



For more information, contact:

Jessica Renee Napier
jessica@calcasa.org
916.446.2520 x304
@CALCASA

Talking Points: 2010 National Intimate Partner and Sexual Violence Survey

On Wednesday, Dec. 14, the Centers for Disease Control and Prevention (CDC) released the 2010 National Intimate Partner and Sexual Violence Survey (NISVS). This 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. This large-scale ongoing study confirms many realities that advocates and educators already know about sexual violence, intimate partner violence, and stalking: These forms of violence continue to be pervasive and deserve more attention and funding. It also sheds new light on the scope and context of these forms of violence.

The study reveals that nearly 1 in 2 women (44.6%) and 1 in 5 men (22.2%) experience sexual violence other than rape throughout their lifetime. Approximately 1.3 million women reported being raped in the 12 months prior to taking the survey, highlighting the urgency for rape crisis centers to reach out to the community with intervention and counseling services. Currently, rape crisis centers are facing challenges to funding that supports intervention and prevention efforts. In California, Rape Prevention Education awards have been reduced to 40 percent from previous years. Additionally, the CDC is not releasing all Public Health Block Grant money, including the \$7 million "Rape Set Aside" money that is distributed to coalitions and centers throughout the country. California's 63 rape crisis centers and service providers could stand to lose more than \$800,000 as a result of this budget dispute.

A majority of funding dedicated to rape crisis centers is delivered from the federal budget, not the state budget. In California, there is only \$45,000 annually committed to sexual violence programs from the State Budget. In the 2010/2011, about 30,000 Californians accessed intervention services, which means the state allotted about \$1.50 for each person served. The NISVIS survey shows that there are more than 2 million people in the California who are survivors of rape. Due to the small amount of funding provided by the state, rape crisis centers struggle to reach all survivors. The social norms that contribute to violence can be changed, and rape crisis centers and other anti-violence programs need financial support to meet such a goal.

NISVS Background:

- NISVS measures lifetime victimization for sexual violence, stalking and intimate partner violence, as well as victimization in the 12 months prior to the survey.
- The survey goes beyond counting actions of sexual violence, stalking and intimate partner violence by assessing the range of violence experienced by victims and the impact of that victimization.
- The report also includes the first-ever simultaneous national and state-level prevalence estimates of these forms of violence for all states.
- The 2010 NISVS presents data from the first year of data collection, based on 16,507 completed telephone interviews (9,086 women and 7,421 men) in the general population sample.
- Whereas other data surveys are collected with a crime and/or public safety context, NISVS frames the issues as they relate to public health.
- Other surveys, such as the F.B.I.'s Uniform Crime Report, collect voluntary data from law enforcement agencies. NISVS data is collected randomly, representative of each state.

Survey Impact

As advocates and educators, we believe that violence can be prevented and its impact can be reduced. NISVS provides a compelling reason to support primary prevention initiatives to ultimately reduce sexual violence in our communities. The data from NISVS will help inform areas such as prevention & intervention efforts, strategic planning, policy and program development. The social norms that contribute to violence can be changed. Primary prevention reaches beyond a reaction to these health issues; it provides a proactive paradigm in which communities can identify how to nurture future generations to be healthier and less violent.

1215 K Street, Suite 1850
Sacramento, CA 95814

Voice 916.446.2520
FAX 916.446.8166

info@calcasa.org

calcasa.org



For more information, contact:

Jessica Renee Napier
jessica@calcasa.org
916.446.2520 x304
@CALCASA

NISVS: General Questions

How serious are these issues?

Violence is widespread in all communities. Most events resulting in injury, death or disability are predictable and therefore preventable. The burden of injury and violence coupled with the enormous fiscal cost of these problems to society make them a pressing public health concern.

Why are some groups more or less likely to experience victimization?

No group is free from violence; however, patterns have emerged showing that women, young people, and racial and ethnic minorities are the most heavily affected. Oppression and a number of social factors such as attitudes about violence, poverty and disadvantage, sexism, and other forms of discrimination and social exclusion contribute to risk for perpetration and victimization. Additionally, stressors resulting from limited access to education, community resources and services contribute to these different rates of perpetration and victimization in certain populations.

Does violence cause negative health outcomes?

We know from other research that exposure to these kinds of violence can result in serious long-term physical and mental health problems as a result of the body's biological responses to trauma. These data allow us to evaluate whether victimization is associated with the likelihood that respondents will also report current health problems.

How will your agency be able to use this data to prevent future violence from occurring?

This information will help us to determine agency training programs; set and monitor program goals at the state level; inform prevention planning and priority-setting processes; inform health education and other prevention programs; support public health policies; and inform funding decisions for state-level initiatives.

NISVS: National Data

What is the difference between, *rape*, *other forms of sexual violence* and *made to penetrate*?

The survey data show that nearly half of all women and 1 in 5 men have experienced *other forms of sexual violence* in their lifetime. This may include behaviors such as sexual coercion, unwanted sexual touch and non-contact forms of sexual violence. *Made to Penetrate* is a form of sexual violence that is distinguished from *rape*. Being made to penetrate represents times when the victim was made to, or there was an attempt to make them, sexually penetrate someone else without the victim's consent. In contrast, *rape* represents times when the victim, herself or himself, was sexually penetrated or there was an attempt to do so. In both rape and made to penetrate situations, this may have happened through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physical harm; it also includes times when the victim was drunk, high, drugged, or passed out and unable to consent.

Why do reporting rates continue to be so much lower than the NISVS data?

Most victims of rape and other forms of sexual violence know the perpetrator. This study categorized possible relationships as family members, person of authority, current or former intimate partner, acquaintance or stranger. NISVS reports that 51.1 percent of female survivors identified the perpetrator as a former or current intimate partner; and 40.8 percent of female survivors reported being raped by an acquaintance. Victims often feel too conflicted, scared, guilty or embarrassed to report it, yet will suffer the physical and emotional consequences.

The data shows that most female survivors are raped before age 25, and more than one-fourth of male survivors were first raped at or before age 10. What are the implications of child sexual abuse?

Both boys and girls are vulnerable to child sexual abuse. The impact of child sexual abuse left untreated can impact victims into adulthood. We know from other research (such as the Adverse Childhood Experiences Study) that exposure to sexual violence can result in serious long-term physical and mental health problems including depression, self-destructive behavior, anxiety, feelings of isolation and stigma, shame, poor self-esteem, difficulty in trusting others, a tendency toward re-victimization, substance abuse, and sexual maladjustment current health problems.

1215 K Street, Suite 1850
Sacramento, CA 95814

Voice 916.446.2520
FAX 916.446.8166

info@calcasa.org

calcasa.org



For more information, contact:

Jessica Renee Napier
jessica@calcasa.org
916.446.2520 x304
@CALCASA

Why are women likely to be re-victimized if they were raped as children?

This pattern of re-victimization does not surprise advocates but may be even more prevalent than we previously realized. 35 percent of the women who were raped as minors were also raped as adults — compared with 14 percent of those who were not raped as children. The sexual abuse of children and youth can have serious lasting effects that can increase their vulnerability into adulthood. Other research looking into the connections between victimization as a child and then again as an adult find that those who experienced both types of sexual violence were more likely to report psychological distress, suicidality, and self-injury than respondents who reported only one form or no victimization. Recent drug use was also more common among sexually victimized respondents than respondents who had never experienced any rape. Immediate and appropriate help, however, can begin to mediate the effects of childhood sexual abuse and provide a greater opportunity for a healthy and productive adult life.

NISVS: California

Why is the lifetime prevalence lower in California compared to the national data? Does this mean that prevention programs are creating a state in which people are less likely to be harmed?

The lifetime victimization experiences reported by individuals in a given state could include violence that occurred elsewhere. This data, however, provides insight about the proportion of women and men with victimization histories residing in California. Given the potential long-term health consequences of victimization and the likelihood of ongoing health and service needs, these estimates can help us understand the burden of violence in their populations.

NISVS: Male Sexual Abuse

This survey shows that 1 in 71 men have been raped in their lifetime. Why is this so much lower than previous data?

Sexual violence involves a continuum of behaviors not limited to rape. The survey shows that 1 in 5 men have experienced other forms of sexual violence in their lifetime. It also found that 1 in 21 men reported being made to penetrate someone, constituting another form of sexual violence that is less frequently discussed. Some new insight from the data reveals that the majority of male rape victims reported male perpetrators; but perpetrators of other forms of violence against males (being made to penetrate, sexual coercion and unwanted sexual contact) were mostly female.

Resources

- View the complete report and toolkit online at <http://www.cdc.gov/violenceprevention/nisvs>, and additional supporting resources at calcasa.org/nisvs.
- PreventConnect web conference *Understanding the differences between National Sexual Violence and Intimate Partner Violence Surveys*: <http://preventconnect.org/2011/05/preventconnect-web-conference-on-national-surveys>
- Future PreventConnect web conference about NISVS findings. *Information to come.*
- VawNet's NISVS Resource Page: <http://vawnet.org/research/NISVS>
- The Center for Disease Control & Prevention: <http://www.cdc.gov/violenceprevention/nisvs>