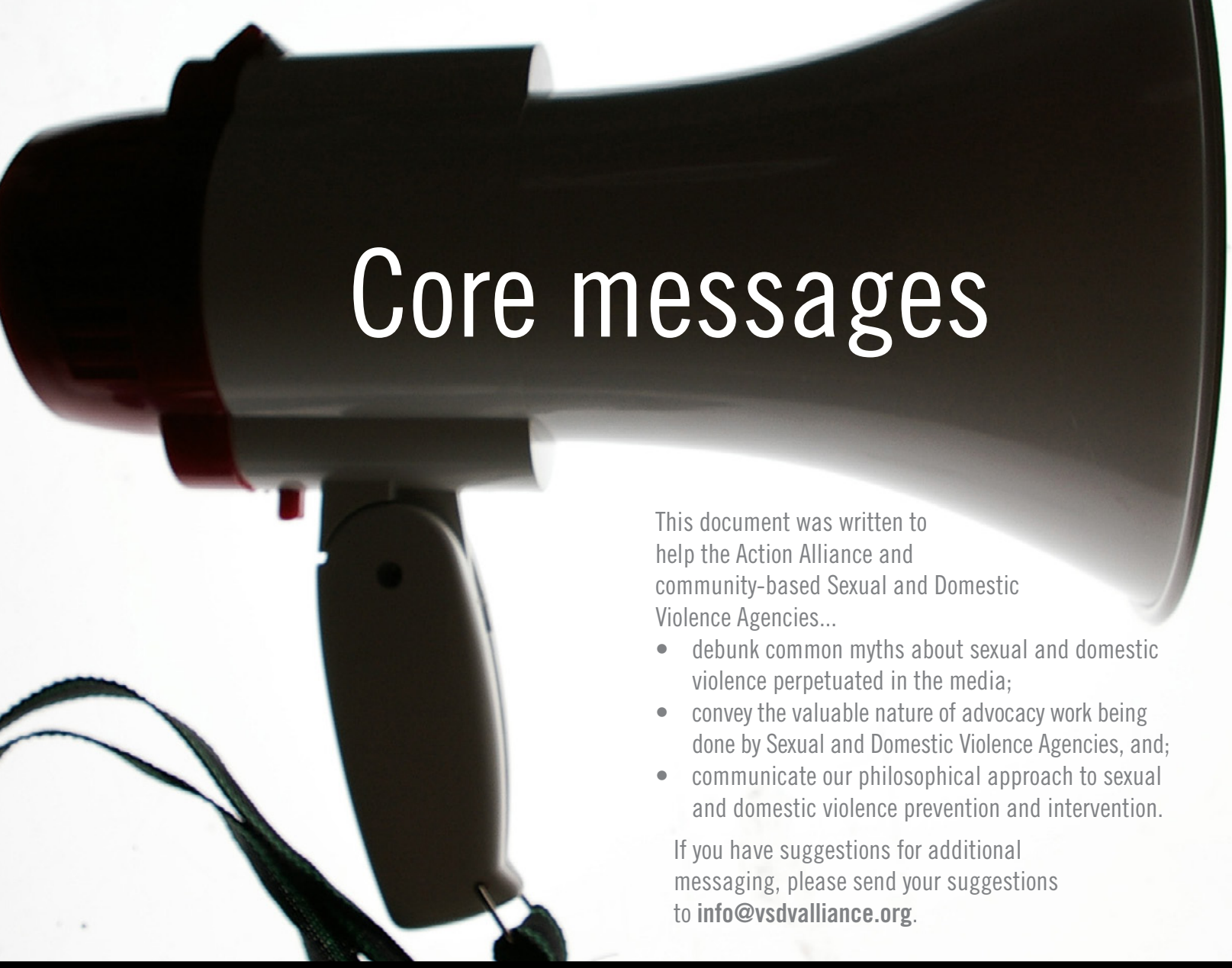
Core messages

for community and media relations

Virginia Sexual and Domestic Violence
ACTIONALLIANCE



Core messages

This document was written to help the Action Alliance and community-based Sexual and Domestic Violence Agencies...

- debunk common myths about sexual and domestic violence perpetuated in the media;
- convey the valuable nature of advocacy work being done by Sexual and Domestic Violence Agencies, and;
- communicate our philosophical approach to sexual and domestic violence prevention and intervention.

If you have suggestions for additional messaging, please send your suggestions to **info@vsdvalliance.org**.

Topics

Prevalence

Sexual and intimate partner violence are prevalent.

- 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. [1]

The vast majority of violence is committed by a person known to the victim.

- 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. [1]

Violence happens early in a young person's life.

- 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.[1]

- 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.[1]

The perpetrator is solely responsible for committing violence.

- Victims are often unfairly blamed for what happens to them by being accused of "engaging in risky behavior" or "making poor choices".

- No choices made by a victim causes violence. Violence is a choice made by the person who commits the violence.

Notes:

[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.

Prevention

Sexual and intimate partner violence are preventable.

- "Violence can be prevented and its impact reduced, in the same way that public health efforts have prevented and reduced pregnancy-related complications, workplace injuries, infectious diseases, and illness resulting from contaminated food and water in many parts of the world. The factors that contribute to [violence]…can be changed".[1]

- Preventing sexual and intimate partner violence creates healthy families and healthy communities.

Prevention is worth the investment.

- Primary prevention of sexual and intimate partner violence saves lives and money. Investing time and resources into stopping intimate partner and sexual violence before they occur is crucial for protecting and promoting the well-being and development of individuals, families, communities and societies.

Risk-reduction is different from prevention.

- Primary prevention strategies address the root causes of sexual and intimate partner violence and seek to change cultural norms. Risk-reduction approaches seek to decrease a particular person's risk for victimization (e.g. self-defense classes).

- Strategies that focus on limiting the behavior of the potential victim (e.g. instructing women not to walk alone at night) are considered "risk reduction", and often lead to blaming the victim. Prevention rightly aims at changing the behavior of the potential perpetrator, not the victim.

Notes:

[1] Krug EG et al., eds. World report on violence and health. Geneva, World Health Organization, 2002.

Lethal violence

1 in 3 homicides in Virginia stem from domestic violence.

- 36% of all homicides in 2013 in Virginia were attributed to family and intimate partner violence. While the overall number of homicides has decreased since 2009, the proportion of deaths attributed to family and intimate partner violence homicide remains stable at one in three or higher.[1]

Rates of homicide vary, depending on race/ethnicity and age.

- While White Virginians die in an intimate partner homicide more frequently than Black Virginians, Black Virginians have a higher rate of intimate partner homicide than White Virginians. Age trends suggest the highest risk rates for intimate partner homicide among persons 18-24, 35-44, and 25-34.[2]

Firearms are the most commonly used weapon.

- Firearms are used in more than half of intimate partner homicides, followed by sharp instrument and then asphyxia. Perpetrators use firearms even when their criminal histories reveal that they should not have firearms in their possession. [2]

Children witness homicides at high rates.

- Children witness roughly one-quarter of intimate partner homicides. [2]

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Lethal violence
(continued)

Common lethality risk factors associated with intimate partner homicide include[2]:

- The ending of a relationship or the beginning of a new relationship. Approximately 40% of all intimate partner homicides occur while or after a relationship is ending;
- A history of physical and emotional violence in relationship, including stalking, destruction of property, threats of harm, jealous rages, and attempts at intimidation;
- Public displays of violence;
- A criminal history, including pending charges on domestic violence;
- A history of 9-1-1 or police calls to the home for domestic violence and a history of assault and battery within the context of domestic violence without arrest and/or prosecution;
- A history of protective orders issued on previous violent events; and
- Threats of homicide and/or of suicide made by batterers to victims of domestic violence.

Notes:

[1] Virginia Office of the Chief Medical Examiner. (2014). Family and intimate partner homicide: A descriptive analysis of the characteristics and circumstances surrounding family and intimate partner homicide in Virginia, 2013. Richmond, VA: Virginia Department of Health. Retrieved 7/1/15 from http://www.vdh.virginia.gov/medExam/documents/pdf/2013%20FIPS%20Report.pdf

[2] Ten Years and Counting: The Persistence of Lethal Domestic Violence in Virginia. Final Report with Recommendations from The Fatal Domestic Violence Workgroup. Published: December, 2010. Virginia Department of Health, Office of the Chief Medical Examiner

Intersectionality

Privilege and oppression often shape access to help and safety.

- Many people not only experience sexual and intimate partner violence, they also experience layers of oppression. Examples of oppression include racism, ableism, homophobia, classism, and sexism.

- Multiple forms of oppression contribute to increased vulnerability to violence, and can make it harder for victims to find the help and support that is responsive to their individual needs.

- Strategies designed to combat violence within communities (sexual and intimate partner violence) must be linked to strategies that combat violence directed against communities (i.e. police brutality, prisons, racism, economic exploitation, etc)[1]

The Action Alliance strives to do its work through a racial justice lens.

- Sexual and domestic violence are linked to other forms of oppression, which disproportionately affect women, children, and marginalized people.

- The Action Alliance has a commitment to engage in sexual and domestic violence intervention and prevention through a racial justice lens. This means considering the impact of racism and privilege on how violence operates, and working to dismantle racism at the individual, community, and societal level.

Notes:

[1] Incite: "Dangerous Intersections": http://www.incite-national.org/page/dangerous-intersections Retrieved 5/19/15

Community responsibility

Sexual and intimate partner violence affect everyone.

- Sexual and intimate partner violence are large-scale, social problems.
- The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood exposure to violence/ traumatic stressors and later-life health and well-being. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. ACEs are correlated with adult onset of chronic disease, such as cancer and heart disease, as well as mental illness, violence and being a victim of violence. ACEs are common; nearly two-thirds (64%) of adults have at least one.[1]
- The costs of intimate partner rape, physical assault, and stalking exceed $5.8 billion each year, nearly $4.1 billion of which is for direct medical and mental health care services.[2]

Family and friends are often the first responders.

- Most survivors of violence tell a friend or family member first, if they tell anyone. In such cases, friends and family members can play a powerful role in building safety and promoting healing by doing the following:
    - Listen, don't judge
    - Say, "I'm sorry that happened to you"; "It's not your fault".
    - Ask, "How can I help?"; "What do you need from me?"
    - Connect your friend or family member to your local Sexual and Domestic Violence Agency.

We all play a role in stopping sexual and intimate partner violence.

- Be a role model for respectful relationships and compassionate living.
- Be an engaged bystander. Speak up when hearing harmful comments or witnessing acts of disrespect or violence. When you see a person making another person uncomfortable, step up and say something.
- Talk with legislators and ask them to support prevention programs.
- Support your local Sexual and Domestic Violence Agency giving your time and money.

Notes:

[1] Centers for Disease Control and Prevention. ACES Study overview. http://www.cdc.gov/violenceprevention/acestudy/index.html Retrieved 5/19/15

[2] National Center for Injury Prevention and Control. Costs of Intimate Partner Violence Against Women in the United States. Atlanta (GA): Centers for Disease Control and Prevention; 2003.

Resources

Sexual and Domestic Violence Agencies are a community's front line response to sexual and intimate partner violence.

- Sexual and Domestic Violence Agencies provide free and confidential services to victims of sexual assault, intimate partner violence, and stalking.

Sexual and Domestic Violence Agencies offer a broad range of supportive services that go beyond hotlines and shelter.

- Sexual and Domestic Violence Agencies provide a variety of services for victims of sexual and domestic violence in their communities, including: 24-hour crisis hotlines, accompaniment and support during hospital forensic exams and ER visits, information on and support during criminal justice system processes, trauma counseling, children's support services, and community education and prevention services.

Sexual and Domestic Violence Agencies enhance the safety and well-being of the people they serve.

- Shelter services not only help victims heal from trauma, but they help victims regain control over their lives and plan for their safety.[1]
- Crisis and advocacy services decrease victims' risk of re-abuse as well as increase access to community resources, higher social support, and improve mental health and well-being.[1]
- More than 90% of the clients surveyed by Virginia Sexual and Domestic Violence Agencies say services help them learn more ways to plan for their safety, identify community resources, understand sexual and domestic violence and its impact, and feel more hopeful about their life.[2]

Free help is available.

If you have questions or need to talk:

Virginia Family Violence & Sexual Assault Hotline

Call: 1.800.838.8238 (V/TTY) 24 hours a day
Chat (confidential instant messaging) Monday-Friday 8am-8pm
Text: (804) 793-9999 Monday-Friday 8am-8pm

LGBTQ Partner Abuse & Sexual Assault Helpline

Call: 1.866.356.6998 Monday-Friday, 8am-8pm
Chat (confidential instant messaging) Monday-Friday 8am-8pm
Text: (804) 793-9999 Monday-Friday 8am-8pm

Notes:

[1] Sullivan, C.M. (2012, October). Domestic Violence Shelter Services: A Review of the Empirical Evidence, Harrisburg, PA: National Resource Center on Domestic Violence. Retrieved month/day year, from: http://www.dvevidenceproject.org.

[3] Documenting Our Work—VAdata (2012). A project of the Virginia Sexual and Domestic Violence Action Alliance.

Best practices

The Centers for Disease Control and Prevention recommends a public health approach to addressing sexual and intimate partner violence.

- Response to and prevention of sexual and intimate partner violence must be comprehensive and address every layer of the social ecology: individual, relationship, community, and society.
- Primary prevention programs that show the most promise start early in children's lives, minimize risk factors, and build protective factors.

Coordinated efforts work best.

- Preventing intimate partner and sexual violence requires the support and contributions of many partners: federal agencies, state and local health departments, nonprofit organizations, academic institutions, international agencies, and private industry.[1]
- Coordinated community-level responses help ensure policies and protocols are providing trauma-informed responses, and working in the best interests of victims and the community as a whole.

Responding to sexual and domestic violence requires a trauma-informed approach.

- Violence is a traumatic experience, and each survivor reacts to trauma in their own way.
- Traumatic memories are stored in a different part of the brain than non-traumatic memories, and are recalled differently than non-traumatic memories. Traumatic memories may focus on sights, sounds, or smells, rather than what was said during the assault. Traumatic memories may not follow a linear narrative.
- Everyone responds differently to trauma. Some may tell others right away what happened, many will wait weeks, months, or even years before discussing the assault. Many will never tell anyone. It is important to respect each person's choices and style of coping with this traumatic event.
- Whether an assault was completed or attempted, and regardless of whether it happened recently or years ago, the effects of trauma may impact daily functioning.
- The harm caused by violence can have serious adverse effects on health, education, employment, and on the economic well-being of individuals, families, communities and societies.

Notes:

[1] Centers for Disease Control and Prevention: "Preventing Intimate Partner & Sexual Violence Program Activities Guide" http://www.cdc.gov/violenceprevention/pdf/ipv-sv_program_activities_guide-a.pdf. Retrieved 5/19/15

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