (2006). An investigation of auto-reactivity after head-injury. *Journal of Neuroimmunology*, 174, 180-186.
- Dailey, R., & Claus, R.E. (2001). The relationship between interviewer characteristics and physical and sexual abuse disclosures among substance users: A multilevel analysis. *Journal of Drug Issues*, 31, 867-888.
- Davis, K.E., Coker, A.L., & Sanderson, M. (2002). Physical and mental health effects of being stalked for men and women. *Violence and Victims*, 17, 429-443.
- Fisher, B.S., Cullen, F.T., & Turner, M.G. (2000). *The sexual victimization of college women*. (NIJ Publication No. 182369). Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Follingstad, D.R., Rutledge, L.L., Berg, B.J., Hause, E.S., & Polek, D.S. (1990). The role of emotional abuse in physically abusive relationships. *Journal of Family Violence*, 1, 37-49.
- Institute of Medicine. (2011) *Clinical preventive services for women: closing the gaps*. Washington, DC: The National Academy of Sciences.
- Kilpatrick, D.G., Edmunds, C.N., & Seymour, A.K. (1992). *Rape in America: A report to the nation*. Arlington, VA: National Victim Center & Medical University of South Carolina.

- Koss, M.P., Gidycz, C.A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55*, 162-170.
- Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (Eds). (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.
- Logan, T.K., & Cole, J. (2007). The impact of partner stalking on mental health and protective order outcomes over time. *Violence and Victims, 22*, 546-562.
- Maker, A.H., Kemmelmeier, M., & Peterson, C. (2001). Child sexual abuse, peer sexual abuse, and sexual assault in adulthood: A multi-risk model of revictimization. *Journal of Traumatic Stress, 14*, 351-368.
- National Victim Center & Medical University of South Carolina (1992). *Rape in America: A report to the nation*. Arlington, VA.
- Peytchev, A., Carley-Baxter, L.F., & Black, M.C. (2011). Multiple sources of nonobservation error in telephone surveys: Coverage and nonresponse. *Sociological Methods and Research, 40*, 1, 138-168.
- Randall, T. (1990). Domestic violence intervention: Calls for more than treating injuries. *Journal of the American Medical Association, 264*, 939-940.
- Rizzo L.J., Brick M., & Park I. (2004). A minimally intrusive method for sampling persons in random digit dial surveys. *Public Opinion Quarterly, 68*, 267-274.
- Smith, P.H., White, J.W., & Holland, L.J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health, 93*, 1104-1109.
- Smith, S.G., & Breiding, M.J. (in press). Chronic disease and health behaviors linked to experiences of nonconsensual sex among women and men. *Public Health*.
- Sullivan, C.M., & Cain, D. (2004). Ethical and safety considerations when obtaining information from or about battered women for research purposes. *Journal of Interpersonal Violence, 19*, 603-618.
- Sutherland, C.A., Bybee, D.J., & Sullivan, C.M. (2002). Beyond bruises and broken bones: The joint effects of stress and injuries on battered women's health. *American Journal of Community Psychology, 30*, 609-636.
- Tjeden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey. (NIJ Publication No. 183781). Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Tjeden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: findings from the National Violence Against Women Survey*. (NIJ Publication No. 181867). Washington, DC: U.S. Department of Justice.
- West, C.M., Williams, L.M., & Siegel, J.A. (2000). Adult sexual revictimization among black women sexually abused in childhood: A prospective examination of serious consequences of abuse. *Child Maltreatment, 5*, 49-57.
- World Health Organization. (2001). *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. (WHO Publication No. WHO/FCH/GWH/01.1). Geneva, Switzerland: Department of Gender and Women's Health.



Appendices

Appendix A: Expert Panel from the 2007 CDC Consultation on NISVS³

Antonia Abbey
Department of Psychology
Wayne State University
Detroit, MI

Bernard Auchter
Senior Social Science Analyst
Office of Research and Evaluation
National Institute of Justice
Washington, DC

Elaine Cassidy
Program Officer
Robert Wood Johnson Foundation
Princeton, NJ

Sarah Cook
Department of Psychology
Georgia State University
Atlanta, GA

Walter S. DeKeseredy
Criminology, Justice and
Policy Studies
University of Ontario Institute
of Technology
Oshawa, Ontario
Canada

Diane Follingstad
Department of Psychiatry
University of Kentucky
Lexington, KY

Sherry Hamby
Department of Psychology
Sewanee: The University
of the South
Sewanee, TN

David Lloyd
Office of the Deputy Assistant
Secretary of Defense for Military
Community and Family Policy
Department of Defense
Washington, DC

Angela Moore
Division Director
Justice Systems Research
National Institute of Justice
Washington, DC

Rebecca K. Odor
Director
Sexual and Domestic
Violence Prevention
Virginia Department of Health
Richmond, VA

K. Daniel O'Leary
Department of Psychology
Stony Brook University
Stony Brook, NY

Brian Spitzberg
School of Communication
San Diego State University
San Diego, CA

³Members listed for panel members are (in alphabetical order) as of the time of the 2007 expert panel consultation.

Appendix B: Technical Note

Sampling Strategy

NISVS employs a dual-frame, stratified random digit dial (RDD) sampling design, with continuous data collection. The cell phone-only population has been growing at a rate of approximately two percentage points per year in recent years. As of the first half of 2010, one in four adults in the U.S. lived in a household with a cell phone but no landline ("cell phone-only" households), based on the National Health Interview Survey (Blumberg & Luke 2010). To meet the challenges of rising non-coverage rates in U.S. landline-based telephone surveys, NISVS implemented a dual-frame design where both landline and cell phone frames were sampled simultaneously.

List-Assisted Landline Frame. The landline sampling frame was comprised of hundred-banks of telephone numbers where each bank had at least one known listed residential number. A hundred-bank is the 100 telephone numbers that are generated by fixing the first eight digits of a telephone number and changing the last two digits (e.g., (800) 555-55XX). Known business numbers were excluded from the frame. In addition, non-working numbers were removed after sample selection through screening.

Cell-Phone Frame. The cell phone frame consisted of phone numbers in telephone banks

identified as active and currently in use for cell phones. At the time the sample was drawn and at the time of this report, directory listings of cell phone numbers were not available. Thus, list-assisted screening was not possible.

Stratification for State-Level Estimates. NISVS has the dual objectives of providing national and state-level estimates. A sample design optimized for national estimates would use proportionate allocation across states (resulting in a sample size in each state that is proportionate to the adult population in that state), whereas a design optimized for providing stable state-level estimates might allocate the sample approximately equally across states. Considering these competing objectives, NISVS survey samples were stratified by state, balancing between stable state-level estimates and weight variation for the national estimates from oversampling of smaller states.

Within-Household Selection. Each state sample included both landline and cell phone samples. When reaching a household in the landline sample, the interviewer asked about the number of males and females living in the household. In a one-adult household, the adult was automatically selected to participate. In households with only two adults, the person on the phone or the other adult in the household was randomly selected. When there were more than two

adults in the household, the adult with the most recent birthday was selected. This within-household selection has been found to be less likely to lead to overrepresentation of females in the pool of respondents compared to using only the most recent birthday method for all households with more than one adult (Rizzo, Brick, & Park, 2004). Because cell phones are personal use devices, the person answering the cell phone was selected as the respondent, if eligible.

Nonresponse Phase. To increase participation, NISVS was administered as a two-phase survey. Phase One was the main data collection phase. Respondents in the first phase were offered an incentive of \$10 to participate in the survey. A random subsample of non-respondents from the first phase was selected during Phase Two, with the goal of reducing non-response and non-response bias. The second phase included a substantially higher incentive (\$40) to further encourage participation.

Other Samples. In addition to the general population sample, samples were drawn from two additional populations: 1) a separate targeted sample of persons of American Indian or Alaska Native ethnicity, and 2) a 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.

Sample Distributions and Demographic Characteristics

From January 22, 2010 through December 31, 2010, a total of 201,881 telephone numbers were sampled. Of these, 31% were ineligible (business or nonworking telephone numbers), 53% were of unknown eligibility, and 15% were eligible. From the 31,241 eligible households (including eligible non-interviews such as refusals and break-offs), a total of 18,049 adults were interviewed nationally. This includes 16,507 completed and 1,542 partially completed interviews.

For comparison to the United States population, demographic characteristics of the selection weighted landline and cell phone samples, the post stratified combined samples, and the United States population is included below. Consistent with other studies, the landline and cell phone samples yield different demographic distributions. When combined, these samples complement each other and provide estimates that more closely approximate the U.S. population distribution.

Combined post stratified estimates are presented for the demographic variables used in weighting to illustrate how distributions are further adjusted to match the population distributions. In addition, demographic variables that were not used in weighting (education, marital status and household income) are included in the table as a further comparison between the sample population and the U.S. population. The sample population, when compared to the U.S.

population, had higher levels of education, a larger percentage of never married respondents, fewer respondents who were currently married, and a higher percentage of respondents with lower household income.

Response Rate

The overall weighted response rate for the 2010 data collection for NISVS ranged from 27.5% to 33.6%. The computation of the weighted response rate reflects the stratified, two-phase, dual-frame survey design used in NISVS, and accounts for the disproportionate sampling across states, combined response rates from Phases One and Two, and combined response rates resulting from the two sampling frames.

The disproportionate sampling to maximize the stability of state-level estimates was taken into account by weighting each case with the inverse of the state-level probability of selection. Using the weighted case counts, the American Association for Public Opinion Research (AAPOR) Response Rate 4 (AAPOR, 2011) was computed separately for each combination of sample and phase. In the formula below, P and I denote partial and complete interviews, respectively. Cases such as a non-working number, beeper/pager, mobile phone, modem/fax, pay phone/blocked number, business, group quarters, and non-residence were coded as ineligible (IE). Non-interviewed cases from households with at least one adult were coded as eligible non-interviews (R, NC, and O). All remaining cases were coded as non-interviews with

unknown eligibility (UH and UO). An eligibility rate (e) was computed by dividing the number of cases known as eligible (I, P, R, NC, and O) by the sum of the numbers of cases known as eligible and ineligible (IE). This factor was then applied to the cases with unknown eligibility in the denominator. This was computed separately for the landline and cell phone samples, and by phase.

$$RR4 = \frac{I + e}{(I + P) + (R + NC + O) + e(UH + UO)}$$

The response rates from the two phases are combined by computing the complement of the product of the non-response rates in each phase. This is equivalent to the Phase One response rate plus the product of the Phase One non-response rate and the Phase Two response rate.

The two combined-phase response rates from the landline and cell phone samples were combined into a single estimate by weighting them to their respective proportions in the population based on the National Health Interview Survey (Blumberg and Luke, 2010).

The range in the overall response rates reflects differences in how the proportion of the unknowns that are eligible is estimated (e). The 27.5% is an estimate of the proportion of the unknowns that are eligible based on the information identified by interviewers when calling numbers. The upper estimate (33.6%) also includes information from the prescreening process.

Table B.1
Demographic Characteristics of the NISVS Sample and the U.S. Population

Demographic Characteristics	Women (%)				Men (%)				Total (%)	
	NISVS		U.S.		NISVS		U.S.		NISVS	U.S.
	Landline Sample, Selection Weighted	Cell Sample, Selection Weighted	Combined Samples, Post-stratified		Landline Sample, Selection Weighted	Cell Sample, Selection Weighted	Combined Samples, Post-stratified		Combined Landline and Cell Samples, Post-stratified	
Characteristics Used to Weight the Data										
Sex										
Female									51.3	51.3
Male									48.7	48.7
Age										
18-24	3.9	19.2	12.4	12.4	4.6	18.8	13.8	13.8	13.1	13.1
25-29	3.0	16.6	8.9	8.9	4.1	17.0	9.8	9.8	9.4	9.3
30-44	16.3	26.7	25.7	25.6	17.6	28.9	27.4	27.3	26.5	26.4
45-64	42.2	30.2	34.2	34.1	44.1	28.5	34.3	34.2	34.3	34.2
65+	34.5	7.3	18.8	19.1	29.6	6.7	14.7	14.8	16.8	17.0
Race/Ethnicity										
Hispanic	9.5	14.9	12.7	12.7	6.6	16.6	14.4	14.5	13.6	13.6
White Non-Hispanic	77.4	67.2	68.4	68.5	79.9	64.7	68.1	68.0	68.2	68.2
Black Non-Hispanic	9.15	11.9	12.3	12.2	8.5	10.7	11.1	11.2	11.9	11.7
Asian or Pacific Islander Non-Hispanic	1.7	2.3	4.8	4.8	1.9	4.2	4.5	4.5	4.7	4.7
American Indian or Alaskan Native Non-Hispanic	0.6	0.8	0.7	0.7	0.9	0.7	0.7	0.7	0.7	0.7
Multiracial Non-Hispanic	1.8	2.9	1.1	1.1	2.2	3.1	1.2	1.0	1.2	1.1

Table B1 — continued

Characteristics Not Used to Weight the Data										
Education										
Didn't graduate from high school	10.9	10.0	9.8	12.9	11.6	10.8	11.3	13.8	10.6	13.3
High School Graduate	26.2	23.4	24.2	30.8	25.3	27.7	26.1	31.4	25.1	31.1
Technical school or college	30.0	32.3	29.8	27.3	24.7	28.4	26.0	24.7	27.9	26.1
Four year college graduate	19.7	21.4	21.7	19.0	20.1	20.8	20.9	19.0	21.3	19.0
Postgraduate	13.3	12.9	14.5	10.1	18.3	12.3	15.7	11.1	15.1	10.6
Marital Status										
Married	48.2	40.5	45.5	53.3	59.8	37.9	48.7	56.9	47.1	55.1
Divorced	16.1	14.1	14.0	11.4	14.5	11.6	11.7	9.0	12.9	10.3
Separated	2.0	3.7	2.8	2.7	1.9	3.6	2.7	2.0	2.8	2.4
Widowed	19.3	5.0	10.6	9.8	5.9	2.4	3.6	2.6	7.2	6.3
Never married	14.5	36.7	27.1	22.8	17.9	44.6	33.3	29.5	30.2	26.1
Household Income*										
< \$10,000	6.2	9.6	7.4		4.7	8.3	6.6		7.0	4.8
\$10,000 - \$14,999	6.7	5.6	5.7		5.5	5.1	4.8		5.3	3.3
\$15,000 - \$19,999	7.4	9.6	8.0		6.3	8.0	6.6		7.3	4.0
\$20,000 - \$24,999	9.3	9.8	9.4		7.7	8.7	8.2		8.8	5.0
\$25,000 - \$34,999	10.5	10.3	9.8		11.1	10.0	9.7		9.8	9.7
\$35,000 - \$49,999	12.9	11.8	11.8		11.9	13.1	12.1		12.0	13.6
\$50,000 - \$74,999	13.1	13.1	13.2		15.4	14.0	14.2		13.7	19.4
> \$75,000	20.6	19.7	22.8		29.5	23.6	28.9		25.8	40.2

*Income data in NISVS do not add up to 100% due to missing data for some categories (ranging from 8.1% to 13.3%).

Cooperation Rate

It is increasingly difficult to have actual contact with potential study participants because of the increased use of answering machines, caller ID, call screening, and privacy monitors. However, these telephone numbers are part of the denominator in calculating a response rate. An alternative measure, 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 for the 2010 NISVS data collection is based on the AAPOR cooperation rate formula 4 (COOP4). This cooperation rate is calculated as the sum of complete plus partial interviews divided by the sum of complete interviews, partial interviews, and non-interviews that involve the identification of and contact with an eligible respondent (refusal and break-off).

The cooperation rate formula 4 defines those individuals who were unable to do an interview as also incapable of cooperating and they are excluded from the denominator. The AAPOR cooperation rate formula 4 is:

$$COOP4 = \frac{I+C}{(I+P)+R}$$

The weighted cooperation rate for the 2010 NISVS data collection was 81.3%. In short, once contact was made and eligibility determined, the majority of respondents chose to participate in the interview.

Weighting Procedures

Weight Components

To generate estimates representative of the U.S. adult population, weights reflecting sampling features, non-response, coverage, and sampling variability were developed for analyses. There are several main weight components contributing to the final sampling weights: selection, multiplicity, non-response, and post-stratification. The selection weight accounts for different sampling rates across states, the varying selection probabilities in the landline and in the cell phone frames, the within household probability of selection, and the subsampling of non-respondents in Phase Two of data collection. The multiplicity weight component takes into consideration that some sample members had both landline and cell phone services, thereby having multiple chances of entering the survey. The non-response weight accounts for the variation in response rates within the selected sample. Finally, the post-stratification weight adjusts the product of the selection, multiplicity, and non-response weights to match the population distribution on main demographic characteristics. This is accomplished using benchmark counts from census projections to correct for both coverage and non-response, which allows the landline and cell phone samples to be merged together.

Two main sets of weights were computed for the analysis of NISVS data. Applying the same principles in constructing the various weight components, one set of weights were computed for all partial and complete interviews, while another

set of weights were computed for the complete interviews only. An interview is defined as "complete" if the respondent completed the screening, demographic, general health questions, and all questions on all five sets of violence victimization, as applicable. An interview is defined as "partial" if the respondent completed the screening, demographic, and general health questions and at least all questions on the first set of violence victimization (psychological aggression).

Application of Weights

The estimates presented in this report are based on complete interviews and, therefore, use the set of weights for complete interviews.

Mid-Year Changes to the Survey Instrument

Minor changes to skip patterns were implemented in the third and fourth quarters of 2010 to improve data collection, decrease repetitiveness and increase efficiency. Changes include:

- Respondents who reported experiencing one psychologically aggressive behavior one time (for example, being called a name one time) without any other form of violence by the same perpetrator no longer received the general follow-up questions about that perpetrator (e.g., injury, absence from work/school, need for medical care or other services). This change does not affect the data in this report because these respondents are still included in the overall prevalence estimates for psychological aggression. This change also does not affect the estimates in the impact section.

because those impacts were assessed for respondents who had experienced rape, stalking or physical violence; individuals who reported only experiencing psychological aggression were not included in these estimates.

- A skip pattern error allowed follow-ups on individuals who only experienced one stalking tactic one time, with no other violence. This error was corrected because this does not meet the definition of stalking. This change does not affect the prevalence of stalking because such cases were appropriately excluded.

Data Collection and Security

In an effort to reduce respondent burden and coding errors, and to increase efficiency, the survey instrument was programmed as a computer-assisted telephone

interview (CATI) using the Blaise software package. The CATI system includes the actual interview program (including the question text, response options, interviewer instructions, and interviewer probes). The CATI's data quality and control program included skip patterns, rotations, range checks and other on-line consistency checks and procedures during the interview, assuring that only relevant and applicable questions were asked of each respondent. Data collection and data entry occur simultaneously with the CATI data entry system. The quality of the data was also improved through the ability of the CATI system to automatically detect errors. Data were extracted and analyzed directly from the system using existing statistical packages.

Several steps were taken throughout the data collection period to ensure that no

respondent identifying information was linked to survey data. Before data collection began, lead letters were sent to all potential landline respondents for whom a telephone number and an address could be matched. The address files used to send the lead letters were destroyed and were not linked to survey responses. Additionally, RTI's CATI system included a compartmentalized data structure, in which personally identifying information was maintained separately from the actual questionnaire responses. Further, all identifying information was destroyed, once the interview was completed.

Data were collected continuously to allow for the optimal timing of the release of samples, the size of the samples, and the sample allocation across frames based on the latest landline and cell phone household data as well as interview outcomes in previous quarters.

Appendix C: Victimization Questions

Sexual Violence

How many people have ever...	<ul style="list-style-type: none"> exposed their sexual body parts to you, flashed you, or masturbated in front of you? made you show your sexual body parts to them? Remember, we are only asking about things that you didn't want to happen. made you look at or participate in sexual photos or movies?
How many people have ever...	<ul style="list-style-type: none"> harassed you while you were in a public place in a way that made you feel unsafe? kissed you in a sexual way? Remember, we are only asking about things that you didn't want to happen. fondled or grabbed your sexual body parts?
When you were drunk, high, drugged, or passed out and unable to consent, how many people ever...	<ul style="list-style-type: none"> had vaginal sex with you? By vaginal sex, we mean that (if female: a man or boy put his penis in your vagina) (if male: a woman or girl made you put your penis in her vagina)? (if male) made you perform anal sex, meaning that they made you put your penis into their anus? made you receive anal sex, meaning they put their penis into your anus? made you perform oral sex, meaning that they put their penis in your mouth or made you penetrate their vagina or anus with your mouth? made you receive oral sex, meaning that they put their mouth on your (if male: penis) (if female: vagina) or anus?
How many people have ever used physical force or threats to physically harm you to make you...	<ul style="list-style-type: none"> have vaginal sex? (if male) perform anal sex? receive anal sex? make you perform oral sex? make you receive oral sex? put their fingers or an object in your (if female: vagina or) anus?
How many people have ever used physical force or threats of physical harm to...	<ul style="list-style-type: none"> (if male) try to make you have vaginal sex with them, but sex did not happen? try to have (if female: vaginal) oral, or anal sex with you, but sex did not happen?
How many people have you had vaginal, oral, or anal sex with after they pressured you by...	<ul style="list-style-type: none"> doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you? wearing you down by repeatedly asking for sex, or showing they were unhappy? using their authority over you, for example, your boss or your teacher?

Stalking Tactics

How many people have ever...

- watched or followed you from a distance, or spied on you with a listening device, camera, or GPS (global positioning system)?
- approached you or showed up in places, such as your home, workplace, or school when you didn't want them to be there?
- left strange or potentially threatening items for you to find?
- sneaked into your home or car and did things to scare you by letting you know they had been there?
- left you unwanted messages? This includes text or voice messages.
- made unwanted phone calls to you? This includes hang-up calls.
- sent you unwanted emails, instant messages, or sent messages through websites like MySpace or Facebook?
- left you cards, letters, flowers, or presents when they knew you didn't want them to?

Expressive Aggression

How many of your romantic or sexual partners have ever...

- acted very angry towards you in a way that seemed dangerous?
- told you that you were a loser, a failure, or not good enough?
- called you names like ugly, fat, crazy, or stupid?
- insulted, humiliated, or made fun of you in front of others?
- told you that no one else would want you?

Coercive Control

How many of your romantic or sexual partners have ever...

- tried to keep you from seeing or talking to your family or friends?
- made decisions for you that should have been yours to make, such as the clothes you wear, things you eat, or the friends you have?
- kept track of you by demanding to know where you were and what you were doing?
- made threats to physically harm you?
- threatened to hurt him or herself or commit suicide when he or she was upset with you?
- threatened to hurt a pet or threatened to take a pet away from you?
- threatened to hurt someone you love?
- hurt someone you love?
- (if applicable) threatened to take your children away from you?
- kept you from leaving the house when you wanted to go?
- kept you from having money for your own use?
- destroyed something that was important to you?
- said things like "If I can't have you, then no one can"?

Control of Reproductive and Sexual Health

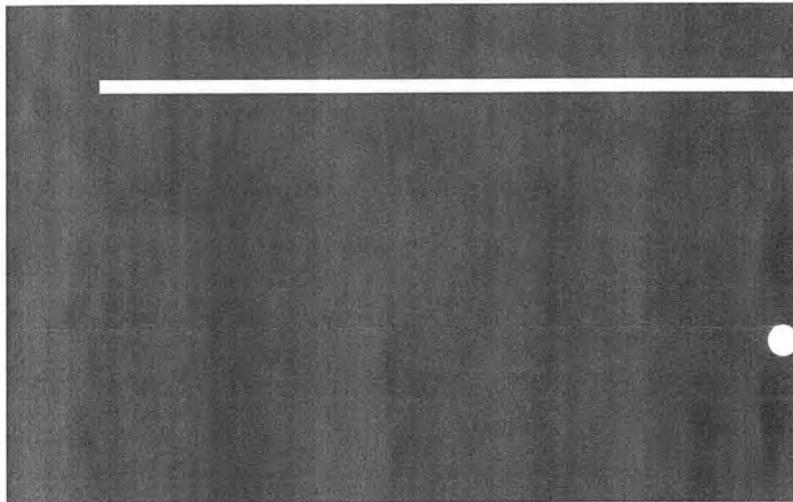
How many of your romantic or sexual partners have ever...

- (if female: tried to get you pregnant when you did not want to become pregnant; if male: tried to get pregnant when you did not want them to get pregnant) or tried to stop you from using birth control?
- refused to use a condom when you wanted them to use one?

Physical Violence

How many of your romantic or sexual partners have ever...

- slapped you?
- pushed or shoved you?
- hit you with a fist or something hard?
- kicked you?
- hurt you by pulling your hair?
- slammed you against something?
- tried to hurt you by drinking or suffocating you?
- beaten you?
- burned you on purpose?
- used a knife or gun on you?



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention

4770 Buford Highway NE, M5-F64
Atlanta, Georgia 30341-3742
www.cdc.gov/violenceprevention



Ms. CHU. Well, as you know, the FBI's definition of rape was revised in December of last year. This revision marked the first update to the Federal definition in nearly a century. Rape is now defined as any kind of penetration of another person regardless of gender without the victim's consent.

How has the Office of Violence Against Women responded to this long-awaited revision?

Ms. CARBON. Thank you, Representative. We worked very closely with the FBI to institute this change and we were very proud that we were able to work with them in doing so.

We are in the process—the responsibility actually falls under the house of the FBI's Criminal Justice Information Services Division there. We are working with them to design the manner in which this change can actually be implemented through their data systems and will continue to work with them over the spring and into the summer. And then we will also be working with our technical assistance providers to give guidance to law enforcement and prosecutors and others about how to implement that change. But this was a change which we greatly welcomed and were very proud to be a part of.

Ms. CHU. Well, let me ask about immigrant victims. Many people believe that the immigrant victim provisions in VAWA in the reauthorization bill are a brand new expansion, but in reality those provisions have been in VAWA since 1994. So I know that you have been implementing some of these, but I still feel like there are gaps in the service. Could you talk about what you are doing to address immigrant victims of sexual violence and what more could be done?

Ms. CARBON. That is an excellent question. Thank you.

All of our grant programs—most of our grant programs—serve immigrant women, and we want to do and we continue to train on the unique needs that immigrant women face. We have also encouraged, through our solicitation process, that—and in fact, a particular concern this year is that we want to make sure we are reaching underserved communities. In many of the reports that we receive of the evaluations of our programs, we find that immigrant women continue to be underserved. So we are asking our grantees to reach out to make sure that they are looking in their communities, making their resources available to all women, immigrants included. So it is extremely important that we do so.

We also do so from another angle, which is language access. Many immigrants come to this country and do not speak English or don't speak it well, and we have worked very aggressively throughout the Department, not just our office, in ensuring that immigrant women can have all services in a language which they can understand so they can have full access to those services. If they walk into a courtroom and they don't understand what is happening and I or somebody else have not ensured that they have an interpreter, then I have not done my job. And we are asking our grantees to ensure that across the board as they do their job.

Ms. CHU. And I would also like to ask about sexual assault. Most of the money from the Violence Against Women Act from the first decade was dedicated to domestic violence. However, sexual assault is, of course, equally important. So please share with us what your office is doing to address sexual violence.

Ms. CARBON. We are ensuring that sexual violence is addressed in all of our grant programs where it is appropriate for them to be, but across the board. We also are instituting a number of different programs within the office, but in particular, you will be aware that the sexual assault services program, which Congress funded recently, is reaching communities across the country. We also have a special demonstration initiative looking at sexual assault, particularly in rural and tribal communities, to shore up those resources and then develop best practices that we can spread across the country. But we are asking that all of the programs make sure

that they are serving victims of sexual assault, as well as victims of domestic violence, and we often find that there is a very significant overlap between the two.

Mr. SENSENBRENNER. The time of the gentlewoman has expired.

The gentleman from Texas, Mr. Poe.

Mr. POE. Thank you, Mr. Chairman.

Ms. CARBON. Good morning.

Mr. POE. Thank you for being here.

Director Carbon, last year I sent you a letter asking you some questions, and it is one page. And I have received from your office, Assistant Attorney General Ronald Welch, a five-page, single-spaced, looks like 3-point font response. And you answered all my questions. So I do not want to mislead anyone thinking that I am complaining about your response. You directly answered every question I had.

Mr. SENSENBRENNER. Will the gentleman yield?

Mr. POE. Yes.

Mr. SENSENBRENNER. Does the gentleman want to put the response in the record?

Mr. POE. I ask unanimous consent.

Mr. SENSENBRENNER. Without objection.

Mr. POE. The letter and the response.

Mr. SENSENBRENNER. Without objection.

[The information referred to follows:]



U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

December 7, 2011

The Honorable Ted Poe
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Poe:

This is in response to your letter dated August 9, 2011, to Susan Carbon, Director of the Office on Violence Against Women (OVW) regarding the management of grant programs authorized by the Violence Against Women Act (VAWA) and administered by OVW. We apologize for our delay in responding to your letter.

Your letter asked if concerns expressed by Senator Grassley in a July 2011 Senate Judiciary Committee hearing on VAWA have been resolved or are in the process of being resolved. In particular, you noted Senator Grassley's reference to a report of the Government Accountability Office (GAO) and to audits conducted by the Department's Office of the Inspector General (OIG). We are pleased to report that the problems raised by Senator Grassley and described in your letter either have been resolved or are being resolved through a proactive approach by OVW to improving grantee performance and preventing grant mismanagement.

OVW takes very seriously its grant-making responsibilities and is dedicated to managing its grant programs effectively and with transparency. There are inherent challenges involved in administering millions of taxpayer dollars, but it is imperative that our grant administration activities inspire public confidence. To that end, OVW works hard to constantly improve its grant management, incorporating guidance from the OIG and the GAO.

One of the critical recent improvements undertaken for grant oversight was establishing OVW's own Grants Financial Management Division (GFMD), which has been both a programmatic and financial success.¹ The GFMD was created to address many of the grantee

¹ OVW, originally called the Violence Against Women Office, was initially created by the Department within OJP. In 2002, the 21st Century Department of Justice Reauthorization Act established OVW as a separate office within the Department of Justice. In 2003, the Attorney General, in consultation with Congress, established OVW as a separate office outside of OJP. By 2004, OVW's phased transition from OJP had begun, and OVW assumed accounting and financial management for all *non-grant* activity. The transfer of responsibility from OJP to OVW for administering and tracking grant commitments took place in fiscal year 2008. Most recently, OVW set up its own Grants Financial Management Division to support OVW grants. The results of an internal analysis indicated that OVW could provide improved and more efficient grant financial services for less money than it was costing to contract for those services with OJP. The GFMD became operational in time to process fiscal year 2010 grants.

The Honorable Ted Poe
Page 2

challenges that OIG has highlighted in the past. The major services provided by OVW's GFMD include (1) pre- and post-award financial grants administration; (2) technical assistance on financial issues and grants administration to OVW recipients, including via a toll-free customer service line; and (3) financial grants management training to OVW grantees and program staff. GFMD's knowledge of OVW programs and grantees and familiarity with the challenges faced in the administration of OVW programs has also enabled OVW to more closely scrutinize budgets and identify other issues *before* they become problems, often before awards are even made.

Your letter asked if OVW believes there is a serious problem with grantees violating grant requirements. Although nearly all Federal grantees receive some recommendations in OIG audits, we do not believe that we have a "serious problem" with grantees violating requirements. A close reading of most IG reports on grants shows that many findings are not about waste, fraud or abuse, but rather are about inadequate accounting and insufficient documentation, which is often remedied when grantees provide appropriate paperwork and work with OVW and OIG to improve their accounting practices. OIG closes the recommendations when it verifies that the problem has been solved or sufficient documentation demonstrates that no problem existed. Findings that may initially seem significant are often easily ameliorated. Grantees also frequently challenge OIG recommendations, and these recommendations may be amended after the challenges are reviewed. In the overwhelming majority of cases, grantees have spent their funds appropriately and benefit from the lessons learned in the audit process. Of course, there are occasionally more serious findings, and we take appropriate measures with respect to those grantees.

Senator Grassley mentioned three audits in his remarks at the hearing. These are examples of just how misleading some audit reports can be at first glance. Ultimately, each of the grantees involved was able to prove it had not misspent any funds.

1) Community Legal Aid Society, Inc. (CLASI), Wilmington, DE

OIG originally questioned 93% of the grantee's costs. OIG recommended that CLASI remedy \$829,340 in unsupported and unallowable expenditures and implement an accounting system that can completely and accurately gather, record, and report the data for the OVW grant.

CLASI has since provided the necessary documents to remedy the entire \$829,340 – demonstrating to OVW that the costs have been appropriately supported and are allowable under their grant – and has implemented the requisite accounting system to better report data to DOJ. A sample test was administered to CLASI in an effort to ensure that the payroll and contractor costs included in the amount in question were being handled correctly. The grantee responded to the tested items and provided the necessary documents as support. This resolution is pending OIG approval, and we anticipate it will soon be closed. CLASI has also closed all but one non-monetary finding, and OVW staff are working closely with the grantee to resolve it.

The Honorable Ted Poe
Page 3

This is a good example of a grantee that lacked sophisticated accounting, but was not misappropriating any funds. By supporting the grantee with technical assistance, the program is able to continue its critically important work.

2) Asotin County, WA

OIG made 20 recommendations to remedy questioned costs totaling \$477,144 of a \$681,361 grant (or 70% of its expenditures). Asotin County has already provided supporting documentation to remedy 98% of the questioned costs. For example, the audit questioned \$10,433 in equipment purchases, stating that Asotin's procurement policy had not been followed. However, Asotin was able to demonstrate that the equipment had in fact been purchased appropriately through the State's contract system, using a competitive bidding process. OIG has closed 18 of the 20 findings and is awaiting additional documentation to close the remaining two. The county has provided initial documentation for the remaining \$11,272 in questioned costs and is working with OVW to resolve the concern.

3) Legal Aid of Nebraska, Omaha, NE

OIG originally questioned 64.5% of the grantee's costs. The grantee vigorously challenged the findings and provided additional documentation, as well as improved their accounting practices to comply with DOJ requirements. Of the \$1,277,909 that was questioned, only \$39,030 was not closed. The grantee maintained that the \$39,030 was spent appropriately, but due to staff turnover and a change in accounting procedures, could not provide adequate documentation. The grantee has an otherwise distinguished record as an OVW grantee and had expended \$207,544 of its own non-OVW funds toward the grant—more than five times the amount of questioned costs. During the process, OIG determined that only \$19,152 was outstanding, less than 1.5% of the questioned costs. The Department has closed the audit.

While the grantees above all had initially large monetary amounts at issue, grantees with audit recommendations may have a range of issues, from very small findings of a single missing receipt to larger, more systemic accounting problems. OVW therefore has developed a range of responses to address grantees with audit issues.

Additionally, it is important to note that an "unresolved" or "open" audit does not necessarily mean that a grantee is a continuing financial risk. To the contrary, often a grantee takes corrective steps regarding an audit recommendation that satisfy both OVW and the Inspector General for future activity, but the original recommendation cannot be changed. For example, a grantee may adopt better time-keeping procedures, but because its former record keeping was deficient, it cannot resolve that original recommendation. So, while the original recommendation remains open, the grantee's new processes may give us confidence in their present and future ability to manage awards.

The Honorable Ted Poe
Page 4

As referenced in your letter, Senator Grassley also stated that 21 of 22 grantees reviewed had some violation of the grant requirements and that grantee recordkeeping may be worsening. We cannot be certain to which grantees he was referring, because there is no OIG report that reviews 22 grantees from 1998 to 2010. The audit reports mentioned by Senator Grassley appear to be a sample of individual audit reports identified from the OIG website – <http://www.justice.gov/oig/grants/oip.htm>. In our review of all the VAWA OIG reports, we found multiple examples of audits with very few questioned costs and positive reviews of grantee fiscal performance. Recent audits do not appear to show higher levels of questioned costs. In fact, a September 2010 audit of Friendship Home of Lincoln (NE) recommended that the grantee improve certain procedures but found *no* questioned costs and stated that “grant objectives were being met, along with grant requirements.” Another 2010 audit of the Arizona Association of Community Health Centers examined \$1,472,700 in VAWA Rural Program grants and questioned only \$25,557 (1.7%) of costs – \$24,336 (95%) of which had already been resolved and closed by the time the final audit report was issued.

Not every audit has such positive outcomes, but there is no indication that grant management or grantee recordkeeping is worsening.

Finally, your letter inquired about the assistance in place for grant recipients to avoid discrepancies in reporting. OVW has increased grants administration technical assistance to its grantees through the creation of the GFMD. The GFMD is able to have early and frequent direct contact with grantees experiencing challenges. Also because of staff familiarity with their grant programs, GFMD has been able to identify more cross-cutting issues facing all grantees, particularly those which are non-profit programs in small, rural or underserved communities.

Another step OVW has taken is to have staff from the Office of the Inspector General train at their annual grantee orientations along with the GFMD. These orientations are required for all new grantees and new project directors and optional for continuation grantees with experienced project directors. This fiscal year, the GFMD will also be offering a number of topic-specific audio, in-person, and web-based trainings for OVW grantees. OVW offers a range of trainings throughout the year to support grantees and prevent grant management mistakes before they are made. In response to a recommendation from the OIG, OVW added a section to its program solicitations that requires applicants to respond to a number of questions regarding their financial accounting practices. OVW uses this information to assess the financial capability of the applicant organizations and to identify those organizations that will require additional training and technical assistance prior to making an award. Based on the responses provided to these questions and feedback from the field and program staff, the GFMD identifies specific subject areas or topics requiring additional clarification or training and provides teleconferences to grantees to address their needs.

The process of grant monitoring can also help avert discrepancies in reporting or more serious grantee problems. OVW's grant selection process is competitive and identifies which applicants possess the best knowledge and capacity to serve victims within their communities. Although these organizations possess the substantive know-how to serve victims, they may not be financially sophisticated or long-time recipients of federal grants. In many instances, they just

The Honorable Ted Poe
Page 5

need a little more technical assistance to properly manage their awards. To prevent grantees from running afoul of federal grant rules, OVW has made considerable improvement to their grants monitoring efforts, including those described below.

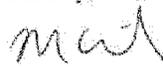
OVW strives to ensure the effective monitoring of grant awards for both financial and programmatic compliance and to avoid fraud, waste and abuse. OVW staff review grantee progress reports and financial reports, both of which are quite detailed and provide a very in depth picture of grantee activities. They also conduct desk and on-site programmatic monitoring visits to ensure that our funds are being used for the intended purposes and that the goals and objectives of the project are being met. OVW staff follow specific monitoring policies and procedures, including use of a grant assessment tool through which OVW program specialists carefully and impartially assess grant activities. These tools allow OVW to proactively identify compliance issues and work with grantees to resolve them before they become problems.

OVW appreciates as much as anyone the importance of using VAWA funds as prudently as possible. To aid OVW's understanding of the effectiveness of VAWA grants, OVW has undertaken a significant effort to improve how it measures the work of VAWA grantees by developing and revising computerized progress report forms for grantees to collect relevant information. These progress report forms provide OVW with extraordinarily comprehensive and consistent data regarding grantee activities, including both process and outcome measures. For example, the Transitional Housing grantees report the destination of their clients upon exit from program housing -- and these reports tell us that a substantial majority of these victims leave for permanent housing of their choice. Not only does this measure show true success for the grant program as a whole, but OVW can use it to identify specific grantees with the most promising practices.

We appreciate your comment that the Violence Against Women Act is an important law that needs to be reauthorized, a view we strongly share, and we look forward to working with you toward that goal in the days ahead.

We hope this information is helpful. Please do not hesitate to contact this office if we may provide additional assistance regarding this or any other matter.

Sincerely,



Ronald Weich
Assistant Attorney General

Mr. POE. All right.
Ms. CARBON. Thank you.

Mr. POE. I appreciate the work your office does. I will probably shock some of my friends in that I actually believe we should consider expanding the role of your office, even financially.

No one likes waste, fraud, and abuse. Based on the comments you responded to in the letter, you don't like it either and you want to get a hold of these grants and these people who received the

grants and eliminate them from the system. I commend you on that and keep doing it.

In my other life, I was down at the courthouse in Houston for a long time, called the Palace of Perjury. And I have been around so long that I remember when domestic violence was treated by law enforcement as a family problem, not as a social health issue or a crime, but it is a family problem. I am glad we have moved away from that concept.

Tell me about your education process of educating police officers, prosecutors, and judges on this issue.

Ms. CARBON. Thank you. That is a great question, and having been a former judge, I can speak from that side of the fence as well.

We have a very aggressive program throughout OVW to educate all of the professionals who interface with victims of sexual assault, domestic violence, dating violence, and stalking. We do this through technical assistance with our technical assistance providers—we call them TA providers—by doing institutes, sometimes in-service training, sometimes technical assistance training. Sometimes it is through bringing groups together as a group of law enforcement officers. Other times it is in interdisciplinary fashions because it is important that as a coordinated community response is implemented, that people understand what each other's responsibilities are. But we have a number of technical assistance providers geared explicitly for law enforcement training as we do with judges and advocates.

Speaking to the Judicial Institute, for example, we bring judges from around the country together, bring in law enforcement officers. We bring in other judges. We bring in psychologists. We bring in hosts of people to educate judges about how to better respond and to understand the dynamics that are involved. That same process of institute development is done with other professions as well.

But there may be occasions where we will send a technical assistance provider directly to a law enforcement agency to work with that unit in their home turf. It is not necessarily always at a big conference, and I want to make sure that is very clear. We work one on one as needed.

Mr. POE. A couple of quick questions. There are those who claim that this legislation demands and requires mandatory arrests. That is just not true, is it?

Ms. CARBON. No, that is not true.

Mr. POE. It is a State-by-State issue. So that is just another myth about VAWA. Is that correct?

Ms. CARBON. It does not require mandatory arrest. However, we do ask, because it is through the arrest program, so if there is a grantee for that program, they certify that they have policies or procedures or laws in place that would encourage mandatory or encourage arrest but only upon probable cause that an arrest should be made.

Mr. POE. When a crime has been committed.

Ms. CARBON. Right.

Mr. POE. Or probable cause that a crime has been committed.

Ms. CARBON. That is often lost.

Mr. POE. The title, "Violence Against Women Act," also deals with males, does it not?

Ms. CARBON. It absolutely does, yes.

Mr. POE. And there are the same services provided under the act in your office that help men, and that is violence against men as against women. Is that correct?

Ms. CARBON. That is correct, yes.

Mr. POE. Is there any reason in your opinion to change the name of the act?

Ms. CARBON. No. There is no reason to.

Mr. POE. And so let me ask you one other question talking about dealing with judges. You are familiar with the case from Maryland, domestic violence victim, who—the judge didn't give her a restraining order she asked for against her husband. And so he came into her business and literally set her on fire. A wonderful lady. And we are not talking about statistics here. We are talking about real people that are hurt by others who claim they love these people.

In your education of judges, do you talk about the use of restraining orders and items to keep people separated until a divorce is pending? Do you talk to judges about that?

Ms. CARBON. We absolutely do. In fact, I personally was involved in chairing a national effort to develop a guide on the issuance and enforcement of civil protection orders. So I have both a great personal as well as professional interest in seeing this. We do educate judges all across the country on this and continue to do so.

Mr. SENSENBRENNER. The time of the gentleman has expired.

The gentleman from Georgia, Mr. Johnson.

Mr. JOHNSON. Thank you, Mr. Chairman.

Ms. Carbon, thank you for appearing before the Committee today. I appreciate the work that you do with the Office of Violence Against Women. The services that you provide to responding to domestic violence and sexual assault are vital. Because of your work, hundreds of thousands of victims have been served and thousands of arrests have been made. So I want to thank you for your diligence.

I am heartened by the remarks of my colleague, Judge Poe, in terms of his understanding of the fact that there is a problem and he understands the extent of the problem and he even understands the fact that the Federal Government has an interest and a role to play in that regard as far as funding is concerned.

And so I wanted to ask you a couple of questions.

Number one, I know that there have been some oversight hearings on the other side of the Capitol about this program. I think Senator Grassley argued that in terms of VAWA reauthorization—he argued that during these difficult economic times, we simply can't continue to allocate resources without verifying that the resources are being used effectively and efficiently as possible, kind of throwing a little cold water on the efforts of your group. And I know we are in a fiscally very conservative time right now.

I want you to talk about the domestic violence shelters. In Georgia, they turned away 2,636 victims and their children due to a lack of available space in 2010. And this is because of cuts from State governments, cuts from local governments, and cuts from the charitable giving community. And I would like for you to explain

how your grants, grants to your organization, assist in helping these shelters.

And also I want you to take a minute to address gun violence. Between 1990 and 2005, guns were used to kill more than two-thirds of spouses and ex-spouses who were victims of domestic violence. Last year, this Committee, the full Committee, reported out H.R. 822, the National Right to Carry Reciprocity Act of 2011. It was considered by this Committee shortly after a lady out in California at hair shop where she did hair, a beautician, was stalked and then killed by her estranged husband. And I think seven other people were killed also in that rampage. And we were considering at that time a bill that I opposed. It would have allowed States to— or it would have allowed a Federal permit essentially to carry guns in States that may not allow persons who have been convicted of domestic violence from being able to get a license for a weapon.

Can you comment on all of that for me?

Ms. CARBON. Under Federal law, if—I am not clear on the permitting process because that typically is done by local and State government. But on the issue of under either civil protection orders or under criminal cases, I am happy to address the firearms issue there.

If there is a protective order in place, for example, the offender is not permitted to have access or possession.

Mr. JOHNSON. Yes. Well, now, under the National Right to Carry Reciprocity Act of 2011, I don't know if I would agree with your current assessment if that law passes. But at any rate, effect on domestic violence shelters.

Ms. CARBON. With regard to shelters, the Health and Human Services Department funds the shelters. We fund transitional housing programs and emergency housing. So we work in collaborative ways with them.

But I would agree with you the need for shelters is dire. We do not have enough beds. They are chronically under-funded, and it is a great problem. So I share that concern.

Mr. SENSENBRENNER. The gentleman's time has expired.

The gentlewoman from Florida, Mrs. Adams.

Mrs. ADAMS. Thank you, Mr. Chair.

I agree that we have come a long way from the times when we thought that spousal abuse and everything else was a family matter, from someone who has firsthand experience as a law enforcement officer and other things.

But I do have some questions because I do recognize this program. I have been in the State and dealt with it on many levels, both as a law enforcement officer and as a State legislator. So I am just going to go through a few things.

OVW was designed to be an office separate from DOJ's two major grant-making components, OJP and COPS. And the DOJ IG has reported areas where these distinctions have caused overlap and duplication in grant administration.

In what ways might consolidation of these offices, particularly with regard to sharing systems, procedures, other administrative processes, yield greater grant oversight and coordination and reduce costs, therefore allowing more money to go where it needs to be and that is the grants?

Ms. CARBON. We share the concern that we not have any redundancies in the grant-making components. Two things I would like to stress here.

Number one, we do have common areas where we do work—for example, the grants management system, the computerized system for applications, is something we share in common. We share the high-risk grantee list. There are a few other things.

But by having our own grants financial management division—I think this is critically important—we believe we can provide a better service to the grantees because of having more specialized staff, more specialized training, and more specialized technical assistance so that, indeed, the grantees can be using the funds as you all intended they be. Victims are getting the services and the communities are being better served as a result of this.

Mrs. ADAMS. And getting to the grants, GAO in reports and testimony has pointed out that the difficulties in evaluating effectiveness of various viable grants because grantees either do not collect, maintain, and report required information to OVW or the data provided to OVW by grantees is often difficult to evaluate given varying definitions among different programs. It is important to be able to determine how effective these various VAWA programs are and whether the grantees are providing adequate services for the amount of the funding they receive.

So what specific steps has OVW taken to ensure that grant recipients are collecting or reporting accurate and relevant data, and what are the major challenges you see with regard to meaningful data collection in order to determine program effectiveness?

Ms. CARBON. Approximately 10 years ago, Congress asked us to begin assessing our grant programs and we began a very vigorous campaign, working with the University of Southern Maine, to collect the kinds of data that we want. And over time, we have continued to improve and refine how we gather that data.

Over the course of every 6 months, we will receive, review, and analyze over 1,000 reports from our discretionary grantees and others. And then we funnel that information back and forth with the program staff, with the University of Southern Maine to make sure that we are collecting accurate data. Where we find that the instruments are not clear, we make improvements to that. We have worked with the field to continue refining so that definitions are consistent, so that the reporting forms are consistent across our programs so that we are gathering that data. But each report is distinct to the program so that we can gather specific information that tells us whether—

Mrs. ADAMS. So you are able to determine.

Ms. CARBON. Absolutely, distinguishing one from another.

Mrs. ADAMS. Explain OVW's relationship with the Muskie School of Public Service at the University of Southern Maine. What has OVW asked the Muskie School to do? How much has OVW paid the Muskie School for their services? And is the relationship still ongoing? What is the Muskie School still doing for OVW?

Ms. CARBON. Yes. And what I was alluding to there with the University of Southern Maine is the Muskie School of Public Policy at the University of Southern Maine. We entered into an arrangement with them, as I say, in about 2002, if I am not mistaken, al-

though they had done some work for us for a couple years earlier but under a different framework. And with that, we have paid, over the course of, I believe since 2001—it may be a little bit earlier—approximately \$17 million to review our 21 different grant programs. And of course, those programs have increased over time. It wasn't 21 at the beginning. That collectively comprises about half a percent of all of our grant funds, which is very minimal. Congress has allowed us to spend up to 3 percent on assessment of that.

So we gather this information—

Mrs. ADAMS. So it is still ongoing?

Ms. CARBON. It is still ongoing, yes.

Mrs. ADAMS. I have one other quick question I want to ask, and that is on STOP grants, which are OVW's single largest grant program. It is a formula-based program to fund State and local law enforcement, prosecution, and victim services. All or almost all of these functions are also funded by the Department's Byrne grant, you know, the Byrne/JAG program. You know that program. Right?

Ms. CARBON. Yes.

Mrs. ADAMS. And the Byrne grant is also another formula-based source of funding for the State and local governments.

So how does the STOP funding differ from the Byrne grant funding, and is it necessary to have two such overlapping programs?

Ms. CARBON. The STOP grant is distinguishable in its coordinated community response to ending sexual assault, domestic violence, dating violence, and stalking. And we do this through the implementation of—a portion of the funding goes to each different group, for example, a portion to prosecution, law enforcement, advocacy, courts, and then there is another fungible area that could go to anybody. We do this through the coordination of those services and ensuring that all of these four groups respond to the community-based needs that are determined. And it is up to the STOP administrators, working with their implementation team, to determine where the needs are, where the greatest victim service needs are, where the greatest offender accountability areas are, and working to do so.

Mr. SENSENBRENNER. The time of the gentlewoman has expired. The gentleman from South Carolina, Mr. Gowdy.

Mr. GOWDY. Thank you, Mr. Chairman.

Nell Lindsey was a nurse at a local hospital in Spartanburg. Her shift had ended and she walked to her car to go home, but the car wouldn't start because her estranged husband had put sugar in the gas tank. She called a friend to come get her. She was headed home when they saw an ominous sight, which was her husband following them in his car. And he had been ordered to stay away from her because he had broken her jaw on a family vacation. He had assaulted her in an Appleby's parking lot, and a judge had ordered him to stay away from her. But he didn't. He followed her.

And Nell and her friend Celeste did a very smart thing, Mr. Chairman. They headed straight for the Inman Police Department. They were running red lights, running stop signs, jumping over railroad tracks. And Nell got out her cell phone and called 911, and they pulled into the back parking lot of the Inman Police Station. And just as Nell was getting out with a cell phone in her hand, her

husband, Marion Lindsey, pulled up and shot her in the head four times with two children in the back seat.

Marion Lindsey killed Nell Lindsey. But in a very real sense, the entire system failed her, from orders of protection that are meaningless and can't stop bullets to women being asked in South Carolina to go represent themselves in domestic violence court, to inadequate training.

So Lynn Hawkins, through grants, Mr. Chairman—through grants—transformed our approach to violence against women, training law enforcement, training prosecutors, training magistrate judges, training pastors to view domestic violence as a crime and not a family matter. In 2008, we had zero domestic-related homicides in Spartanburg County. In 2011, we had one. So we went from leading the Nation in men killing women to actually doing a pretty good job.

And, Mr. Chairman, I have got to give credit for that to Lynn Hawkins and the approach that she took through these grants, not embarrassing prosecutors and cops, but training them and training pastors, and putting together a CDV board with the community involved. And we are making tremendous progress in South Carolina. This stain on the collective soul of our State is slowly being lifted.

But there are scores of other stories just like Nell Lindsey's. There is Liz Chesterman and there is Tamika Huston. I have got all these names running through my head of women who were killed by men in Spartanburg and Cherokee Counties. And we are making progress.

And I want to say this with respect to Lynn and the oversight of this grant program, because I sat through some of the review sessions, the oversight is in place, at least in Spartanburg, and the results are in place. So that is a former life for me, and I don't get to talk to those people anymore. But if you have a chance to talk to the people in South Carolina, and Spartanburg in particular, my sheriff Chuck Wright; my chief of police, Tony Fisher; Lynn Hawkins; Barry Barnett, the prosecutor; Rusty Clevenger, the coroner, tell them thank you for taking us from first in the Nation for men killing women to having years where we have zero domestic-related homicides.

I yield back.

Mr. SENSENBRENNER. That is a very appropriate note to close this hearing on. I thank the gentleman from South Carolina for sharing this information with us. This shows that the programs work. We need to have them work better. We need to have them touch more people. We need to do better training.

And if there are no further questions, without objection, the hearing is adjourned.

[Whereupon, at 11:04 a.m., the Subcommittee was adjourned.]

