Continuing the Dialogue:

Learning from the Past and Looking to the Future of Intimate Partner Violence and Sexual Violence Prevention

National Center for Injury Prevention and Control
Division of Violence Prevention

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Intimate Partner Violence and Sexual Violence Prevention: Continuing the Dialogue

Moving Further Upstream

The Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention (DVP) focuses on primary prevention, which is preventing violence before it occurs. In the early 2000s, CDC reviewed theoretical frameworks for sexual violence prevention and sought input from external partners in the field, resulting in CDC's publication, *Sexual Violence Prevention: Beginning the Dialogue* (2004). Originally intended to define and describe prevention concepts and strategies to support CDC's Rape Prevention and Education (RPE) Program, this foundational document helped to launch a national conversation about moving upstream to prevent violence before it occurs. Prior to this, many violence prevention efforts concentrated on awareness raising and risk reduction. *Beginning the Dialogue* facilitated a shift that guided the direction of programs to primary prevention. While more than a decade old, *Beginning the Dialogue* continues to be an essential and frequently used resource for those entering the field of sexual violence prevention.

The goals of *Continuing the Dialogue* are to

- Serve as a resource for prevention that is an update to Beginning the Dialogue.
- Reflect how far the field has come in terms of both embracing primary prevention and implementing strategies across the Social Ecological Model.
- Encourage a shift toward cross-sector and community-specific partnerships.
- Highlight the direction in which the prevention field is moving.

Broad implementation of primary prevention is an important and necessary step to create communities free from sexual violence and intimate partner violence, and where safety, equity, and respect are norms. Primary prevention work is challenging and continues to evolve as we learn more about what is effective for communities.

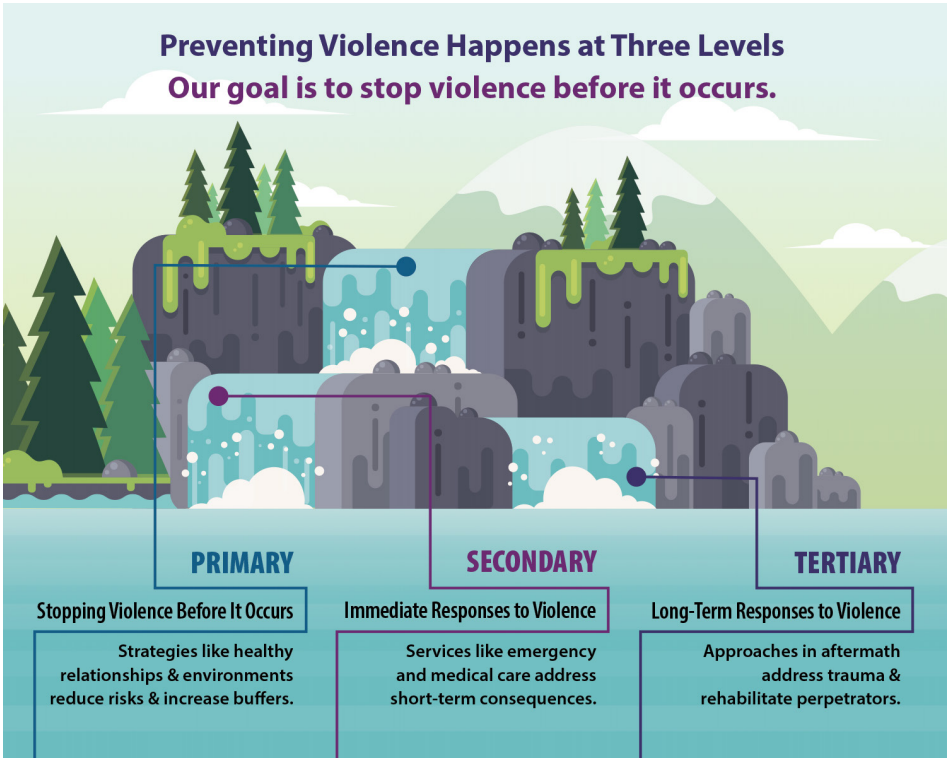
While many primary prevention strategies currently being implemented focus on changing individual knowledge, attitudes, beliefs, and behaviors, CDC-funded programs, and the broader prevention field, are boldly expanding their efforts to create change in communities as well. There is continued movement toward implementing prevention strategies across multiple levels of the social ecology and focusing on improving health equity. This means addressing community- and societal-level risk and protection, implementing comprehensive

prevention strategies, working across sectors, and partnering with diverse organizations to prevent multiple forms of violence.

Cross-Cutting Efforts:

Preventing Intimate Partner and Sexual Violence Together

Intimate partner violence and sexual violence are highly interconnected and can co-occur in families, neighborhoods, and communities. Historically, there has been division between the two issues when it comes to response efforts, availability of resources, and media attention. However, prevention can be a point of connection for both. Increasingly, communities are looking for cross-cutting strategies that will have an impact on preventing both sexual violence and intimate partner violence, improving the lives of more adults, youth, and children and using limited resources in the most efficient and cost-effective way.



As the body of prevention research evidence has grown, findings point to overlap in prevention strategies and approaches that address multiple forms of violence. CDC's vision for violence prevention outlines how addressing the root causes of violence can prevent multiple forms of violence (CDC, 2016). Intimate partner violence and sexual violence are no exceptions.

Foundational Frameworks

Story of Moving Upstream: a parable of public health

One day, a fisherman was fishing from a river bank when he saw someone being swept downstream, struggling to keep their head above water. The fisherman jumped in, grabbed the person, and helped them to shore. The survivor thanked the fisherman and left, and the hero dried himself off and continued fishing. Soon he heard another cry for help and saw someone else being swept downstream. He immediately jumped into the river again and saved that person as well. This scenario continued all afternoon. As soon as the fisherman returned to fishing, he would hear another cry for help and would wade in to rescue another wet and drowning person. Finally, the fisherman said to himself, "I can't go on like this. I'd better go upstream and find out what is happening" (CDC, 2004).

This oft-quoted parable teaches that public health must look to root causes to prevent problems. Different versions of the story go a step further toward a solution. In one, the person fishing builds a bridge for people to cross over the water. In another, a fence is built to prevent people from getting too close to the shore. These are great approaches to prevention. However, at this point in our understanding of prevention, we can broaden our approaches. The solutions could be expanded further to find out if there are underlying factors contributing to risk in the community near the river. Are the conditions such that community members must cross the river to get to work or to the grocery store? Does neighborhood proximity to the river create more risk for falling in? These questions and others help the community consider changes that could impact community-level risk and protective factors to create a safer environment. In the real world, this could point to the need for structural, social, or environmental changes, and involve addressing issues of poverty, socioeconomic disparities, racism, sexism, and other forms of structural oppression.

The parable of "moving upstream" illustrates the **concept** of primary prevention. The Public Health Approach to Violence Prevention and the Social Ecological Model, help communities to create a **process** for implementing primary prevention strategies.

Public Health Approach to Violence Prevention

The Public Health Approach aims to provide the maximum benefit for the largest number of people. The public health approach to violence prevention includes 4 steps (Dahlberg & Krug, 2002; Mercy, et al., 1993).

Step 1: Define the Problem

This step answers the *who*, *what*, *where*, *when*, and *how* of sexual and intimate partner violence. To start understanding how to prevent a problem, it is important to first understand what the problem is, who is impacted, and what are the health effects.

Step 2: Identify Risk and Protective Factors

The next step is to know what puts people more or less at risk for perpetrating or experiencing violence. Risk factors are individual, relationship, and community characteristics that increase the likelihood of a person becoming a victim or perpetrator of intimate partner violence or sexual violence. Protective factors are individual, relationship and community characteristics that directly decrease the likelihood of a person becoming a victim or perpetrator of violence or provide a buffer against risks. Protective factors can also promote resilience, health, and well-being.

Step 3: Develop and Test Prevention Strategies

Moving ahead from steps 1 and 2 to put the prevention pieces together to develop and implement prevention strategies is only part of step 3. Strategies and approaches should be tested to determine if they are effective in preventing violence or effective in modifying

risk and protective factors for violence. This step determines "what works" to prevent violence.

Step 4: Assure Widespread Adoption

Once the evidence of effectiveness is established, strategies can be implemented more broadly. Continuous evaluation throughout implementation is an important step to determine if the strategies and approaches are accomplishing what is intended and are effective to prevent intimate partner violence and sexual violence. Dissemination techniques to promote widespread adoption include training, networking, technical assistance, and ongoing evaluation.

The Public Health Model

The Social Ecological Model

Widely used as a foundation for understanding comprehensive prevention, the Social Ecological Model (SEM) illustrates the interconnection of factors that can influence change at the individual, relationship, community, and societal levels. Risk and protective factors exist at each level of the social ecology, and comprehensive prevention efforts aim to modify factors at each level. Implementing strategies and activities that address risk and protective factors that are shared between intimate partner violence and sexual violence at multiple levels of the SEM can have an impact on preventing both types of violence in a community (Dahlberg & Krug, 2002). The field is still exploring the evidence around risk and protective factors.

In *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*, Wilkins et al. (2014) outline and describe risk factors that are shared across multiple forms of violence. There is very little evidence on shared protective factors at the community and societal-levels, and research and practice can actively add to the evidence base through program implementation and evaluation.

Shared risk factors for perpetrating intimate partner violence and sexual violence at the individual level:

- Lack of non-violent prosocial problem-solving skills
- Poor behavioral control/impulsiveness
- History of violence victimization
- Witnessing violence
- Substance misuse

Shared risk factors for perpetrating intimate partner violence and sexual violence at the relationship level:

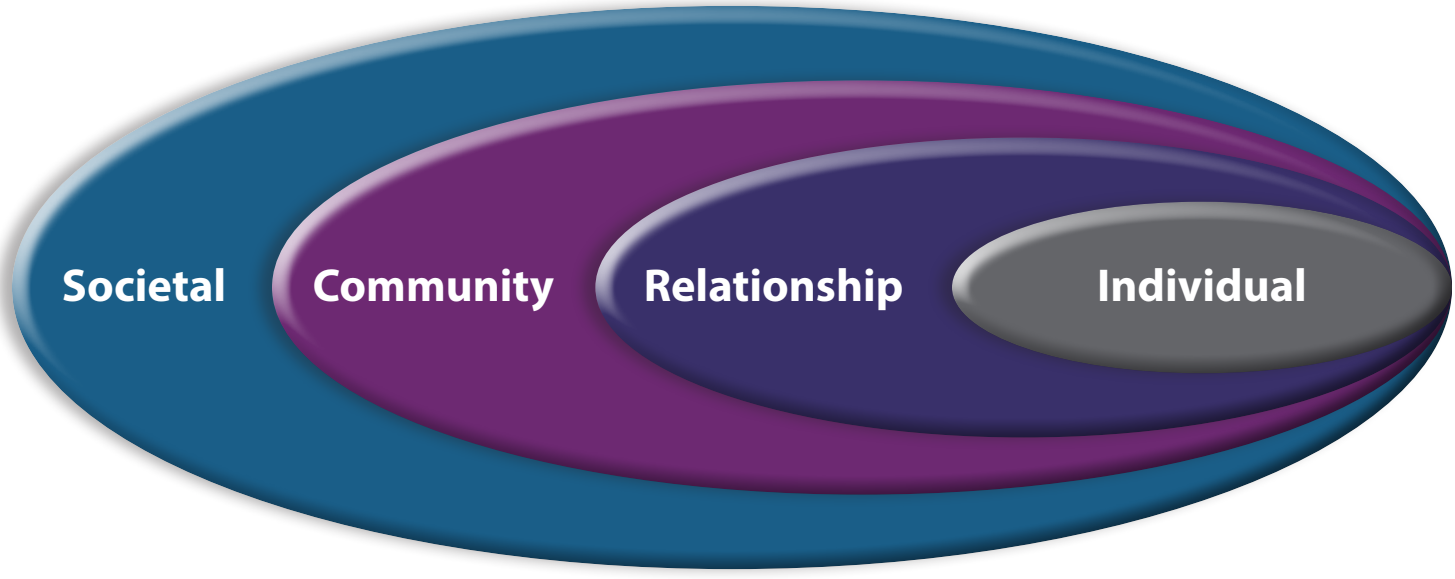
- Poor parent-child relationship
- Family conflict
- Association with delinquent peers
- Gang involvement

Shared risk factors for perpetrating intimate partner violence and sexual violence at the community level:

- Poverty
- Lack of economic opportunities/high unemployment rates
- General tolerance of sexual and intimate partner violence within the community
- Weak community sanctions against those who use violence against others

Shared risk factors between intimate partner violence and sexual violence at the societal level:

- Societal norms that support sexual violence and intimate partner violence
- Weak laws and policies related to sexual and intimate partner violence and gender equity
- Harmful gender norms around masculinity and femininity



Expanding the Dialogue:
Preventing Intimate Partner Violence and Sexual Violence with Community-Level Strategies

What are community-level prevention strategies and why are they important?

For many years, efforts to prevent sexual violence and intimate partner violence focused mainly on the individual level of the SEM. However, to have the most impact on risk and protective factors, and ultimately the prevalence of violence, prevention practitioners must address all levels of the SEM. Because the outer layers of the SEM (community and societal) affect the norms, characteristics, and conditions that make violence more or less likely to occur in a neighborhood, school, community, or in society, focusing on these layers has the potential to create a deeper, lasting impact. Outer layer prevention efforts influence the community in ways that can support individual and relationship attitudes and behaviors (DeGue et al., 2016).

Community settings are often thought of as narrowly defined geographic groupings, such as cities, towns, or counties, but communities can also include any defined population with shared characteristics or interests. This means the community doesn't have to be limited to a specific city or county, but could instead be a neighborhood, faith community, school, ethnic group, club or member organization, or a municipality.

The difference between community-level and community-based prevention

Community-level efforts are different from efforts that take place within a community. Preventionists have worked within communities for many years. These efforts often include community education and awareness-raising events, which could include a classroom presentation, a "Walk a Mile in her Shoes" 5k race, a "Take Back the Night" event, or a community forum on services for victims. While these activities are implemented in a community setting, their *focus* is still on individuals and their personal levels of knowledge or awareness and would be considered community-based. **Community-based** prevention strategies are implemented in community settings, but target individual, peer, or other proximal relationship or family factors (DeGue et al., 2016).

Community-level strategies are those strategies that target the characteristics of settings (e.g., schools, workplaces, and neighborhoods) that increase the risk for or protect people from violence (Krug et al., 2002) particularly the social, economic, and environmental characteristics of settings. As described in Basile et al., 2016 and Niolon et al., 2017, these characteristics in a neighborhood or city can include:

- high rates of unemployment,
- concentrated poverty,
- economic and residential instability,
- a high density of alcohol outlets, and weak neighborhood cohesion and institutional support.

In schools and workplaces, they can include:

- lack of attention to safety and security,
- weak policies and rules (including poor implementation or enforcement), and
- even the policies and practices themselves (e.g., how suspensions/expulsions, dismissals or incidents of harassment are handled).

Approaches to change these characteristics can include:

- modifications to the physical and social environments (e.g., greening initiatives, application of other environmental design principles),
- changes to organizational policies, practices, and culture,
- increasing community support and connectedness, and
- reducing exposure to community-level risks (e.g., alcohol outlet density policies).

For both community-based and community-level strategies, it is important that community members are actively involved in the creation, implementation, and evaluation of the prevention work. Community's values, needs, and strengths can shape the prevention efforts in that community.

What works to prevent sexual and intimate partner violence?

There are multiple strategies and approaches with evidence to show they prevent intimate partner and sexual violence. To make this evidence base more accessible, CDC developed violence prevention technical packages for sexual violence, intimate partner violence, youth violence, child abuse and neglect, and suicide. These packages outline strategies and approaches for prevention based on the best available evidence.

Technical packages help communities and states prioritize prevention activities and inform prevention decision-making. The strategies and approaches are listed fully in the technical packages, and include these four examples that show an impact on both intimate partner violence and sexual violence:

- **Building skills around healthy sexuality and relationships**
  Strategies that aim to teach skills for healthy relationships are popular for sexual violence and intimate partner violence primary prevention. These could take place in the form of a multi-session curriculum in a school or community setting, a series of conversations with youth and their parents facilitated by the health department or community leaders, or an after-school peer mentorship program. Strategies should be tailored to the cultural practices and norms of the community.
- **Changing social norms around violence**
  Social norms strategies have gained support in recent years, including approaches related to bystander intervention and mobilizing men and boys. Bystander intervention programs work to change the social norms around the ways peers and communities can sometimes support violence and violence-related behaviors connected to perpetration. These programs tend to focus on reducing behaviors related to intimate partner violence and sexual violence perpetration and increasing bystander intervention behaviors like intervening or taking action when witnessing violent behavior, or interrupting problematic jokes or comments. Programs that aim to mobilize men and boys as allies rely on role modeling for increasing positive masculinity and changing peer-group norms on issues related to unhealthy relationships, gender, and acceptance of violence.

- **Creating protective environments**
  Community- and societal-level strategies have the potential to facilitate larger population impacts and longer-lasting changes in risk and protective factors for sexual and intimate partner violence perpetration. It is important to address the social and environmental conditions that contribute to risk to ensure safety, social connections, and protective environments. Approaches that seek to improve school climate and safety, and implement organizational, workplace, and alcohol policies are effective in reducing violence perpetration. For example, in a school or workplace, conducting a climate survey of students or staff can help the leadership assess issues of safety, trust, and support and which policies and practices can be implemented to improve the school or workplace environment. As another example, developing, widely distributing and reinforcing strong anti-harassment policies can reduce risk in the workplace. Additionally, tracking and monitoring areas within schools where violence and bullying tend to occur and making adjustments to those environments can reduce the likelihood of these incidents happening.
- **Strengthening Economic Supports**
  Socioeconomic factors, such as household income, education, and occupation can impact risk for violence perpetration as well as health outcomes. This strategy for preventing intimate partner and sexual violence is about decreasing poverty, increasing financial stability for families, increasing employment security, and creating educational opportunities through policies and programs. This reduces risk factors and creates opportunities for families' and women's education, income, and employment (Basile et al., 2016; Niolon et al., 2017).

Intersectionality and Social Determinants of Health

Public health works to ensure that all members of society have equal access to services and supports that lead to optimal health, well-being, and violence-free communities. Inequities in power and access exist, resulting in some groups experiencing more violence than others over their lifetimes. Public health and its partners have a unique role to play in addressing these inequities and in moving upstream to address the root causes and the conditions that affect rates of violence.

This is where using the lens of intersectionality in violence prevention can help. Intersectionality in prevention means that practitioners, researchers, and community members consider how race, class, ability, gender, sexuality, socioeconomic status, and other social identities intersect and interact in an individual's life. Intersectionality also means that those working in prevention examine how these social identities interact with the social and structural systems that can create oppression (Crenshaw, 1989; Bowleg, 2012). For example, a woman does not experience her gender identity as isolated from her identify as a racial/ethnic minority, as a sexual minority, or as a person living with a disability – these things overlap in her life. An individual's multiple intersecting identities are more than the sum of their parts – they interact in complex and entirely unique ways (Symington, 2004). Intersectionality does not stop here, however; individuals experience these identities within systems and structures that are shaped by power, money, resources, and historical systems of oppression, such as racism, sexism, heterosexism, immigrant status, and ability/disability. This means that in order to be effective, our prevention efforts must be able to address multiple identities, multiple forms of oppression, and the intersections between them. Practitioners and systems can address social determinants of health, or the "conditions in the environments in which people live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (Healthy People 2020).

Intersectionality can be considered when developing prevention strategies, approaches, and policies to ensure the specific needs of the community are being met. Several tools exist to assist practitioners and researchers in incorporating an

intersectionality framework into their work (Simpson, 2009; Symington, 2004; Giorgadze et al., 2014; Hankivsky, 2014). Some examples of ways communities and organizations can address intersectionality include:

- Proactively include community members with various intersecting social identities in planning, developing, implementing, and evaluating prevention efforts, as well as in project leadership
- Work with partners and community members to conduct a community assessment to identify the intersectional identities, community strengths, and community needs
- Identify ways in which programmatic services are unavailable or inaccessible to community members and use this information to change policies, practices, and protocols
- When designing opportunities and programs, involve those who are most marginalized in every aspect of the work, including program design, implementation, and evaluation
- Identify opportunities to support existing community-driven initiatives
- Consider incorporating intersectionality when conducting policy education and informing the design of organizational policies

For example, think about a community initiative wanting to understand why a bystander intervention prevention program is not having success in their community. The staff does an internal assessment of their program and finds some gaps. The program does not reflect the values of the community, and the prevention staff are not members of the community where the program is being conducted. Additionally, the role-play scenarios in the bystander intervention curriculum do not address race or the role racism plays in bystander intervention and were not written with a lens of intersectionality. While this program initially utilized already existing data showing that sexual violence is a large concern among African American teenage girls and affects them at a higher rate than teenage girls of other races, they missed opportunities to be effective by collaborating with local programs that already serve these young people. Program staff, seeking ways to improve their work and partnerships, join local community groups that are working on improving the lives of African American teenage girls and begin participating in those groups' programs. Soon, they form a partnership with a local youth leadership program focusing on economic equity, and train teens from that program to conduct the bystander intervention program as paid youth leaders. They also work with the young people to rewrite the scenarios so they address the intersections in their lives and their community's needs. The community initiative, through this partnership with other local agencies and programs, is then better able to address the conditions (e.g., access to resources or education) that are contributing to the increase in violence in this community.

Changing the Dialogue:
Where do we go from here?

"There is no such thing as a single issue struggle because we do not live single-issue lives."

– Audre Lorde

When violence occurs, there is a sense of urgency and a need to mobilize resources to intervene, support victims, hold those who engage in violent behavior accountable and address the impact of that violence. We know these things are necessary. To stop violence before it ever happens, it is also vital that we recognize that the connections among issues of health, safety, economic security and other factors affecting well-being can increase public understanding of the complexity of violence and its effects. This understanding will help inform primary prevention efforts.

Bridging violence prevention with other health and social issues

Some risk and protective factors for violence are also risk and protective factors for other health and social issues. Identifying these commonalities can help us engage communities in our violence prevention efforts and streamline these efforts.

Connecting violence prevention with other health and social issues and addressing them collaboratively can:

- Align work that has the biggest impact across sectors
- Leverage resources
- Build relationships that can adapt to different issues collectively
- Facilitate data-sharing among sectors
- Strengthen communication across sectors in communities
- Identify opportunities to link violence prevention to existing priorities

A multi-sector approach in which various stakeholders and systems work together to address issues of common concern can facilitate more sustainable, cost-effective, comprehensive and impactful solutions. While the need for, and value of, multi-sector collaboration may be understood, actual engagement of sectors with different priorities and mandates requires strategic thinking. Being able to communicate the benefits to partners is a key to bringing diverse sectors and agendas together and achieving desired outcomes of safety, health and equity for all.

Resources such as Prevention Institute's *Collaboration Multiplier* or *The Community Toolbox* from the Center for Community Health and Development at the University of Kansas provide guidance and offer examples for developing effective collaborations.

Policy, Partnerships, and Communication

Policy

Policy strategies are one way to address violence prevention at a population-based level. CDC defines policy as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. Policies generally operate at the systems level and can influence complex systems in ways that can change the health and safety of a population. A policy approach can be a cost-effective way to create positive changes in the health and well-being of large portions of the population. *(Brief 1: Overview of Policy Evaluation- Step by Step: Evaluating Violence and Injury Prevention Policies)*

There are several types of policies, each of which can operate at different levels (national, state, local, or organizational).

- Legislative policies are laws or ordinances created by elected representatives.
- Regulatory policies include rules, guidelines, principles, or methods created by government agencies with regulatory authority for products or services.
- Organizational policies include rules or practices established within an agency or organization.

From school policies to local ordinances to tax initiatives and legislation, policy may help prevent violence. Practitioners and their stakeholders can help inform policy efforts by educating policymakers or decision makers about a particular health issue, like violence. This could involve a presentation to a school board on the nature and dynamics of teen dating violence or using social media to share current statistics. Organizational or agency sources of funding may dictate the type of policy change that can be pursued. For example, using federal funds for lobbying or other advocacy is not allowed.

Effective policy strategies are important to address violence prevention. There are some policy approaches that have been shown to be effective, such as those included in CDC's technical packages. As with other types of prevention strategies, policies should be evaluated. Violence prevention practitioners can help inform prevention policy efforts in several ways by evaluating policy:

- **Content:** Does the policy clearly articulate the goals, its implementation, and the underlying logic for why the policy will produce the intended change?
- **Implementation:** Was the policy implemented as intended? What facilitated the effective, or unsuccessful, implementation?
- **Impact:** Did the policy produce the intended outcomes and impact? While the intended impact may be a reduction in violence, it is important to evaluate short-term and intermediate outcomes as well.

CDC's National Center for Injury Prevention and Control "Step by Step: Evaluating Violence and Injury Prevention Policies" is a resource that provides basic guidance and tools for policy evaluation.

Partnerships

The prevention of sexual and intimate partner violence requires the involvement and cooperation

of multi-disciplinary partnerships. Public health plays a crucial role in violence prevention, with specific expertise in using the best available evidence, collecting and analyzing data, and evaluating interventions. Professionals who work in the field of public health may come from a variety of backgrounds because complex public health issues require diverse perspectives to come up with effective solutions. However, public health cannot do this work alone and must partner with others who have led the way for addressing intimate partner violence and sexual violence. To achieve change, some groups and agencies public health can partner with include the following groups:

- Sexual violence and domestic violence organizations,
- Survivors
- Education (k-12 and college/universities),
- Community groups and organizations,
- Health care,
- Social services,
- Sport,
- Youth-serving organizations,
- Faith communities,
- Military or veteran-serving organizations,
- Judicial system,
- Law enforcement,
- Government,
- Business,
- Labor.

Partners may have the ability and connections to reach audiences that public health is not able to reach. Partners from other sectors may be most effective for making certain types of change. For example, those in the business sector may be best positioned to make policy changes related to economic supports. Strategic collaborations across sectors and among stakeholders make violence prevention work stronger and more effective.

Communication

Communicating an issue, why it's important, and what can be done about it, is a continuous process. Public awareness is often driven by current events and incidents of violence publicized in the media. When possible and appropriate, we can bring prevention into conversations about violence. "With an issue so big and seemingly intractable, it can be tempting to focus solely on driving home the scope of the problem. We need to talk about what to do about it — not just after the fact, but also what needs to happen to prevent abuse and assault in the first place" (Berkeley Media Studies Group, 2018). Berkeley Media Studies Group's (BMSG) publication *"Getting attention for prevention-Guidelines for effective communication about preventing sexual violence"* is a resource that provides tips on how prevention advocates can reach their audience and convey the message that sexual violence prevention is possible.

A few things to keep in mind when communicating about violence prevention are:

- Research has shown that it is important to convey what prevention looks like in concrete, measurable terms. Sharing examples of prevention work, its progress and impact over time helps tell the "story" of how prevention happens. For instance, in talking about a prevention strategy as a healthy relationships curriculum, share information about the actual skills students learned (e.g., communication, decision-making, consent) and what changes to school climate and reports of bullying resulted.
- "An ounce of prevention is worth a pound of cure." Showing the cost/benefit or return on investment for prevention is a powerful message. If possible, determining these calculations at the state or local level can be a message that resonates across audiences. However, national estimates are effective as well.
- Language that is understandable to an intended audience is important. Use plain language and avoid jargon.
- Be prepared and take advantage of opportunities to bring prevention into the existing dialogue. Have prevention materials and messages handy for timely dissemination when a target audience or the general public is paying attention to the issue.

Where do we go from here?

We have learned a lot since *Beginning the Dialogue* was first released in 2004, and our progress has been informed by both science and practice. Science is brought to life in communities when they incorporate the best available research into their policy and practice, and violence prevention researchers and practitioners must continuously work together to evaluate and refine our efforts. **The context in which we do our work may change, in terms of social and political climate, funding, and the ever-expanding evidence-base, but our goal to prevent violence remains the same.** We are building a solid foundation of science- and practice-based violence prevention, which strengthens our footing and allows the work to progress.

Like the person fishing in the parable, we continue to move upstream to determine how to prevent violence before it occurs and to develop solutions. We have increased our understanding of the river and why some members of the community face more or less risk from the river. Understanding social determinants of health and protective factors for prevention can inform decisions that create and support pro-active practices like creating ways for people to navigate the river safely, strengthening environmental factors and policies to protect the community, and teaching community members the skills needed to step in and protect each other. We can assure that the town has the resources to make the river less dangerous and help leaders make decisions that will improve the health, safety, and security of everyone in the community. There will always be a need to help people who have fallen in the river, but the advancements that have been made in prevention help us understand that when we look upstream for solutions, we can reduce the number of individuals harmed and change the outcome for entire communities.

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Resources:

Community-Based Participatory Research Toolkit
https://cbprtoolkit.org/

Community Toolbox
https://ctb.ku.edu/en/table-of-contents/implement/changing-policies/overview/main

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

Getting Attention for Prevention: Guidelines for effective communication about preventing sexual violence, A framing brief developed by Berkeley Media Studies Group and NSVRC, 2018 *https://www.nsvrc.org/sites/default/files/2018-03/publications_nsvrc_framing-brief_getting-attention-for-prevention.pdf*

Moving Toward Prevention: A Guide for Reframing Sexual Violence
https://www.nsvrc.org/moving-toward-prevention-guide-reframing-sexual-violence

National Center for Injury Prevention and Control's Step by Step – Evaluating Violence and Injury Prevention Policies
https://www.cdc.gov/injury/about/evaluation.html

National Resource Center on Domestic Violence
https://www.nrcdv.org/

National Sexual Violence Resource Center
https://www.nsvrc.org/

Plain Language Communication
https://www.cdc.gov/healthliteracy/developmaterials/plain-language-communication.html

PreventConnect
http://www.preventconnect.org/

Prevention Institute's Collaboration Multiplier
https://www.preventioninstitute.org/tools/multi-sector-partnerships-preventing-violence-guide-using-collaboration-multiplier

Suggested Practices for Journalists Reporting on Sexual Violence
https://vetoviolence.cdc.gov/sites/all/themes/veto_bootstrap/assets/sv-landing/SV_Media_Guide_508c.pdf

Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness
https://www.cdc.gov/violenceprevention/pdf/Understanding_Evidence-a.pdf

Where we're going and where we've been: making the case for preventing sexual violence
http://www.bmsg.org/resources/publications/sexual-violence-prevention-messaging-guide/

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