



Press Briefing Transcript

Telebriefing on Results from the National Intimate Partner and Sexual Violence Survey (NISVS)

Wednesday, December 14, 2011 – 12:00pm ET

OPERATOR: Welcome and thank you for standing by. At this time, all participants are in a listen only mode until the question and answer session of today's conference. At that time, you may press star one to ask a question. I would like to inform all participants that today's conference is being recorded. If you have any objection, you may disconnect at this time. I would now like to turn the conference over to Mr. Llelwyn Grant. Sir, you may begin.

LLELWYN GRANT: Thank you, Jennifer. Good afternoon, everyone. My name is Llelwyn Grant and I am the acting branch chief for CDC's News Media Branch. I wish to thank you all for joining us for today's telebriefing on CDC's National Intimate Partner and Sexual Violence Survey, also known as NISVS. Here today to discuss the NISVS 2010 data is Dr. Linda Degutis, spelled d-e-g-u-t-i-s. Dr. Degutis is the director of CDC's National Center for Injury Prevention and Control. Following her remarks, Dr. Degutis will be joined by Howard Spivak, spelled s-p-i-v-a-k, and he is the director of CDC's Division of Violence Prevention. Both will be taking questions after the remarks. At this time, I would like to turn it over to Dr. Degutis.

LINDA DEGUTIS: Thank you. Good afternoon, everyone. And I'd like to thank you all very much for joining us. I'm here to discuss the National Intimate Partner and Sexual Violence Survey, which is also known as NISVS, which is one of CDC's newest public health surveillance systems. This is the first survey of its kind to provide both national and state level violence prevalence estimates for all states. And the numbers from the first year of data collection are astounding. More than 1 million women reported being raped in the 12 months prior to taking this survey. Many more women and men reported being victims of other forms of sexual violence. More than 6 million women and men were a victim of stalking. These were victims who reported being very fearful and believed that they or someone close to them would be harmed or killed as a result. More than 12 million women and men reported rape, physical violence or stalking by an intimate partner over the course of a year. That equals 24 people per minute being a victim of rape, physical violence, or stalking by an intimate partner in this country. Most of these victims first experienced these types of violence before they were 25 years old, often during their teenage years.

The effect can be immediate. Eighty-one percent of women and 35 percent of men who experienced rape, physical violence or stalking by an intimate partner reported at least one impact of the violence, such as fear, concern for safety, posttraumatic stress disorder symptoms, injury, missing at least one day of work or school and a need for medical care or other victim services. Or the effect can last a lifetime. People who experience sexual violence, stalking or intimate partner violence often deal with the effects for their entire life. For example, the NISVS data tell us it's much more likely that women who experience violence will have long-term health problems, including irritable bowel syndrome, diabetes, frequent headaches, chronic pain and difficulty sleeping. The survey also found nearly twice as many women who were victims of violence reported having asthma. Men who were victims also describe their mental or physical health as poor, and they were also more likely to experience frequent headaches, chronic pain and difficulty sleeping.

Even if you're not a victim of violence, you're not immune. I want to emphasize that we all share this burden. Previous CDC research suggests the social, economic and health-related costs are substantial. The direct medical and mental health costs and lost productivity costs alone total more than \$8 billion per year. That's estimated \$25 per person for every man, woman and child in this country. All of this underscores that sexual violence, stalking and intimate sexual violence are widespread and important public health problems in this country. We know this even without knowing the true magnitude of this problem. Many victims do not report this type of violence to police, family, friends or health providers. That's why a system like NISVS is hugely important, because population-based surveys are one of the most important sources for uncovering these forms of violence.

Using NISVS will help us stop the violence before it happens. We know prevention needs to begin early by promoting healthy, respectful relationships and families. We can do this by fostering healthy parent/child relationships, by developing positive family dynamics and emotionally supportive environments. This provides a strong foundation for children so they learn the skills that can carry forward in their own relationships and grow up to be healthy adults. It is also crucial that we continue to address the beliefs, attitudes and messages condoning these forms of violence. If we all work together, we can address and prevent these forms of violence from happening in the first place. I would like now to open the phone for questions from myself and my colleagues and I thank you for listening.

OPERATOR: If you would like to ask a question, please press star one and record your name clearly. To withdraw your request, you may press star two. Just one moment for the first question. And our first question comes from Mike Stobbe of The Associated Press. Sir, you may begin.

MIKE STOBBE: Hi. Thanks for taking the question. Doctor, I just wanted to clarify and make sure I got it -- well, two questions. First, I just wanted to make sure I got it right. When you said more than 1 million reported being raped in the previous year, that's reported being raped or being the victim of attempted rape? And other things that were part of that definition. Is that correct? And then I had a second question.

LINDA DEGUTIS: Yes, that's correct.

MIKE STOBBE: Okay. And the second question, regarding the state differences, it looked like certain states, Alaska, Nevada, Oregon were high. I was wondering -- in certain categories, including the rape category against women. I was wondering if you all had any thoughts about why those states were higher.

LINDA DEGUTIS: We can't -- from the data that we have so far, we really can't make any assessments of why specific states might have higher rates. One of the things to keep in mind is that the state data are based on -- this is lifetime prevalence. So we really don't know what the reasons for that are right now.

MIKE STOBBE: Okay. Thanks.

OPERATOR: As a reminder, if you'd like to ask a question, please press star one and record your name clearly. Just one moment for our next question. And our next question comes from Molly Peterson of Bloomberg News. You may again.

MOLLY PETERSON: Yes, hi. Can you tell me, is this data posted yet anywhere on the CDC's website? I'm actually not finding it anywhere on the site.

HOWARD SPIVAK: It should be posted or will be posted immediately after this teleconference is over. And you should have information on the website.

MOLLY PETERSON: Okay. Thank you.

OPERATOR: Our next question comes from Fran Lowry of Medscape. You may begin.

FRAN LOWRY: Hi. Thank you for taking my call. I just wondered if you had any more specific suggestions for prevention methods. You mentioned promoting healthy, you know, family dynamics and so forth. Do you have any more specific ideas on how this could be accomplished?

HOWARD SPIVAK: Yes, hi. There are a number of suggestions and, actually, specific programs that either have evidence to support some effectiveness or are showing promising results. Some of them, for example, that we are actually funding through the CDC is a program called "Dating Matters", where we're in four cities piloting curriculums for middle schools that has promising data to suggest that it improves the quality and safety in dating relationships. There are also a number of curricula that actually focuses on bystanders around sexual violence. Two examples are a program called "Green Dot" and a second one is called "Second Step". These deliver different approaches, but they also are beginning to show promising results in terms of changes in attitude as well as reported behavior. So those are two examples of specific programs.

There's also growing capacity in both state and local health departments that can be helpful for this. We are funding rape prevention education programs in all 50 states as well as Puerto Rico and the territories and these programs can be found in the directories of the various state and local

health departments. We're funding programs in 14 states called the Delta Program, which is working around developing prevention programs with respect to intimate partner violence. So there's a growing set of resources at the state and local level as well as a growing base of programmatic interventions, many of which are education based. So they're school based and/or are situated in programs that serve in particular youth.

FRAN LOWRY: Can I ask you to identify yourself, please.

HOWARD SPIVAK: My name is Howard Spivak.

FRAN LOWRY: Okay. I thought so. Just wanted to make sure.

LINDA DEGUTIS: And can I just follow up on the question about the website? The report is now posted. The URL is www.cdc.gov/violenceprevention/nisvs.

OPERATOR: Our next question comes from Roni Rabin from the New York Times. You may ask your question again.

RONI RABIN: Hi. I just want to follow up on the numbers and the estimates. Because the definition of rape includes a non-completed rape, an attack. And I just -- and this is somewhat technical, but the estimate is one of five women during their lifetime. So was this -- how do you get the lifetime figure? I mean, it's not one of -- five women who were surveyed, right? It's a calculation?

LINDA DEGUTIS: Correct. In the questions that the respondents were asked, they were asked about lifetime occurrence as well as what happened during the 12 months before the survey. So there were sort of two parts to that question. And so the lifetime piece, you know, did go back. Basically, they were asked to reflect back on their lifetime. We then, the data methodologically are then used to project the information that we get from the sample, which is a selected -- you know, a randomly selected sample-- to project it to the population as a whole.

RONI RABIN: So when we're talking about a lifetime, are we talking about a woman who has reached the end of her life?

LINDA DEGUTIS: No. Just at the time -- whatever age she is at the time. So if someone is 25 at the time of the survey, in the 25 years that -- in her lifetime has she been raped or sexually assaulted or experienced any of these kinds of violence. So it's during that time period up until the time of the survey, had she or anyone who has responded, have they been -- have they experienced any of those forms of violence. Does that make sense?

RONI RABIN: A woman who is 25 has a greater chance of being raped at 18. Is it one in five across the age groups?

LINDA DEGUTIS: It's one in five overall for everybody who was surveyed. It's not broken down by age group.

RONI RABIN: Okay. Thank you.

LLELWYN GRANT: Jennifer, can we have the next question, please?

OPERATOR: As a reminder, if you'd like to ask a question, please press star one. Our next question comes from Janice Lloyd of USA Today.

JANICE LLOYD: Hi. Thanks for taking my question. Can you talk a little bit about the part of the study that describes how early this is starting in life and what families, maybe what new conversations families need to be having?

LINDA DEGUTIS: Sure. First of all, I think the data shows that this often occurs very early in someone's life. And that for many, many of the people who are victims, you know, this starts -- or their first occurrence of any violence is before the age of 25. And most rape victims were first raped before 25. Female victims of completed rape, more than three quarters, almost 80 percent actually, were first raped before their 25th birthday and 42 percent experienced their first completed rape before the age of 18. About 35 percent of women who were raped as minors, that's under the age of 18, were also raped as adults. We do know that that is a -- it's very common for it to start in the early years. For men, we know that it's 28 percent -- 28 percent of men who experience this violence experienced it at an early age, as well. So this is -- so the issue is it occurs early in lifetime, it often starts early in lifetime. So for families, the way of dealing with this, first of all, as Dr. Spivak mentioned, it's the need to really focus on healthy and nurturing relationships, to be able to develop relationships that are safe and stable, that nurture our child, being aware of who is interacting with your children. Do you have other things you want to add to that on the prevention side? For families?

HOWARD SPIVAK: No. I think what you said is -- it covers it well. I think a lot of this is really rooted in the understanding and skills that children develop pretty early in their lives in terms of how they relate to other people. How they respect other people. What's an acceptable range of behaviors and what isn't. Children are greatly influenced by the messages they get externally, both in the media and in their immediate lives. So creating a healthy value system around children is extremely important.

JANICE LLOYD: Thank you.

OPERATOR: Our next question comes from Emily Walker of MedPage Today. Ma'am, you may begin.

EMILY WALKER: Hi. Thanks for taking my question. I know this is the first type of the study from the CDC, but how do these findings compare to previous studies that have been looked at, incidents of rape in someone's lifetime, for instance?

LINDA DEGUTIS: This is the first study in quite a number of years, well over a decade that has actually looked at this. And we don't -- because this is the first one in this period of time, there's

really not an ability to look at this and compare it to other studies because we don't have other population-based studies that are recent or that cover all of these aspects of violence.

EMILY WALKER: Well, can I ask you, the one in five figure seems high, to me, anyway. Were you surprised by how high that was? Was CDC surprised by that?

LINDA DEGUTIS: Yes, I think we were surprised that it was that high.

OPERATOR: If you would like to ask a question, please press star one. Just one moment for our next question. Our next question comes from Maggie Fox of National Journal. You may begin.

MAGGIE FOX: Hi, thanks. I wanted to ask if we were going to get a written summary of some of the statistics that were in this report. I lost the call and missed the very beginning. But I was wondering what also you can do with these numbers, where they're going and if there's any policy implications.

LINDA DEGUTIS: First of all, the numbers are -- the report itself is on the CDC website and so you can access summary information as well as the full report on the website. So I think that's important. I think on the policy implications side, I'll start by saying first of all the fact that there are -- that there is such a high rate of violence that occurs, particularly in women and the significant impact on their health and long-term well-being, it really argues for several things, certainly prevention and a real focus on preventing this violence so that women don't suffer these long-term consequences and then the need for services for people who have already been victims of sexual violence, intimate partner violence and stalking.

HOWARD SPIVAK: Yeah. I would add that the finding of the age of first experience has huge policy implications. Because it really does mean that we need to focus our prevention efforts on children, not just adults or even teenagers because there is already a significant number of individuals who are affected by the time they reach that age. So thinking about how kids learn the skills to relate in healthy ways is very important. And, again, there's huge policy implications for that for any number of systems, health care, education and otherwise.

MAGGIE FOX: Can I follow up on that?

LINDA DEGUTIS: Sure.

MAGGIE FOX: So who is ultimately responsible here? And this is a difficult one because it implies a need for sex education at an early age and also implies that there are adults who will listen to these kids, which anecdotally my understanding is it's not always the case that the children are even believed.

LINDA DEGUTIS: Okay. I'm not sure that this -- that we would say absolutely this is what the specific recommendation is right now are for the policy implications. I think what's going to have to happen is with these data, there's -- you know, there's a lot of information here that we're going to have to digest a little bit more, start to have some of the people who are engaged in doing some

of the work with children and in other places figure out what it really means and what it means for programs that exist or programs that need to be developed. So I think right now it may be a little bit premature to say what the specific policies might be that this would really have an impact on.

LLELWYN GRANT: Jennifer, we have time for one more question.

OPERATOR: I show no other questions at this time.

LLELWYN GRANT: Since there are no further questions, I wish to thank you all for participating in today's telebriefing. For more information about NISVS, including the executive summary and study details, please visit www.cdc.gov/violenceprevention/nisvs. Also, to learn more about CDC's work on sexual violence, please visit our website at www.cdc.gov/violenceprevention/sexualviolence. And then for information on intimate partner violence prevention, visit our website at www.cdc.gov/violenceprevention/intimatepartnerviolence. And for all other information about CDC's work on saving lives and protecting people, please visit our website at www.cdc.gov/24-7. The transcript will be available later this afternoon. This concludes our media telebriefing and thanks again for joining us.

OPERATOR: That concludes today's conference. Thank you for your participation. You may disconnect at this time.

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