

Division of Violence Prevention Annual Report • 2011

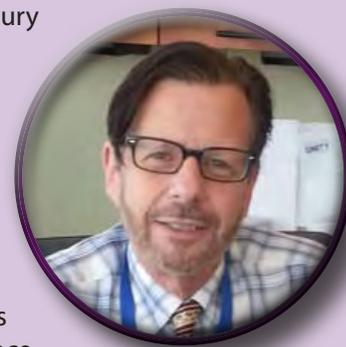


National Center for Injury Prevention and Control
Division of Violence Prevention



Safer People in a Safer World Through Violence Prevention...

Three decades ago, violence was considered inevitable. It was a normal part of life. Violent injury and death were in the purview of the criminal justice system and required a response that identified and punished the assailant. The important thing was to make sure someone was found to blame and punish. Fear of that punishment was believed to be the best and only method of prevention, but it was not particularly effective.



Even though violence was a leading cause of death, especially for young people, it was not viewed as a health problem. Yet there were more young people that were being murdered than those who were dying from illnesses and infectious diseases. More children were being exposed to violence than to fatal infections, and there was little to no recognition that these exposures might have lifelong consequences.



Fortunately, people began to question this view of things, study the dynamics and circumstances of violent injury and death, and recognize that violence has many of the same characteristics of other preventable health problems. Violence was not merely random. It was predictable based on a definable set of risk and protective factors as well as broad societal values and factors that could be influenced and moderated. It became increasingly clear that violence was preventable, and the field of violence prevention within public health was born.

Our understanding of the characteristics and consequences of violence has grown exponentially over time, leading us to develop increasingly effective ways of preventing violence. We can almost envision a world without violence. It is a world where our children can grow up safe from violent injury and protected from the exposures to violence that can have lifelong health consequences.

We owe our children nothing less than this kind of future.

While we are not yet where we want to be on this path to a violence-free world, we are moving in the right direction. In spite of our short history, CDC's Division of Violence Prevention has made great strides. This report provides a snapshot of CDC's work in violence prevention and highlights some of our accomplishments for 2011. In future editions, we hope to report even more progress toward our vision of a world without violence.

Sincerely,

Howard Spivak, MD

Director, Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Introduction

Violence is a key public health problem that prevents people in our nation from living life to the fullest. In 2009, homicides and suicides accounted for one out of every 50 US deaths. Although violence impacts people of all ages, races, and genders in the United States (US), it is a leading killer of our children and youth. Young people ages 10 to 24 are disproportionately impacted by violence with more than 5000 homicide deaths in 2009, an average of about 14 each day.

The number of violent deaths tells only part of the story. In 2009, an estimated 702,000 children were determined to be victims of abuse or neglect. More than 650,000 young people ages 10 to 24 were treated in US hospital emergency rooms that same year for injuries from violence-related assaults. In a national survey, 1 in 5 women and 1 in 71 men in the US reported being raped at some time in their lives. Nearly 3 in 10 women and 1 in 10 men reported experiencing rape, physical violence and/or stalking by an intimate partner with at least one impact such as being fearful, having PTSD symptoms or needing services.

Beyond the death and injury caused by violence, the physical and emotional trauma left behind can last a life time. Violence has been linked to mental health issues like depression and chronic diseases such as diabetes and asthma. The economic cost of violence is substantial and wreaks havoc on communities. In 2000, medical costs and lost productivity estimates associated with violence-related injuries and deaths exceeded \$70 billion each year. The

worker productivity, depletes social services, strains law enforcement, deters business development, and lowers property values.

The Centers for Disease Control and Prevention (CDC) began studying patterns of violence in the early 1980's after the US Surgeon General identified violent behavior as a key public health priority. In 1993 CDC established the Division of Violence Prevention (DVP) within the newly created National Center for Injury Prevention and Control (NCIPC) to lead CDC's efforts to prevent injuries and deaths caused by violence. DVP is home to the largest cadre of violence-prevention experts in the world and is comprised of social and behavioral scientists, epidemiologists, health scientists, public health advisors and analysts, as well as other professionals dedicated to DVP's mission of preventing injury and violence.

DVP is committed to stopping violence before it begins. The division's work involves:

- Describing and monitoring violence-related behaviors, injuries, and deaths
- Conducting research to understand the factors that increase risk or protect people from violence
- Creating violence prevention programs and evaluating their effectiveness
- Conducting research on the effective adoption and dissemination of prevention strategies
- Helping state and local partners plan, implement, and evaluate prevention programs



Understanding and Monitoring the Magnitude of the Problem

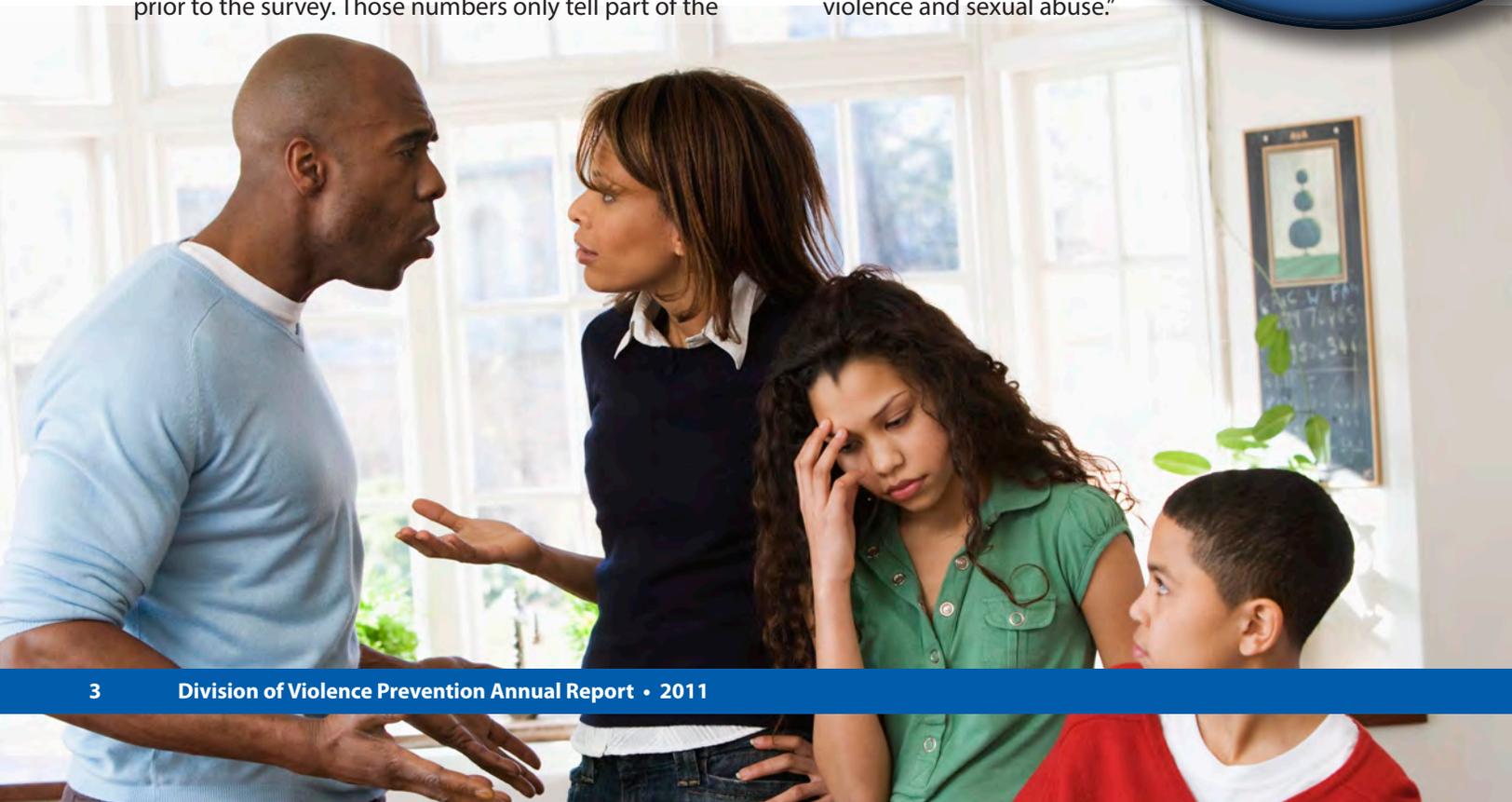
DVP is committed to eliminating violence and its consequences in peoples' lives. In order to achieve this goal, we first have to understand exactly how big of a problem we are facing. That is why data monitoring systems, also called surveillance systems, are critical. Data from these systems are needed to inform decision makers and program planners about the magnitude, trends, and characteristics of violence so that appropriate prevention strategies can be identified and put into place and evaluation efforts can be facilitated.

- Results from the National Violent Death Reporting System (NVDRS) indicated that the majority of the deaths captured in 2009 were suicides (61%), followed by homicides (25%), and deaths of undetermined intent (14%). A closer look at these data suggests that violent deaths disproportionately affected males, persons 20-54 years of age, and minority populations.
- First results from the National Intimate Partner and Sexual Violence Survey (NISVS) show that these types of violence are widespread in our society. On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States. Over the course of a year, that equals more than 12 million women and men. More than 1 million women reported being raped, and over 6 million women and men were victims of stalking in the 12 months prior to the survey. Those numbers only tell part of the

story. Some of the overarching findings suggest that people's first experiences with violence often happen at a young age; women are disproportionately affected by many of these types of violence; the majority of victims know their perpetrator; and most victims suffer health consequences such as poor mental and physical health. Kathleen Sebelius, Secretary of Health and Human Services, commented on the NISVS report saying, "This landmark report paints a clear picture of the devastating impact these violent acts have on the lives of millions of Americans. The information collected in this ongoing survey will serve as a vital tool in the Administration's efforts to combat domestic violence and sexual abuse."

"The information collected in this ongoing survey will serve as a vital tool in the Administration's efforts to combat domestic violence and sexual abuse."

***-Kathleen Sebelius
Secretary, Department of
Health and Human
Services***



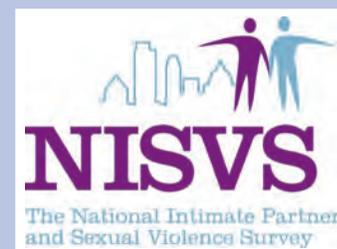
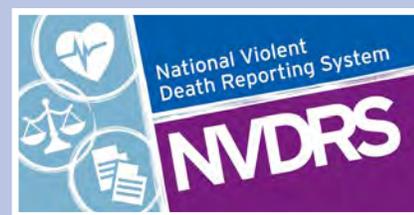
Ongoing Data Systems to Monitor Violence over Time

The **National Electronic Injury Surveillance System All Injury Program (NEISS-AIP)** is a collaborative effort by the National Center for Injury Prevention and Control (NCIPC) and the Consumer Product Safety Commission (CPSC). The NEISS-AIP data provide information about what types of nonfatal injuries occur in U.S. hospital emergency departments, how common they are, who they affect, and what causes them. National estimates based on weighted data NEISS-AIP can be accessed by the public through WISQARS™ (Web-based Injury Statistics Query and Reporting System). www.cdc.gov/injury/wisqars/index.html

Before CDC established the **National Violent Death Reporting System (NVDRS)**, frontline investigators, including homicide detectives, coroners, crime lab investigators and medical examiners, collected valuable information about violent deaths. But they didn't combine the information into one comprehensive reporting system that provides the complete picture. Instead, data remained in pieces, across a variety of different systems. In 2002, CDC received funding to create NVDRS. This provided an opportunity to link detailed information – from death certificates, police reports, and coroner or medical examiner records – into a useable, anonymous database. Unlike other systems, NVDRS is incident-based and captures events such as a homicide followed by a suicide or incidents with multiple homicides. NVDRS operates in 18 states, pulling together data on violent deaths (e.g., child maltreatment fatalities, homicides, suicides), unintentional firearm injury deaths, and deaths of undetermined intent.

The **National Intimate Partner and Sexual Violence Survey (NISVS)** is one of CDC's newest public health surveillance systems and is designed to describe the magnitude of sexual violence, stalking and intimate partner violence victimization in the United States. It is the first survey of its kind to provide simultaneous national and state-level prevalence estimates of violence for all states. NISVS also provides data on several types of violence that have not previously been measured in a national population-based survey.

The **School-Associated Violent Death Study (SAVD)** presents the most recent data available in school-associated violent deaths, characterizes common features of these events, and identifies potential risk factors for perpetration and victimization. Since 1992, DVP has collaborated with the Departments of Education and Justice to monitor school-associated violent deaths at the national level. Information is collected each year from media databases, police, and school officials.



Building the Knowledge Base

In order to make a difference, we have to understand why violence occurs and what the best strategies are for preventing violence. DVP is committed to developing a rigorous science base that can be used for action. We do this by:

- Conducting research on the consequences and costs of violence to build the case for violence prevention and guide response systems.
- Assessing which factors put people at risk or protect them from violence and using this information to develop prevention strategies. Factors investigated include characteristics of individuals, peers, families, organizations, communities, and society.
- Rigorously evaluating strategies to determine “what works” to prevent violence. This includes evaluating programs for individuals, families, and peer groups; environmental interventions and policies; and comprehensive, multi-faceted prevention strategies.
- Conducting research to determine the most successful ways to disseminate and implement effective strategies to make sure that the evidence-base is widely used.

attempts were significantly higher among young adults aged 18-29 years compared to those over 30. Suicidal thoughts, but not suicide planning or attempts, were significantly higher among females than males.

- The influence of media on the aggressive behavior of youth has been a long-standing question in violence prevention. A CDC study examined the relationship between media usage and violence in youth who were 10-15 years old. The findings showed that youth who purposely watched, read, or visited websites depicting violent x-rated material were almost six times more likely over time to report engaging in sexually aggressive behavior than youth without such exposure. In contrast, youth who purposely exposed themselves to nonviolent x-rated material were no more likely than youth who reported no exposure to x-rated material to engage in sexually aggressive behavior.



**One
of ten journal
articles named
“best violence research
in 2011” as reviewed
in Psychology of
Violence**

What contributes to violence?

- The recent economic downturn has spurred questions about the economy’s effect on violence. DVP researchers examined the impact of business cycles on U.S. suicide rates from 1928-2007. This was the first study of its kind; findings indicated that suicide rates generally rise during economic recessions, and fall during periods of strong economic expansion. The strongest association between business cycles and suicide occurred among people in prime working ages, 25-64 years old.
- Data from a nationally representative sample revealed that approximately 8.3 million adults (3.7% of the adult population) had suicidal thoughts, 2.2 million adults (1.0% of the adult population) made suicide plans, and 1 million adults (0.5% of the adult population) made a suicide attempt in the past year. This was the first report to present state-level data on non-fatal suicidal behavior. Suicidal thoughts, suicide planning, and suicide

What Works to prevent violence?

- Results from a DVP funded evaluation suggested that business improvement districts (BIDs) were effective at reducing rates of crime and violence in Los Angeles. BIDs are community based, self-organizing public-private organizations that provide economic development opportunities within communities by collecting assessments from local businesses or property owners, and using the funds to invest in local-area service provision, street cleaning/beautification, and public safety. The evaluation indicated that implementation of BIDs was associated with a 12% drop in robbery and an 8% drop in violent crime overall. BIDs were also associated with 32% fewer police arrests over time, suggesting that the decreases in crime were not due to increased police activity. A cost analysis found that investments in BID neighborhoods resulted in cost savings due to reduced crime rates, reduced arrests, and lower prosecution-related expenditures.

- DVP collaborated on a study that evaluated an information sharing partnership between health services, police, and local government in Cardiff, Wales. Information was collected from patients treated in emergency departments for violence-related injuries on the setting and circumstances leading to the injury. Based on these data, targeted policing, shortened bar hours, and other strategies were used to prevent violence where it was most frequently occurring. The results showed that this intervention led to a significant reduction in violent injury and was associated with an increase in police recording of minor assaults.

- Family and couples-based programs to prevent teen dating and adult intimate partner violence
- Innovative bystander approaches that use social marketing, peer-theater, and other media to prevent sexual violence in adolescent and college groups
- School-based approaches that address sexual violence, sexual harassment, bullying, and dating violence
- Individual, family, and community connectedness to prevent suicidal behavior
- Early Head Start and its impact on preventing child maltreatment
- Economic development, housing programs, school reform and their impact on preventing youth violence
- The best ways to implement Triple P, which is an evidence-based system of interventions to promote positive parenting and support families

Work in Progress

DVP has a number of evaluation studies in progress that will conclude in the near future, including studies of:

- Understanding the unique characteristics and circumstances associated with sexual violence in groups of American Indian, Hispanic, and African American women
- Examining risk factors for bullying and sexual violence among middle school students, as well as the links between bullying experiences and sexual violence perpetration and victimization

Evaluating Comprehensive Efforts

DVP is rigorously evaluating comprehensive efforts to prevent youth peer violence and teen dating violence through two initiatives:

- The National Academic Centers for Excellence in Youth Violence Prevention (ACEs) partner with high-risk communities to implement and evaluate multi-faceted, evidence-based approaches to prevent youth violence. The ACEs' comprehensive approach targets individual, relationship, and community factors that put people at risk or protect them from youth violence. A range of specific strategies are being implemented including school-based programs and community clean-up programs. The ACEs carefully plan their interventions prior to implementation by working closely with many public and private sector partners, including

health departments, schools, local law enforcement and judicial systems, and community members and agencies.

- Dating Matters™ is a comprehensive approach to promote respectful, nonviolent dating relationships and decrease emotional, physical, and sexual dating violence among 11-14 year olds. The comprehensive approach includes evidence-based student and parent programs, educator trainings, exploration of local policy alternatives and their impact, and neighborhood communication strategies utilizing peer ambassadors and social networking. Over the next five years, Dating Matters™ will be implemented and rigorously evaluated in middle schools and neighborhoods across four high-risk urban areas.

Acting on What We Know

It is not enough to know the magnitude of violence in our society, what contributes to violence, and what works to prevent it. We must also use what we know in everyday practice to move this knowledge to action. DVP assists states, communities, and organizations so that they can act on what we know about violence in two ways:

“To be actionable, knowledge... must lead to behavior change in the form of choice (guiding decisions) or implementation (guiding actions).”

-Milton R. Blood

- **Enhancing Prevention Practice**—we provide funding to state and community agencies and offer training, and individualized technical assistance to those grantees
- **Developing Resources**—we provide written materials, as well as online training and resources to both our grantees and the broader practice field

Work to End Rape (EMPOWER). DVP works intensively with EMPOWER states to build their capacity for sexual violence program planning, implementation, evaluation and sustainability.

- DVP is building capacity for the prevention of intimate partner violence (IPV) through two initiatives: DELTA (Domestic Violence Prevention Enhancements and Leadership Through Alliances), and DELTA PREP (Preparing and Raising Expectations for Prevention).
 - Through **DELTA**, CDC funds 14 state domestic violence coalitions who in turn provide prevention-focused training, individualized technical assistance or consultation, and funding to local communities. Each of the state domestic violence coalitions worked with a diverse group of people from within their states to develop a 5–8 year plan for the prevention of IPV. Currently, the coalitions are implementing and evaluating these plans.
 - Through **DELTA PREP**, DVP supports an additional 19 state domestic violence coalitions to begin the process of incorporating primary prevention strategies into their every day work using the lessons learned from the DELTA Program. It is a collaborative effort between CDC, the CDC Foundation, and the Robert Wood Johnson Foundation. As of 2011, DELTA PREP coalitions documented more than 200 changes within their own organizations, suggesting increased capacity for conducting IPV primary prevention.

Enhancing Prevention Practice for Violence Prevention

- DVP provides national leadership on sexual violence prevention by administering the **Rape Prevention and Education Program** (RPE) to help health departments and sexual assault coalitions more effectively use funds provided through the Violence Against Women Act. The funding supports educational seminars, hotlines, training programs for professionals, the development of informational materials, special strategies for underserved communities, as well as coalition building, community mobilization, and norms change. RPE supports programs in all 50 states, the District of Columbia, Puerto Rico, and seven U.S. territories. Six RPE grantees receive funding for **Enhancing and Making Programs**

DVP assists states, communities, and organizations so that they can act on what we know about violence prevention.

The California Department of Public Health uses RPE funding to support MyStrength Clubs for young men ages 14–18 at more than 40 sites throughout the state. MyStrength Clubs are organized around the theme “my strength is not for hurting” and emphasize that men can be strong without using coercion, intimidation, force, or violence in their relationships. In 2011, California’s RPE program evaluated the impact of the MyStrength Clubs. Findings suggest that MyStrength Clubs have:

- Helped young men recognize negative behaviors, improve their relationship skills, and challenge stereotypes about what it means to “be a man”
- Served as a catalyst for the adoption of comprehensive primary prevention strategies
- Opened the door for new funding and increased the number of community and school partnerships
- Created an opportunity to include male allies in prevention strategies



- **Striving To Reduce Youth Violence Everywhere (STRYVE)** is a national initiative led by DVP to prevent youth violence before it starts among young people ages 10 to 24. STRYVE’s vision is safe and healthy youth who can achieve their full potential as connected and contributing members of thriving, violence-free families, schools, and communities. Goals of STRYVE include increasing public health leadership to prevent youth violence and promoting the implementation and dissemination of prevention approaches that are based on the best available evidence through trainings, tools, and other resources. In 2011, DVP funded four local health agencies to implement STRYVE. All sites are in the process of developing a comprehensive plan to prevent youth violence in their selected neighborhoods.

- Through **Urban Networks to Increase Thriving Youth through Violence Prevention (UNITY)**, DVP assists large urban US cities in building effective, sustainable efforts to prevent youth violence before it occurs. UNITY includes training and tools on how to provide youth safe environments with supportive relationships and opportunities for success. One example, the UNITY Roadmap, is a technical tool specifically developed for large cities, describing the core elements necessary to prevent youth violence (e.g., leadership, collaborations, programs, strategic plans, funding). UNITY also provides an extensive peer network to help city leaders share and advance their successful violence prevention efforts.

Violence Prevention Resources

- **VETOViolence** is an online resource for violence prevention practitioners that is available 24 hours a day, 7 days a week (www.vetoviolence.org). In 2011, VetoViolence received a Gold Communicators Award of Excellence from the International Academy of the Visual Arts.

Out of more than 6,000 entries, VetoViolence was selected as the winner in the “social responsibility interactive Web site that promotes or draws awareness to social issues” category.

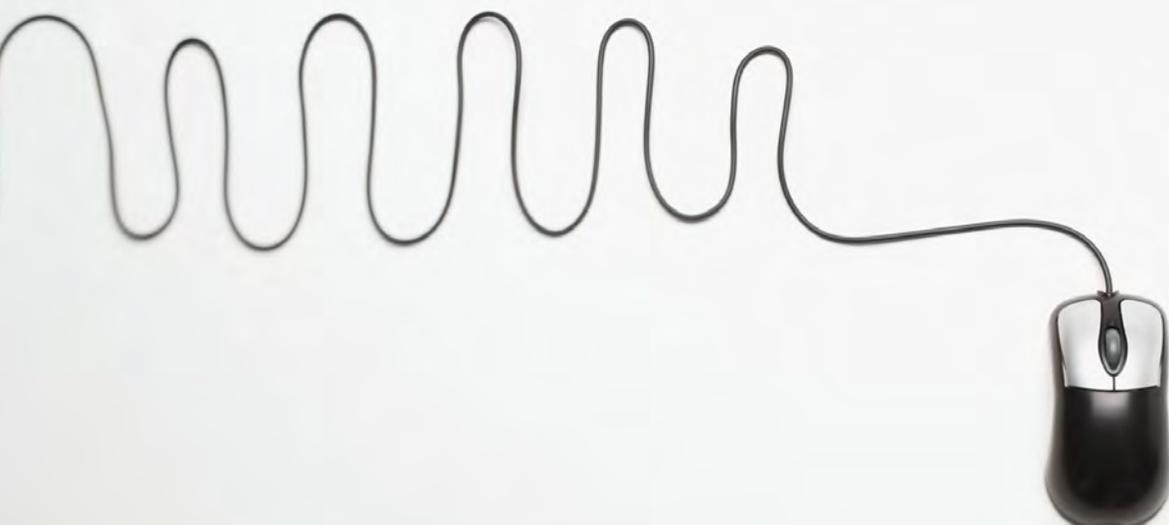
“This is the best training on any subject, including primary prevention, that I have received in an online format. It’s awesome!”

-Staff member, Wyoming Department of Health

- **Principles of Prevention (POP)** is a free online training course available on VETOViolence. Launched in January 2011, POP is designed for those working to stop violence before it starts, teaching the fundamentals of effective violence prevention methods, and

incorporating the growing body of research on what works. POP includes interviews with leading experts in the field, dynamic graphics, interactive exercises, and compelling storytelling that make the case for violence prevention. Physicians, nurses, and health educators can earn certificates of completion and continuing education credits for completing POP. In 2011, the POP training was accessed more than 20,000 times and 1,600 professionals received CEUs. In addition, the Health Sciences Department at Brigham Young University made the POP training mandatory for all undergraduate students enrolled in injury prevention coursework, and the Ministries of Health in Colombia and Zambia asked if they could use the training broadly in their countries.

- Another online training, **Dating Matters™: Understanding Teen Dating Violence Prevention** is a 60-minute, interactive training designed to help educators, youth-serving organizations, and others working with teens understand the risk factors and warning signs associated with teen dating violence. Dating Matters™ takes place in a virtual school setting, complete with navigation through school hallways and classrooms. A teacher’s whiteboard presents information in a user-friendly way and provides navigation, help, and interactive resources for use throughout the course.



- DVP supports several resource centers and collaborations designed to provide violence prevention practitioners with the highest level of technical assistance and evidence-based information to advance their work.



- The **National Sexual Violence Resource Center** (NSVRC) identifies and disseminates information, resources, and research on all aspects of sexual violence prevention and intervention. The NSVRC website features links to related resources and information about conferences, funding, jobs, and special events.
- **Prevention Connection**, a project of the California Coalition Against Sexual Assault, features an online public listserv and bi-monthly Web-based forums. The listserv and Web forums provide prevention experts with a vehicle for analyzing and discussing ongoing efforts to prevent domestic and sexual violence. In 2011, Prevention Connection hosted 24 web conferences on key topics in sexual violence prevention and provided 41 podcasts. Topics included: From Data to Prevention, Leveraging Resources to Sustain Sexual Violence Prevention, and Working with Men and Boys to Prevent Intimate Partner Violence: Lessons Learned from DELTA Programs.
- The **National Online Resource Center on Violence Against Women** (VAWnet) provides a collection of full-text, searchable resources on domestic violence, sexual violence, and related issues, as well as links to an “In the News” section, calendars listing trainings, conferences, grants, and access to the Domestic Violence Awareness Month and Sexual Assault Awareness Month sub-sites.

Working Together

DVP participates in a variety of partnerships to promote collaborative action, because preventing violence requires unified action by multiple sectors and disciplines. From suicide prevention to violence against women, DVP's partnerships have advanced the field of violence prevention through multisectoral action.

- Some of DVP's strongest partnerships come from our work with other federal partners.
 - The **Suicide Prevention Federal Working Group** (FWG) was formed in 2000. Twice a year, the workgroup publishes a Compendium of Federal Activities and meets annually with the National Council for Suicide Prevention (NCSP), a coalition of the nation's leading non-profit organizations dedicated to suicide prevention.
 - The **Elder Justice Interagency Working Group** was formed in 2001 to discuss emerging issues, promising practices, and ways to coordinate their efforts. Representatives from DVP work with other work group members to maintain a list of federal initiatives to address elder abuse, coordinate and sponsor federal activities for World Elder Abuse Awareness Day, and identify possible areas for collaborative work in addressing provisions of the Elder Justice Act.

- DVP works together with a wide range of partners to further global violence prevention efforts. Some examples of these partnerships include:

- **Together for Girls:** CDC is one of several organizations working on Together for Girls to end sexual violence against girls. This global, public-private partnership was launched at the annual meeting of the Clinton Global Initiative on September 25, 2009. Currently, the partners include the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Office of Global Women's Health Issues, CDC, United Nations Children's Fund (UNICEF), United Nations Population Fund, Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Fund For Women, Becton, Dickinson and Company (BD), CDC Foundation, Grupo ABC, and the Nduna Foundation. Together for Girls centers on three pillars: (1) Conducting national surveys to document the magnitude and impact of sexual violence against girls, (2) Supporting a plan of action at the country level with interventions tailored to address sexual violence, and (3) Launching communications and public awareness campaigns to draw attention to the problem and motivate changes in societal and gender norms and behaviors. In 2011, The United Republic of Tanzania released findings from its first national Violence Against Children Study (VACS), which was coordinated by UNICEF and CDC with support from Muhimbili University of Health and Allied Sciences (MUHAS) and a Multisectoral Task Force.



- **IOM's Global Violence Prevention Forum:** CDC supports the Institute of Medicine (IOM) in the development of a Global Violence Prevention Forum. The forum helps a group of United States and international government and private sector organizations to: exchange information and ideas about violence prevention, especially in low- and middle-income countries; clarify policy, research, and practice priorities for further study or investment; and use workshops and reports to educate the public and leaders about the scientific basis and public health needs for global violence prevention. In 2011, the IOM convened two critical and popular workshops: *Workshop on the Social and Economic Costs of Violence: The Value of Prevention* and *Prevent Violence: Communication and Technology for Violence Prevention –A Workshop*. www.iom.edu/Activities/Global/ViolenceForum.aspx
- **World Health Organization:** DVP has a strong partnership with the World Health Organization (WHO) and its Department of Violence and Injury Prevention and Disability. In 2002, two DVP senior scientists co-authored chapters and co-edited the World Report on Violence and Health. Since then, DVP became a founding member of the Violence Prevention Alliance, and supports this effort through funding and representation. In 2011, DVP staff participated in the 5th Milestones of a Global Campaign for Violence Prevention Meeting held at the International Convention Centre in Cape Town, South Africa. Almost 300 experts from more than 60 countries discussed progress in WHO's Global Campaign for Violence Prevention. The group strategized next steps by presenting new evidence on effective interventions to prevent interpersonal violence in low-, middle-, and high-income countries, emphasizing multi-sectoral collaboration and joint programming for addressing underlying risk factors for different forms of violence, and supporting the development of a global status report on violence prevention. A DVP Senior Scientist is serving on the advisory committee for this global status report.

Moving Forward: Our Focus Areas in Brief

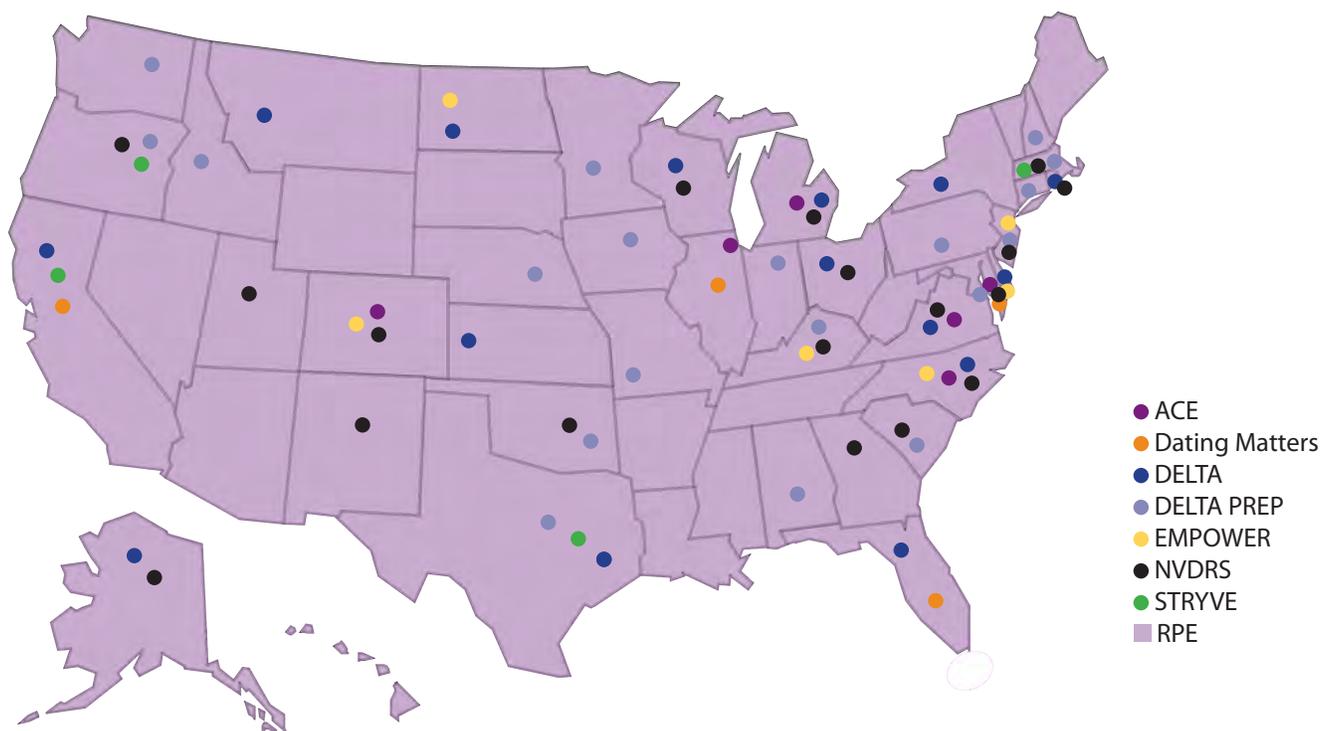
CDC's Division of Violence Prevention conducts research on violence, its causes, and effective prevention strategies and supports violence prevention efforts in states and communities. As DVP moves forward, our efforts will continue to focus on the following areas:

- Preventing **Child Maltreatment** by promoting safe, stable, and nurturing relationships between children and their caregivers.
- Preventing **Intimate Partner Violence** by promoting respectful, nonviolent relationships through individual, community, and societal change.
- Preventing **Sexual Violence** by promoting social contexts that prevent sexual violence perpetration across the lifespan.
- Preventing fatal and non-fatal **Suicidal Behavior** by promoting connectedness within and among individual persons, families, and communities.
- Preventing **Youth Violence** by promoting strategies that are based on the best available evidence and are aimed at providing youth with skills, safe environments, supportive relationships, and opportunities for success.
- Preventing **Global Violence**, especially in low- and middle-income countries, by developing, disseminating, and exchanging science-based knowledge and practice. DVP does this by providing global leadership, enhancing the ability of others to identify and address violence, conducting globally relevant research, and by promoting the global adoption of effective strategies, programs, and policies to prevent violence.
- Engaging with partners in the prevention of **Elder Maltreatment** as this emerging field continues to grow.

2011 Organizational Chart



Map of Programatic and Research Activities



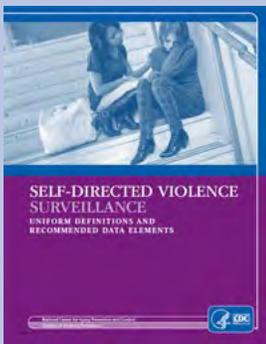
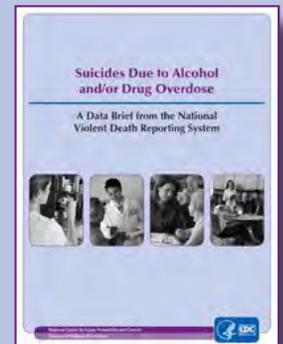
Key Publications



The National Intimate Partner and Sexual Violence Survey (NISVS) 2010 Summary Report.

This report presents information on sexual violence, stalking, and intimate partner violence victimization. It also presents information on types of violence that have not 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.

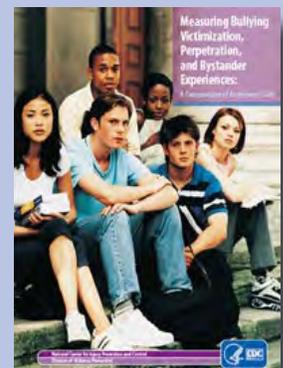
Suicides Due to Alcohol and/or Drug Overdose: An NVDRS Data Brief. This data brief summarizes suicide deaths reported in the National Violent Death Reporting System (NVDRS) due to poisoning by alcohol and other drug ingestion. The brief contains data from 16 states implementing NVDRS from 2005-2007. Alcohol and drug abuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior.



Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements.

CDC released uniform definitions and recommended data elements for surveillance of self-directed violence to improve and standardize data collection. Consistent data allow researchers to better gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs. The definitions and data elements were developed in collaboration with the Department of Veterans Affairs and the Department of Defense.

Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools. This compendium provides researchers, prevention specialists, and health educators with tools to measure a range of bullying experiences: bully perpetration, bully victimization, bully-victim experiences, and bystander experiences. The ability to measure bullying experiences broadly and completely is crucial to prevention. This compendium is DVP's most requested publication and to date more than 15,000 copies have been distributed.



To order copies or download a PDF, please visit our website at www.cdc.gov/violenceprevention.

By the Numbers:

- 933,976 views of **DVP Web pages**
- 456,458 copies of **DVP publications** disseminated through CDC Info
- 16,276 fans on **Facebook**
- 1,580 completed credits for **Principles of Prevention** training on **VetoViolence**
- 519 **public inquiries** on violence prevention topics
- 211 completed credits for **Dating Matters** training on **VetoViolence**
- 161 **media inquiries** on violence prevention topics
- 63 **journal articles** in peer-reviewed literature

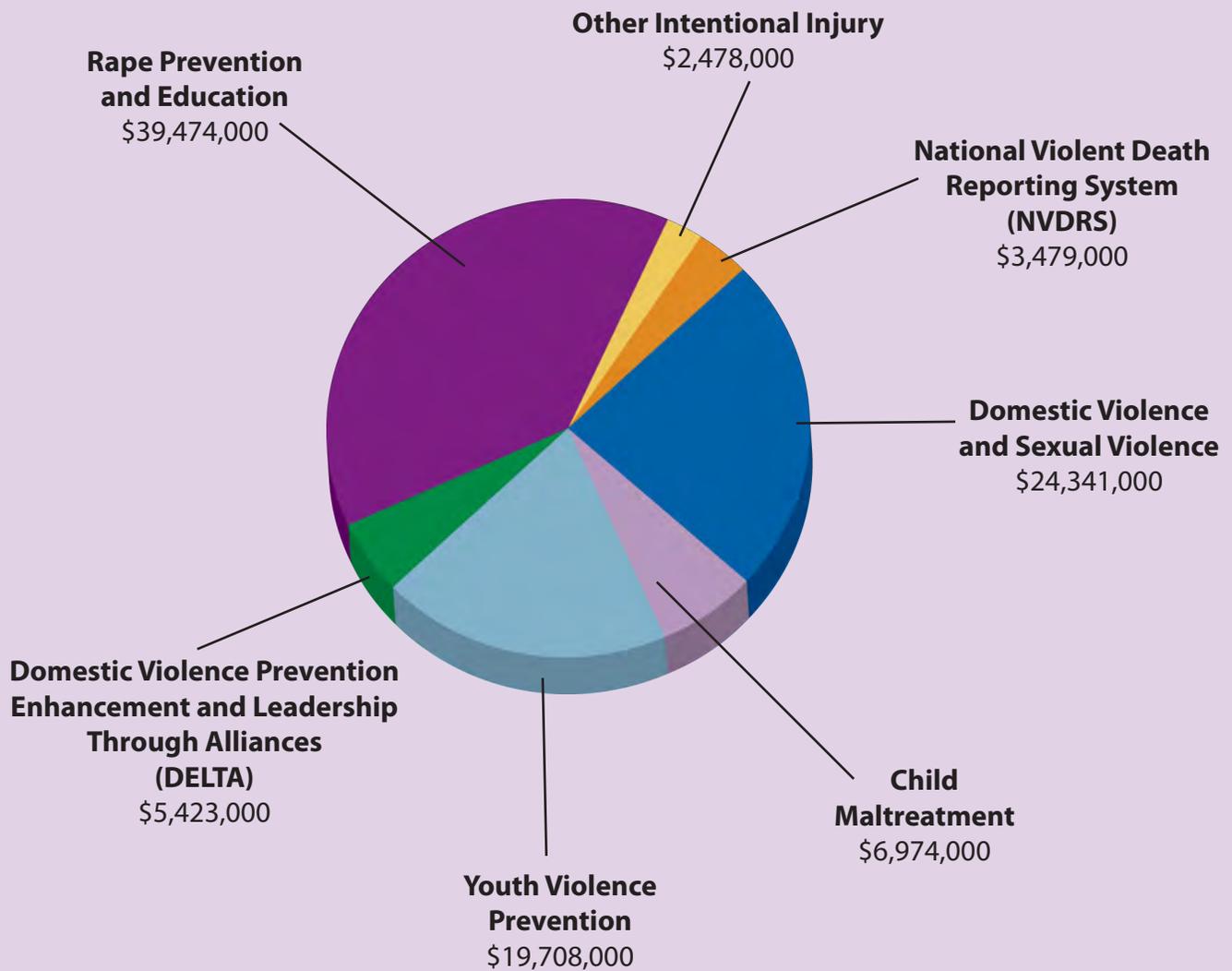
Top Five Most Popular DVP Web Pages:

1. National **Suicide Statistics** at a Glance (37,804 views)
2. **Suicide Prevention** Home Page (33,416 views)
3. About **School Violence** (32,770 views)
4. **Intimate Partner Violence** Home Page (29,898 views)
5. **Youth Violence** National and State Statistics at a Glance (28,309 views)

Did You Know...

- DVP's **Facebook** page has the largest following of any Division or Center at CDC.
- DVP's **Principles of Prevention** and **Dating Matters** trainings on **VetoViolence** have the highest completion rates of any CDC trainings.

Division of Violence Prevention FY 2011 Budget



2011 DVP Bibliography

Our scientists contribute to the development of numerous publications and articles that demonstrate our commitment to advancing the science base for violence prevention. The list below demonstrates the scope of our work in 2011.

ARTICLES

Basile KC, Hall J. Intimate partner violence perpetration by court ordered men: Distinctions and intersections among physical violence, sexual violence, psychological abuse, and stalking. *Journal of Interpersonal Violence* 2011; 26(1):230-53.

Basile KC, Sharon SG. Sexual violence victimization of women prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine* 2011; 5(5): 407-17.

Black MC. Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine* 2011; 5(5): 428-439.

Breiding MJ, Reza A, Gulaid J, Blanton C, Mercy JA, Dahlberg LL, Dlamini N, Bamrah S. Risk factors associated with the experience of childhood sexual violence among females in Swaziland. *Bulletin of the World Health Organization* 2011; 89: 203-210.

Breiding MJ, Ziembroski JS. The relationship between intimate partner violence and children's asthma in 10 U.S. states/territories. *Pediatric Allergy and Immunology* 2011; 22(1): e95-e100.

Brookmeyer KA, Henrich CC, Cohen G, Shahar G. Israeli adolescents exposed to community and terror violence: The protective role of social support. *Journal of Early Adolescence* 2011; 31(4), 577-603.

Brown DS, Fang X, Florence CS. Medical costs attributable to child maltreatment: A systematic review of short- and long-term effects. *American Journal of Preventive Medicine* 2011; 41(6): 627-35.

Budnitz DS, Lovegrove MC, Crosby AE. Emergency Department Visits for Overdoses of Acetaminophen-Containing Products. *American Journal of Preventive Medicine*. 2011; 40(6):585-592.

Chaffin M, Funderburk B, Bard D, Valle LA, Gurwitsch R. Randomized dismantling trial of a PCIT based parenting package for maltreating parents. *Journal of Consulting and Clinical Psychology* 2011; 79(1): 84-95.

Corso PS, Fang X, Mercy J. The benefits of preventing a child maltreatment death: Evidence from willingness to pay survey data. *American Journal of Public Health* 2011;101(3):487-490.

Crosby AE, Buckner AV, Taylor BD. Addressing self-directed violence prevention for preventive medicine practitioners. *American Journal of Lifestyle Medicine* 2011; 5(5): 418-427.

Dao T, Teten AL, Nguyen Q. Linear and orthogonal models of acculturation and its relations to cultural variables: An examination of the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA). *International Journal of Intercultural Relations* 2011; 35(1):61-68.

Eaton DK, Foti K, Brener ND, Crosby AE, Flores G, Kann L. Associations between risk behaviors and suicidal ideation and suicide attempts: Do racial/ethnic variations in associations account for increased risk of suicidal behaviors among Hispanic/Latina 9th- to 12th-grade female students? *Archives of Suicide Research* 2011; 15(2): 113-26.

Espitia-Hardeman V, Borse NN, Dellinger AM, Betancourt CE, Villareal AN, Caicedo LD, Portillo C. The burden of childhood injuries and evidence based strategies developed using the injury surveillance system in Pasto, Colombia. *Injury Prevention* 2011; Suppl 1: i38-44.

Fang X, Brown DS, Florence C, Mercy J. The economic burden of child maltreatment in the United States and implications for prevention.



Feder L, Niolon PH, Campbell J, Wallinder J, Nelson R, Larrouv H. The need for experimental methodology in intimate partner violence: Finding programs that effectively prevent IPV. *Violence Against Women* 2011; 17(3): 340-58.

Florence C, Shepherd J, Brennan I, Simon TR. Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. *British Medical Journal* 2011; 342:d3313.

Haegerich TM, Dahlberg LL. Violence as a public health risk. *American Journal of Lifestyle Medicine* 2011; 5(5): 392-406.

Haegerich TM, Hall JE. Violence and men's health: Understanding the etiological Underpinnings of men's experiences with interpersonal violence. *American Journal of Lifestyle Medicine* 2011; 5(5): 440-453.

Haileyesus T, Annet JL, Mercy JA. Non-fatal conductive energy device-related injuries treated in US emergency departments, 2005-2008. *Injury Prevention* 2011; 17(2):127-130.

Hammond WR, Arias I. Broadening the approach to youth violence prevention through public health. *Journal of Prevention and Intervention in the Community* 2011; 39(2):167-75.

Hankin A, Simon TR, Hertz M. Impacts of metal detector use in schools: Insights from fifteen years of research. *Journal of School Health* 2011; 81:100-106.

Hertz M, David-Ferdon C. Online aggression: A reflection of in-person victimization or a unique phenomenon? *Journal of Adolescent Health* 2011; 48(2):119-20.

Karch, D. Surveillance of sex differences in completed suicide among older adults: Data from the National Violent Death Reporting System—17 U.S. States, 2007-2009. *International Journal of Environmental Research and Public Health* 2011; 8(8):3479-3495.

Karch D, Nunn KC. Characteristics of elderly and other vulnerable adult victims of homicide by a caregiver: National Violent Death Reporting System—17 U.S. States, 2003-2007. *Journal of Interpersonal Violence* 2011; 26(1): 137-57.

Klevens J, Trick WE, Kee R, Angulo F, Garcia D, Sadowski LS. Concordance in the measurement of quality of life and health indicators between two methods of computer-assisted interviews: Self-administered and by telephone. *Quality of Life Research* 2011; 20:1179-86.

Krebs C, Breiding MJ, Browne, A., & Warner, T. (2011). The Association Between Different Types of Intimate Partner Violence Experienced by Women. *Journal of Family Violence*, 26, 487-500.

Leeb RT, Lewis T, Zolotor AJ. A review of physical and mental health consequences of child abuse and neglect and implications for practice. *American Journal of Lifestyle Medicine* 2011; 5(5): 454-468.

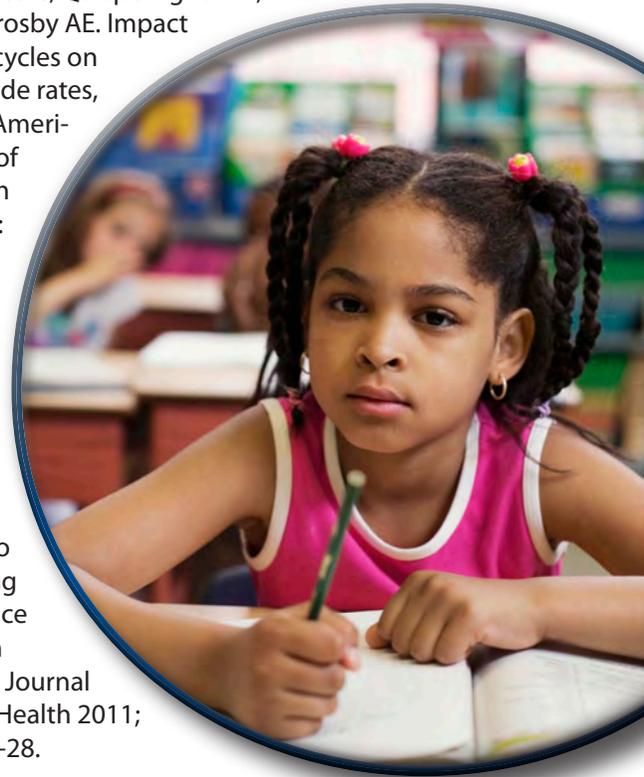
Logan JE, Crosby AE, Hamburger ME. Suicidal ideation, friendships with delinquents, social and parental connectedness, and differential associations by sex: Findings among a high-risk pre/early adolescent population. *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 2011; 32(6):299-309.

Logan J, Hall J, Karch D. Suicide categories by patterns of known risk factors: A latent class analysis. *Archives of General Psychiatry* 2011; 68(9):935-941.

Luo F, Florence C, Quispe-Agnoli M, Ouyang L, Crosby AE. Impact of business cycles on the U.S. suicide rates, 1928-2007. *American Journal of Public Health* 2011; 101(6): 1139-46.

Massetti GM, Vivolo AM, Brookmeyer K, DeGue S, Holland KM, Holt MK, Matjasko JL. Preventing youth violence perpetration among girls. *Journal of Women's Health* 2011; 20(10): 1415-28.

Matjasko JL. How effective are severe disciplinary policies? School policies and offending from adolescence into young adulthood. *Journal of School Psychology* 2011; 49(5):555-72.



2011 DVP Bibliography



Olsen EO, Hertz MF, Shults RA, Hamburger ME, Lowry R. Healthy people 2010 objectives for unintentional injury and violence among adolescents. *American Journal of Preventive Medicine* 2011; 41(6):551-558.

Parks SE, Kim KH, Day NL, Garza MA, Larkby CA. Lifetime self-reported victimization among low-income, urban women: The relationship between childhood maltreatment and adult violent victimization. *Journal of Interpersonal Violence* 2011; 26(6): 1111-1128.

Parks SE, Rodriguez S, Hellsten J, Mirchandani G. History of maltreatment among child decedents: Analyses of Texas Child Fatality Review Data, 2004–2007. *Injury Prevention* 2011;17(Suppl 1):i14-i18.

Peytchev A, Carley-Baxter LR, Black MC. Multiple sources of nonobservation error in telephone surveys: Coverage and nonresponse. *Sociological Methods and Research* 2011; 40(1):138-168.

Reidy DE, Shelley-Tremblay JT, Lilienfeld SO. Psychopathy, reactive aggression, and precarious proclamations: A review of behavioral, biological, and cognitive data. *Aggression and Violent Behavior* 2011; 16(6):512-524.

Self-Brown SR, Massetti GM, Chen J, Schulden J. Parents' retrospective reports of youth psychological responses to the sniper attacks, Washington DC area. *Violence and Victims* 2011; 26(1): 116-29.

Smith LR, Gibbs D, Wetterhall S, Schnitzer PG, Farris T, Crosby AE, Leeb RT. Public health efforts to build a surveillance system for child maltreatment mortality: lessons learned for stakeholder engagement. *Journal of Public Health Management and Practice* 2011; 17(6):542-549.

Smith SG, Basile KC, Karch D. Sexual homicide and sexual violence-associated homicide: Findings from the National Violent Death Reporting System. *Homicide Studies* 2011; 15(2): 132-53.

Smith SG, Breiding MJ. Chronic disease and health behaviors linked to experiences of nonconsensual sex among women and men. *Public Health* 2011; 125(9):653-659.

Teten AL, Sharp C, Stanford MS, Lake SL, Raine A, Kent TA. Correspondence of aggressive behavior classifications among young adults using the Impulsive Premeditated Aggression Scale and the Reactive Proactive Questionnaire. *Personality and Individual Difference* 2011; 50(2): 279-285.

Tharp AT, Vasterling JJ, Sullivan G, Han X, Davis T, Deitch EA, Constans J. Effects of pre- and post-Katrina nonviolent and violent experiences on male veterans' psychological functioning. *Disaster Medicine and Public Health Preparedness* 2011; 5(suppl 2): 227-234.

Vivolo AM, Holt MK, Massetti GM. Individual and contextual factors for bullying and peer victimization: Implications for prevention. *Journal of School Violence* 2011; 10(2): 201-212.

Vivolo AM, Matjasko JL, Massetti GM. Mobilizing communities and building capacity for youth violence prevention: The National Academic Centers of Excellence on Youth Violence Prevention. *American Journal of Community Psychology* 2011; 48(1-2): 141-45.

BOOKS and BOOK CHAPTERS

DeGue, S. A triad of family violence: Examining overlap in the abuse of children, partners, and pets. In: Blazina C, Boyra G, Shen-Miller D, editors. *The Psychology of the Human-Animal Bond: A Resource for Clinicians and Researchers*. New York, NY: Springer Press; 2011.

Klevens, J. Collective violence and children. In: Tremblay RE, Boivin M, Peters RDeV, editors. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2011:1-8. Available at: <http://www.child-encyclopedia.com/pages/PDF/KlevensANGxp1.pdf>.

Haegerich TM, Tolan P. Delinquency and comorbid conditions. In: Feld BC, Bishop DM, editors. *The Oxford Handbook of Juvenile Crime and Juvenile Justice*. New York, NY: Oxford University Press, 2011.

Rosenbluth B, Whitaker DJ, Valle LA, Ball B. Integrating strategies for bullying, sexual harassment and dating violence prevention: The Expect Respect Elementary School Project. In: Espelage DL, Swearer SM, editors. *Bullying in American Schools*. Mahwah, NJ: Lawrence Erlbaum Associates, 2011.

United Nations Children's Fund, Centers for Disease Control and Prevention, Muhimbili University of Health and Allied Sciences. *Violence against Children in Tanzania: Findings from a National Survey, 2009*. Dar es Salaam, Tanzania: UNICEF, 2011.

COMMENTARIES

Tharp AT, DeGue S, Lang K, Valle LA, Massetti G, Holt M, Matjasko J. Commentary on Foubert, Godin, & Tatum (2010): The evolution of sexual violence prevention and the urgency for effectiveness. *Journal of Interpersonal Violence* 2011; 26(16): 3383-92.

GOVERNMENT PUBLICATIONS

Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. *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, 2011.

CDC. *Suicides Due to Alcohol and/or Drug Overdose: An NVDRS Data Brief*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2011.

Crosby AE, Ortega L, Melanson C. *Self-directed 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; 2011.

Hamburger ME, Basile KC, Vivolo AM. *Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2011.

Puddy RW, Wilkins N. *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2011.

MMWR

Crosby AE, Han B, Ortega LAG, Parks SE, Gfroerer J. Suicidal thoughts and behaviors among adults aged ≥ 18 years—United States, 2008-2009. *Morbidity and Mortality Weekly Report* 2011; 60(SS13): 1-22.

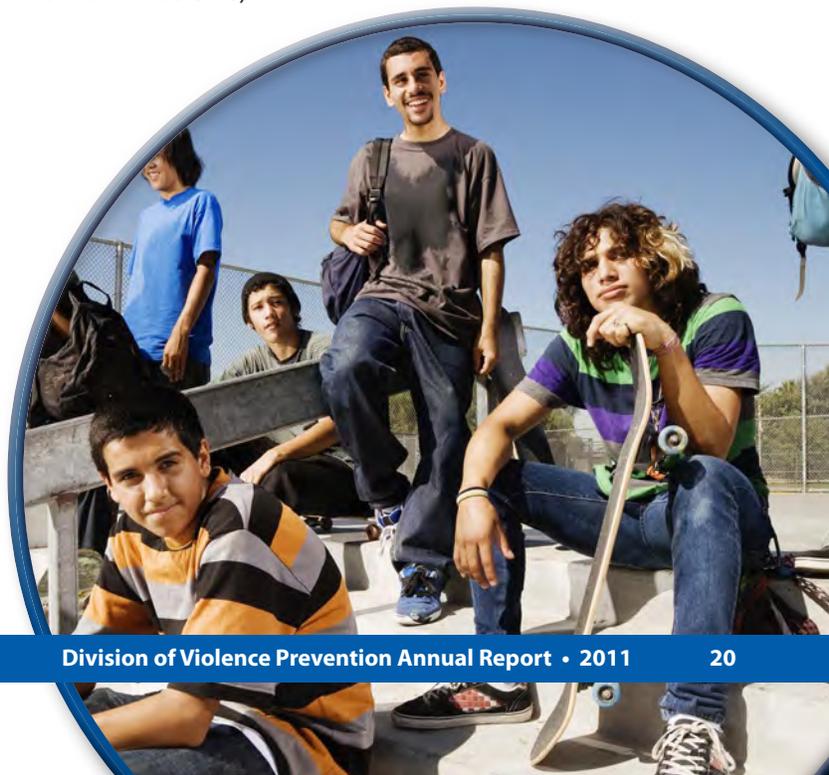
Crosby AE, Ortega L, Stevens MR. Suicides—United States, 1999-2007. *Morbidity and Mortality Weekly Report* 2011;60(Suppl-1):56-59. (CDC Health Disparities and Inequalities Report — United States, 2011)

Karch DL, Logan J, Patel N. Surveillance for violent deaths—National Violent Death Reporting System, 16 States, 2008. *Morbidity and Mortality Weekly Report* 2011; 60(SS10): 1-54.

Kegler SR, Annett JL, Kresnow MJ, Mercy JA. Violence-related firearm deaths among residents of metropolitan areas and cities—United States, 2006-2007. *Morbidity and Mortality Weekly Report* 2011; 60(18): 573-78.

Logan JE, Smith SG, Stevens MR. Homicides—United States, 1999-2007. *Morbidity and Mortality Weekly Report* 2011;60(Suppl-1):67-70. (CDC Health Disparities and Inequalities Report — United States, 2011)

Sleet DA, Dahlberg L, Basavaraju SV, Mercy J, McGuire LC, Greenspan A. Injury prevention, violence prevention and trauma care: Building the scientific base in public health.. *Morbidity and Mortality Weekly Report* 2011;60(Suppl-4):78-85. (Public Health Then and Now: Celebrating 50 Years of MMWR at CDC)



National Center for Injury Prevention and Control
Division of Violence Prevention

