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Bureau of Justice Statistics Special Report

May 2000, NCJ 178247

Intimate Partner Violence

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BJS Statisticians

Estimates from the National Crime Victimization Survey (NCVS) indicate that in 1998 about 1 million violent crimes were committed against persons by their current or former spouses, boyfriends, or girlfriends. Such crimes, termed *intimate partner violence*, are committed primarily against women. About 85% of victimizations by intimate partners in 1998, about 876,340, were against women.

Intimate partner violence made up 22% of violent crime against women between 1993 and 1998. By contrast, during this period intimate partners committed 3% of the violence against men.

Women experienced intimate partner violence at lower rates in 1998 than in 1993. From 1993 to 1997 the rate of intimate partner violence fell from 9.8 to 7.5 per 1,000 women. In 1998 the rate was virtually unchanged from that in 1997 (7.7 per 1,000 women). Males experienced intimate partner violence at similar rates in 1993 and 1998 (1.6 and 1.5 per 1,000 men, respectively).

In 1998 about 1,830 murders were attributable to intimate partners, down substantially from the 3,000 murders in 1976.

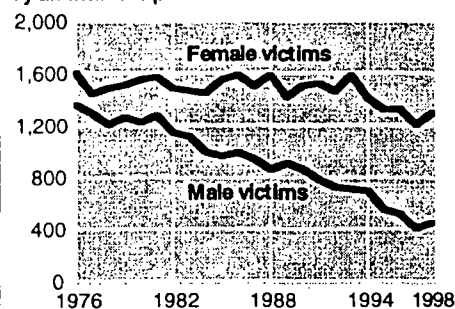
Highlights

Intimate partners: current or former spouses, boyfriends, and girlfriends

Violent crimes include lethal (homicide) and nonlethal (rape, sexual assault, robbery, aggravated assault, and simple assault) offenses.

Lethal

Number of victims murdered
by an intimate partner



- Intimate partners committed fewer murders in each of the 3 years 1996, 1997, and 1998 than in any other year since 1976.
- Between 1976 and 1998, the number of male victims of intimate partner homicide fell an average 4% per year and the number of female victims fell an average 1%.
- In 1998 women were nearly 3 out of 4 victims of the 1,830 murders attributable to intimate partners. In 1976 women were just over half the approximate 3,000 victims.
- The percentage of female murder victims killed by intimate partners has remained at about 30% since 1976.

Nonlethal

- The number of female victims of intimate violence declined from 1993 to 1998. In 1998 women experienced an estimated 876,340 violent offenses at the hands of an intimate, down from 1.1 million in 1993.
- In both 1993 and 1998, men were victims of about 160,000 violent crimes by an intimate partner.
- Between 1993 and 1998 women ages 16 to 24 experienced the highest per capita rates of intimate violence (19.6 per 1,000 women).
- About half the intimate partner violence against women, 1993-98, was reported to the police; black women were more likely than other women to report such violence.
- About 4 of 10 female victims of intimate partner violence lived in households with children under age 12. Population estimates suggest that 27% of U.S. households were home to children under 12.
- Half of female victims of intimate partner violence reported a physical injury. About 4 in 10 of these victims sought professional medical treatment.

Measuring intimate partner victimization

This report updates findings presented in *Violence by Intimates* (March 1998, NCJ 167237) and provides more complete statistics of intimate partner violence against men.

Data

Findings regarding violent crime came from National Crime Victimization Survey (NCVS) data collected by the Bureau of Justice Statistics (BJS). The NCVS collects data about criminal victimizations from an ongoing nationally representative sample of households in the United States. Homicide data were collected by the FBI, under the Supplementary Homicide Reports (SHR) of the Uniform Crime Reporting Program (UCR).

Definitions

As defined in this report, intimate relationships involve current or former spouses, boyfriends, or girlfriends. These individuals may be of the same gender.

Violent acts examined include murder, rape, sexual assault, robbery, aggravated assault, and simple assault. Definitions of these violent crimes are provided in the definitions section on page 9.

Rate of violence by an intimate partner, by gender, 1993-98

Number of victimizations by an intimate partner per 1,000 persons of each gender age 12 or older

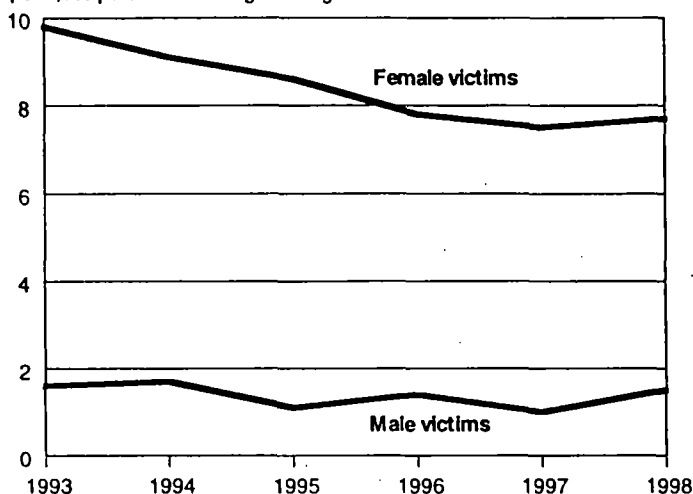


Figure 1

Intimate partner violence in 1998

In 1998 women were victims in about 876,340 violent crimes and men were victims in about 157,330 violent crimes committed by an intimate partner (table 1). Women were victims of intimate partner violence at a rate about 5 times that of males (767 versus 146 per 100,000 persons, respectively). Women were more likely to be victimized by a nonstranger, which includes a friend, family member, or intimate partner, while men were more likely to be victimized by a stranger (appendix table 2, page 10). Sixty-five percent of all intimate partner violence against women and 68% of intimate partner violence against men involved a simple assault, the least serious form of violence studied.

In 1998 intimate partner homicides accounted for about 11% of all murders nationwide. Of the 1,830 persons murdered by intimates in 1998, 72% or 1,320 were women. Female murder victims were substantially more likely than male murder victims to have been killed by an intimate partner. In 1998 intimate partner homicides comprised about 33% of the murders of women but about 4% of the murders of men.

Trends in violence against intimate partners, 1993-98

The rate of intimate partner violence against women decreased 21% from 1993 to 1998. The estimated number of violent crimes against women by intimate partners decreased from the 1993 level of about 1.1 million to 848,480 in 1997. The victimization rate over the same period fell from 9.8 to 7.5 per 1,000 women. A nominal but not statistically significant increase in female intimate partner violence rates occurred from 1997 to 1998 (7.5 to 7.7 per 1,000 women) (figure 1, table 2, appendix table 2).

Intimate partner victimization rates for males were similar in 1993 and 1998 (1.6 and 1.5 men victimized per 1,000 males), despite some fluctuation during intervening years. The rate of victimization of male intimate partners in 1998 represented an increase from 1.0 per 1,000 in 1997.

Table 1. Violence by intimate partners, by type of crime and gender, 1998

	Intimate partner violence by gender					
	Total		Female		Male	
	Number	Rate per 100,000 persons	Number	Rate per 100,000 persons	Number	Rate per 100,000 persons
Overall violent crime	1,033,660	465.9	876,340	766.8	157,330	146.2
Murder	1,830	0.8	1,320	1.2	510	0.5
Rape/sexual assault	63,490	28.6	63,490	55.6	--	--
Robbery	103,940	46.8	101,830	89.1	--	--
Aggravated assault	187,970	84.7	140,050	122.5	47,910	44.5
Simple assault	676,440	304.9	569,650	498.4	106,790	99.2

Note: Rates for this table only are the number of victimizations per 100,000 persons. Rates reported in other tables are the number of victimizations per 1,000 persons. Populations for calculation of rates are presented in appendix table 9, page 11. The difference in male and female intimate partner victimization rates is significant at the 95%-confidence level within each victimization category presented.

--Based on 10 or fewer sample cases.

Homicide of intimate partners, 1976-98

Overall, the number of women killed by an intimate partner was stable between 1976 and 1993 and then declined 23% between 1993 and 1997. The number of women murdered by an intimate partner increased 8% between 1997 and 1998. The number of men murdered by an intimate partner fell 60% from 1976 to 1998 (*Highlights figure, page 1*).

Most victims of intimate partner homicide are killed by their spouses, although much less so in recent years. In 1998 murders by spouses represented 53% of all intimate partner homicides, down from 75% in 1976 (figure 2).

White females represent the only category of victims for whom intimate partner homicide has not decreased substantially since 1976 (figure 3). The number of intimate partner homicides for all other racial and gender groups declined during the period. The number of black females killed by intimates dropped 45%; black males, 74%; and white males, 44%. Between 1997 and

Homicides of intimate partners, by victim-offender relationship, 1976-98

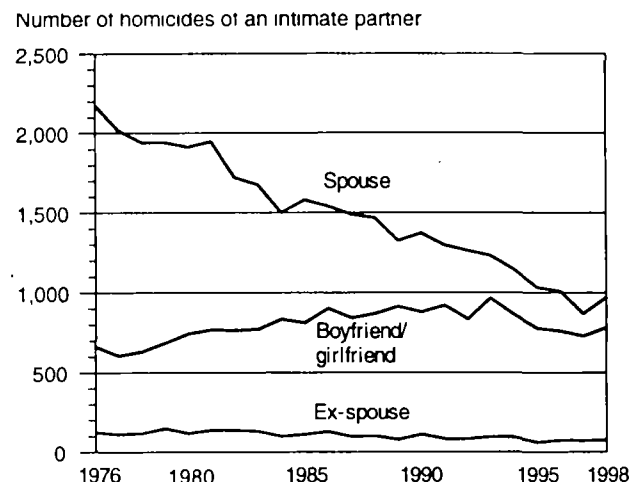


Figure 2

1998 the number of white females killed by an intimate partner increased 15%.

For additional information on trends of intimate partner homicide, refer to the BJS website: <http://www.ojp.usdoj.gov/bjs/homicide/intimates.htm>

Characteristics of intimate partner violence victims, 1993-98

Regardless of the demographic characteristics considered, women experienced intimate partner violence

at higher rates than men between 1993 and 1998.* Among women, being black, young, divorced or separated, earning lower incomes, living in rental housing, and living in an urban area were all associated with higher rates of intimate partner victimization between 1993 and 1998. Men who were young, black, divorced or separated, or living in rented housing had significantly higher rates of intimate partner violence than other men.

*The remainder of the report examines nonlethal violent victimization, although inclusion of homicides would not affect the findings.

Table 2. Violence by intimate partners, by gender, 1993-98

Year	Violent victimization by intimate partners		Violent victimization by intimate partners	
	Female victims	Rate per 1,000	Male victims	Rate per 1,000
1993	1,072,090	9.8	163,570	1.6
1994	1,003,180	9.1	176,180	1.7
1995	953,700	8.6	115,490	1.1
1996	879,290	7.8	150,730	1.4
1997	848,480	7.5	107,850	1.0
1998	876,340	7.7	157,330	1.5

Note: See appendix table 9, page 11, for the populations used to calculate rates.

The difference between male and female rates of intimate partner victimization for every year is significant at the 95%-confidence level. The rates for males in 1993 and 1998 were not significantly different. Male intimate partner victimization rates fell significantly between 1994 and 1995, fell slightly between 1996 and 1997, and increased significantly between 1997 and 1998. Rates of intimate partner violence against females declined from 1994 to 1997 and slightly between 1994 and 1998.

Homicides of intimate partners, by gender and race of the victims, 1976-98

Number of victims killed by an intimate partner

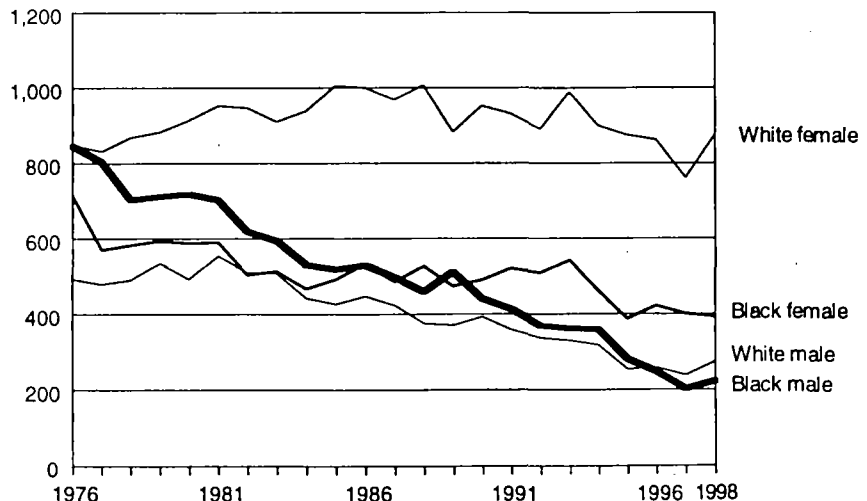


Figure 3

Rate of intimate partner violence, by victim's race, 1993-98

Intimate partner violence per 1,000 females or males of each race

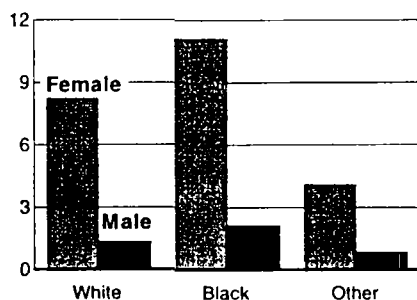


Figure 4

Rate of intimate partner violence, by victim's ethnicity, 1993-98

Intimate partner violence per 1,000 females or males of each group

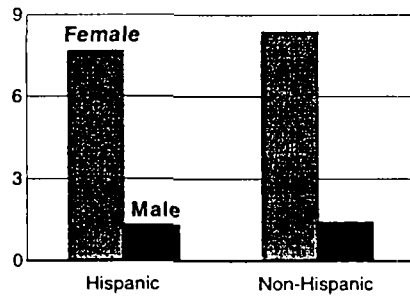


Figure 5

Race and ethnicity

Overall, blacks were victimized by intimate partners at significantly higher rates than persons of any other race between 1993 and 1998 (figure 4, appendix table 3). Black females experienced intimate partner violence

Rate of intimate partner violence, by annual household income, 1993-98

Intimate partner violence per 1,000 females or males at each household income level

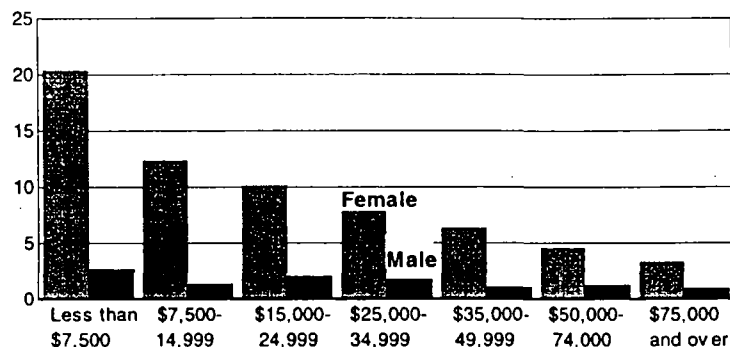


Figure 7

at a rate 35% higher than that of white females, and about 2½ times the rate of women of other races. Black males experienced intimate partner violence at a rate about 62% higher than that of white males and about 2½ times the rate of men of other races.

No difference in intimate partner victimization rates between Hispanic and non-Hispanic persons emerged, regardless of gender (figure 5).

Age

For both women and men, rates of violence by an intimate partner were below 3 victimizations per 1,000 persons under age 16 or over age 50 (figure 6 and appendix table 4). Women ages 20-24 were victimized by an intimate partner at the highest rate, 21 per 1,000 women. This rate was about 8 times the peak rate for men

(3 victimizations per 1,000 men ages 25-34).

Household income

Women living in households with lower annual household incomes experienced intimate partner violence at significantly higher rates than women in households with higher annual incomes (figure 7, appendix table 5). Intimate partners victimized women living in households with the lowest annual household income at a rate nearly 7 times that of women living in households with the highest annual household income (20 versus 3 per 1,000). No discernible relationship emerged between intimate partner violence against males and household income.

Rate of intimate partner violence, by age, 1993-98

Intimate partner violence per 1,000 females or males in each age category

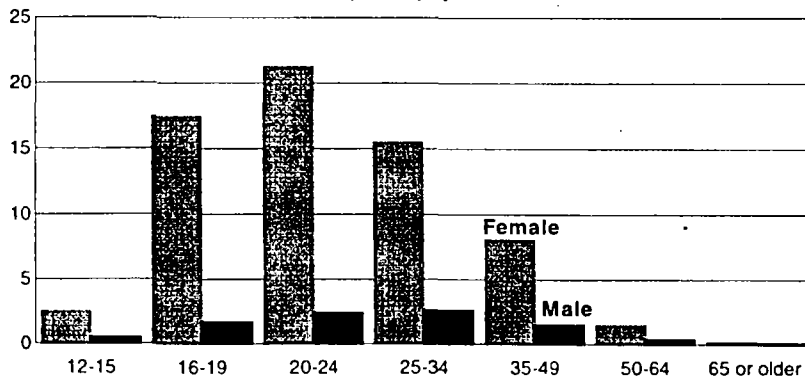


Figure 6

Rate of intimate partner violence, by marital status, 1993-98

Intimate partner violence per 1,000 females or males in each status

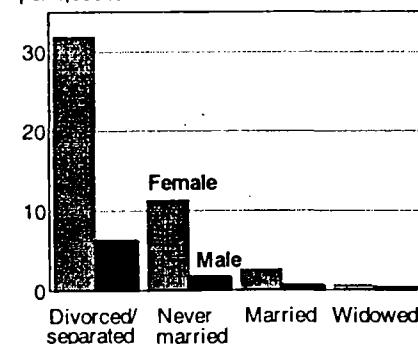


Figure 8

Marital status

For both men and women, divorced or separated persons were subjected to the highest rates of intimate partner victimization, followed by never-married persons (figure 8, appendix table 6). Because the NCVS reflects a respondent's marital status at the time of the interview, it is not possible to determine whether a person was separated or divorced at the time of the victimization or whether separation or divorce followed the violence.

Home ownership

Intimate partner victimization rates were significantly higher for persons living in rental housing regardless of the victim's gender (figure 9, appendix table 7). Females residing in rental housing were victimized by intimate partner violence at more than 3 times the rate of women living in owned housing, and males residing in rental housing were victimized by an intimate partner at more than twice the rate of men living in purchased housing.

Urban, suburban, and rural households

Women in urban areas were victims of intimate partner violence at significantly higher rates than suburban women and at somewhat higher rates than rural women. Ten per thousand urban women were victims of intimate partner violence compared to 8 per 1,000 women in suburban and rural areas between 1993 and 1998.

Urban and suburban males were victims of intimate partner violence at similar rates. Men in urban areas experienced violence at a rate slightly higher than that of men in rural areas. No significant difference emerged between the rates for suburban and rural men.

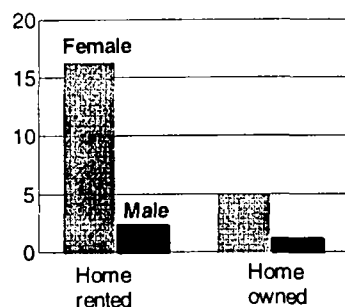
The nature of intimate partner victimization

Location and time

Between 1993 and 1998 almost two-thirds of intimate partner violence

Rate of intimate partner violence, by home ownership and location of household, 1993-98

Intimate partner violence per 1,000 females or males in each status



Intimate partner violence per 1,000 females or males in each type of area

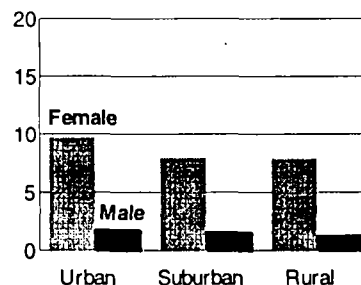


Figure 9

Table 3. Location and time of intimate partner violence, by gender of victim, 1993-98

Location and time	Female average annual		Male average annual	
	Number	Percent	Number	Percent
Total intimate partner victims	937,490	100%	144,620	100%
Victim's home	590,030	63%*	74,480	52%
Near victim's home	81,600	9*	23,910	17
Friend/neighbor's home	115,430	12	22,300	15
Commercial place	24,020	3	5,820	4
Parking lot or garage	34,800	4	5,860	4
School	11,350	1	--	--
Other	80,260	9	9,630	7
Daytime (6 a.m. to 6 p.m.)	353,560	38%	58,900	41%
Nighttime	558,130	60	84,910	59
Don't know	25,800	3	--	--

--Based on 10 or fewer sample cases.

*The difference between male and female percentages is significant at the 95%-confidence level.

Table 4. Households with children under age 12, by gender of victims of intimate partner violence, 1993-98

Present	Total annual average		Female average annual		Male average annual	
	Number	Percent	Number	Percent	Number	Percent
Total intimate partner victims	1,082,110	100%	937,490	100%	144,620	100%
Children in household	459,590	43%	424,140	45%	35,450	25%
Children not in household	462,090	43	364,720	39	97,370	67
Unknown	160,430	15	148,630	16	11,800	8

Note: The difference between male and female percentages is significant at the 95%-confidence level for each category shown. The difference in having children as household members and not having them is significant at the 95%-confidence level for both women and men.

against women, and about half of all intimate partner violence against men, occurred in the victim's home (table 3). Intimate partner violence occurred most often between 6 p.m. and 6 a.m., accounting for about 6 in 10 female

and male victimizations by intimate partners (60% and 59%).

Table 5. Percent of threats, attempted attacks, and physical attacks in intimate partner violent crimes, 1993-98

Type of violence	Victims of intimate partners	
	Female	Male
Attempt or threat	31%	35%
Threatened to kill	32	27
Threatened to rape	1	--
Threatened in "other" way	52*	41
Threatened with a weapon	18	22
Threw object at victim	4*	11
Followed/surrounded victim	4	--
Tried to hit, slap, or knock down victim	13	15
Physically attacked	69%	65%

Note: Detail may not add to total because victims may have reported more than one type of threat.

--Based on 10 or fewer sample cases.

*The difference between male and female percentages is significant at the 95%-confidence level.

Children less than 12 present in the household

Between 1993 and 1998 children under the age of 12 resided in 43% of the households where intimate partner violence occurred (table 4). Population estimates suggest that in general, 27% of households in the United States were home to children under the age 12. This study is not able to determine the extent to which young children witnessed intimate partner violence.

Injuries and treatment

Between 1993 and 1998, about two-thirds of the male and female victims of intimate partner violence were physically attacked (table 5). The remaining third were victims of threats or attempted violence. Though percentages of males and females being attacked were similar, the outcome of these attacks differed (table 6). Fifty percent of female victims of intimate partner violence were injured by an intimate partner versus 32% of male victims.

Percent of intimate partner victimization reported to police, by gender, race, and ethnicity, 1993-98

Percent of intimate partner violence reported to police

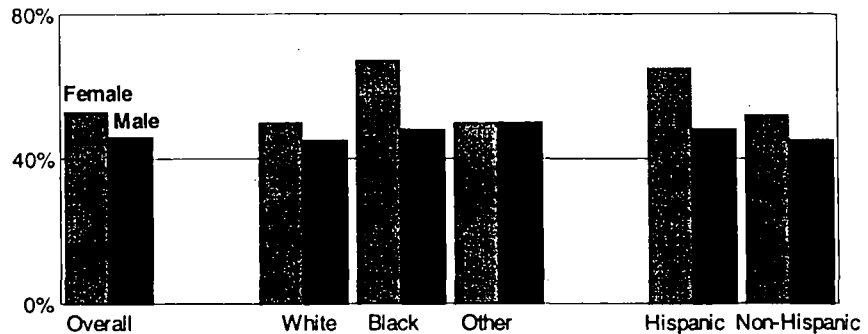


Figure 10

Among those injured, similar percentages of men and women suffered serious injuries (4% and 5%, respectively). A significantly higher percentage of women than men sustained minor injuries (more than 4 in 10 females and fewer than 3 in 10 males).

Most victims injured by an intimate partner did not report seeking profes-

sional medical treatment for their injuries. About 6 in 10 female and male victims of intimate partner violence were injured but not treated. In general, injuries were minor, involving cuts and bruises. Most of those injured who were treated received care at home or at the scene of the victimization (17% of women and 24% of men).

Table 6. Injuries and treatment as a result of intimate partner violence, by gender, 1993-98

Injury and treatment	Female average annual		Male average annual	
	Number	Percent	Number	Percent
Total intimate partner victims	937,490	100%	144,620	100%
Not injured	466,380	50%*	97,620	68%
Injured	471,110	50*	47,000	32
Serious injury	43,910	5	6,380	4
Gunshot wound	--	--	--	--
Knife wounds	5,410	1	--	--
Internal injuries	10,170	1	--	--
Broken bones	16,380	2	--	--
Knocked unconscious	9,240	1	--	--
Other serious injuries	--	--	--	--
Rape/sexual assault without additional injuries	33,260	4	--	--
Minor injuries only	392,810	42*	39,690	27
Injuries unknown	--	--	--	--
Injured	471,110	100%	47,000	100%
Injured, not treated	297,800	63	28,090	60
Treated for injury	173,310	37	18,910	40
At scene or home	82,200	17*	11,240	24
Doctor's office or clinic	23,000	5	--	--
Hospital	--	--	--	--
Not admitted	16,990	4	--	--
Emergency, not admitted	39,850	8	--	--
Emergency, admitted	5,840	1	--	--
Other locale	5,020	1	--	--
Don't know	--	--	--	--

--Based on 10 or fewer sample cases.

*The difference in male and female percentages is significant at the 95%-confidence level.

Reporting to police

About half of all victims of intimate partner violence between 1993 and 1998 reported the violence to law enforcement authorities (53% of women and 46% of men) (table 7, figure 10, and appendix table 8).

The percentage of victims reporting to police differed by race and ethnicity. Black women (67%) reported their victimization to police at significantly higher percentages than black men (48%), white men (45%), and white women (50%). No difference in white male and female percentages reporting emerged (45% versus 50%). Hispanic females reported intimate partner violence to the police at higher percentages than did non-Hispanic females (65% versus 52%).

Among victims of violence by an intimate partner, the percentage of women who reported the crime was greater in 1998 (59%) than in 1993 (48%). There was no significant difference between 1993 and 1998 in the percentage of men's reporting their victimization to the police.

In 1997 and 1998 a significantly higher percentage of female intimate partner violence victims reported the victimizations to the police than did not. Prior to 1997 similar percentages of females reported and did not report.

For males, for all years but 1997, approximately half the victims did not report their victimization to the police. In 1997 a slightly higher percentage of male victims did not report to the authorities. About half of the male victims' reasons and a third of the female victims' reasons for not reporting their intimate partner victimization to the police was because it was a "private or personal matter" (table 8). While this reason was the most often

Table 7. Percent of reporting intimate partner violence to police, by gender, 1993-98

Type of victim	1993	1994	1995	1996	1997	1998	1993-98
Female total	100%	100%	100%	100%	100%	100%	100%
Reported	48%	50%	52%	53%	58%	59%	53%
Not reported	52	50	47	46 [†]	42*	41*	47*
Don't know	0	0	1	1	0	0	0
Male total	100%	100%	100%	100%	100%	100%	100%
Reported	47%	48%	49%	46%	38%	49%	46%
Not reported	53	50	51	52	60 [†]	51	53
Don't know	0	2	0	2	2	0	1

*The difference in percent of within gender reporting and not reporting is significant at the 95%-confidence level.

[†]The difference in percent of within gender reporting and not reporting is significant at the 90%-confidence level.

Table 8. Reasons intimate partner violence was not reported to the police, by gender of victim, 1993-98

Reasons for not reporting to police	Female average annual		Male average annual	
	Number	Percent	Number	Percent
Total victimizations not reported	480,060		85,400	
Private or personal matter	151,900	35%*	39,690	52%
Afraid of reprisal	83,090	19	--	--
Minor crime	29,270	7*	11,480	15
Police will not bother	25,440	6	--	--
Protect offender	13,580	3*	8,400	11
Police biased	12,200	3%	--	--
Inconvenient	14,190	3	--	--
Reported to another official	11,910	3	--	--
Police ineffectiveness	15,290	4	--	--
Not clear a crime occurred	7,010	2	--	--
Don't know why I did not report it	7,100	2%	--	--
Other reason given	109,070	25	14,500	19

Note: Detail may not add to total because victims may have reported more than one reason and because of values not shown in instances in which the sample cases were fewer than 10.

--Based on 10 or fewer sample cases.

*The difference in male and female percentages is significant at the 95%-confidence level.

given by both male and female victims, it was given by male victims in a significantly higher percentage than female victims.

Fear of reprisal by the perpetrator made up 19% of the reasons females did not report their victimization to the police. About 1 in 10 male victims and fewer than 1 in 10 female victims said they did not report the crime to the police because they did not want to get the offender in trouble with the law.

Methodology

Except for homicide data obtained from the FBI's Uniform Crime Reporting Program, this report presents data from the BJS National Crime Victimization Survey. The NCVS gathers data about crimes using an ongoing, nationally representative sample of households in the United States. NCVS data include information about crime victims (age, gender, race, ethnicity, marital status, income, and educational level), criminal offenders (gender, race, approximate age, and victim-offender relations) and the nature of the crime

(for example, time and place of occurrence, use of weapons, nature of injury, and economic consequences). NCVS victimization data include incidents reported and not reported to police.

Between 1993 and 1998 approximately 293,400 households and 574,000 individuals age 12 or older were interviewed. For the NCVS data presented, response rates varied between 93% and 96% of eligible households, and between 89% and 92% of eligible individuals. The 1998 data presented in this report were collected during the calendar year being estimated. Data for 1993 to 1997 are based on crimes occurring during the year.

Appendix table 1. Average annual number and percentage of series and nonseries violent victimizations, 1993-98

Type of crime	Number of victimizations			Percent of victimizations		
	Total	Nonseries	Series	Total	Nonseries	Series
Violent victimizations	10,098,920	9,493,160	605,770	100%	94%	6%
Rape/sexual assault	394,600	368,430	26,170	100	93	7
Robbery	1,142,380	1,111,500	30,880	100	97	3
Aggravated assault	2,167,920	2,063,920	104,000	100	95	5
Simple assault	6,394,030	5,949,310	444,720	100	93	7
Intimate partner violence						
Female victims	937,490	835,850	101,630	100%	89%	11%
Male victims	144,620	132,030	12,600	100	91	9

Because the NCVS samples households, it does not capture the experiences of homeless individuals or those living in institutional settings such as homeless or battered persons' shelters. The experiences and esti-

mates of intimate partner violence in this report reflect those of the individuals residing in households.

The exact impact of this sampling limitation is unknown. Several studies estimate the impact that intimate partner violence has on homelessness or on residing in shelters for homeless or battered persons. One study suggested that 50% of homeless women and children became homeless after fleeing abuse (Zorza, 1991). A 1998 study conducted in 10 cities in the United States estimated that of 777 homeless parents (most of whom were mothers) 22% stated they left their previous home due to intimate partner violence (*Homes for the Homeless*, 1998). A survey by the U.S. Conference of Mayors suggested that 46% felt that intimate partner violence was a primary cause of homelessness (U.S. Conference of Mayors, 1998).

Definitions of intimate partner

Intimate partner relationships involve current spouses, former spouses, current boy/girlfriends, or former boy/girlfriends. Individuals involved in an intimate partner relationship may be of the same gender. The FBI does not report former boy/girlfriends in categories separate from current boy/girlfriends. Rather, they are included in the boy/girlfriend category during the data collection process.

The FBI, through the Supplementary Homicide Reports (SHR), and BJS, using the NCVS, gather information about the victim's and offender's relationship, using different relationship categories. In this report responses to the victim-offender question from both datasets are collapsed into four relationship groups: intimate, friend/acquaintance, other family, and stranger. These groups are created from the following original response categories:

	NCVS categories	SHR categories
Intimate	Spouse Ex-spouse Boyfriend/girlfriend Ex-girlfriend/ex-boyfriend	Husband/wife Common-law husband or wife Ex-husband/ex-wife Boyfriend/girlfriend Homosexual relationship
Friend/ acquaintance	Friend/ex-friend Roommate/boarder Schoolmate Neighbor Someone at work/customer Other non-relative	Acquaintance Friend Neighbor Employee Employer Other known
Other family	Parent or step parent Own child or stepchild Brother/sister Other relative	Mother/father Son/daughter Brother/sister In-law Stepfather/stepmother Stepson/stepdaughter Other family
Stranger	Stranger Known by sight only	Stranger

Standard error computations for NCVS estimates

Comparisons of percentages and rates in this report were tested to determine if differences were statistically significant. Differences described in the text as higher, lower, or different and changes over time characterized as having increased or decreased passed a hypothesis test at the .05 level of statistical significance (95%-confidence level). That is, the tested difference in the estimates was greater than twice the standard error of that difference. For comparisons that were statistically significant at the .10 level of statistical significance (90%-confidence level), the terms *somewhat different*, *marginally different*, or *slight difference* are

used to note the nature of the difference.

Caution is required when comparing estimates not explicitly discussed in the text. What may appear to be large differences may not test as statistically significant at the 95%- or the 90%-confidence level. Significance testing calculations were conducted at the Bureau of Justice Statistics using statistical programs developed specifically for the NCVS by the U.S. Bureau of the Census. These programs take into consideration many aspects of the complex NCVS sample design when calculating generalized variance estimates.

FBI homicide data

Homicide data presented in this report are collected by the FBI, under the Supplementary Homicide Reports (SHR) of the Uniform Crime Reporting Program (UCR). The homicide data provide incident-level data on about 92% of the homicides in the United States, including the victim and offender relationship.

Definitions

An important consideration in generating intimate partner violence estimates using NCVS data is the treatment of "series data." Series data are defined as six or more incidents similar in nature, for which the victim is unable to furnish details of each incident separately. Because no information for each incident is available, information on the most recent incident in the series is collected. Generally, series victimizations represent 6%-7% of all violent victimizations recorded by the NCVS, though some variation exists among the types of crime and victim characteristics (appendix table 1).

Series crimes are problematic in estimation because how or whether these victimizations should be combined with the other crime incidents is unclear. BJS continues to study how these types of victimizations should be handled in our published estimates. Currently, series victimizations are excluded from the annual BJS estimates but included in Special Reports. In addition, series data are included for analyses where repeat victimization is an important aspect of the subject being analyzed. This report includes series victimizations in estimation of intimate partner violence, counting a series as one victimization.

Violent acts covered in this report include murder, rape, sexual assault, robbery, and aggravated and simple assault. Definitions used in this report are as follows:

- Murder and non-negligent manslaughter is defined as the willful killing of one human being by another.
- Rape is forced sexual intercourse, including both psychological coercion and physical force. Forced sexual intercourse means vaginal, anal, or oral penetration by the offender(s). This category includes incidents where the penetration is from a foreign object such as a bottle. Also included are attempted rapes, male and female victims, and heterosexual and homosexual rape.
- Sexual assault covers a wide range of victimizations, distinct from rape or attempted rape. These crimes include completed or attempted attacks generally involving unwanted sexual contact between the victim and offender. Sexual assaults may or may not involve force and include such things as grabbing or fondling. Sexual assault also includes verbal threats.

- Robbery is a completed or attempted theft directly from a person, of property or cash by force or threat of force, with or without a weapons, and with or without an injury.

- Aggravated assault is defined as a completed or attempted attack with a weapon, regardless of whether or not an injury occurred, and an attack without a weapon in which the victim is seriously injured.

- Simple assault is an attack without a weapon resulting either in no injury, minor injury (such as bruises, black eyes, cuts, scratches, or swelling) or an undetermined injury requiring less than 2 days of hospitalization. Simple assaults also include attempted assaults without a weapon.

References

- Homes for the Homeless. Ten Cities 1997-1998: A Snapshot of Family Homelessness Across America.* Available from Homes for the Homeless & the Institute for Children and Poverty, 36 Cooper Square, 6th Floor, New York, NY 10003; 212/529-5252.
- Homicide Trends in the United States*, a section of the BJS website, <http://www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm>
- U.S. Conference of Mayors. *A Status Report on Hunger and Homelessness in America's Cities: 1998.* Washington, DC.
- Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends.* BJS report, NCJ 167237, March 1998.
- Zorza, Joan. "Woman Battering: A Major Cause of Homelessness," in *Clearinghouse Review*. Vol. 25, no. 4, 1991.

Appendix table 2. Victim-offender relationship, by gender, 1993-98

Gender of victim and victim-offender relationship	Rate of violent victimization						1993-98
	1993	1994	1995	1996	1997	1998	
Female victim							
Intimate partners	9.8	9.1	8.6	7.8	7.5	7.7*	8.4
Other relatives	3.3	2.9	2.2	3.0	2.4	2.7	2.8
Friends/acquaintances	17.1	16.7	15.2	14.5	14.1	12.5*	15.0
Stranger	15.4	16.8	13.2	11.8	10.7	9.5*	12.9
Male victim							
Intimate partners	1.6	1.7	1.1	1.4	1.0	1.5	1.4
Other relatives	1.6	2.2	2.0	1.3	1.5	2.0	1.8
Friends/acquaintances	23.0	21.5	19.3	19.1	18.5	17.2*	19.7
Stranger	38.8	38.2	33.8	29.2	26.6	24.9*	31.8

*The difference between 1993 and 1998 violent victimization rates is significant at the 95%-confidence level.

Source: BJS, National Crime Victimization Survey (NCVS), and FBI, Supplementary Homicide Reports (SHR), 1993-98.

Appendix table 4. Intimate partner violence, by age, 1993-98

Age of victim	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female	Male
12-15	2.5	0.6
16-19	17.4	1.7
20-24	21.3	2.4
25-34	15.5	2.6
35-49	8.1	1.5
50-64	1.5	0.4
65 or older	0.2	--

Note: The difference between male and female intimate partner violence rates is significant at the 95%-confidence level for every age group.

--Based on 10 or fewer sample cases.

Appendix table 5. Intimate partner violence, by household income, 1993-98

Household income of victim	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female	Male
Less than \$7,500	20.3	2.6
\$7,500 to \$14,999	12.3	1.3
\$15,000 to \$24,999	10.1	2.0
\$25,000 to \$34,999	7.8	1.7
\$35,000 to \$49,999	6.3	1.0
\$50,000 to \$74,999	4.5	1.2
\$75,000 or more	3.3	0.9

Note: The difference between male and female intimate partner violence rates is significant at the 95%-confidence level for every income category shown.

Appendix table 3. Intimate partner violence, by race and ethnicity, 1993-98

Victims	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female victims	Male victims
Race		
White	8.2	1.3
Black	11.1	2.1
Other race*	4.1	--
Ethnicity		
Hispanic ^b	7.7	1.3
Non-Hispanic	8.4	1.4

Note: The difference between male and female intimate partner violence rates is significant at the 95%-confidence level for each race and ethnicity shown. Female intimate partner violence rates among races differ at the 95% level. No difference between Hispanic and non-Hispanic rates emerged. Male intimate partner violence rates differed at the 95%-confidence level between whites and blacks and between blacks and persons of other races. No difference in the rates for white males and other race males emerged.

--Based on 10 or fewer sample cases.

*Denotes Asians, Native Hawaiians, other Pacific Islanders, Alaska Natives, and American Indians.

^bHispanic or Latino persons could be of any race.

Appendix table 6. Intimate partner violence, by marital status, 1993-98

Victim's marital status	Rate of nonlethal intimate violence (per 1,000 persons)	
	Female	Male
Divorced/separated	31.9	6.2*
Never married	11.3	1.6*
Married	2.6	0.5*
Widowed	0.6	--

--Based on 10 or fewer sample cases.

*The difference between male and female rates of intimate partner violence is significant at the 95%-confidence level.

Appendix table 7. Intimate partner violence, by urbanization and housing, 1993-98

Area in which victim lives	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female	Male
Home owned	4.8	1.0
Home rented	16.2	2.2
Urban	9.5	1.6
Suburban	7.8	1.4
Rural	8.1	1.1

Note: The difference in male and female intimate partner violence victimization rates for each housing category is significant at the 95%-confidence level. Among females, intimate partner violence rates differ at the 95%-confidence level between urban and suburban areas and at the 90%-confidence level between urban and rural areas. Among males, rural rates differed significantly from urban rates.

Appendix table 8. Reporting intimate partner violence to police, by race and ethnicity, 1993-98

Victim	Female			Male		
	Number reported	Number of victims	Percent	Number reported	Number of victims	Percent
Total	498,210	937,490	53%	67,110	144,620	46%
White	384,030	763,100	50%	53,090	116,830	45%
Black	105,720	157,480	67*	11,910	24,780	48
Other	8,470	16,900	50	--	--	--
Hispanic	50,650	78,390	65%*	6,010	12,470	48%
Non-Hispanic	442,470	847,210	52	58,710	129,060	45

--Based on 10 or fewer sample cases.

*The difference in male and female percentages is significant at the 95%-confidence level.

Appendix table 9. Resident population of the United States age 12 or older, by gender, 1993-98

	Populations used to calculate victimization rates					
	1993	1994	1995	1996	1997	1998
Total	211,524,770	213,747,270	215,709,450	217,967,370	220,433,520	221,880,960
Female	109,176,670	110,378,010	111,440,640	112,490,440	113,540,360	114,285,430
Male	102,348,090	103,369,260	104,268,820	105,476,930	106,893,170	107,595,530

The Bureau of Justice Statistics is the statistical agency of the U.S. Department of Justice. Jan M. Chaiken, Ph.D., is director.

BJS Special Reports address a specific topic in depth from one or more datasets that cover many topics.

Callie Marie Rennison, Ph.D., and Sarah Welchans wrote this report. Cathy Maston provided statistical review. Tina Dorsey produced and edited the report under the supervision of Tom Hester. Jayne Robinson prepared the report for final publication.

May 2000, NCJ 178247

The primary source of data for tables presented in this report is the National Crime Victimization Survey (NCVS). Data for lethal violence or homicide were collected by the FBI, under the Supplementary Homicide Reports (SHR) of the Uniform Crime Reporting Program (UCR).

Data presented in this report can be obtained from the National Archive of Criminal Justice Data at the University of Michigan, 1-800-999-0960. When at the archive site, search for dataset ICPSR 6406.

The archive may also be accessed through the BJS website, where the report, data, and supporting documentation are available: <http://www.ojp.usdoj.gov/bjs/>

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OFFICE OF THE VICE PRESIDENT
WASHINGTON

June 12, 2000

Dear Members of Congress:

Today, I am pleased to join the First Lady, Attorney General Reno, and Secretary Shalala, in asking for your full attention and advocacy for the reenactment of the Violence Against Women Act.

As we have seen in the recent report from the Department of Justice, this effort is working. The partnerships that have been forged between federal, state, and local levels of government, along with the historic alliance of the law enforcement community and the community that services victims of rape and domestic violence, are unprecedented. But, we cannot stop with the progress that has been made. There is still a great challenge before us.

As I have visited schools around the country, I've been shocked to hear school administrators and teachers report about the number of youngsters coming to school from homes where domestic violence is prevalent.

I am committed to doing all that I can to help reenact this valuable initiative. We were right to support this effort in the first enactment, and we are right to continue to fight. The women and children of America who live in these violent settings deserve our advocacy. Thank you for your assistance.

Sincerely,

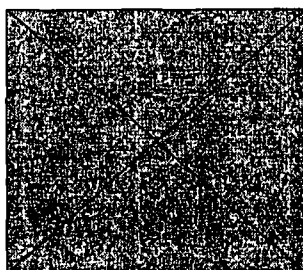
A handwritten signature in black ink, appearing to read "Al Gore", written over the word "Sincerely".

Al Gore

**A Departmental
Agenda for Action**

Violence Against Women

**Progress Report
June 2000**



**U.S. Department of
Health and Human Services**

**A Departmental Agenda for Action:
Family and Intimate Partner Violence**

Progress Report: June 2000

Over the past seven years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women—combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children. The Department of Health and Human Services is committed to continuing our critical work to end violence against women. Below are some of the highlights from our efforts.

I. Strengthening the health care system's ability to screen, treat, and prevent family and intimate violence

- Agency for Healthcare Research and Quality (AHRQ) sponsored an expert panel meeting in April 1999 to discuss research needs related to the effectiveness of domestic violence interventions in health care settings. As documented by the Institute of Medicine in a 1997 report, despite growing public and private investments in development of treatment programs for victims of domestic violence, there are few well-designed studies of which intervention programs work best in terms achieving sustained improvements in the health and safety for the victim.
- In FY 2000, the AHRQ is providing \$1.0 million to support up to three large-scale, longitudinal studies of the outcome and effectiveness of health care interventions in managed care settings. Collaborating health entities will be required to share the costs of the studies, which will be three to five years in their initial phase. The studies will contribute to an understanding of which models of care are effective and cost-effective, and help establish incentives for more health plans to put programs in place.
- In FY 2000, the AHRQ has joined with the Family Violence Prevention Fund to cosponsor a Domestic Violence Senior Scholar in Residence for the 2000-2001 academic year. The purpose is to encourage a senior faculty researcher to develop an area of investigation related to the cost, quality, outcomes, and/or effectiveness of domestic violence screening and interventions in health care settings. The scholar also will promote linkages between the private and public sectors in health services research.

- AHRQ is supporting both intramural and extramural health services research related to violence. Studies include one at Kaiser Permanente, Northwest which is examining the relationship between exposure to domestic violence, health status, and use of health care services at a large, non-profit health organization. Another is examining repeat admissions of domestic violence patients to hospital and emergency rooms in Connecticut.
- The Centers for Disease Control and Prevention (CDC) has received funding to conduct a population-based survey in publicly-funded reproductive health settings. The study's purpose is to ask health care providers about their training and practices related to screening for intimate partner violence, and about their referral of victims to support services. The Battelle Centers for Public Health Research and Evaluation (CPHRE) is assisting with development and implementation of the project on behalf of the CDC. The OMB package is done and the clinician survey and clinic administrator surveys are written.
- The Centers for Disease Control and Prevention (CDC) has funded Julia Perilla, Ph.D. from Georgia State University to conduct *Proyecto Nueva Vida* (Project New Life): A Community-based Domestic Violence Intervention with Latino Families. This longitudinal in-depth study of the impact of violence on abused Latinas, their male batterers, and their children will consider the manner in which historical, social, economic, philosophical, and spiritual aspects of Latino culture can be used to design and implement a comprehensive family intervention that contains both primary and secondary prevention strategies. The general aims are to: (1) enhance our understanding of the dynamics of domestic abuse in a Latino population; (2) evaluate a family intervention program whose objectives include (a) cessation of physical violence and reduction of verbal and emotional abuse against the woman, (b) increased levels of mutuality between the couple, broadening of beliefs and expectations regarding gender roles in men, women, and child participants; and (3) evaluate a 12-month reinforcement and support program that seeks to maintain the decreased levels of abuse and increased the psychological and systems functioning obtained in the initial intervention.
- CDC has awarded a services contract to the Institute of Medicine (IOM) to conduct an assessment study of the training needs of health care providers to detect, treat and refer victims of family and intimate partner violence and sexual assault. The intended purpose of the contract is to support prevention-oriented research that will lead to greater knowledge of prevention strategies for professional training and education.
- CDC sponsored the First National Sexual Violence Conference: "Coming Together to End Sexual Assault" on May 16-19, 2000 at the Adam's Mark Hotel in Dallas, Texas. The National Sexual Violence Prevention Conference brought together representatives from the public and private sector (including state and local health departments, agencies of the Department of Health and Human Services and other Federal departments, education agencies, academic institutions, private foundations, professional associations,

community-based organizations, practitioners and survivors). Participants discussed innovative community responses to sexual violence prevention, state-of-the-art communication strategies, promising interventions, policies, and programs, and the latest scientific information on the nature, causes, and prevention of sexual violence.

- The Administration for Children and Families, Family Violence Prevention and Services discretionary program, awarded eight discretionary grants for “Improving the Health Care Response to Domestic Violence.” Health Resources and Services Administration (HRSA), Bureau of Primary HealthCare (BPHC) staff participated in the review of the applications. The grants will: 1) fund teams of domestic violence and health care representatives to provide training and technical assistance to health care institutions and staff that improves their response to domestic violence, 2) provide training stipends to minority colleges and universities to generate training that is responsive to the issue of ethnic and cultural minorities, and 3) fund public awareness projects that provide information on resources and services available to individuals experiencing abuse in under served communities. BPHC staff was sought for this grant review because of their expertise in community-based health care for under served women.
- The Administration on Aging awarded \$400,000 for the second year of a four-year grant to the National Association of State Units on Aging (NASUA) to establish a new National Center on Elder Abuse (NCEA). The NASUA operates the NCEA in partnership with the National Committee for the Prevention on Elder Abuse (NCPEA), National Association of Adult Protective Services Administrators (NAAPSA), American Bar Association's Commission on Legal Problems of the Elderly, University of Delaware's Department of Consumer Studies, and Goldman Institute on Aging.
- The HHS Office on Women's Health and the Assistant Secretary Management and Budget, Work and Family Life Center co sponsored a brown bag on Rape and Sexual Assault for HHS employees.
- The Centers of Excellence in Women's Health (COE), funded by the HHS Office on Women's Health, have initiated various activities on Domestic Violence which are all summarized in a booklet, *Domestic Violence Initiatives, May 2000*.
- UCLA Trauma Psychiatry Service: Program for Survivors of Violence Against Women Program is designed for adult survivors of violence against women. Treatment models address the complex intra psychic and interpersonal sequel of past traumatic experiences to facilitate recovery of the “whole person.” Therapeutic intervention is specifically focused on the psychological impact of trauma. Treatment teams include mental health professionals, social workers, psychologists, and psychiatrists.
- A University of Michigan COE sponsored a Youth Forum on Violence Prevention along with the Adolescent Health Program, Mayor's Task Force for Increasing Safety for Women, and Violence Prevention Subcommittee. The Forum consisted

of a discussion of safety needs by middle school girls.

- The COE at the University of Puerto Rico's partner Community Organization Taller Salud continues the development of strategies for health professional education in the identification of domestic violence victims. A proposal is being developed to solicit funds for a health professional workshop.
- The University of California San Francisco CoE has established certain topics as core competencies of the university's women's health medical school curriculum. Included are violence and assault (child abuse and incest, elder abuse, physical/emotional abuse, sexual assault, sexual harassment).
- The CoE at Indiana University developed the Introduction of Clinical Medicine Curriculum Course which gives first and second year students exposure to a variety of issues, including domestic violence, clinical trials, ethics, and women's health. The course is required for all medical students.
- The Yale University COE offers "A Guide on How to Prevent, Avoid, and Stop Sexual Harassment." The Office for Women in Medicine recently updated and revised this brochure which is currently being distributed to all students, postdoctoral fellows, and faculty at the Yale School of Medicine.
- The Tulane University COE established a lecture series at Tulane University Hospital and Clinic for its managers to gain a better understanding of domestic violence issues as well as to provide assistance for employees who may be victims of domestic violence.
- The Health Resources & Services Administration (HRSA) has developed several projects:
 - * HRSA's Domestic Violence Distance-Based Training Series -- HRSA has established a contract to develop a three-part Distance Based Learning Domestic Violence Project that will primarily target HRSA's service delivery grantees. The first program in the series is expected to air in January 2000. The first broadcast of the three-part series will provide an overview of domestic violence. The second will have a clinical skill building focus designed primarily for health care providers. The third production on community organizing will be designed to bring together critical components of the local community, including the health care community, legal community, and domestic violence providers and advocates, for the purpose of building a coordinated community response to the problem.
 - * HRSA is supporting an evaluation project targeted to Community and Migrant Health Centers (C/MHCs) that is designed to determine: 1) To what extent are domestic violence protocols being incorporated into HRSA-funded community-based primary health care programs? , and 2) What are the

characteristics and components of domestic violence protocols used in HRSA-funded C/MHCs? A compendium of “best practices” will be assembled and disseminated to the C/MHCs. It will include case-study descriptions of diverse strategies that C/MHCs are using to address domestic violence.

- * HRSA is supporting two domestic violence projects at schools of public health to improve and expand education and training for health care providers. One has an urban focus and the other rural.
- * Yale University School of Public Health has incorporated a violence prevention element into their project to strengthen the preparation of public health and other health professionals for practice in under served urban settings. The Urban Health Program provides a focal point within the University for collaboration with the community around education, training, and research. Elements include linkages with community-based practitioners and organizations, curriculum development, and student field placements.
- * Saint Louis University School of Public Health is carrying out a project to mitigate family violence in rural communities in Southeast Missouri by means of health promotion activities developed and implemented through a partnership linking the School of Public Health with Whole Health Outreach, a local ecumenical group. Goals of the partnership are to enhance graduate education at the School of Public Health and to develop effective strategies for promoting healthy relationships and minimizing violence.

HRSA’s Ryan White CARE Act programs support networks of providers delivering comprehensive integrated HIV services for people living with HIV/AIDS. Within HIV provider networks, violence assessments and services for victims of violence are part of the comprehensive continuum of care that includes primary care, HIV care, and support services. The resources of existing care continua are designed to identify and meet the medical and social needs associated with HIV, including domestic violence. Providers use assessment protocols that are consistent with local and state laws to identify victims, witnesses and perpetrators of violence. The CARE Act providers coordinate violence related services within their HIV care networks by directly either providing or linking their patients and clients to services within familiar service systems. HRSA, through a national technical assistance contract, provides technical assistance to CARE Act grantees to design and develop implementation plans for needs assessments that can assist in identifying violence as a priority.

HRSA’s Health Care for the Homeless Program provided the Better Homes Fund with financial support to develop a diagnostic screening tool that identifies homeless women who have or are being abused. The Better Homes Fund is testing the screening tool at several HRSA-funded Health Care for the Homeless service sites. Interviewers report positive responses from women screened, and clients are reporting multiple traumatic events during their lives. The Fund is completing a manual to accompany the screening tool that instructs providers on violence and homeless women.

- Seventeen states receiving HRSA maternal and child health block grants have incorporated domestic violence performance measures into their programs to collect data from maternal and child health service sites within their states. The measures will yield information on types of abuse, numbers of abused women, abuse during pregnancy, the incidence of maltreated children, prevention measures in place, available referral systems, and reductions in violence through interventions.
- HRSA's Women's and Children's Health Policy Center has produced an Issue Summary, *Abuse Against Women by Their Intimate Partners*. This issue summary presents the trends in fatal and non-fatal violence; determinants and risk factors; consequences; interventions; and issues for policy, practice, and research. The publication can be ordered from the National Maternal and Child Health Clearinghouse at 703-365-1964 or on the web at www.nmchc.org.
- HRSA has partnered with the Family Violence Prevention Fund to distribute "Preventing Domestic Violence: Clinical Guidelines on Routine Screening" as well as an information package for Health Care Providers Respond to Domestic Violence Day. The package was sent to HRSA grantees across the country.
- A National Conference on Health Care and Domestic Violence, convened by the Family Violence Prevention Fund National Health Resource Center on Domestic Violence and a National Conference Steering Committee including HHS Agency liaisons, will be held in October, 2000. This year's conference theme is "effective clinical responses to domestic violence". Plenary sessions will address: health care's role in ending domestic violence; enhancing health care's response to domestic violence; moving towards evidence-based care for domestic violence; culturally competent health care responses; and children-the hidden victims of domestic violence. ACF is a principal funder of the conference.
- Region IV included major segments on domestic violence and sexual assault at its Women's Leadership Institute on Health and Health Policy. This week-long session, held three times annually for state family planning officials, is jointly sponsored by the Women's Health Coordinator and the Family Planning Office in the region, and conducted with the assistance of Emory University Regional Training Center.
- Albuquerque has examined the administrative and legal requirements on screening for domestic violence in Indian Health Service (IHS) hospitals and clinics. They have used their funding to develop a screening tool and incorporate domestic violence performance measures into their program.
- The Office on Women's Health sponsored The National Social Worker's Summit on Violence Against Women. This Summit held on April 7, 2000 convened the leading national presidents, deans, representatives and experts from schools of social work, clinical social work, government agencies/offices, social work organizations and domestic violence experts to develop policy and practice strategies to improve the quality of education, prevention, screening, and intervention strategies related to violence against

women.

II. Increasing the ability of battered women, including those on welfare, to obtain and retain employment and access child support.

- The Department has published final regulations for the Temporary Assistance to Needy Families Program (TANF). The regulations include provisions pertaining to the Family Violence Option and how the Federal government, in determining state compliance with statutory time limits and work participation requirements, will grant states relief from penalties when they provide appropriate good cause domestic violence waivers to battered women. To be eligible for penalty relief, states will have to develop services plans that contribute to safety and employment. The preamble to the regulation includes an extensive discussion of federal intent regarding the treatment of battered women under TANF and the coordination of child support and TANF activities for battered welfare recipients.
- The Office of the Assistant Secretary for Planning and Evaluation has funded the first of two assessments of implementation of State policy and practice regarding domestic violence in the TANF program. The final report found that most states had completed the process of adopting the family violence option and were implementing policies and procedures. Urgent needs were identified. The two reports can be accessed on web at www.ssw.umich.edu/trapped/pubs.html. The report was prepared by the Center for Impact Research (formerly known as The Taylor Institute) in Chicago.
- Using funds from the above project, the Center for Impact Research prepared and published a guide for researchers and advocates in how to collect information on and evaluate the implementation of domestic violence practices by states under TANF. This also accessible from the website.
- The ACF, Office of Community Services, awarded grants to several states and localities to assist in the development of collaboration between domestic violence programs and welfare programs. These grants have been used for training, policy development, and joint intervention responses.
- The Administration for Children and Families/Office of Child Support Enforcement (OCSE) has four ongoing grants examining child support cooperation/good cause and domestic violence and a fifth, crosssite evaluation of the projects. The grants will provide additional information about the incidence of domestic violence among child support recipients and ways the child support and domestic violence communities can work collaboratively to meet the needs of battered women.
- ACF/OCSE has been working with States on the implementation of the "Family Violence Indicator" an automated flagging mechanism with the national database, the Federal Parent Locator Service, that will prevent the release of data on battered women.

- ACF/OCSE have formed an interstate domestic violence working group that is examining a number of issues including the need for child support agencies to recognize the VAWA provision giving full faith and credit to protection orders, the non disclosure provisions of the Unified Interstate Family Support Act, and safeguarding of data on battered women in the interstate context.
- The Centers for Disease Control and Prevention has awarded the University of North Texas a research grant to look at poverty, welfare reform, and violent victimization of women. The purpose of the grant is to study the reciprocal effects of new welfare programs and intimate partner violence (physical, sexual, and psychological) in order to identify effects and patterns of multiple victimization that may vary by ethnicity and type of harm.
- In May, 1999, literature was distributed to the regional OPDIV directors and to the state women's health coordinators of Region III on the Family Violence Option of VAWA, discussed the implications of the DVO for TANF, and encouraged all to participate in their states' rule writing for implementation of the DVO.

III. Encouraging greater linkages between the child welfare, family and intimate violence, and criminal justice fields to better protect both children and parents in homes where violence occurs.

- ACF/OCSE working in conjunction with the National Resource Center on Domestic Violence is also developing a computer-based training course on domestic violence and the family violence indicator to help train front line child support workers and the judiciary. We anticipate completion of this project in FY 2000.
- With support from four HHS agencies and four DoJ agencies, eleven finalists have been selected as potential sites for a long-term community demonstration initiative which will test and evaluate implementation of "Effective Interventions in Cases of Domestic Violence and Child Maltreatment: Guidelines for Policy and Practice." Each site will develop an approach to bringing together its child welfare agency, domestic violence service providers and dependency courts to address these co-occurring problems. Up to five sites will be selected before the end of FY 2000. Three independent foundations, Lucile and David Packard Foundation, Edna McConnell Clark Foundation, and Annie E. Casey Foundation are making complementary investments in the initiative.
- The Department of HHS collaborated with the Department of Justice in hosting a National Summit on the issue of children exposed to violence. Held June 22 to 24, 1999, in Washington, D.C., the invitation-only meeting of national leaders had a strong prevention focus. Under the leadership of Eric Holder, the Deputy Attorney General, the Summit was one part of a broader initiative to focus public attention on the problem, provided information and resources to local communities to improve their responses to assisting victims and their families, and to hold perpetrators accountable.

IV. Enhancing community prevention and response systems by increasing collaboration

between HHS and DOJ state and community-based grantees and other community-based groups.

- The Administration for Children and Families (ACF) awarded a four-year Family Violence Prevention and Services grant from the Office of Community Services to Cangleska, Inc., the tribal chartered nonprofit organization that provides domestic violence services to the Oglala Sioux Tribe in South Dakota, to establish the Sacred Circle, National Resource Center to End Violence Against Native Women. Sacred Circle, National Resource Center to End Violence Against Native Women is a member of the National Resource Center Network. Sacred Circle addresses violence against Native women in the context of the unique historical, jurisdictional, and cultural issues that American Indian/Alaska Native Nations face. Sacred Circle also provides the focal point to establish a multi faceted systemic response to facilitate nonviolence in American Indian/Alaska Native communities.
- ACF has met with the Asian American Institute on Domestic Violence to address the needs of the Asian community, discussing the need for and benefit of developing strategic linkages with domestic violence researchers.
- ACF has established the National Latino Alliance for the Elimination of Domestic Violence (ALIANZA), which seeks to promote culturally and linguistically appropriate strategies that empower the Latino family and the culture in every aspect of domestic violence prevention and intervention work. Meetings during FY 1999 that will addressed the issues of the impact of welfare reform, immigrant and health care reform, as well as their impact on Latino access to care.
- The National Domestic Violence Hotline has been working to improve outreach to deaf battered women, and to support local programs with information on how to better serve this population. The Hotline mailed surveys to 650 programs nationwide and learned that most programs did not feel confident in the ability to respond to deaf abused women. The Hotline is responding to local programs with additional information to assist them in reaching this population. Funding was provided for four new projects on domestic violence and women with developmental disabilities.
- The Centers for Disease Control and Prevention (CDC) has funded, for an additional five years, an online electronic network run by the Pennsylvania Coalition Against Domestic Violence (PCADV). This online electronic network (VAWNET) is designed to enhance the ability of state domestic violence and sexual assault coalitions, and allied national organizations to develop and support effective local, state and national intervention and prevention initiatives through further development, expansion, and evaluation of a national electronic network on violence against women. The funding creates the opportunity to provide state domestic violence and sexual assault coalitions, and allied organizations with more immediate access to information and with a more efficient method of communicating about prevention and intervention initiatives.
- The Centers for Disease Control (CDC) and Prevention has awarded the Pennsylvania

Coalition Against Rape a five-year cooperative agreement to establish the National Sexual Violence Resource Center (NSVRC). The purposes of the Center are to strengthen the existing support system serving sexual assault survivors; provide leadership in the prevention of sexual violence; provide comprehensive information and resources, policy analysis and development; provide technical assistance and professional consultation to sexual assault programs, nations, State and local organizations, community volunteers, and the media designed to enhance community response to and prevention of sexual violence; compile, synthesize, and distribute research and evaluation findings, including those funded by Federal, State, and local agencies, foundations, sexual assault practitioners, professional associations, and universities; and publish and disseminate information on demonstration projects, prevention and intervention techniques; identify areas where additional information and research are needed to complement policy and practice; and recommend next steps for additional data compilation, innovative demonstration projects, sexual violence treatment programs, program administration, and service evaluations.

- CDC has awarded ten cooperative agreements to Women's Center, Inc. in Marquette, Michigan; University of Texas Health Science Center in San Antonio, Texas; Defensa de Mujeres in Watsonville, California; Maine Ambulatory Care Coalition in Manchester, Maine, Federated Dorchester in Dorchester, Massachusetts; Hope House of South Central Wisconsin, Inc., Baraboo, Wisconsin; SafeSpace Shelter of Dade Co., Inc., Miami, Florida; Spokane County Domestic Violence Consortium, Spokane; Washington, Women's Resource and Shelter Space, Eugene, Oregon; and the Family Violence and Rape Crisis Services, Inc. Siler City, North Carolina - to continue to evaluate the effectiveness of coordinated community responses in addressing intimate partner violence. The purpose of these projects is to enhance existing and new community prevention and response systems through collaboration at the community level, including community-based organizations, service providers, health care providers, criminal justice system, businesses, etc. The awards are made annually for three-year projects.
- Region IV's Office of the Regional Director is holding a series of state-based conferences on domestic violence. Planned with state and community partners, these conferences focus on partnership opportunities across public health, domestic violence service providers, law enforcement, child welfare, and community-based organizations. The two conferences in this calendar year were held in Montgomery, Alabama and Raleigh, North Carolina. The next conference, to be held in August, 2000, will be in Nashville, Tennessee.
- The SAMHSA-CMHS School Violence Prevention Program: Enhancing Resilience - CMHS is currently involved in two major grant programs to decrease school violence and promote the healthy development of children. The first, *Safe Schools/Healthy Students*, is a collaborative effort of the U.S. Departments of Health and Human Services, Education and Justice. It will provide grants totaling \$180 million to approximately 50 local education authorities who can show evidence of a partnership with local mental health and law enforcement. The second, *The School Action Grant Program*, will provide \$5.7 million to approximately 30 sites. The target populations of these

programs are pre-school and school-age children and adolescents *and their families* who are already involved in, or at risk of being involved in, violence as perpetrators, victims, or witnesses. Research is clear that the most effective programs provide preventive and treatment services not just for children, but for their parents, teachers, and other care givers as well.

- The Sacred Circle, as a member of the national resource center network, addresses the issues of violence against native women in the context of the historical, jurisdictional and cultural context that American Indians and Alaskan Native Nations face. The Sacred Circle, formally known as the National Resource Center to End Violence Against Native Women, has developed a comprehensive set of materials to use in their training institutes which they present to Indian Tribes and Tribal organizations.
- Battered Family Service of Gallup, New Mexico has developed an approach that incorporates both Traditional American Indian and Western teaching into their program. The program also utilizes sandtray therapy which is non-verbal symbolic technique, with women and children across cultures. Morning star in Albuquerque adheres to traditional American Indian practices and teaching providing a cultural relevant environment for American Indian women.
- ACF will be holding a conference "Bridges to the Future: Policies, Practices, Partnerships for Eliminating Domestic Violence in the New Millennium" in Philadelphia, August 6-8, 2000. The conference will foster discussions among diverse groups representing Federal/State/and local Child Support, TANF, Child Care, Head Start, and Child Welfare Workers, and domestic violence advocates. Senator and Sheila Wellstone will speak at the conference and over 400 participants are anticipated. The conference is being sponsored by a number of ACF components and the National Coalition Against Domestic Violence.
- ACF/OCS supported the National Institute on Domestic Violence in the African American Community at its annual forum at the University of Minnesota on June 1-3, 2000. The title of the forum was "Substance Abuse and Domestic Violence: Understanding the Nexus for Change Among African Americans." The forum explored the nexus between these two issues as it affects African Americans and identified opportunities for change in the area. The forum also provided an opportunity for scholars and practitioners to mobilize around these two areas. Featured presenters were Dr. Larry Bennet and Dr. Frances Brisbane.
- ACF has provided support to the Women of Color network as they have developed a national resource guide and training manual that identifies individuals throughout the country with skill and experiences which can be employed through this network against domestic violence. This guide provides a solid basis for leadership development.
- ACF/OCSE has several court liaisons that have been developing linkages between the judiciary and the child support community. This work is taking a number of forms including forthcoming articles in the newsletter of the National Center for State Courts, a

forthcoming article in Judicature, and presentations at judicial and bar conferences, including that of the American Bar Association later this year.

- In FY 2000, ACF/OCSE will convene a group of judges, court administrators, and experts on domestic violence, to develop recommendations for the implementation of the Family Violence Indicator override process. ACF is developing a State Practice Guide on the Family Violence Indicator that will be released later this year.

- ACF/OCSE has been working with the Battered Women's Economic Justice Project in the Development of a Guide to Child Support for Domestic Violence Advocates. Publication of the manual is anticipated at the end of FY 2000.

- On September 27-28, 1999, the first OWH Regional Domestic Violence Conference was held in collaboration with DOL, DOJ, and the University of Missouri-Kansas. The conference was attended by 250 participants from the service, faith, law enforcement, and education communities.

- Office on Women's Health, Centers of Excellence at University of Illinois in collaboration with the Circuit Court of Cook County, University of Illinois' Department of Psychiatry has launched a new mental health clinic in the Domestic Violence Courthouse. The clinic's aim is to serve women with mental health problems related to domestic violence, as well as their children and other family members. This clinic is staffed by a full time social worker and a case manager, to conduct initial assessments and facilitate referrals to needed care.

- HRSA has announced a new grant opportunity to improve systems of care for pregnant women experiencing domestic violence. The three-year demonstration program will develop/enhance systems of care that identify pregnant women who are experiencing domestic violence/abuse and provide appropriate information, referrals, and linkages to interventions. Awards will be made by September 30, 2000.

- * HRSA helped to fund the State of Alaska to develop models for training health care professionals in urban, rural, and frontier areas to recognize and intervene appropriately in cases of domestic violence, using train-the-trainer workshops for teams of local providers, including traditional healers. Due to the success of the project, supplemental funding has been added for an evaluation and development of materials to support replication. Materials will include an instructional manual on implementing a family violence prevention project and a training curriculum manual on customizing materials.

- * HRSA supports innovative primary care practice arrangements (nurse managed centers) that have also incorporated domestic violence prevention activities into their projects. In New York, targeted populations for these programs include people who are arraigned for misdemeanors in Midtown Community Court and students in public schools with limited access to health services. These students come from families living below the poverty level in communities with the highest crime and reportable illness rates in Manhattan. The students are primarily Hispanic and African American. Previous nurse managed

clinics funded by HRSA provided services to survivors of sexual assault and child abuse and neglect.

- * Several HRSA-supported projects being carried out to provide enhanced rural health services have supported the integration of domestic violence treatment and prevention elements into their programs through community-based consortiums. They include:
 - * The education and training component of the Healthy Families program for the prevention of family violence at the Sunshine Community Health Center in Alaska is combining with a new substance abuse prevention and treatment program, expanded mental health services, and extended primary care services to improve the health and well-being of families in the Center's service area which covers 12,250 square miles. The population served includes poor white families as well as several extended Alaska Native families. The project is training new lay providers and community volunteers to augment the services of the existing highly-trained mental and primary health professionals.
 - * Domestic violence and depression are among the key problems being addressed through the Kaibeto Health Services project in a poor, under served isolated area on the Navajo Reservation in northern Arizona. The project supports a primary care clinic to provide comprehensive health, social, and health promotion services to the reservation community. This program seeks to increase community self-sufficiency and improve health status through the provision of primary care and preventive health education services that lead to healthier lifestyles by encouraging self-responsibility.
 - * Through a community partnership in rural central South Carolina, domestic violence is being addressed as part of essential health services and behavioral health prevention services to school-age children and families living in under served communities. Comprehensive school-based services are being provided at three school sites and through a mobile medical unit. In addition to violence prevention activities, services will include primary care, mental health counseling, social work, pregnancy prevention, health education, health promotion, referral, case management, and follow-up services for substance abusers. Lay persons are being trained as Community Health Aides to conduct outreach and assist professionals with direct service delivery and carry out other program activities.
 - * HRSA's Healthy Families program provides screening and assessment through home visiting services to about 60 families of newborns who have been determined to be at risk for poor outcomes. The Nurturing Families program offers parenting education to families with children aged 4 to 12 to enhance family functioning by improving communications, increasing self-esteem, and fostering appropriate expectations. A collaborative rural health project under these programs is being conducted in Maine. The project is enhancing preventive education services to families in Knox County, targeting families of teens, and families residing in isolation or offshore islands. The rate of juvenile arrests in

Knox County is 48 percent higher than the Statewide average. The program will establish a continuum of services to Knox County families with children from birth to age 18 and provide services for two island communities.

- * A HRSA-funded school-based project in rural Vermont is addressing the problems of chronic disease, domestic violence, and substance abuse in four communities. The project expects to reach an under served, low-income, and transient population. The program consists of: (1) a school-based clinic; (2) a community outreach and health education program; and (3) an arena for interagency human service cooperation and coordination. Its goal is to improve the health status of the community and ultimately lower health care cost.

V. Increasing the knowledge base about family and intimate violence, through data collection and research

- * CDC and NIJ funded six new research grants in the violence against women field. These projects address issues including child sexual violence risk factors, two longitudinal evaluations of a dating violence curriculum and batterer's treatment programs, the evaluation of prevention and intervention programs in a variety of rural and/or ethnic communities.
- * CDC staff authored three Morbidity and Mortality Weekly Reports (MMWRs) over the past six months. The MMWR articles addressed training for health care providers in West Virginia, results from the Georgia Women's Health Survey, and results of the evaluation of the STOP IT NOW! child sexual abuse prevention programs.
- * NIH has established a trans-NIH Child Abuse and Neglect Working Group (CANWG) comprising representatives from most NIH Institutes and the Office of Behavioral and Social Sciences Research, the Office of Research on Women's Health (ORWH), with participation from other federal agencies. CANWG meets regularly to review NIH research efforts in child abuse and neglect, identify accomplishments and future research needs, and coordinate child abuse-related research efforts.
- * Research supported by NIH-NIMH in the area of domestic violence has served the function of developing more reliable scientific knowledge by: (1) collecting systematic data on the epidemiology, characteristics, and course of different forms of violence; (2) documenting significant, serious mental health consequences in victims of domestic violence; (3) identifying risk factors that are associated with either perpetration or victimization in domestic violence; and (4) developing and testing interventions to prevent the occurrence and to ameliorate the mental health consequences of domestic violence.
- * NIH-NIDA has a number of initiatives regarding violence against women and within the family including: (1) research on drug treatment for women who have been exposed to violence and have a diagnosis of post traumatic stress disorder; (2) prevention research

both to prevent violence and to intervene after exposure to prevent substance abuse; (3) an amendment to all relevant NIDA program announcements to include research on the occurrence and health consequences of violence, drug abuse, and HIV/AIDS; and (4) the NIDA Research Program on the Etiology and Consequences of Drug Abuse among Women which supports a wide range of studies on violence against women, gender differences in child abuse and child neglect, and women both as victim and as perpetrator of violence.

- * NIH-NIAAA has funded many extramural studies in response to a program announcement entitled, Research on Relationships between Alcohol and Violence. The program announcement broadly calls for studies that 1) advance understanding of the biological and psychosocial mechanisms underlying associations between alcohol consumption and interpersonal violence, 2) identify and test interventions to reduce and/or prevent alcohol-related violence, and 3) explore the alcohol-related sequelae of such violence including studies of family violence. Other studies focus on treatment and health services research to address problems of victims of sexual assault and domestic violence.
- * The National Institute of Child Health and Human Development (NICHD) has a broad research portfolio that is dedicated to advancing women's health. In FY 1999, the Institute continued to support several projects that study violence against women, especially in the area of women's reproductive health. Listed below are descriptions of this research.
 - * NICHD-supported scientists are conducting an epidemiological study on violence as a risk factor associated with spontaneous abortion in urban, low-income women. The investigators are seeking to characterize the prevalence and type of violence experienced by women early in their pregnancy; evaluate whether violence during pregnancy is an important independent risk factor for spontaneous abortion; evaluate whether the frequency, nature, or timing of violence affects the risk of spontaneous abortion; and generate hypotheses regarding prevention and intervention programs for urban, low-income pregnant women.
 - * In another related project, researchers are conducting a longitudinal study of pregnant women who have been physically abused by their male partners. The study will examine the patterns of partner violence during the pregnancy and after childbirth, how the violence affects the mental well-being of the abused mother, and also whether the infant is at risk.
 - * Scientists are also trying to determine predictors of relationship violence in inner-city youths. Data from this study will provide some of the first detailed information on how partners contribute to the formation of violent relationships, how such attitudes and practices may be formed during late adolescence, and the variations of such contributions by gender and across ethnic groups.

- * Under a congressional directive (House Report 104-659), the NIH convened a working group to support research on child abuse and neglect. Building on the progress of the working group, the NICHD is participating in an FY 2000 initiative for research on child neglect. One area the research initiative is targeting is the impact of neglect on individual development during infancy, childhood, adolescence, and adulthood. An implicit goal of such research, from an NICHD perspective, is to help determine to what extent childhood abuse and neglect may influence violent and other behavior as children develop and reach adulthood.
- * In addition, A trans NIH conference on Youth Violence, coordinated by the OBSSR, is occurred on October 28-29, 1999. An RFA entitled "Research on the Development of Interventions for Youth Violence" was released in April, 2000.
- * The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded \$7.3 million in Knowledge Development and Application (KDA) grants to 14 community-based programs in 10 states for a study of women with substance abuse and mental health problems who are victims of violence. In FY 2000 SAMHSA anticipates awarding 10 new grants. A Data Coordinating Center was awarded \$1.2 million to provide guidance and direction in program development to the grantees.
- * SAMHSA's Second National Conference on Women, "*Life Pathways: Women Healing, Thriving, and Celebrating,*" took place June 27-30, 1999 in Los Angeles, California. Violence Against Women issues were highlighted during this conference.
- * SAMHSA through its Center for Mental health Services(CMHS) is addressing the issue of violence against women through a number of studies:
 1. SAMHSA's *Women, Co-Occurring Disorders and Violence Study* addressees the psychological and emotional consequences of violence in women with histories of physical and/or sexual abuse, trauma, substance abuse and mental illness.
 2. *Women, Co-Occurring Disorders and Violence Study : Children's Substudy* is researching the risk and resiliency factors of children whose mother's have co-occurring disorders and histories of trauma.
 3. *Synthesis and Policy Forums on Mental Health Services for Trauma Victims* are assisting State Departments of Health understand the opportunities and pitfalls associated with providing services to persons who are the victims of trauma.
 4. *Violence Against Gay, Lesbian and Bisexual Youth Study* is examining the existing research on violence against gay, lesbian, and bisexual youth and the impact of such violence on the mental health of the victim and their family
 5. *Community Youth Mental Health Promotion and Violence/Substance Abuse*

Prevention Partnership Program- is examining the effect of successful, long-term promotion and prevention programs which promote mental health and prevent violence and substance abuse among youth.

6. *Youth Violence Prevention Cooperation Agreements*-provide communities with the opportunity to engage both mental health and non-mental health organizations in addressing the issues of promoting healthy development, enhancing resilience, and preventing violence and substance abuse among youth.

- * In addition, CMHS through a collaborative effort with the Departments of Education and Justice is addressing violence in children, adolescents and their families. The *Safe Schools/Healthy Students Program* through partnerships have developed and are implementing comprehensive plans to promote healthy development, fostering resilience in the face of adversity, and preventing violence for children, their parents, teachers, and other caregivers as well.
- * AHRQ plans to release a RFA that calls for projects to conduct research on the outcomes, effectiveness, and cost-effectiveness of programs for early identification and treatment of domestic violence. The goals of this RFA are to develop new knowledge in the prevention of domestic violence, improve the identification of patients at risk, and evaluate outcomes and effectiveness of health care interventions designed to treat domestic violence victims.
- * Office on Women's Health Region X has funded an Asian Pacific Islander American (APIA) Domestic Violence Project to assess the prevalence and incidence of domestic violence in the APIA community through the Seattle-based APIA women and Family Safety Center.
- * Center of Excellence in Women's Health, funded by the HHS Office on Women's Health, University of California at San Francisco Alliances/Partnerships has spearheaded a community partnership grant entitled, "Evaluating Domestic Violence Shelter Services for Ethnically Diverse Women." The project seeks to evaluate community-based services for diverse battered women through the use of both qualitative and quantitative research methods. The study also seeks to gather an understanding of how domestic violence shelters can best help ethnically diverse battered women live without violence by examining their experiences in shelters.
- * Battered Women in Health Care Settings: A Qualitative Study - This study at the Center for Health Improvement and Prevention Studies (CHIPS), conducted in-depth face-to-face interviews with battered women. The study sought to uncover patient, provider, and organizational barriers to receiving optimal health.
- * How Health Care Professionals Help Battered Women - Data from in-depth interviews with survivors of domestic violence have revealed that many victims and physicians "dance" around the issue of domestic violence, yet with or without direct identification and disclosure, the validation these battered patients received

from their health care professionals provided “relief” and “comfort.” In some cases, it was found that validating experiences served as turning points in the women’s perceptions of their relationships with the abusers and helped them move toward safety.

- * **Identifying Patients Who Are Victims of Domestic Violence: The Physician’s Experience** - Six focus groups were conducted with health care providers in the following physician-specialties: Emergency Department, OB-GYN, and Primary Care. The goal of the groups was to understand, from the physicians’ perspectives, their beliefs about domestic violence and how those contribute to what they consider positive health care experiences for survivors, and their clinical practice behaviors regarding the provision of health care to battered women.
- * **Simplifying the Physician’s Response to Domestic Violence** - This project proposes that rather than asking physicians to identify, validate, document, refer, report, and follow-up on domestic violence, their task should be limited to identification of domestic violence and validation of its victims, followed by referrals to a domestic violence expert within the health care team. Simplification of the individual physician’s role in the health care system’s response to domestic violence could lead to improved efforts to identify and treat the victims of domestic violence.
- * **The Influence of Race/Ethnic Differences on Patient/Provider Communications about Domestic Violence** - Hundreds of randomly selected Latina, white, and black women receiving care in one of three primary care clinics at San Francisco General Hospital were interviewed about the presence of violence in their lives. The data was collected in order to create a “survivor’s profile,” identify possible racial/ethnic differences on disclosure barriers, satisfaction with care received, and preferences for interventions, and identify associations between violence and physical and mental health indicators.
- * **Mandatory Reporting of Domestic Violence: What do Patients and Physicians Think?** - Focus groups were convened with abused women from four ethnic groups to elicit women’s views about mandatory reporting for domestic violence. The study found that mandatory reporting may pose a threat to the safety and well-being of abused women and may create unforeseen barriers to service delivery.

VI. Providing education, training and support for battered women and their families.

- * **Office on Women’s Health, Region III:** Planned and conducted along with the Clinicians’ Regional Advisory Network a conference titled “Clinicians and Domestic Violence: Victim or Victor.” The conference was attended by more than 80 health care workers from the HRSA community health centers and was aimed at improving

clinicians' understanding of the legal system in domestic violence cases and their role. On October 1, 1999, Work to End Domestic Violence Day was created to provide educational materials on D.V. for federal workers at the Public Ledger Building in Philadelphia.

- * Office on Women's Health, Region V: A monthly seminar was convened in collaboration with the Office of Women's Health in the Illinois Dept. of Public Health, the Cook County Commission on Women's Issues, The National Center of Excellence in Women's Health at the University of Illinois in Chicago and the Women's Bureau of the Dept. of Labor. One topic was on domestic violence and the attendees, an audience of predominantly working women, was given information on how to assist victims of domestic violence, on the cycle of partner violence, and the numerous resources in the Chicago area that help address issues of domestic violence.
- * Office on Women's Health, Region VII: Developed and distributed 1200 cards to victims/providers of domestic violence. Developed a regional resource directory targeting social services available for D.V. victims and distributed at the D.V. Region VII Conference.
- * Office on Women's Health, Region VIII: On October 12-22: Federal Office Building Lobby in Denver, CO had a display of domestic violence awareness materials for federal employees.
- * The Speakers Bureau of The Center of Excellence in Women's Health at Magee Women's Hospital, funded by HHS, Office on Women's Health provides speakers to community groups. Domestic violence is one of the many topics addressed by speakers.
- * Informercials by WTEA-TV and The Center of Excellence at the University of Michigan funded by HHS, Office on Women's Health address several women's health issues, including domestic violence. Additionally, the Corner Health Center has formed the Youth Theater Troupe. This Troupe, consisting of students, and led by a coordinator from Corner Health, performs a variety of skits on topics such as acquaintance rape and violence against women, and is then followed by facilitated discussions.
- * The Center of Excellence at Indiana University, funded by HHS, Office on Women's Health has prepared pamphlets and fact sheets are being prepared for lay people and health care providers on several women's health topics, including domestic violence. There are various target audiences for the pamphlets and fact sheets. Pamphlets are being created for lay people who attend clinics and health fairs, and fact sheets are being designed for primary care physicians at Indiana University, Wishard Hospital, and others in the community.
- * The Center of Excellence at Wake Forest University funded by HHS, Office on Women's Health held a Domestic Violence: Excellence Triathlon, a week-long public initiative that serves to educate consumers about domestic violence. Programs target all age groups, as well as both men and women. Events include a forum on sexual assault, community

seminars, a health fair at the local mall on healthy relationships, a one-woman play, a silent witness exhibit which honors the lives of women who have been killed by violence, the Clothes Line Project, a Triathlon, the Splash and Dash and Fun Run (to increase awareness and raise money), as well as other activities.

- * Also at Wake Forest Center of Excellence, Taking Care of Our Sisters is a multifaceted health outreach program created to encourage, educate, and promote good health for women of all ages. Information is to be distributed in safe and comfortable environments for women (i.e., malls, churches, community centers). One of the five aspects of the program includes focusing on one monthly topic which will be featured at a local library. The November 1999 lecture topic was Domestic Violence.

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Wendy Adams

FACSIMILE

DATE: 6/9/00
TO: Ann/Heather
Mary Smith
456-1647
FAX #: 456-1647

FROM: Rebecca Werbel
Office of the Chief of Staff
Department of Health and Human Services

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

Signed letters to Cabinet

____ Pages [including this cover]



The Department of Justice
and
The Department of Health and Human Services



The Honorable Alexis M. Herman
Secretary of Labor
Washington, DC 20210

Dear Secretary Herman:

We are writing to you, and to other members of President Clinton's Cabinet, to encourage you to work with us to end violence against women. Over the past 7 years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act (VAWA) to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women--combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children.

But in a nation where nearly one-third of women murdered each year are killed by their intimate partners, where violence by intimates accounts for over 20 percent of all violent crime against women, where approximately one million women are stalked each year, and where women were raped and sexually assaulted 307,000 times in 1998 alone, our work is far from finished. To date, a number of legislators have introduced bills that would re-authorize and improve the Violence Against Women Act. We are extremely hopeful that Congress will seize this opportunity to build upon its strong record on violence against women and pass the re-authorization legislation this session.

The Departments of Justice and Health and Human Services have led the federal effort to end violence against women. As the end of this Administration approaches, we want to make sure that the entire Federal Government is doing everything possible to address this problem. We believe there is still more that we can do using our existing resources and executive authority. As Cabinet members, we oversee our Nation's public and private workplaces, our public housing system, our military installations, and our transportation systems, and we support

The Honorable Alexis M. Herman
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American veterans, Americans abroad, and Tribal nations. Consequently, we have an opportunity to make a lasting difference by taking steps to end domestic violence and help victims of this crime. At the Departments of Justice and Health and Human Services, we are working to ensure that our policies and practices on community policing, prosecutions, victim assistance, health care, research, and community outreach target violence against women. We hope that you will assess your own programs and policies to determine what steps your Department can take. The Department of Labor can, for example, publicize a model policy for addressing workplace violence and encourage all employers to ensure that they provide protections for victims of domestic violence and sexual assault.

We will be in touch with your office to discuss ways in which we can work together on the national problem of violence against women. Thank you for your thoughtful consideration of these issues and the contributions that you and your Department have made to keeping our communities safe for all Americans.

Sincerely,



Janet Reno
Attorney General



Donna E. Shalala
Secretary
Department of Health
and Human Services



The Department of Justice
and
The Department of Health and Human Services



The Honorable Rodney E. Slater
Secretary of Transportation
Washington, DC 20590

Dear Secretary Slater:

We are writing to you, and to other members of President Clinton's Cabinet, to encourage you to work with us to end violence against women. Over the past 7 years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act (VAWA) to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women--combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children.

But in a nation where nearly one-third of women murdered each year are killed by their intimate partners, where violence by intimates accounts for over 20 percent of all violent crime against women, where approximately one million women are stalked each year, and where women were raped and sexually assaulted 307,000 times in 1998 alone, our work is far from finished. To date, a number of legislators have introduced bills that would re-authorize and improve the Violence Against Women Act. We are extremely hopeful that Congress will seize this opportunity to build upon its strong record on violence against women and pass the re-authorization legislation this session.

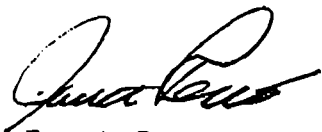
The Departments of Justice and Health and Human Services have led the federal effort to end violence against women. As the end of this Administration approaches, we want to make sure that the entire Federal Government is doing everything possible to address this problem. We believe there is still more that we can do using our existing resources and executive authority. As Cabinet members, we oversee our Nation's public and private workplaces, our public housing system, our military installations, and our transportation systems, and we support American veterans, Americans abroad, and Tribal nations.

The Honorable Rodney E. Slater
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We will be in touch with your office to discuss ways in which we can work together on the national problem of violence against women. Thank you for your thoughtful consideration of these issues and the contributions that you and your Department have made to keeping our communities safe for all Americans.

Sincerely,



Janet Reno
Attorney General



Donna E. Shalala
Secretary
Department of Health
and Human Services



The Department of Justice
and
The Department of Health and Human Services



The Honorable Janice R. Lachance
Office of Personnel Management
Theodore Roosevelt Federal Building
1900 E Street, NW
Washington, DC 20415

Dear Ms. ~~Lachance~~ *Lachance*:

We are writing to you, and to members of President Clinton's Cabinet, to encourage you to work with us to end violence against women. Over the past 7 years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act (VAWA) to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women--combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children.

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The Honorable Janice R. Lachance
Page 2

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We will be in touch with your office to discuss ways in which we can work together on the national problem of violence against women. Thank you for your thoughtful consideration of these issues and the contributions that you and your agency have made to keeping our communities safe for all Americans.

Sincerely,



Janet Reno
Attorney General



Donna E. Shalala
Secretary
Department of Health
and Human Services



The Department of Justice
and
The Department of Health and Human Services



The Honorable William S. Cohen
Secretary of Defense
Washington, DC 20301-1000

Dear Mr. *William S. Cohen* Secretary:

We are writing to you, and to other members of President Clinton's Cabinet, to encourage you to work with us to end violence against women. Over the past 7 years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act (VAWA) to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women--combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children.

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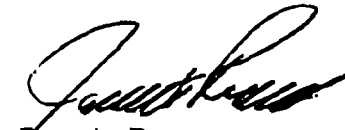
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The Honorable William S. Cohen
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We will be in touch with your office to discuss ways in which we can work together on the national problem of violence against women. Thank you for your thoughtful consideration of these issues and the contributions that you and your Department have made to keeping our communities safe for all Americans.

Sincerely,



Janet Reno
Attorney General



Donna E. Shalala
Secretary
Department of Health
and Human Services



The Department of Justice
and
The Department of Health and Human Services



The Honorable Lawrence H. Summers
Secretary of the Treasury
Washington, DC 20220

Dear Secretary ~~Summers~~:

We are writing to you, and to other members of President Clinton's Cabinet, to encourage you to work with us to end violence against women. Over the past 7 years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act (VAWA) to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women--combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children.

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The Honorable Lawrence H. Summers
Page 2

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We will be in touch with your office to discuss ways in which we can work together on the national problem of violence against women. Thank you for your thoughtful consideration of these issues and the contributions that you and your Department have made to keeping our communities safe for all Americans.

Sincerely,



Janet Reno
Attorney General



Donna E. Shalala
Secretary
Department of Health
and Human Services



The Department of Justice
and
The Department of Health and Human Services



The Honorable Andrew M. Cuomo
Secretary of Housing and Urban Development
Washington, DC 20410

Dear Secretary Cuomo:

We are writing to you, and to other members of President Clinton's Cabinet, to encourage you to work with us to end violence against women. Over the past 7 years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act (VAWA) to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women--combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children.

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The Honorable Andrew M. Cuomo

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We will be in touch with your office to discuss ways in which we can work together on the national problem of violence against women. Thank you for your thoughtful consideration of these issues and the contributions that you and your Department have made to keeping our communities safe for all Americans.

Sincerely,



Janet Reno
Attorney General



Donna E. Shalala
Secretary
Department of Health
and Human Services



Office of Policy Development
United States Department of Justice
950 Pennsylvania Ave. NW, Room 4242
Washington, D. C. 20530-0001

TO: Ann O'Leary

FAX: 456-2878

FROM: Jessica Rosenbaum

VOICE: (202) 514 3737
FAX: (202) 514-5715

Total Pages (excluding this cover): 14

Additional Message:

**THE CLINTON ADMINISTRATION'S
CRIME CONTROL STRATEGY:**

**A COMMITMENT
TO END VIOLENCE AGAINST WOMEN**

JUNE 2000

Executive Summary

When the Congress and President Clinton teamed up to make the Violence Against Women Act become law in 1994, the nation took a giant step forward in its recognition of, and response to, violence against women, particularly domestic violence, sexual assault, and stalking. This law not only strengthened criminal laws and provided funding to enhance their enforcement, but also provided a foundation for a successful long term criminal justice effort to end violence against women. By encouraging collaboration among police, prosecutors, and victim services providers, the Violence Against Women Act is building a comprehensive community response to violence against women all across America.

"The Violence Against Women Act provides us with a powerful tool with which to fight the scourge of domestic violence, sexual assault, and stalking. While we have made significant progress, we must continue to use all necessary means and available information to help reduce -- if not eliminate -- all types of violence against women." Attorney General Janet Reno

"This is not a women's issue, this is an issue for families and for children and for men as well. And it is an American challenge that we have to face. This issue has been swept under the rug for too long. We have tried to take it out into the daylight, to let people talk about it, to give people a chance to find courage in the efforts of others and to know that they can find help. That's what the Violence Against Women Act is all about." President Bill Clinton

Since the passage of the Violence Against Women Act (VAWA), the Department of Justice has launched a multifaceted initiative to combat domestic violence, stalking, and sexual assault. The Department's efforts have been guided by two key principles: ensuring the safety of victims and holding perpetrators of violence accountable for their acts. The Department has focused on issues of violence against women in three important ways: bringing prosecutions under the federal domestic violence, stalking, and firearms laws; raising awareness of the VAWA and the issues of domestic violence, stalking, and sexual assault in communities throughout the country; and forging partnerships among police, prosecutors, and victim services providers at the state, local, and tribal levels through the STOP Violence Against Women Formula Grant Program and other VAWA grant programs.

The Justice Department has awarded more than \$800 million dollars in VAWA grant funds to law enforcement officials, prosecutors, victim advocates, and courts to address the problem of violence against women at the state, local, and tribal levels. The Department, through the Offices of the United States Attorneys, has prosecuted over 242 cases involving interstate domestic violence, interstate stalking, interstate violation of a protection order, or possession of a firearm while under a protection order or after conviction for a misdemeanor crime of domestic violence.

Although progress has been made in recent years, domestic violence -- violence by intimates -- still accounts for over 20 percent of all violent crimes against women and about 30 percent of all murders of women in America. More than one million women are stalked each year, and 307,000 sexual assaults against women were perpetrated in 1998 alone. The Clinton Administration has laid the groundwork for a strong and effective strategy for building collaborative community partnerships to keep women safe and hold perpetrators accountable. Now, as the goal of a safer America is within reach, it is essential to continue this effort in order to bring an end to violence against women.

President Clinton, Attorney General Reno, and others have led an historic effort to reduce crime in our nation's communities. As part of that effort, President Clinton signed into law the Violence Against Women Act (VAWA), which was enacted as part of the Violent Crime Control and Law Enforcement Act of 1994. The law takes a comprehensive approach to fighting violence against women. It combines tough new penalties with programs to prosecute offenders and aid victims of such violence. This groundbreaking law has transformed the legal landscape, bringing these issues from behind closed doors into the center of public debate, and thereby helping to shift social attitudes toward violence against women.

The VAWA recognizes the devastating consequences that violence has on women, families, and society as a whole. For the first time, federal resources, federal law enforcement, and federal prosecutors joined the front lines in the struggle to end violence against women. The VAWA encourages federal, state, local, and tribal governments to collaborate -- to work together to figure out how to end the terrible scourge of domestic violence, sexual assault, and stalking that has shattered the lives of so many of our nation's women, children, and families. Today, law enforcement, prosecutors, judges, and victim advocates are working together, sharing information and ideas to keep women safe and hold offenders accountable.

There is no question that the VAWA is making a difference. Under the VAWA, communities across the country and all levels of government are creating coordinated, community-wide responses and are setting up the infrastructure needed to improve our response to violence against women:

- States and tribes are changing their laws to treat violence against women as a serious crime. Twenty-four states and the District of Columbia mandate arrest for most domestic violence offenses and forty-nine states now authorize law enforcement to make an arrest based on a probable cause determination that a protection order has been violated.¹
- Jurisdictions are changing the way they handle domestic violence cases to make sure these cases are given the attention they need. Court systems in thirty-six states have some type of special court jurisdiction, structure, or services to handle domestic violence cases.
- States are acting to lift some of the costs imposed on women who have been victimized by violence. As required by the VAWA, all states and the District of Columbia now have some provision for covering the cost of a forensic rape exam.
- States are increasingly recognizing that domestic violence hurts children too. Forty-seven states and the District of Columbia require courts to consider domestic violence in child custody decisions.
- United States Attorneys, at the Attorney General's request, have each appointed special VAWA points of contact in their offices to help coordinate prosecution of federal VAWA and VAWA-related crimes. Over 242 indictments on such crimes have been brought since the enactment of the law.

¹See Miller, N., *Domestic Violence: A Review of State Legislation Defining Police and Prosecution Duties and Powers*, Domestic Violence Legislative Review, Institute for Law and Justice, Alexandria, VA, August 1998.

- The Bureau of Justice Statistics (BJS) estimates that in 1999, approximately 13 percent of handgun sales blocked through pre-sale background checks (approximately 27,000 applications) were denied because of a domestic violence misdemeanor conviction or a valid restraining order.

Although we are making progress, violence still devastates the lives of many women:

- Although the number of women murdered by an intimate² has dropped, the percentage of women murdered by an intimate has remained constant at about 30 percent since 1976. Women are three times more likely than men to have been murdered by an intimate.
- Violence by intimates accounts for about 20 percent of all violent crimes against women. In 1998, about one million violent crimes were committed by an intimate. Among those, about 85 percent of victimizations by intimate partners were committed against women.
- 307,000 sexual assaults were perpetrated against women in 1998 alone.
- Over one million women are stalked annually, and fully eight percent of all women in this country have been stalked at some time in their life. Overall, most stalkers are men (87 percent) and most stalking victims are women (78 percent).

Simply put, violence against women remains a critical problem in this country, and continues to call all of us to action.

Federal Funds Are Making a Difference

The Violence Against Women Act (VAWA) established grant programs that are being used to forge focused and effective partnerships among federal, state, local and tribal governments, and between the criminal justice system and victim advocates. There are six VAWA-related grant programs. These programs assist state, local, and tribal governments and nonprofit agencies in training personnel, enforcing laws, assisting domestic violence, sexual assault, and stalking victims, and holding perpetrators accountable. The VAWA provides federal grants to help communities across America develop innovative strategies to combat violence against women.

The Department of Justice has awarded more than \$800 million through the VAWA grant programs since 1994, directing critical resources to communities' collaborative efforts to respond to violence against women. The VAWA grants finance community initiatives involving victim services providers, victim advocates, law enforcement officers, prosecutors, court staff, and health care providers.

Federal funds have reached across the nation -- from remote, rural, and tribal communities to large urban centers; from nonprofit domestic violence shelters and rape crisis centers to state prosecutors' offices. They are making a difference in the lives of women everywhere. And they have made a difference in how communities respond to violence against women -- by bringing together police, prosecutors, advocates, judges, and others to make America safer for women and families.

²The term "intimate" includes spouse, ex-spouse, common law spouse, same sex partner, boyfriend, and girlfriend. *Intimate Partner Violence*, U.S. Department of Justice, Bureau of Justice Statistics, Washington D.C., May 2000.

STOP Formula Grant Program

The Department's largest VAWA grant program is the STOP Violence Against Women Formula Grant Program. "STOP" stands for "Services•Training•Officers•Prosecutors" -- reflecting the collaborative goals of this program. It promotes a coordinated approach by encouraging the states to pool the expertise and resources of law enforcement, prosecutors, and victim advocates. Since 1994, the STOP Program has provided more than \$549 million to all 50 states, the District of Columbia, and 6 territories, including over \$138 million in Fiscal Year 1999. Under the VAWA, states have pulled together law enforcement representatives, prosecutors, and victim services providers to design a statewide plan for the use of these funds. States have awarded over 6,500 STOP sub-grants.

We are building from these initial successes. The Department is supporting the expanded involvement of courts in STOP grant partnerships.

In Cache County, Utah, STOP funds support a sexual assault prosecutor. In the seven years before this prosecutor was hired, the County had not charged a single sexual assault case. In 1997 alone, the prosecutor's office handled more than 60 sexual assault cases.

In California, STOP funds have been used to provide training on stalking investigations to more than 6,000 law enforcement officers.

In Delaware, STOP funds have trained police officers in domestic violence investigations, and two counties are focusing on the often neglected elderly victims of domestic violence.

In Alabama, STOP funds have helped establish mobile units that provide on-site assistance to domestic violence victims in rural areas.

Communities around the country are using STOP funds to set up programs that give women who are being stalked immediate contact with police in an emergency.

STOP Violence Against Indian Women Grant Program

Under the STOP program, the VAWA sets aside funds each year to combat domestic and sexual violence against women in Indian country. Data from the National Violence Against Women Survey show that Native American and Alaska Native women are more likely to be stalked and to disclose victimization by rape and physical assault than women of other racial/ethnic backgrounds.

The Department is committed to addressing and reducing domestic violence and sexual assault against Native women. A total of \$22.6 million has been awarded to tribes, including nearly \$6.5 million in Fiscal Year 1999. Tribes are using these funds to develop and strengthen the response of tribal justice systems to violent crimes against women. The activities of the STOP Violence Against Indian Women program also have raised awareness of domestic violence among tribal leaders and communities. Under all five VAWA discretionary programs, more than \$35.5 million has been awarded to 142 Indian tribal governments and organizations serving 281 Native communities.

On the Pine Ridge Indian Reservation in South Dakota, law enforcement officers were arresting both parties in 10 percent of all domestic violence cases in 1996. After VAWA funds helped train officers on how to identify the primary aggressor, the dual arrest rate dropped to less than 2 percent in 1997. Women are less likely to be arrested inappropriately for having defended themselves against abuse.

The White Mountain Apache Tribe of Arizona uses its prosecution allocation to support an advocate who works within its prosecutor's office to assist and support victims of domestic violence and sexual assault.

Grants to Encourage Arrest Policies Program

The Grants to Encourage Arrest Policies Program has enabled communities across the country to use the power of the criminal justice system to keep victims safe and hold offenders accountable. Since the program was first funded in 1996, the Department has awarded over \$137 million, including \$28.5 million in Fiscal Year 1999. To qualify for these funds, communities must demonstrate their community-wide collaboration to prevent and stop domestic violence. The result has been the development of new partnerships and a deeper understanding of violence against women.

In order to promote the effective preparation and prosecution of domestic violence cases, Milwaukee County, Wisconsin has used funding from the Grants to Encourage Arrest Policies Program to add three assistant district attorneys and three victim liaisons to the Office of the District Attorney's Domestic Violence Unit. Additionally, Milwaukee County has used grant funds to make the services of nonprofit, non-governmental victim advocacy agencies available on weekends.

With funding from the Grants to Encourage Arrest Policies Program, St. Tammany Parish, Louisiana has strengthened its ability to provide victims of domestic violence with support, advocacy, and safety while cases against their abusers proceed through the criminal justice system. Specifically, St. Tammany Parish has made training on the proper and effective treatment of domestic violence cases available to all law enforcement officers in the Parish, created domestic violence units within the sheriff's office and the prosecutor's office, and opened a satellite office of the local shelter, Safe Harbor, in order to serve women on the Parish's west end.

Rural Domestic Violence and Child Abuse Enforcement Program

The Rural Domestic Violence and Child Abuse Enforcement Program assists rural areas in the investigation and prosecution of cases involving domestic violence and child abuse and enhances the delivery of services to such victims. The Department has already awarded over \$52 million for these efforts and expects to award another \$20 million by the end of September. Rural community members often have to travel greater distances to address domestic violence and child abuse. As a result, Rural Program funds are important for identifying and securing technology, transportation, and other means to address the geographic isolation that has resulted in limited response and services. Rural Program grants also are helping communities develop partnerships between child protective services and domestic violence advocates to address the co-occurrence of domestic violence and child abuse, as well as to ensure the safety of battered women and their children.

In Bonner County, Idaho, where no domestic violence program existed prior to a 1997 Rural Program award, advocates respond with law enforcement to domestic violence calls and provide outreach and follow-up services to victims. VAWA funds also have supported the opening of a shelter for battered women and their children.

In rural Massachusetts, health and human services providers, law enforcement officials, clergy, and others are receiving training to address domestic violence and child victimization in their communities. The goals of the project include: prevention through community education and outreach, advocacy and counseling to children and non-offending parents, and coalition building to address victim safety and access to community resources.

Domestic Violence Victims' Civil Legal Assistance Grants Program

"These funds can help victims begin to pick up the pieces and take practical steps to bring order to their lives." Bonnie Campbell, Director, Violence Against Women Office

While the central goal of the VAWA is to improve the criminal justice system's response to violence against women, victims of domestic violence face related problems in civil matters such as custody and visitation, abuse and neglect, child support, divorce, or other civil cases where domestic violence is involved. Child custody cases involving domestic violence pose particularly difficult challenges for judges, battered women, and children. Since the creation of the Civil Legal Assistance Program in Fiscal Year 1998, the Department has awarded over \$33 million to legal services, battered women's shelters, law school clinics, and bar associations to strengthen civil legal assistance for victims of domestic violence. The Department expects to award another \$24 million later this summer.

Through the George Washington University Law School's Domestic Violence Advocacy Project in Washington, D.C., law students work with hospital emergency room personnel and are available 24 hours a day to respond to the legal needs of battered women.

In Eugene, Oregon, grant funds allow the Lane County Legal Aid Society to partner with shelters to provide representation for battered women in protection order hearings and other civil matters.

Grants to Combat Violent Crimes Against Women On Campuses

Under the newest program providing grants to combat violence against women on campuses, institutions of higher education receive support to develop comprehensive, coordinated responses to violent crimes against women on college campuses, including sexual assault, domestic violence, and stalking. This program was authorized under the Higher Education Amendments of 1998 and requires campuses to develop partnerships with nonprofit, non-governmental victim advocacy organizations and local criminal justice or civil legal agencies to enhance victim safety and offender accountability and to prevent these crimes. Congress appropriated \$10 million in each of Fiscal Years 1999 and 2000 to encourage institutions of higher education to adopt a coordinated community response to violence against women. Twenty-one institutions of higher education received grants totaling approximately \$8.1 million in Fiscal Year 1999.

COPS Domestic Violence Grants

The Department's Office of Community Oriented Policing Services (COPS) is the core component of the Clinton Administration's commitment to increase community policing as part of a community-wide response to crimes, including domestic violence. The COPS Domestic Violence Grants foster partnership and coordination between law enforcement and victim advocates at the community level. The Department's COPS office has dedicated over \$69.1 million to efforts designed to address domestic violence through community policing. Since 1996, under the Community Policing to Combat Domestic Violence program, COPS awarded over \$46 million to 394 law enforcement agencies for this purpose. Under this program, law enforcement agencies were asked to apply jointly with community service or victim advocacy organizations to execute well-planned, innovative strategies. In 1999, COPS expended \$11.3 million for training, research, evaluation, and test sites in communities where law enforcement established such partnerships to enhance coordinated responses to domestic violence.

The Bristol, Connecticut Police Department has held trainings for all officers on how to assist victims of domestic violence with safety planning and risk assessment. It also has developed a video on domestic violence for local cable television, and formed community policing partnerships with court personnel, educators, state social services officials, and the religious community to combat domestic violence.

The Colorado Springs, Colorado Police Department has created a 21-person domestic violence team representing a variety of community groups to train officers on dealing with domestic violence issues. Each officer works with the team for 100 hours to learn and develop strategies to combat domestic violence, to assist victims, and to use risk assessments to reduce future incidents.

Training and Technical Assistance Grants

Using funds drawn from each of the major VAWA grant programs, the Department also works to build the capacity of national criminal justice and victim advocacy organizations to foster community partnerships and to respond effectively to violence against women. The Department has awarded over \$36 million through Fiscal Year 1999 for this purpose. The Department also sponsors mentoring efforts and peer consultations, making it possible for those people who want to establish effective programs in their community to visit other communities and learn from experts in the field.

Technical assistance includes training, policy development, and information dissemination, for example:

- Development of Judicial Institutes, sponsored by the National Council of Juvenile and Family Court Judges and the Family Violence Prevention Fund, for assisting judges in handling civil and criminal cases involving domestic violence;
- Development by the International Association of Chiefs of Police of a model policy and procedures for handling domestic violence cases involving police officers;
- Development of a Promising Practices Manual by the STOP Violence Against Women Technical Assistance Project; and
- Development by the Washington Coalition of Sexual Assault Programs of a partnership with other state sexual assault coalitions (Minnesota, New York, Connecticut, and Illinois) for sharing resources, information, and strategies and mentoring newly-formed coalitions nationwide.

Keeping Victims Safe and Holding Offenders Accountable

The VAWA provides federal prosecutors with important tools to support and supplement state and local prosecution of domestic violence and stalking crimes. In some cases, a federal prosecution may carry a more severe and appropriate punishment for an offender than a prosecution under state law. Where a defendant has traveled from state to state, the resources of the Federal Bureau of Investigation are available to investigate and build a case for prosecution. In other cases, a state prosecutor may request that the case be referred to federal prosecution because, once detained by a federal court, a defendant is more likely to remain in custody prior to trial.

Criminal Prosecutions under the VAWA

The VAWA strengthens the penalties for sex offenders and domestic violence perpetrators -- doubling the maximum term of imprisonment for repeat sex offenders and authorizing severe sentences for abusers who cross state lines or tribal boundaries to commit acts of domestic violence. The VAWA and VAWA-related criminal provisions prohibit crossing state or tribal borders to commit domestic violence or violate a protection order, interstate stalking, and possessing a firearm while subject to a domestic violence protection order or if convicted of a misdemeanor crime of domestic violence.³ While the vast majority of domestic violence cases will continue to be prosecuted by states, localities, and tribes, these statutory tools enable federal law enforcement to prosecute and to obtain severe penalties in appropriate cases in cooperation with the state, local, and tribal authorities. Vigorous prosecution of federal domestic violence offenses is a top priority for the Department. These prosecution efforts have succeeded, and will continue to succeed, because the United States Attorneys Offices have prosecuted federal cases where appropriate and formed prosecution partnerships with their state, local, and tribal

counterparts in the nationwide fight against domestic violence.

The Department has prosecuted more than 242 cases under the VAWA and VAWA-related criminal provisions of federal law. The following cases exemplify successful federal prosecutions that resulted in convictions and lengthy sentences for defendants:

- ◆ The United States prosecuted a defendant who traveled from Alabama to Texas for interstate stalking. He had been released from federal custody in Alabama for making interstate threatening phone calls to one ex-wife. In Texas, he terrorized another ex-wife and his three grown children. The defendant was convicted. At sentencing, the court considered the defendant's lengthy history of domestic abuse against four stalking victims -- a history that included beatings, torture, abandonment, threats to kill, stabbing and burning -- and departed upward from the sentencing guidelines to impose a maximum sentence of 20 years in federal prison.
- ◆ The United States prosecuted a defendant for shooting at his estranged wife while she was working in a preschool playground. At the time of the shooting, the defendant was subject to a qualifying protection order. Although the case was initially presented to the district attorney's office, state prosecution of attempted murder would have required proof of the defendant's intent at the time of the shooting. Federal prosecution instead required only possession of the firearm while subject to a qualifying protection order. The district attorney's office referred the case for federal prosecution and the defendant pled guilty to the

³ There are five federal domestic violence offenses: (1) Interstate Domestic Violence, 18 U.S.C. §2261; (2) Interstate Violation of a Protection Order, 18 U.S.C. §2262; (3) Interstate Stalking, 18 U.S.C. §2261A; (4) Prohibition Against Possession of a Firearm While Subject to a Protection Order, 18 U.S.C. §922(g)(8); and (5) Prohibition Against Possession of a Firearm After Conviction of a Domestic Violence Misdemeanor, 18 U.S.C. §922(g)(9). 8

federal charge. At sentencing, the court granted the federal prosecutor's request for an upward departure, based upon the danger presented to the young children in the playground, and sentenced the defendant to a 66-month term of imprisonment.

Working to Make Nationwide Enforcement of Protection Orders a Reality

The VAWA requires states and territories to honor protection orders issued by other jurisdictions if certain statutory requirements are met. The Department has adopted a strategy for implementing this full faith and credit provision that focuses on providing training, technical assistance, and grants to law enforcement agencies, prosecutors, courts, and victim advocates. The Department funds the Full Faith and Credit Training and Technical Assistance Project of the Pennsylvania Coalition Against Domestic Violence, which provides nationwide assistance on a wide range of issues related to interstate and intertribal enforcement of protection orders. The Project also sponsored a national training conference in October 1997 that has led to several local and regional conferences. Tribes in Alaska, the southwest, and the midwest are also working to strengthen protection order enforcement between tribes, as well as between tribes and states.

The Department also has worked to develop, publish, and disseminate a series of brochures on interjurisdictional enforcement of protection orders for the different components of the criminal justice system. In October 1998, the Attorney General introduced a brochure for law enforcement that was developed with the International Association of the Chiefs of Police. A benchcard for judges was released in August 1999 at a meeting of the Conference of Chief Justices, and similar brochures for advocates, survivors, and prosecutors are being developed.

In order to help confirm the existence and terms of protection orders issued by jurisdictions nationwide, the FBI developed the National Crime Information Center Protection Order File, a national registry that came on line in May 1997. As of June 22, 1999, 25 states are participating -- either by linking their existing state system to the national registry or by entering protection

order information directly into it. The Department is assisting an ever-increasing number of states in developing their own protection order registries.

Addressing the Needs of Battered Immigrant Women

Prior to the enactment of the VAWA, many battered immigrants found themselves trapped between abuse and deportation because their abusers were authorized to act for them under the immigration law and refused to file immigration papers on their behalf. The VAWA responded to their plight by enabling the battered spouses and children of U.S. citizens and legal permanent residents to self-petition for permanent residency without depending on the help of their abusers. Since the enactment of the VAWA, the Immigration and Naturalization Service (INS) and the Violence Against Women Office have issued regulations to implement the self-petitioning provisions of the VAWA. In June 1997, INS centralized the filing of all VAWA self-petitions in the Vermont Service Center, where a specially-trained unit adjudicates these applications. To date, over 6,000 immigrant victims of domestic violence have been approved for lawful status under the VAWA.

Understanding Violence Against Women

The Department of Justice plays a unique role in collecting data on crime and increasing knowledge about the causes and consequences of crime and effective strategies for prevention and intervention. With the enactment of the VAWA, the Department has contributed to the expanding body of research on violence against women. The data and research make clear the gravity of the problem and demonstrate the need for our continuing efforts to end violence against women through the initiatives authorized by the VAWA.

The Department, through its National Institute of Justice (NIJ), a component of the Office of Justice Programs, continues to play a central role in supporting research to understand the nature, scope, causes, and consequences of violence against women. This research is used to develop strategies to prevent and respond effectively to violence against women. NIJ funds family violence research directly; it jointly conducts research with the Centers for Disease Control and Prevention; and it participates in the Interagency Consortium for Research on Violence Against Women and Family Violence. Moreover, NIJ is making special efforts to support community-driven evaluations that promote partnerships between researchers and practitioners.

The Bureau of Justice Statistics (BJS), a component of the Department's Office of Justice Programs, is the United States' primary source for criminal justice statistics. BJS collects, analyzes, publishes, and disseminates information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government.

A sampling of publications addressing violence against women include:

- *Intimate Partner Violence*, U.S. Department of Justice, Bureau of Justice Statistics, Washington, D.C., March 2000;
- Tjaden, P. and Thoennes, N., *Stalking in America: Findings from the National Violence Against Women Survey*, Research in Brief, U.S. Department of Justice, National Institute of Justice, Washington, D.C., April 1998;
- Tjaden, P. and Thoennes, N., *Findings from the National Violence Against Women Survey*, Research in Brief, U.S. Department of Justice, National Institute of Justice, Washington, D.C., November 1998;
- *Violence By Intimates*, U.S. Department of Justice, Bureau of Justice Statistics, Washington, D.C., March 1998;
- *American Indians and Crime*, U.S. Department of Justice, Bureau of Justice Statistics, Washington, D.C., February 1999; and
- American Bar Association Criminal Justice Section, *Legal Interventions in Family Violence: Research Findings and Policy Implications*, U.S. Department of Justice, National Institute of Justice, Washington, D.C., July 1998.

Providing National and International Leadership on Combating Violence Against Women

In 1995, President Clinton named former Iowa Attorney General Bonnie Campbell as the Director of the Violence Against Women Office at the Department of Justice. This office, housed in the Office of Justice Programs, administers the VAWA grant programs, coordinates Departmental efforts on violence against women, and provides national and international leadership to combat violence against women. Director Campbell works within the Federal government, representing the Department of Justice on the President's Interagency Council on Women and working to bring focus within the missions and jurisdictions of other agencies on issues of violence against women. Through the work of the Violence Against Women Office, the Department is collaborating with the Department of Health and Human Services, the Department of Housing and Urban Development, and other federal agencies on a wide variety of initiatives to address violence against women. Director Campbell has traveled to every region of the country and has, on over 250 occasions, met with and spoken to prosecutors, law enforcement groups, judges, domestic violence advocacy groups, women's centers, colleges, universities, health professionals, and many others.

As the issue of violence against women has taken on global importance, Director Campbell and other Department staff have represented the Department internationally as well. For example, in September 1998, Violence Against Women Office senior staff, together with the Department's Office for Victims of Crime, led a workshop at the World Conference on Family Violence in Singapore. In October 1998, Director Campbell led a delegation of United States experts to the United States - Russian Conference on Domestic Violence in Moscow, the first high-level meeting on this issue in Russia. Other countries look to the United States Department of Justice for our leadership and technical assistance on strategies to develop laws, change policies, and promote public discourse on violence against women within their own societies. Director Campbell has been a leader within

this country and internationally not only on the issues of domestic violence and sexual assault, but also on trafficking in women, which, with increasing globalization, appears to be a growing form of violence against women in which women and girls are taken from one country to another and forced to work in dehumanizing conditions stripped of their rights, safety, and dignity.

In addition to Director Campbell's work, the Department makes sure that everything the Department is learning about violence against women is in the hands of advocates, prosecutors, judges, and others who need it most. Through newsletters, reports, and an actively maintained and ever expanding Internet website, the Department ensures that information about violence against women research, programs, and intervention strategies is readily available and accessible.

The Justice Department's Violence Against Women Office Internet website address is
<www.ojp.usdoj.gov/vawo>.

The National Domestic Violence Hotline is a toll-free number that offers shelter referrals and assistance to anyone who is in need: 1-800-799-SAFE. Funded by the Department of Health and Human Services, the Hotline has answered 478,366 calls for help from February 21, 1996 to May 31, 2000.

Technical Assistance on the interjurisdictional enforcement of protection orders is available from the Full Faith and Credit Project, a project of the Pennsylvania Coalition Against Domestic Violence 1-800-256-5883 and from the Battered Women's Justice Project 1-800-903-0111, ext. 2.

The 43-member National Advisory Council on Violence Against Women advises the Attorney General and the Secretary of the Department of Health and Human Services on outreach strategies and implementation of the VAWA and issue-related reports. The Council's membership includes representation from law enforcement, business, health and human services, academia, the sports industry, victims service providers, advocates, and religious organizations.

The Advisory Council has produced two widely requested and disseminated pamphlets: "A Community Checklist: Important Steps to End Violence Against Women" and "Stop the Cycle of Violence: What You Can Do," handbooks on what individuals and communities can do to fight violence against women and assist victims. The National Advisory Council is currently developing an "Agenda for the Nation to End Violence Against Women in the 21st Century," which will guide communities in their efforts to address this problem in the new millennium.

PLANS FOR THE FUTURE

As we look to the future, the Department will focus not only on the need to continue and expand our current efforts but also on new and emerging issues such as cyberstalking and trafficking in women that we must address if we are to succeed in stopping violence against women. Our efforts will include the following:

◆ The Civil Justice System's Response to Violence Against Women

The Department is developing a strategy to raise awareness of domestic and sexual violence issues in civil matters, provide training to civil justice system personnel, and improve coordination among different civil courts hearing matters involving the same family and between criminal and civil courts where domestic and sexual violence issues are present.

◆ Underserved Populations

The Department has a responsibility to ensure that efforts to improve the justice system's response to violence against women work for everyone in our communities. Race, ethnicity, income, and other factors may affect the way victims respond to violence and the options available to them for dealing with it. We must ensure that efforts to build a coordinated community response to violence against women address the needs of diverse and underserved populations, including racial or ethnic minorities, Native Americans, religious minorities, immigrants, the elderly, individuals with disabilities, and gays and lesbians.

◆ Cyberstalking

At the request of Vice President Gore, the Department has studied the problem of cyberstalking and has reported back with recommendations on how to protect people from this threat.

◆ Trafficking In Women

The Department supports enacting anti-trafficking legislation that will strengthen and institutionalize advances made, as well as provide new and necessary tools in the fight against trafficking in persons and the protection of trafficking victims.

◆ Federal Legislation

The Administration strongly supports a five-year reauthorization of the VAWA grant programs and looks forward to working with members of Congress to improve and strengthen the VAWA and our nation's response to violence against women.

DATE: June 9, 2000



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TOTAL PAGES
INCLUDING COVER): 21

REMARKS:

**A Departmental
Agenda for Action**

**Violence Against
Women**

**Progress Report
June 2000**



**U.S. Department of
Health and Human Services**

**A Departmental Agenda for Action:
Family and Intimate Partner Violence**

Progress Report: June 2000

Over the past seven years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act to combat domestic violence, sexual assault and stalking. The law takes a comprehensive approach to fighting violence against women—combining tough new criminal penalties with programs to prosecute offenders and aid victims. This groundbreaking law has made a difference in the lives of countless women and children. The Department of Health and Human Services is committed to continuing our critical work to end violence against women. Below are some of the highlights from our efforts.

I. Strengthening the health care system's ability to screen, treat, and prevent family and intimate violence

- Agency for Healthcare Research and Quality (AHRQ) sponsored an expert panel meeting in April 1999 to discuss research needs related to the effectiveness of domestic violence interventions in health care settings. As documented by the Institute of Medicine in a 1997 report, despite growing public and private investments in development of treatment programs for victims of domestic violence, there are few well-designed studies of which intervention programs work best in terms achieving sustained improvements in the health and safety for the victim.
- In FY 2000, the AHRQ is providing \$1.0 million to support up to three large-scale, longitudinal studies of the outcome and effectiveness of health care interventions in managed care settings. Collaborating health entities will be required to share the costs of the studies, which will be three to five years in their initial phase. The studies will contribute to an understanding of which models of care are effective and cost-effective, and help establish incentives for more health plans to put programs in place.
- In FY 2000, the AHRQ has joined with the Family Violence Prevention Fund to cosponsor a Domestic Violence Senior Scholar in Residence for the 2000-2001 academic year. The purpose is to encourage a senior faculty researcher to develop an area of investigation related to the cost, quality, outcomes, and/or effectiveness of domestic violence screening and interventions in health care settings. The scholar also will promote linkages between the private and public sectors in health services research.
- AHRQ is supporting both intramural and extramural health services research related to

violence. Studies include one at Kaiser Permanente, Northwest which is examining the relationship between exposure to domestic violence, health status, and use of health care services at a large, non-profit health organization. Another is examining repeat admissions of domestic violence patients to hospital and emergency rooms in Connecticut.

- The Centers for Disease Control and Prevention (CDC) has received funding to conduct a population-based survey in publicly-funded reproductive health settings. The study's purpose is to ask health care providers about their training and practices related to screening for intimate partner violence, and about their referral of victims to support services. The Battelle Centers for Public Health Research and Evaluation (CPHRE) is assisting with development and implementation of the project on behalf of the CDC. The OMB package is done and the clinician survey and clinic administrator surveys are written.
- The Centers for Disease Control and Prevention (CDC) has funded Julia Perilla, Ph.D. from Georgia State University to conduct *Proyecto Nueva Vida* (Project New Life): A Community-based Domestic Violence Intervention with Latino Families. This longitudinal in-depth study of the impact of violence on abused Latinas, their male batterers, and their children will consider the manner in which historical, social, economic, philosophical, and spiritual aspects of Latino culture can be used to design and implement a comprehensive family intervention that contains both primary and secondary prevention strategies. The general aims are to: (1) enhance our understanding of the dynamics of domestic abuse in a Latino population; (2) evaluate a family intervention program whose objectives include (a) cessation of physical violence and reduction of verbal and emotional abuse against the woman, (b) increased levels of mutuality between the couple, broadening of beliefs and expectations regarding gender roles in men, women, and child participants; and (3) evaluate a 12-month reinforcement and support program that seeks to maintain the decreased levels of abuse and increased the psychological and systems functioning obtained in the initial intervention.
- CDC has awarded a services contract to the Institute of Medicine (IOM) to conduct an assessment study of the training needs of health care providers to detect, treat and refer victims of family and intimate partner violence and sexual assault. The intended purpose of the contract is to support prevention-oriented research that will lead to greater knowledge of prevention strategies for professional training and education.
- CDC sponsored the First National Sexual Violence Conference: "Coming Together to End Sexual Assault" on May 16-19, 2000 at the Adam's Mark Hotel in Dallas, Texas. The National Sexual Violence Prevention Conference brought together representatives from the public and private sector (including state and local health departments, agencies of the Department of Health and Human Services and other Federal departments, education agencies, academic institutions, private foundations, professional associations, community-based organizations, practitioners and survivors). Participants discussed innovative community responses to sexual violence prevention, state-of-the-art

communication strategies, promising interventions, policies, and programs, and the latest scientific information on the nature, causes, and prevention of sexual violence.

- The Administration for Children and Families, Family Violence Prevention and Services discretionary program, awarded eight discretionary grants for "Improving the Health Care Response to Domestic Violence." Health Resources and Services Administration (HRSA), Bureau of Primary HealthCare (BPHC) staff participated in the review of the applications. The grants will: 1) fund teams of domestic violence and health care representatives to provide training and technical assistance to health care institutions and staff that improves their response to domestic violence, 2) provide training stipends to minority colleges and universities to generate training that is responsive to the issue of ethnic and cultural minorities, and 3) fund public awareness projects that provide information on resources and services available to individuals experiencing abuse in under served communities. BPHC staff was sought for this grant review because of their expertise in community-based health care for under served women.
- The Administration on Aging awarded \$400,000 for the second year of a four-year grant to the National Association of State Units on Aging (NASUA) to establish a new National Center on Elder Abuse (NCEA). The NASUA operates the NCEA in partnership with the National Committee for the Prevention on Elder Abuse (NCPEA), National Association of Adult Protective Services Administrators (NAAPSA), American Bar Association's Commission on Legal Problems of the Elderly, University of Delaware's Department of Consumer Studies, and Goldman Institute on Aging.
- The HHS Office on Women's Health and the Assistant Secretary Management and Budget, Work and Family Life Center co sponsored a brown bag on Rape and Sexual Assault for HHS employees.
- The Centers of Excellence in Women's Health (COE), funded by the HHS Office on Women's Health, have initiated various activities on Domestic Violence which are all summarized in a booklet, *Domestic Violence Initiatives, May 2000*.
- UCLA Trauma Psychiatry Service: Program for Survivors of Violence Against Women Program is designed for adult survivors of violence against women. Treatment models address the complex intra psychic and interpersonal sequel of past traumatic experiences to facilitate recovery of the "whole person." Therapeutic intervention is specifically focused on the psychological impact of trauma. Treatment teams include mental health professionals, social workers, psychologists, and psychiatrists.
- A University of Michigan COE sponsored a Youth Forum on Violence Prevention along with the Adolescent Health Program, Mayor's Task Force for Increasing Safety for Women, and Violence Prevention Subcommittee. The Forum consisted of a discussion of safety needs by middle school girls.

- The COE at the University of Puerto Rico's partner Community Organization Taller Salud continues the development of strategies for health professional education in the identification of domestic violence victims. A proposal is being developed to solicit funds for a health professional workshop.
- The University of California San Francisco CoE has established certain topics as core competencies of the university's women's health medical school curriculum. Included are violence and assault (child abuse and incest, elder abuse, physical/emotional abuse, sexual assault, sexual harassment).
- The CoE at Indiana University developed the Introduction of Clinical Medicine Curriculum Course which gives first and second year students exposure to a variety of issues, including domestic violence, clinical trials, ethics, and women's health. The course is required for all medical students.
- The Yale University COE offers "A Guide on How to Prevent, Avoid, and Stop Sexual Harassment." The Office for Women in Medicine recently updated and revised this brochure which is currently being distributed to all students, postdoctoral fellows, and faculty at the Yale School of Medicine.
- The Tulane University COE established a lecture series at Tulane University Hospital and Clinic for its managers to gain a better understanding of domestic violence issues as well as to provide assistance for employees who may be victims of domestic violence.
- The Health Resources & Services Administration (HRSA) has developed several projects:
 - HRSA's Domestic Violence Distance-Based Training Series -- HRSA has established a contract to develop a three-part Distance Based Learning Domestic Violence Project that will primarily target HRSA's service delivery grantees. The first program in the series is expected to air in January 2000. The first broadcast of the three-part series will provide an overview of domestic violence. The second will have a clinical skill building focus designed primarily for health care providers. The third production on community organizing will be designed to bring together critical components of the local community, including the health care community, legal community, and domestic violence providers and advocates, for the purpose of building a coordinated community response to the problem.
 - HRSA is supporting an evaluation project targeted to Community and Migrant Health Centers (C/MHCs) that is designed to determine: 1) To what extent are domestic violence protocols being incorporated into HRSA-funded community-based primary health care programs? , and 2) What are the characteristics and components of domestic violence protocols used in HRSA-funded C/MHCs? A compendium of "best practices" will be assembled and disseminated to the

C/MHCs. It will include case-study descriptions of diverse strategies that C/MHCs are using to address domestic violence.

- HRSA is supporting two domestic violence projects at schools of public health to improve and expand education and training for health care providers. One has an urban focus and the other rural.
- Yale University School of Public Health has incorporated a violence prevention element into their project to strengthen the preparation of public health and other health professionals for practice in under served urban settings. The Urban Health Program provides a focal point within the University for collaboration with the community around education, training, and research. Elements include linkages with community-based practitioners and organizations, curriculum development, and student field placements.
- Saint Louis University School of Public Health is carrying out a project to mitigate family violence in rural communities in Southeast Missouri by means of health promotion activities developed and implemented through a partnership linking the School of Public Health with Whole Health Outreach, a local ecumenical group. Goals of the partnership are to enhance graduate education at the School of Public Health and to develop effective strategies for promoting healthy relationships and minimizing violence.
- HRSA's Ryan White CARE Act programs support networks of providers delivering comprehensive integrated HIV services for people living with HIV/AIDS. Within HIV provider networks, violence assessments and services for victims of violence are part of the comprehensive continuum of care that includes primary care, HIV care, and support services. The resources of existing care continua are designed to identify and meet the medical and social needs associated with HIV, including domestic violence. Providers use assessment protocols that are consistent with local and state laws to identify victims, witnesses and perpetrators of violence. The CARE Act providers coordinate violence related services within their HIV care networks by directly either providing or linking their patients and clients to services within familiar service systems. HRSA, through a national technical assistance contract, provides technical assistance to CARE Act grantees to design and develop implementation plans for needs assessments that can assist in identifying violence as a priority.
- HRSA's Health Care for the Homeless Program provided the Better Homes Fund with financial support to develop a diagnostic screening tool that identifies homeless women who have or are being abused. The Better Homes Fund is testing the screening tool at several HRSA-funded Health Care for the Homeless service sites. Interviewers report positive responses from women screened, and clients are reporting multiple traumatic events during their lives. The Fund is completing a manual to accompany the screening tool that instructs providers on violence and homeless women.
- Seventeen states receiving HRSA maternal and child health block grants have incorporated domestic violence performance measures into their programs to collect data

from maternal and child health service sites within their states. The measures will yield information on types of abuse, numbers of abused women, abuse during pregnancy, the incidence of maltreated children, prevention measures in place, available referral systems, and reductions in violence through interventions.

- HRSA's Women's and Children's Health Policy Center has produced an Issue Summary, *Abuse Against Women by Their Intimate Partners*. This issue summary presents the trends in fatal and non-fatal violence; determinants and risk factors; consequences; interventions; and issues for policy, practice, and research. The publication can be ordered from the National Maternal and Child Health Clearinghouse at 703-365-1964 or on the web at www.nmchc.org.
- HRSA has partnered with the Family Violence Prevention Fund to distribute "Preventing Domestic Violence: Clinical Guidelines on Routine Screening" as well as an information package for Health Care Providers Respond to Domestic Violence Day. The package was sent to HRSA grantees across the country.
- A National Conference on Health Care and Domestic Violence, convened by the Family Violence Prevention Fund National Health Resource Center on Domestic Violence and a National Conference Steering Committee including HHS Agency liaisons, will be held in October, 2000. This year's conference theme is "effective clinical responses to domestic violence". Plenary sessions will address: health care's role in ending domestic violence; enhancing health care's response to domestic violence; moving towards evidence-based care for domestic violence; culturally competent health care responses; and children-the hidden victims of domestic violence. ACF is a principal funder of the conference.
- Region IV included major segments on domestic violence and sexual assault at its Women's Leadership Institute on Health and Health Policy. This week-long session, held three times annually for state family planning officials, is jointly sponsored by the Women's Health Coordinator and the Family Planning Office in the region, and conducted with the assistance of Emory University Regional Training Center.
- Albuquerque has examined the administrative and legal requirements on screening for domestic violence in Indian Health Service (IHS) hospitals and clinics. They have used their funding to develop a screening tool and incorporate domestic violence performance measures into their program.
- The Office on Women's Health sponsored The National Social Worker's Summit on Violence Against Women. This Summit held on April 7, 2000 convened the leading national presidents, deans, representatives and experts from schools of social work, clinical social work, government agencies/offices, social work organizations and domestic violence experts to develop policy and practice strategies to improve the quality of education, prevention, screening, and intervention strategies related to violence against women.

II. Increasing the ability of battered women, including those on welfare, to obtain and retain employment and access child support.

- The Department has published final regulations for the Temporary Assistance to Needy Families Program (TANF). The regulations include provisions pertaining to the Family Violence Option and how the Federal government, in determining state compliance with statutory time limits and work participation requirements, will grant states relief from penalties when they provide appropriate good cause domestic violence waivers to battered women. To be eligible for penalty relief, states will have to develop services plans that contribute to safety and employment. The preamble to the regulation includes an extensive discussion of federal intent regarding the treatment of battered women under TANF and the coordination of child support and TANF activities for battered welfare recipients.
- The Office of the Assistant Secretary for Planning and Evaluation has funded the first of two assessments of implementation of State policy and practice regarding domestic violence in the TANF program. The final report found that most states had completed the process of adopting the family violence option and were implementing policies and procedures. Urgent needs were identified. The two reports can be accessed on web at www.ssw.umich.edu/trapped/pubs.html. The report was prepared by the Center for Impact Research (formerly known as The Taylor Institute) in Chicago.
- Using funds from the above project, the Center for Impact Research prepared and published a guide for researchers and advocates in how to collect information on and evaluate the implementation of domestic violence practices by states under TANF. This also accessible from the website.
- The ACF, Office of Community Services, awarded grants to several states and localities to assist in the development of collaboration between domestic violence programs and welfare programs. These grants have been used for training, policy development, and joint intervention responses.
- The Administration for Children and Families/Office of Child Support Enforcement (OCSE) has four ongoing grants examining child support cooperation/good cause and domestic violence and a fifth, crosssite evaluation of the projects. The grants will provide additional information about the incidence of domestic violence among child support recipients and ways the child support and domestic violence communities can work collaboratively to meet the needs of battered women.
- ACF/OCSE has been working with States on the implementation of the "Family Violence Indicator" an automated flagging mechanism with the national database, the Federal Parent Locator Service, that will prevent the release of data on battered women.
- ACF/OCSE have formed an interstate domestic violence working group that is examining a number of issues including the need for child support agencies to recognize the VAWA provision giving full faith and credit to protection orders,

the non disclosure provisions of the Unified Interstate Family Support Act, and safeguarding of data on battered women in the interstate context.

- The Centers for Disease Control and Prevention has awarded the University of North Texas a research grant to look at poverty, welfare reform, and violent victimization of women. The purpose of the grant is to study the reciprocal effects of new welfare programs and intimate partner violence (physical, sexual, and psychological) in order to identify effects and patterns of multiple victimization that may vary by ethnicity and type of harm.
 - In May, 1999, literature was distributed to the regional OPDIV directors and to the state women's health coordinators of Region III on the Family Violence Option of VAWA, discussed the implications of the DVO for TANF, and encouraged all to participate in their states' rule writing for implementation of the DVO.
- III. Encouraging greater linkages between the child welfare, family and intimate violence, and criminal justice fields to better protect both children and parents in homes where violence occurs.**
- ACF/OCSE working in conjunction with the National Resource Center on Domestic Violence is also developing a computer-based training course on domestic violence and the family violence indicator to help train front line child support workers and the judiciary. We anticipate completion of this project in FY 2000.
 - With support from four HHS agencies and four DoJ agencies, eleven finalists have been selected as potential sites for a long-term community demonstration initiative which will test and evaluate implementation of "Effective Interventions in Cases of Domestic Violence and Child Maltreatment: Guidelines for Policy and Practice." Each site will develop an approach to bringing together its child welfare agency, domestic violence service providers and dependency courts to address these co-occurring problems. Up to five sites will be selected before the end of FY 2000. Three independent foundations, Lucile and David Packard Foundation, Edna McConnell Clark Foundation, and Annie E. Casey Foundation are making complementary investments in the initiative.
 - The Department of HHS collaborated with the Department of Justice in hosting a National Summit on the issue of children exposed to violence. Held June 22 to 24, 1999, in Washington, D.C., the invitation-only meeting of national leaders had a strong prevention focus. Under the leadership of Eric Holder, the Deputy Attorney General, the Summit was one part of a broader initiative to focus public attention on the problem, provided information and resources to local communities to improve their responses to assisting victims and their families, and to hold perpetrators accountable.
- IV. Enhancing community prevention and response systems by increasing collaboration between HHS and DOJ state and community-based grantees and other community-based groups.**

- The Administration for Children and Families (ACF) awarded a four-year Family Violence Prevention and Services grant from the Office of Community Services to Cangleska, Inc., the tribal chartered nonprofit organization that provides domestic violence services to the Oglala Sioux Tribe in South Dakota, to establish the Sacred Circle, National Resource Center to End Violence Against Native Women. Sacred Circle, National Resource Center to End Violence Against Native Women is a member of the National Resource Center Network. Sacred Circle addresses violence against Native women in the context of the unique historical, jurisdictional, and cultural issues that American Indian/Alaska Native Nations face. Sacred Circle also provides the focal point to establish a multi faceted systemic response to facilitate nonviolence in American Indian/Alaska Native communities.
- ACF has met with the Asian American Institute on Domestic Violence to address the needs of the Asian community, discussing the need for and benefit of developing strategic linkages with domestic violence researchers.
- ACF has established the National Latino Alliance for the Elimination of Domestic Violence (ALIANZA), which seeks to promote culturally and linguistically appropriate strategies that empower the Latino family and the culture in every aspect of domestic violence prevention and intervention work. Meetings during FY 1999 that will addressed the issues of the impact of welfare reform, immigrant and health care reform, as well as their impact on Latino access to care.
- The National Domestic Violence Hotline has been working to improve outreach to deaf battered women, and to support local programs with information on how to better serve this population. The Hotline mailed surveys to 650 programs nationwide and learned that most programs did not feel confident in the ability to respond to deaf abused women. The Hotline is responding to local programs with additional information to assist them in reaching this population. Funding was provided for four new projects on domestic violence and women with developmental disabilities.
- The Centers for Disease Control and Prevention (CDC) has funded, for an additional five years, an online electronic network run by the Pennsylvania Coalition Against Domestic Violence (PCADV). This online electronic network (VAWNET) is designed to enhance the ability of state domestic violence and sexual assault coalitions, and allied national organizations to develop and support effective local, state and national intervention and prevention initiatives through further development, expansion, and evaluation of a national electronic network on violence against women. The funding creates the opportunity to provide state domestic violence and sexual assault coalitions, and allied organizations with more immediate access to information and with a more efficient method of communicating about prevention and intervention initiatives.
- The Centers for Disease Control (CDC) and Prevention has awarded the Pennsylvania Coalition Against Rape a five-year cooperative agreement to establish the National Sexual Violence Resource Center (NSVRC). The purposes of the Center are to strengthen the existing support system serving sexual assault survivors; provide leadership in the prevention of sexual violence; provide comprehensive information and

resources, policy analysis and development; provide technical assistance and professional consultation to sexual assault programs, nations, State and local organizations, community volunteers, and the media designed to enhance community response to and prevention of sexual violence; compile, synthesize, and distribute research and evaluation findings, including those funded by Federal, State, and local agencies, foundations, sexual assault practitioners, professional associations, and universities; and publish and disseminate information on demonstration projects, prevention and intervention techniques; identify areas where additional information and research are needed to complement policy and practice; and recommend next steps for additional data compilation, innovative demonstration projects, sexual violence treatment programs, program administration, and service evaluations.

- CDC has awarded ten cooperative agreements to Women's Center, Inc. in Marquette, Michigan; University of Texas Health Science Center in San Antonio, Texas; Defensa de Mujeres in Watsonville, California; Maine Ambulatory Care Coalition in Manchester, Maine, Federated Dorchester in Dorchester, Massachusetts; Hope House of South Central Wisconsin, Inc., Baraboo, Wisconsin; SafeSpace Shelter of Dade Co., Inc., Miami, Florida; Spokane County Domestic Violence Consortium, Spokane; Washington, Women's Resource and Shelter Space, Eugene, Oregon; and the Family Violence and Rape Crisis Services, Inc. Siler City, North Carolina - to continue to evaluate the effectiveness of coordinated community responses in addressing intimate partner violence. The purpose of these projects is to enhance existing and new community prevention and response systems through collaboration at the community level, including community-based organizations, service providers, health care providers, criminal justice system, businesses, etc. The awards are made annually for three-year projects.
- Region IV's Office of the Regional Director is holding a series of state-based conferences on domestic violence. Planned with state and community partners, these conferences focus on partnership opportunities across public health, domestic violence service providers, law enforcement, child welfare, and community-based organizations. The two conferences in this calendar year were held in Montgomery, Alabama and Raleigh, North Carolina. The next conference, to be held in August, 2000, will be in Nashville, Tennessee.
- The SAMHSA-CMHS School Violence Prevention Program: Enhancing Resilience - CMHS is currently involved in two major grant programs to decrease school violence and promote the healthy development of children. The first, *Safe Schools/Healthy Students*, is a collaborative effort of the U.S. Departments of Health and Human Services, Education and Justice. It will provide grants totaling \$180 million to approximately 50 local education authorities who can show evidence of a partnership with local mental health and law enforcement. The second, *The School Action Grant Program*, will provide \$5.7 million to approximately 30 sites. The target populations of these programs are pre-school and school-age children and adolescents *and their families* who are already involved in, or at risk of being involved in, violence as perpetrators, victims, or witnesses. Research is clear that the most effective programs provide preventive and treatment services not just for children, but for their parents, teachers, and other care givers as well.

- The Sacred Circle, as a member of the national resource center network, addresses the issues of violence against native women in the context of the historical, jurisdictional and cultural context that American Indians and Alaskan Native Nations face. The Sacred Circle, formally known as the National Resource Center to End Violence Against Native Women, has developed a comprehensive set of materials to use in their training institutes which they present to Indian Tribes and Tribal organizations.
- Battered Family Service of Gallup, New Mexico has developed an approach that incorporates both Traditional American Indian and Western teaching into their program. The program also utilizes sandtray therapy which is non-verbal symbolic technique, with women and children across cultures. Morning star in Albuquerque adheres to traditional American Indian practices and teaching providing a cultural relevant environment for American Indian women.
- ACF will be holding a conference "Bridges to the Future: Policies, Practices, Partnerships for Eliminating Domestic Violence in the New Millennium" in Philadelphia, August 6-8, 2000. The conference will foster discussions among diverse groups representing Federal/State/and local Child Support, TANF, Child Care, Head Start, and Child Welfare Workers, and domestic violence advocates. Senator and Sheila Wellstone will speak at the conference and over 400 participants are anticipated. The conference is being sponsored by a number of ACF components and the National Coalition Against Domestic Violence.
- ACF/OCS supported the National Institute on Domestic Violence in the African American Community at its annual forum at the University of Minnesota on June 1-3, 2000. The title of the forum was "Substance Abuse and Domestic Violence: Understanding the Nexus for Change Among African Americans." The forum explored the nexus between these two issues as it affects African Americans and identified opportunities for change in the area. The forum also provided an opportunity for scholars and practitioners to mobilize around these two areas. Featured presenters were Dr. Larry Bennet and Dr. Frances Brisbane.
- ACF has provided support to the Women of Color network as they have developed a national resource guide and training manual that identifies individuals throughout the country with skill and experiences which can be employed through this network against domestic violence. This guide provides a solid basis for leadership development.
- ACF/OCSE has several court liaisons that have been developing linkages between the judiciary and the child support community. This work is taking a number of forms including forthcoming articles in the newsletter of the National Center for State Courts, a forthcoming article in Judicature, and presentations at judicial and bar conferences, including that of the American Bar Association later this year.
- In FY 2000, ACF/OCSE will convene a group of judges, court administrators, and experts on domestic violence, to develop recommendations for the implementation of the Family Violence Indicator override process. ACF is developing a State Practice Guide on the Family Violence Indicator that will be released later this year.

- ACF/OCSE has been working with the Battered Women's Economic Justice Project in the Development of a Guide to Child Support for Domestic Violence Advocates. Publication of the manual is anticipated at the end of FY 2000.
- On September 27-28, 1999, the first OWH Regional Domestic Violence Conference was held in collaboration with DOL, DOJ, and the University of Missouri-Kansas. The conference was attended by 250 participants from the service, faith, law enforcement, and education communities.
- Office on Women's Health, Centers of Excellence at University of Illinois in collaboration with the Circuit Court of Cook County, University of Illinois' Department of Psychiatry has launched a new mental health clinic in the Domestic Violence Courthouse. The clinic's aim is to serve women with mental health problems related to domestic violence, as well as their children and other family members. This clinic is staffed by a full time social worker and a case manager, to conduct initial assessments and facilitate referrals to needed care.
- HRSA has announced a new grant opportunity to improve systems of care for pregnant women experiencing domestic violence. The three-year demonstration program will develop/enhance systems of care that identify pregnant women who are experiencing domestic violence/abuse and provide appropriate information, referrals, and linkages to interventions. Awards will be made by September 30, 2000.
- HRSA helped to fund the State of Alaska to develop models for training health care professionals in urban, rural, and frontier areas to recognize and intervene appropriately in cases of domestic violence, using train-the-trainer workshops for teams of local providers, including traditional healers. Due to the success of the project, supplemental funding has been added for an evaluation and development of materials to support replication. Materials will include an instructional manual on implementing a family violence prevention project and a training curriculum manual on customizing materials.
- HRSA supports innovative primary care practice arrangements (nurse managed centers) that have also incorporated domestic violence prevention activities into their projects. In New York, targeted populations for these programs include people who are arraigned for misdemeanors in Midtown Community Court and students in public schools with limited access to health services. These students come from families living below the poverty level in communities with the highest crime and reportable illness rates in Manhattan. The students are primarily Hispanic and African American. Previous nurse managed clinics funded by HRSA provided services to survivors of sexual assault and child abuse and neglect.
- Several HRSA-supported projects being carried out to provide enhanced rural health services have supported the integration of domestic violence treatment and prevention elements into their programs through community-based consortiums. They include:

- The education and training component of the Healthy Families program for the prevention of family violence at the Sunshine Community Health Center in Alaska is combining with a new substance abuse prevention and treatment program, expanded mental health services, and extended primary care services to improve the health and well-being of families in the Center's service area which covers 12,250 square miles. The population served includes poor white families as well as several extended Alaska Native families. The project is training new lay providers and community volunteers to augment the services of the existing highly-trained mental and primary health professionals.
- Domestic violence and depression are among the key problems being addressed through the Kaibeto Health Services project in a poor, under served isolated area on the Navajo Reservation in northern Arizona. The project supports a primary care clinic to provide comprehensive health, social, and health promotion services to the reservation community. This program seeks to increase community self-sufficiency and improve health status through the provision of primary care and preventive health education services that lead to healthier lifestyles by encouraging self-responsibility.
- Through a community partnership in rural central South Carolina, domestic violence is being addressed as part of essential health services and behavioral health prevention services to school-age children and families living in under served communities. Comprehensive school-based services are being provided at three school sites and through a mobile medical unit. In addition to violence prevention activities, services will include primary care, mental health counseling, social work, pregnancy prevention, health education, health promotion, referral, case management, and follow-up services for substance abusers. Lay persons are being trained as Community Health Aides to conduct outreach and assist professionals with direct service delivery and carry out other program activities.
- HRSA's Healthy Families program provides screening and assessment through home visiting services to about 60 families of newborns who have been determined to be at risk for poor outcomes. The Nurturing Families program offers parenting education to families with children aged 4 to 12 to enhance family functioning by improving communications, increasing self-esteem, and fostering appropriate expectations. A collaborative rural health project under these programs is being conducted in Maine. The project is enhancing preventive education services to families in Knox County, targeting families of teens, and families residing in isolation or offshore islands. The rate of juvenile arrests in Knox County is 48 percent higher than the Statewide average. The program will establish a continuum of services to Knox County families with children from birth to age 18 and provide services for two island communities.
- A HRSA-funded school-based project in rural Vermont is addressing the problems of chronic disease, domestic violence, and substance abuse in four communities. The project expects to reach an under served, low-income, and transient population. The program consists of: (1) a school-based clinic; (2) a

community outreach and health education program; and (3) an arena for interagency human service cooperation and coordination. Its goal is to improve the health status of the community and ultimately lower health care cost.

V. Increasing the knowledge base about family and intimate violence, through data collection and research

- CDC and NIJ funded six new research grants in the violence against women field. These projects address issues including child sexual violence risk factors, two longitudinal evaluations of a dating violence curriculum and batterer's treatment programs, the evaluation of prevention and intervention programs in a variety of rural and/or ethnic communities.
- CDC staff authored three Morbidity and Mortality Weekly Reports (MMWRs) over the past six months. The MMWR articles addressed training for health care providers in West Virginia, results from the Georgia Women's Health Survey, and results of the evaluation of the STOP IT NOW! child sexual abuse prevention programs.
- NIH has established a trans-NIH Child Abuse and Neglect Working Group (CANWG) comprising representatives from most NIH Institutes and the Office of Behavioral and Social Sciences Research, the Office of Research on Women's Health (ORWH), with participation from other federal agencies. CANWG meets regularly to review NIH research efforts in child abuse and neglect, identify accomplishments and future research needs, and coordinate child abuse-related research efforts.
- Research supported by NIH-NIMH in the area of domestic violence has served the function of developing more reliable scientific knowledge by: (1) collecting systematic data on the epidemiology, characteristics, and course of different forms of violence; (2) documenting significant, serious mental health consequences in victims of domestic violence; (3) identifying risk factors that are associated with either perpetration or victimization in domestic violence; and (4) developing and testing interventions to prevent the occurrence and to ameliorate the mental health consequences of domestic violence.
- NIH-NIDA has a number of initiatives regarding violence against women and within the family including: (1) research on drug treatment for women who have been exposed to violence and have a diagnosis of post traumatic stress disorder; (2) prevention research both to prevent violence and to intervene after exposure to prevent substance abuse; (3) an amendment to all relevant NIDA program announcements to include research on the occurrence and health consequences of violence, drug abuse, and HIV/AIDS; and (4) the NIDA Research Program on the Etiology and Consequences of Drug Abuse among Women which supports a wide range of studies on violence against women, gender differences in child abuse and child neglect, and women both as victim and as perpetrator of violence.
- NIH-NIAAA has funded many extramural studies in response to a program announcement entitled, Research on Relationships between Alcohol and Violence. The

program announcement broadly calls for studies that 1) advance understanding of the biological and psychosocial mechanisms underlying associations between alcohol consumption and interpersonal violence, 2) identify and test interventions to reduce and/or prevent alcohol-related violence, and 3) explore the alcohol-related sequelae of such violence including studies of family violence. Other studies focus on treatment and health services research to address problems of victims of sexual assault and domestic violence.

- The National Institute of Child Health and Human Development (NICHD) has a broad research portfolio that is dedicated to advancing women's health. In FY 1999, the Institute continued to support several projects that study violence against women, especially in the area of women's reproductive health. Listed below are descriptions of this research.
 - NICHD-supported scientists are conducting an epidemiological study on violence as a risk factor associated with spontaneous abortion in urban, low-income women. The investigators are seeking to characterize the prevalence and type of violence experienced by women early in their pregnancy; evaluate whether violence during pregnancy is an important independent risk factor for spontaneous abortion; evaluate whether the frequency, nature, or timing of violence affects the risk of spontaneous abortion; and generate hypotheses regarding prevention and intervention programs for urban, low-income pregnant women.
 - In another related project, researchers are conducting a longitudinal study of pregnant women who have been physically abused by their male partners. The study will examine the patterns of partner violence during the pregnancy and after childbirth, how the violence effects the mental well-being of the abused mother, and also whether the infant is at risk.
 - Scientists are also trying to determine predictors of relationship violence in inner-city youths. Data from this study will provide some of the first detailed information on how partners contribute to the formation of violent relationships, how such attitudes and practices may be formed during late adolescence, and the variations of such contributions by gender and across ethnic groups.
 - Under a congressional directive (House Report 104-659), the NIH convened a working group to support research on child abuse and neglect. Building on the progress of the working group, the NICHD is participating in an FY 2000 initiative for research on child neglect. One area the research initiative is targeting is the impact of neglect on individual development during infancy, childhood, adolescence, and adulthood. An implicit goal of such research, from an NICHD perspective, is to help determine to what extent childhood abuse and neglect may influence violent and other behavior as children develop and reach adulthood.

- In addition, A trans NIH conference on Youth Violence, coordinated by the OBSSR, is occurred on October 28-29, 1999. An RFA entitled "Research on the Development of Interventions for Youth Violence" was released in April, 2000.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded \$7.3 million in Knowledge Development and Application (KDA) grants to 14 community-based programs in 10 states for a study of women with substance abuse and mental health problems who are victims of violence. In FY 2000 SAMHSA anticipates awarding 10 new grants. A Data Coordinating Center was awarded \$1.2 million to provide guidance and direction in program development to the grantees.
- SAMHSA's Second National Conference on Women, "*Life Pathways: Women Healing, Thriving, and Celebrating*," took place June 27-30, 1999 in Los Angeles, California. Violence Against Women issues were highlighted during this conference.
- SAMHSA through its Center for Mental health Services(CMHS) is addressing the issue of violence against women through a number of studies:
 1. SAMHSA's *Women, Co-Occurring Disorders and Violence Study* addressees the psychological and emotional consequences of violence in women with histories of physical and/or sexual abuse, trauma, substance abuse and mental illness.
 2. *Women, Co-Occurring Disorders and Violence Study : Children's Substudy* is researching the risk and resiliency factors of children whose mother's have co-occurring disorders and histories of trauma.
 3. *Synthesis and Policy Forums on Mental Health Services for Trauma Victims* are assisting State Departments of Health understand the opportunities and pitfalls associated with providing services to persons who are the victims of trauma.
 4. *Violence Against Gay, Lesbian and Bisexual Youth Study* is examining the existing research on violence against gay, lesbian, and bisexual youth and the impact of such violence on the mental health of the victim and their family
 5. *Community Youth Mental Health Promotion and Violence/Substance Abuse Prevention Partnership Program*- is examining the effect of successful, long-term promotion and prevention programs which promote mental health and prevent violence and substance abuse among youth.
 6. *Youth Violence Prevention Cooperation Agreements*-provide communities with the opportunity to engage both mental health and non-mental health organizations in addressing the issues of promoting healthy development, enhancing resilience, and preventing violence and substance abuse among youth.
- In addition, CMHS through a collaborative effort with the Departments of Education and Justice is addressing violence in children, adolescents and their families. The *Safe*

Schools/Healthy Students Program through partnerships have developed and are implementing comprehensive plans to promote healthy development, fostering resilience in the face of adversity, and preventing violence for children, their parents, teachers, and other caregivers as well.

- AHRQ plans to release a RFA that calls for projects to conduct research on the outcomes, effectiveness, and cost-effectiveness of programs for early identification and treatment of domestic violence. The goals of this RFA are to develop new knowledge in the prevention of domestic violence, improve the identification of patients at risk, and evaluate outcomes and effectiveness of health care interventions designed to treat domestic violence victims.
- Office on Women's Health Region X has funded an Asian Pacific Islander American (APIA) Domestic Violence Project to assess the prevalence and incidence of domestic violence in the APIA community through the Seattle-based APIA women and Family Safety Center.
- Center of Excellence in Women's Health, funded by the HHS Office on Women's Health, University of California at San Francisco Alliances/Partnerships has spearheaded a community partnership grant entitled, "Evaluating Domestic Violence Shelter Services for Ethnically Diverse Women." The project seeks to evaluate community-based services for diverse battered women through the use of both qualitative and quantitative research methods. The study also seeks to gather an understanding of how domestic violence shelters can best help ethnically diverse battered women live without violence by examining their experiences in shelters.
- Battered Women in Health Care Settings: A Qualitative Study - This study at the Center for Health Improvement and Prevention Studies (CHIPS), conducted in-depth face-to-face interviews with battered women. The study sought to uncover patient, provider, and organizational barriers to receiving optimal health.
- How Health Care Professionals Help Battered Women - Data from in-depth interviews with survivors of domestic violence have revealed that many victims and physicians "dance" around the issue of domestic violence, yet with or without direct identification and disclosure, the validation these battered patients received from their health care professionals provided "relief" and "comfort." In some cases, it was found that validating experiences served as turning points in the women's perceptions of their relationships with the abusers and helped them move toward safety.
- Identifying Patients Who Are Victims of Domestic Violence: The Physician's Experience - Six focus groups were conducted with health care providers in the following physician-specialties: Emergency Department, OB-GYN, and Primary Care. The goal of the groups was to understand, from the physicians' perspectives, their beliefs about domestic violence and how those contribute to what they consider positive health care experiences for survivors, and their

clinical practice behaviors regarding the provision of health care to battered women.

- **Simplifying the Physician's Response to Domestic Violence** - This project proposes that rather than asking physicians to identify, validate, document, refer, report, and follow-up on domestic violence, their task should be limited to identification of domestic violence and validation of its victims, followed by referrals to a domestic violence expert within the health care team. Simplification of the individual physician's role in the health care system's response to domestic violence could lead to improved efforts to identify and treat the victims of domestic violence.
- **The Influence of Race/Ethnic Differences on Patient/Provider Communications about Domestic Violence** - Hundreds of randomly selected Latina, white, and black women receiving care in one of three primary care clinics at San Francisco General Hospital were interviewed about the presence of violence in their lives. The data was collected in order to create a "survivor's profile," identify possible racial/ethnic differences on disclosure barriers, satisfaction with care received, and preferences for interventions, and identify associations between violence and physical and mental health indicators.
- **Mandatory Reporting of Domestic Violence: What do Patients and Physicians Think?** - Focus groups were convened with abused women from four ethnic groups to elicit women's views about mandatory reporting for domestic violence. The study found that mandatory reporting may pose a threat to the safety and well-being of abused women and may create unforeseen barriers to service delivery.

VI. Providing education, training and support for battered women and their families.

- **Office on Women's Health, Region III:** Planned and conducted along with the Clinicians' Regional Advisory Network a conference titled "Clinicians and Domestic Violence: Victim or Victor." The conference was attended by more than 80 health care workers from the HRSA community health centers and was aimed at improving clinicians' understanding of the legal system in domestic violence cases and their role. On October 1, 1999, Work to End Domestic Violence Day was created to provide educational materials on D.V. for federal workers at the Public Ledger Building in Philadelphia.
- **Office on Women's Health, Region V:** A monthly seminar was convened in collaboration with the Office of Women's Health in the Illinois Dept. of Public Health, the Cook County Commission on Women's Issues, The National Center of Excellence in Women's Health at the University of Illinois in Chicago and the Women's Bureau of the Dept. of Labor. One topic was on domestic violence and the attendees, an audience of predominantly working women, was given information on how to assist victims of domestic violence, on the cycle of partner violence, and the numerous resources in the Chicago area that help address issues of domestic violence.

- Office on Women's Health, Region VII: Developed and distributed 1200 cards to victims/providers of domestic violence. Developed a regional resource directory targeting social services available for D.V. victims and distributed at the D.V. Region VII Conference.
- Office on Women's Health, Region VIII: On October 12-22: Federal Office Building Lobby in Denver, CO had a display of domestic violence awareness materials for federal employees.
- The Speakers Bureau of The Center of Excellence in Women's Health at Magee Women's Hospital, funded by HHS, Office on Women's Health provides speakers to community groups. Domestic violence is one of the many topics addressed by speakers.
- Informercials by WTEA-TV and The Center of Excellence at the University of Michigan funded by HHS, Office on Women's Health address several women's health issues, including domestic violence. Additionally, the Corner Health Center has formed the Youth Theater Troupe. This Troupe, consisting of students, and led by a coordinator from Corner Health, performs a variety of skits on topics such as acquaintance rape and violence against women, and is then followed by facilitated discussions.
- The Center of Excellence at Indiana University, funded by HHS, Office on Women's Health has prepared pamphlets and fact sheets are being prepared for lay people and health care providers on several women's health topics, including domestic violence. There are various target audiences for the pamphlets and fact sheets. Pamphlets are being created for lay people who attend clinics and health fairs, and fact sheets are being designed for primary care physicians at Indiana University, Wishard Hospital, and others in the community.
- The Center of Excellence at Wake Forest University funded by HHS, Office on Women's Health held a Domestic Violence: Excellence Triathlon, a week-long public initiative that serves to educate consumers about domestic violence. Programs target all age groups, as well as both men and women. Events include a forum on sexual assault, community seminars, a health fair at the local mall on healthy relationships, a one-woman play, a silent witness exhibit which honors the lives of women who have been killed by violence, the Clothes Line Project, a Triathlon, the Splash and Dash and Fun Run (to increase awareness and raise money), as well as other activities.
- Also at Wake Forest Center of Excellence, Taking Care of Our Sisters is a multifaceted health outreach program created to encourage, educate, and promote good health for women of all ages. Information is to be distributed in safe and comfortable environments for women (i.e., malls, churches, community centers). One of the five aspects of the program includes focusing on one monthly topic which will be featured at a local library. The November 1999 lecture topic was Domestic Violence.



OFFICE OF THE VICE PRESIDENT
WASHINGTON

June 12, 2000

Dear Members of Congress:

Today, I am pleased to join the First Lady, Attorney General Reno, and Secretary Shalala, in asking for your full attention and advocacy for the reenactment of the Violence Against Women Act.

As we have seen in the recent report from the Department of Justice, this effort is working. The partnerships that have been forged between federal, state, and local levels of government, along with the historic alliance of the law enforcement community and the community that services victims of rape and domestic violence, are unprecedented. But, we cannot stop with the progress that has been made. There is still a great challenge before us.

As I have visited schools around the country, I've been shocked to hear school administrators and teachers report about the number of youngsters coming to school from homes where domestic violence is prevalent.

I am committed to doing all that I can to help reenact this valuable initiative. We were right to support this effort in the first enactment, and we are right to continue to fight. The women and children of America who live in these violent settings deserve our advocacy. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Al Gore", written over the word "Sincerely".

Al Gore



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NATIONAL ASSOCIATION OF ATTORNEYS GENERAL**Adopted****Spring Meeting
March 11-13, 1998
Washington, DC****RESOLUTION****VIOLENCE AGAINST WOMEN AND CHILDREN**

WHEREAS, each year violence against women continues to be a major cause of injury to women:

- * more than 1,000 women, about four every day, die as a result of domestic violence,
- * domestic violence continues to be a leading cause of homicide in our states,
- * 50 percent of the men who abuse their female partners also abuse their children, and

WHEREAS, more than half the female children who witness violence in the home become victims of domestic violence as adults; and

WHEREAS, one of the highest predictors of a child's future as a juvenile criminal is whether there was abuse or violence in the home of that child before age five; and

WHEREAS, the Congress will be considering reauthorization of the Violence Against Women Act, which has enabled the states to establish programs to help victims and to provide police training programs; and

WHEREAS, the experience of state Attorneys General indicates flexibility in use of Violence Against Women Act funds for programs assisting adult victims and children affected by domestic violence is needed to maximize the effectiveness of state programs to combat domestic violence.

WHEREAS, the Violence Against Women Act has been of critical assistance to state attorneys general because all funding has gone *directly to the states*;

NOW, THEREFORE, be it Resolved that the National Association of Attorneys General:

1. Supports reauthorization of and funding for the Violence Against Women Act, including a significant role for state Attorneys General, and stands ready to provide technical assistance to members of Congress as they reexamine this area;
2. Supports a change in the Violence Against Women Act to permit states to use Violence Against Women Act funds for programs which assist adult victims and children affected by domestic violence.
3. Encourages states to strengthen policies and regulations to protect women from violence including, but not limited to, the following:
 - provide orders of protection that are uniform throughout each state and ensure maximum protection for victims of intimate partner violence;
 - adopt uniform statewide orders of protection that are consistent with state and federal law;
 - inform parties that the order is entitled to full faith and credit in all 50 states;
 - inform parties that crossing state lines to violate a protective order is a federal crime;
 - develop system to flag protective orders that have been violated;
 - develop statewide registries for protective orders;
 - convene law enforcement review teams to review deaths of women victims of intimate partner violence, identifying gaps in the system that may have contributed to the homicide, and consider lethality assessment protocols to determine offender danger levels;
 - provide for pretrial detention of batterers;
 - strengthen and enforce stalking laws;
 - allow evidence of previous battering in domestic violence cases;
 - establish a separate crime or penalty enhancement for battering a woman in front of a child or children;

- adopt the uniform child custody jurisdiction and enforcement act;
 - establish a rebuttable presumption against joint custody for parents who have been convicted of domestic violence;
 - develop continuing education for judges and court personnel;
 - develop innovative approaches to ensure safety for domestic violence victims;
 - support multi-disciplinary response teams for domestic violence incidents;
4. Encourages the membership to focus on issues relating to violence against women, using the NAAG project as a clearinghouse, and holding an in-depth session at a future meeting, highlighting initiatives to help children who witness violence in the home; and
 5. Urges the membership to work with the public health community, educators and others within communities to focus attention on children who witness violence and to find ways to address these concerns; and
 6. Directs the Executive Director and General Counsel to transmit these views to members of the Administration, Congress, interested individuals, and associations.



International Association of Chiefs of Police

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Mary Ann Vivarette
Chief of Police
Gaithersburg, MD

International Vice President
Christer Ekberg
Director
Swedish National Criminal
Intelligence Service
Stockholm, Sweden

Treasurer
Donald G. Pierce
Chief of Police
Bellingham, WA

Division of State Associations
of Chiefs of Police
General Chair
William P. Nolan
Chief of Police
North Little Rock, AR

Division of State and Provincial Police
General Chair
LeRon R. Howland
Superintendent
Oregon State Police
Salem, OR

Parliamentarian
Donald O. Chasworth, Esq.
Harris, Chesworth & O'Brien
Rochester, NY

Executive Director
Daniel N. Rosenblatt
Alexandria, VA

Deputy Executive Director/
Chief of Staff
Eugene R. Cromartie
Alexandria, VA

June 7, 2000

The Honorable William J. Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

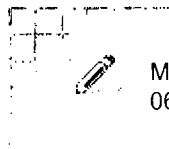
On behalf of the International Association of Chiefs of Police (IACP), I am writing to express our strong support for the reauthorization of the Violence Against Women Act. As you know, the IACP is the world's oldest and largest association of law enforcement executives with more than 18,000 members in 100 countries.

Since its enactment in 1994, the resources provided by the Violence Against Women Act have allowed law enforcement agencies to combat gender-based violence in a more efficient and effective manner. For example, the STOP grant program has allowed law enforcement agencies throughout the nation to develop specialized training and enforcement programs that are targeted at combating violence against women. The success of these programs clearly demonstrates the need for the reauthorization of the Violence Against Women Act.

Thank you for your continued efforts in support of the nation's law enforcement agencies. We look forward to working with you on this important issue.

Sincerely,

Michael D. Robinson
President



Mary L. Smith
06/09/2000 08:23:22 PM

Record Type: Record

To: tfreedma@aol.com @ inet, Thomas L. Freedman/OPD/EOP@EOP
cc: Heather H. Howard/OPD/EOP@EOP, Ann O'Leary/OPD/EOP@EOP
Subject: VAWA talking points

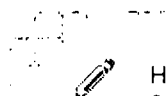
Hope this is helpful:

VAWA Event with the First Lady June 12, 2000

- Over the last seven years, this Administration has led an historic effort to reduce crime in our Nation's communities and, in particular, to recognize and respond to violence against women. In 1994, as part of President Clinton's crime bill, Congress passed the landmark Violence Against Women Act (VAWA) to combat domestic violence, sexual assault, and stalking. The Act established new criminal provisions and key grant programs that improve the criminal justice system's response to domestic violence, sexual assault and stalking, and direct critical services to victims. These provisions have enabled law enforcement agencies and communities across the nation to promote the safety of countless women and hold offenders accountable.
- **More Work to Do.** Although we have made tremendous strides in the last six years, violence still devastates the lives of many women and children. As recent statistics show, in a nation where nearly one-third of women murdered each year are killed by their intimate partners, where violence by intimates accounts for over 20% of all violent crime against women, where women were raped and sexually assaulted 307,000 times in 1998 alone, and where approximately one million women are stalked each year, there is much work to be done.
- **VAWA Needs to be Reauthorized.** Unfortunately, the Violence Against Women Act needs to be reauthorized this year. Since the passage of VAWA, more than \$1.5 billion in VAWA grant funds have supported the work of prosecutors, law enforcement officials, the courts, victim advocates, health care and social service professionals, and intervention and prevention programs. Programs under VAWA administered by HHS include victim services, shelters, and the national domestic violence hotline, which has received approximately 500,000 calls to date. The Department of Justice has administered the VAWA programs which support coordinated strategies by law enforcement, prosecution, victims services and the courts, and create centralized sexual assault and domestic violence units in police and prosecutors' offices. Unfortunately, these programs need to be reauthorized this year.
- **VAWA Legislation Stalled in Congress.** Legislation to reauthorize VAWA has

stalled in Congress. The Senate hopes to mark-up in the Judiciary Committee the week of June 12. The House Subcommittee on Crime marked up the VAWA legislation in May, and full committee markup is scheduled for the week of June 19. However, there is no plan at this time for floor action in either the House or the Senate.

- **First Lady to Highlight Need to Reauthorize.** On Monday, June 12 at 12:30 p.m. in Room 450 of the OEOB, the First Lady will call upon Congress to pass vital VAWA legislation this year. Mrs. Clinton will focus her attention on the effect that VAWA funding has had on law enforcement around the country, enabling them to provide training to law enforcement officials, provide cell phones to battered women, and increase service of protection orders, among other activities. Mrs. Clinton will be joined by law enforcement officials, including police officers, prosecutors, and state attorneys general, members of Congress, domestic violence advocates, and Secretary Shalala. Speaking in favor of VAWA reauthorization will be Rep. Morella; Rep. Conyers (99% for sure); Maryland State AG Joseph Curran; Sheriff Kathryn Witt of Fayette County, Kentucky; and Rose Pulliam, the Associate Director of the Alabama Coalition Against Domestic Violence.



Heather H. Howard
06/09/2000 06:20:32 PM

Record Type: Record

To: Ann O'Leary/OPD/EOP@EOP
cc:
Subject: Re: also send names of groups

----- Forwarded by Heather H. Howard/OPD/EOP on 06/09/2000 06:20 PM -----



Heather H. Howard
06/09/2000 06:02:59 PM

Record Type: Record

To: Erika A. Batcheller/WHO/EOP@EOP
cc:
bcc: Records Management@EOP
Subject: Re: also send names of groups

speakers:

Attorney General Joseph Curran, Jr. of Maryland
Sheriff Kathy Witt of Fayette County, Kentucky
Rose Pullian, Associate Director of the Alabama Coalition Against Domestic Violence

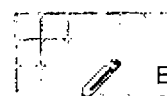
groups that are strongly supporting VAWA:

International Association of Chiefs of Police (IACP)
Police Executive Research Forum (PERF)
National Association of Attorneys General (NAAG)
National Sheriffs Association

We are hoping to have 2 more on Monday, but at this point, this is all you can list. Thanks!

Eric - thought this might be helpful for the briefing.

Erika A. Batcheller



Erika A. Batcheller
06/09/2000 05:25:47 PM

Record Type: Record

To: Heather H. Howard/OPD/EOP@EOP

cc:

Subject: also send names of groups

Can you add the names of the police groups that are strongly supporting VAWA II? I'd like to put a couple in there.

Thanks



Department of Justice

FOR IMMEDIATE RELEASE
WEDNESDAY, MAY 17, 2000
WWW.USDOJ.GOV

AG
(202) 514-2007
TDD (202) 514-1888

STATEMENT OF THE ATTORNEY GENERAL ON REAUTHORIZATION OF THE VIOLENCE AGAINST WOMEN ACT

"Thank you Senator Biden, Senator Schumer, Representative Conyers, Representative Morella, Representative Baldwin, and the other members here, for your leadership in combating violence against women. I would also like to thank Bonnie Campbell for the important work she has done as the Director of the Violence Against Women Office. We are here today to express our support for legislation that will reauthorize the Violence Against Women Act and make improvements to this statute that Senator Biden has described.

"In 1994, Congress sent a clear message to this nation that violence against women is not just wrong -- it is a crime. Today, we must fortify that message by reauthorizing and strengthening the Act.

"This morning, the Bureau of Justice Statistics released a Special Report on Intimate Partner Violence that tells us that we have made real progress -- intimate partner violence has decreased. Violence against women by intimate partners fell by 21% from 1993- 1998. However, the study tells us that violence still devastates too many lives and too many women, children and families in this country.

"Intimate partner violence made up 22% of violent crime against women between 1993 and 1998. That is too much. In 1998, women made up nearly 75% of the 1,830 intimate partner murder victims. And the percentage of female murder victims killed by intimate partners has remained constant at about 30% since 1976.

"We must continue our efforts -- by police, by prosecutors, by physicians, by judges, by advocates, by community leaders, and here, in Congress. We must work together to keep victims safe and hold offenders accountable. With the authorization for VAWA funding set to expire this year, we cannot fail to act when so many women in this country are victims of domestic violence, sexual assault and stalking.

"As Secretary Shalala and I outlined in a letter delivered this morning to chairmen Hatch and Hyde, we need this legislation that continues to support community-based efforts, strengthens federal criminal enforcement and protects all victims, including battered immigrant women, Native American women, and those in dating relationships.

"As you know, on Monday, the Supreme Court in United States v. Morrison invalidated one aspect of the Act-- the federal civil suit remedy for victims of gender-motivated violence. I

-MORE-

am deeply disappointed by the Court's ruling, but that decision does not affect the other important aspects of VAWA, including our responsibility to implement the criminal provisions of VAWA. Nor does it affect Congress' authority to re-authorize and improve VAWA. I urge Congress take prompt action to get this Act passed to end violence against women.

“Finally, I want to say – as I have said time and again – that we will not stop violence on our streets and in our neighborhoods, unless we first stop violence in our homes. With crime down eight years in a row, we have a unique opportunity to end the culture of violence in this county – wherever it takes place. Now, we must seize that opportunity.”

###

THE WHITE HOUSE**Office of the Vice President**

For Immediate Release
Wednesday, May 17, 2000**Contact:**
(202) 456-7035**VICE PRESIDENT GORE CALLS ON CONGRESS TO REAUTHORIZE VIOLENCE
AGAINST WOMEN ACT**

Today the Administration called on Congress to reauthorize the Violence Against Women Act (VAWA) for another five years in order to continue keeping women safe from domestic violence. According to the Department of Justice's "Intimate Violence" Special Report, released today, intimate partners -- including current or former spouses, boyfriends and girlfriends -- committed fewer murders in 1996, 1997, and 1998 than in any other year since 1976. This is proof that more women are safer today than they have been in almost a generation.

The report also found that in 1998, women experienced 20.3% fewer violent offenses at the hands of an intimate partner than in 1993. This is evidence that our administration's Violence Against Women Act (VAWA) and the over \$1 billion in grants for law enforcement assistance and battered women shelters which have been made under VAWA are working.

As I travel the country talking to youth, I have found that one of their greatest concerns is the devastating amount of domestic violence in their homes. While the numbers released today are very encouraging, the fact remains that there were still 876,340 violent offenses against women in 1998--down from 1.1 million in 1993. While the work of our administration has been key to reducing domestic violence--we cannot relax our effort to protect women against domestic violence. This is the time to intensify our efforts with the goal of eliminating violence in the home in any form.

That is why I am pledging to work with Congress to reauthorize the important VAWA legislation. And, I reiterate my wholehearted commitment to working with Congress to restore protections struck down by the Supreme Court earlier this week to give victims of gender-motivated violence the power to sue their attackers for lost earnings, medical expenses, and other damages.

###

Kelliana

THE WHITE HOUSE

WASHINGTON

September 27, 2000

The Honorable Trent Lott
Majority Leader
United States Senate
Washington, D.C. 20510

Dear Mr. Leader:

I am writing to urge you to bring the reauthorization of the Violence Against Women Act (VAWA) to the Senate floor this week. This bill is a top priority for my Administration.

An estimated 900,000 women suffer violence at the hands of an intimate partner each year, demonstrating the urgent need for this legislation. Since VAWA was enacted, the Departments of Justice and Health and Human Services have awarded approximately \$1.6 billion in Federal grants to support the work of prosecutors, law enforcement officials, the courts, victim advocates, health care and social service professionals, and intervention and prevention programs in order to combat violence against women. We must reauthorize these critical programs immediately.

As you know, yesterday, the House overwhelmingly passed VAWA reauthorization by a vote of 415-3. In the Senate, VAWA has similar bipartisan support with over 70 cosponsors. If Congress does not act this week, however, VAWA's authorization will expire on September 30, 2000. The Senate should not delay, and I urge you to pass a freestanding version of the Biden-Hatch VAWA reauthorization bill this week. The women and families whose lives have been scarred by domestic violence deserve nothing less than immediate action by the Congress.

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

September 27, 2000

The Honorable Thomas A. Daschle
Democratic Leader
United States Senate
Washington, D.C. 20510

Dear Mr. Leader:

I am writing to urge you to bring the reauthorization of the Violence Against Women Act (VAWA) to the Senate floor this week. This bill is a top priority for my Administration.

An estimated 900,000 women suffer violence at the hands of an intimate partner each year, demonstrating the urgent need for this legislation. Since VAWA was enacted, the Departments of Justice and Health and Human Services have awarded approximately \$1.6 billion in Federal grants to support the work of prosecutors, law enforcement officials, the courts, victim advocates, health care and social service professionals, and intervention and prevention programs in order to combat violence against women. We must reauthorize these critical programs immediately.

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Sincerely,



file VAWA

ONE HUNDRED SIXTH CONGRESS

Congress of the United States**House of Representatives****COMMITTEE ON THE JUDICIARY**

2138 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6215

September 6, 2000

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 AND STAFF DIRECTOR

THOMAS S. MOONEY, SR.
 GENERAL COUNSEL - CHIEF OF STAFF

(202) 225-0951

http://www.house.gov/judiciary

JON DUDAS
 DEPUTY GENERAL COUNSEL - STAFF DIRECTOR

The Honorable Dennis Hastert
 Speaker
 United States House of Representatives
 Washington, D.C. 20515

Dear Speaker Hastert:

We write to request that you bring H.R. 1248, the Violence Against Women Act ("VAWA") of 2000, introduced by Representative Connie Morella of Maryland, before the full House for consideration as soon as possible.

As you may be aware, on July 27, 2000 the Committee on the Judiciary approved this legislation favorably, by a voice vote. H.R. 1248 would reauthorize programs authorized by Title IV of the Violent Crime Control & Law Enforcement Act of 1994 (Public Law No. 103-322) through 2005, make a number of technical improvements to the programs reauthorized, and includes a number of provisions addressing the following issues: domestic violence and sexual assault against older and disabled individuals; civil legal assistance needs of victims; supervised and safe visitation exchange of children; violence and abuse of women with disabilities; uniform standards for sexual assault examinations, and, establishment of a domestic violence task force to minimize overlapping federal efforts to address domestic violence.

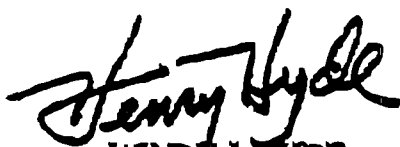
During the last six years the programs authorized by VAWA have made a crucial difference in the lives of many victims of domestic violence as well as their children. While in general crime rates are down nationally, domestic violence remains a serious problem in our society, occurring in all communities and crossing ethnic, racial, age, and socioeconomic lines. Domestic violence is also devastating for children, who often suffer emotional or developmental effects from experiencing or witnessing family violence. We must continue to support comprehensive community-based efforts to keep victims safe and hold offenders accountable, and reauthorizing VAWA programs through passage and enactment of H.R. 1248 will further efforts to do just that.

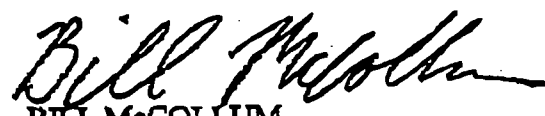
Honorable Dennis Hastert
September 6, 2000
Page 2

Importantly, this bipartisan bill was improved and strengthened through the Committee mark up, such that it is substantively and politically a bill that Republicans, as well as Democrats, can enthusiastically support.

Please do not hesitate to contact us with any questions or concerns regarding our request. Thank you for your attention to this matter.

Sincerely,


HENRY J. HYDE
Chairman


BILL MCCOLLUM
Chairman
Subcommittee on Crime

Kle: VAWA

EXECUTIVE OFFICE OF THE PRESIDENT
Office of Management and Budget
Legislative Reference Division
7218 New Executive Office Building
725 17th Street, NW
Washington, DC 20503-0001

Date: June 22, 2000

TO:	AGENCY:	FAX Phone
Mary Smith	WH/LA	6-1647
Ann O'Leary	DPC	6-2878
Heather Howard	DPC	"
Melany Nakagiri	OMB	5-5648
Richard Friedman	HHS	690-7309

FROM: Lisa J. Macecevic

PHONE: (202) 395-1092 FAX: (202) 395-3109 E-MAIL: Lisa.Macecevic@omb.eop.gov

COMMENTS: Attached is a copy of the final Justice letter on H.R. 1248, the Violence Against Women Act (VAWA II). Let me know if you do not receive this full transmission.

Thank you again for all of your help in the clearance

Lisa

**U.S. Department of Justice****Office of Legislative Affairs**

Washington, D.C. 20530

June 21, 2000

The Honorable Henry Hyde
Chairman
Committee on the Judiciary
United States House of Representatives
Washington, DC 20515

Dear Chairman Hyde:

This letter provides the views of the Department of Justice on H.R. 1248, introduced by Congresswoman Morella, the Violence Against Women Act (VAWA II), as passed by the House Subcommittee on Crime. This legislation would reauthorize the critically important programs created in 1994 by the original VAWA and by subsequent legislation. The Department of Justice supports this legislation, with the amendments discussed below, and appreciates the time and dedication that you and Congressman Conyers have devoted to fighting violence against women.

During the last six years, the Violence Against Women Act has made a crucial difference in the lives of countless women and children. In implementing the Act, the Department of Justice (DOJ) and the Department of Health and Human Services (HHS) have worked together and with communities to expand prevention efforts, enhance the safety of more victims, and hold perpetrators of violence against women accountable for their acts.

Domestic violence occurs in all communities, crossing ethnic, racial, age, national origin, religious, sexual orientation, and socioeconomic lines. While domestic violence crosses gender lines as well, more than 85% of victimizations by intimate partners from 1993-1998 were perpetrated against women, according to the most recent study by the Bureau of Justice Statistics.¹ Domestic violence is also devastating for children, who often suffer physical, emotional, or developmental effects from experiencing or witnessing family violence. Because domestic violence is so pervasive in our families, we must continue to support comprehensive community-based efforts to keep victims safe and hold offenders accountable.

Under the violence against women grant programs, DOJ has awarded more than \$800 million in grant funds, making over 900 discretionary grants and 280 STOP (Services, Training, Officers, Prosecutors) formula grants to the states and territories. These grant programs help

¹Bureau of Justice Statistics, U.S. Department of Justice, *Intimate Partner Violence 3* (2000).

The Honorable Henry Hyde
Page Two

state, tribal, and local governments and community-based agencies to train personnel, enforce laws, develop policies and procedures, establish specialized domestic violence and sexual assault units, assist victims of violence, and holding perpetrators accountable. More than 6,500 STOP subgrants have supported community partnerships among police, prosecutors, victim advocates, and others to address violence against women. To date, DOJ has prosecuted more than 250 cases in the federal system involving interstate domestic violence, interstate stalking, interstate violation of a protection order, or possession of a firearm while subject to a protection order or after conviction for a misdemeanor crime of domestic violence.

The programs and initiatives that we have established together are only the beginning of our struggle to end violence against women in our nation. Violence still devastates the lives of many women and their children. Nearly one-third of women murdered each year are killed by their intimate partners, and violence by intimate partners accounts for over 20 percent of all violent crime against women. Approximately one million women are stalked each year, and women were raped and sexually assaulted 307,000 times in 1998 alone. We therefore urge you to continue your unprecedented bipartisan leadership on this issue.

In its current form, H.R. 1248 is an important step toward our mutual goal of re-authorizing and improving VAWA. We are pleased that the legislation would authorize critical VAWA grant programs including some through fiscal year 2005. Based on our experience administering the VAWA grant programs over the past six years, we believe that a predictable federal commitment to continued funding is essential to encourage communities to develop and implement long-term partnerships to combat violence against women. We also strongly support improvements that the bill would make to these programs, including improving the definition of "victim services," creating five percent set-asides for grants to Indian tribal governments under the VAWA grant programs, and expanding the STOP Grant Program purpose areas to include courts, sexual assault medical examiners, and sexual assault response teams.

While we strongly support the effort to re-authorize the VAWA grant programs, many key improvements to these programs and other VAWA provisions, however, have not been included in this legislative proposal. We urge the House Judiciary Committee to amend the bill to strengthen our efforts to end violence against. We have provided a detailed description of proposed amendments in the attached section-by-section comments. We would urge you in particular to address the following key issues:

First, the Department recommends that the bill be revised to extend re-authorization of all of the Violence Against Women Act grant programs to 2005. With the exception of four programs (Grants to Encourage Arrest Policies Program, the National Domestic Violence Hotline, the Battered Women's Shelters and Services Program, and the Rape Prevention Education Program), the bill currently only re-authorizes the VAWA programs through 2004.

The Honorable Henry Hyde
Page Three

We urge you to assure grant recipients that all the VAWA grant programs will be maintained for at least five more years, and to ensure that the authorization is consistent throughout the bill. In addition, we strongly recommend that the bill extend the authorization for the Grants to Combat Violent Crimes Against Women on Campuses Program, currently authorized under the Higher Education Amendments of 1998, through 2005 and make a few technical amendments to the authorizing statute for that program.

Second, we oppose the removal of the language that is in H.R. 1248 as introduced that would have permitted VAWA grantees to target dating violence in all jurisdictions. The need for including dating relationships in the definition of domestic violence under the Department of Justice's VAWA grant programs is amply supported by Bureau of Justice Statistics (BJS) data that indicate that domestic violence occurs at alarmingly high rates among young persons aged 16-24 and among non-married partners in general. See Bureau of Justice Statistics, U.S. Department of Justice, Intimate Partner Violence 4, 10 (2000). Federal VAWA funds are intended to assist communities in addressing the specific problems that they confront related to violence against women. Where local community members identify dating violence as a pressing need, critical resources should be available under VAWA to respond. We urge you to include amendments covering dating violence in all jurisdictions to the definitions of "domestic violence" under the STOP Formula Grant Program, the Grants to Encourage Arrest Policies Program, and the Grants to Combat Violent Crimes Against Women on Campuses Program. In particular, we note that such an amendment to the Campus Program authorizing language already has been included in the VAWA II bill under consideration in the Senate. Similarly, we urge you to make a parallel amendment to the definition of "spouse or intimate partner" in 18 U.S.C. § 2266 to cover dating relationships under the federal criminal offenses created by VAWA and subsequent legislation.

Third, we urge that you adopt other proposed Title 18 amendments that would strengthen and clarify the VAWA and VAWA-related criminal provisions. While U.S. Attorney's offices nationwide have prosecuted and continue to prosecute cases involving these crimes, the proposed amendments are designed to remove obstacles to federal prosecution reported from federal prosecutors and will improve our impact in this nationwide crime problem. While our jurisdiction to prosecute these cases remains settled, limitations now arise from the statutory language that unduly hampers DOJ's prosecutions. The Title 18 amendments that we propose, most of which are included in the bill currently under consideration in the Senate, not only would improve the effectiveness of our prosecutions but also would better protect Native American victims of violence.

Fourth, we strongly recommend including language that would authorize the Domestic Violence Victims' Civil Legal Assistance Grant Program and would extend the assistance funded

The Honorable Henry Hyde
Page Four

by that program to victims of sexual assault and stalking. The authorizing legislation should describe explicitly the types of civil legal assistance that could be supported under the program. We support Representative Lowey's efforts to address this issue, and we would be happy to work with your staff on modifying H.R. 4663 for inclusion in H.R. 1248.

Fifth, the Department supports adding Section 234(d)(1) of H.R. 357 to the bill. This provision would expand emergency jurisdiction under the federal Parental Kidnaping Prevention Act (PKPA) to include domestic violence, and thereby make the PKPA consistent with the model uniform state law on interstate custody jurisdiction, the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA). This amendment would enhance the ability of victims fleeing from abuse with their children to obtain custody orders without returning to dangerous jurisdictions.

Sixth, we also strongly support amendments to VAWA's full faith and credit provision that would prohibit requiring registration of foreign protection orders as a prerequisite to enforcement of foreign orders, prohibit notification of a batterer without the victim's consent when a foreign protection order is registered in a new jurisdiction, reinforce that protection orders issued by tribes are entitled to full faith and credit, and make it clear that Indian tribes have jurisdiction to enforce protection orders against Indian and non-Indian offenders. Similarly, we support language clarifying that custody and support orders within protection orders are entitled to full faith and credit when they comply with interstate custody and support laws.

Seventh, the Department strongly supports amendments that would protect battered immigrants. Although VAWA contains provisions that were designed to free battered immigrants from abusers who misused immigration laws to coerce, intimidate, and control their spouses and children, subsequent legislation has inadvertently eroded the efficacy of those original provisions. We urge you to correct this problem. The Administration's crime bill includes improved protections for battered immigrants, as does the bill under consideration in the Senate.

Eighth, the Department supports a new grant program to fund supervised visitation centers that would help keep families safe and protect children from violence by creating safe places for visitation and exchange of children. We have provided your staff with language based on the supervised visitation grant program on H.R. 357. We also note that the bill under consideration by the Senate would establish a Safe Havens for Children pilot program to provide for such secure environments.

Thank you again for your hard work to assist victims of domestic violence, sexual assault, and stalking and to hold offenders accountable. This Administration is deeply committed to continuing the progress that has been made in confronting violence against women. We look forward to working with the Committee as it considers these and other issues raised by the

The Honorable Henry Hyde
Page Five

revised bill. The Office of Management and Budget has advised that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Raben", written in a cursive style.

Robert Raben

Assistant Attorney General

Section-by-Section Analysis H.R. 1248 as passed Subcommittee

Section 2. DEFINITIONS

The Department strongly opposes the removal of the language in H.R. 1248 as introduced that would have permitted VAWA grantees to target dating violence in all jurisdictions. Under section 2(a)(1) and (2), after “by a person who is cohabiting with or has cohabited with the victim,” we suggest inserting “by a person who is or has been in a social relationship of a romantic or intimate nature with the victim.” We recommend making this modification to the definitions of “domestic violence” or “intimate partner” everywhere they appear in the bill and in the original VAWA, so that the grant programs and the interstate domestic violence and stalking crimes may cover dating violence, regardless of jurisdiction.²

In section 2(b) the current definition of “Indian country” excludes Alaskan tribes (with one exception). In Alaska v. Native Village of Venetie, 118 S. Ct. 948 (1998) the Supreme Court interpreted the term “Indian country”, and Congress made the definition clear in 18 U.S.C. § 1151. The current language proposes a 1/54 allotment for sexual assault coalitions “in Indian country.” Therefore, if section 2(b) is not changed, the proposed State Coalition Grant program (Sec. 103) will exclude Alaskan tribes. We would recommend the same language change also be made everywhere “Indian country” is defined in the bill.

We are concerned that the term “stalking” in section 2(c) is defined too narrowly. This definition applies to grant programs that address stalking, and the definition should be written to allow grantees to target all forms of stalking, even where the stalking behavior appears innocuous to the outside observer – such as someone continuing to send messages after being told not to do so by the victim, even where the messages do not contain a specific threat. For example, the “reasonable fear of death or serious bodily injury” standard is too high. In some instances the stalker's intent is to harass and cause psychological distress. This behavior may escalate to more overtly threatening behavior, and law enforcement must be able to intervene at the early stages to protect victims and to terminate the stalking behavior. In addition, some stalkers have used the Internet to post malicious and harassing messages about their victims, but again, this behavior may not rise to the level of “causing fear of death or serious bodily injury.” Therefore, we recommend replacing this definition with the definition that originally appeared in H.R. 1248, with the following modifications:

²In addition, as noted in our cover letter, we urge Congress to make a number of amendments to Title 18 to enhance the ability of federal law enforcement officials to combat interstate domestic violence, sexual assault and stalking. We are submitting proposed language for these amendments to Title 18, including an amendment to 18 U.S.C. § 2266's definition of “spouse or intimate partner” to cover dating relationships under the federal criminal offenses created by VAWA and subsequent legislation.

a) insert “or that would cause a reasonable person to have a high level of fear” after “that would cause a reasonable person to fear death, sexual assault, or bodily injury to such person or a member of such person’s immediate family,”;

b) insert “or has knowledge or should have knowledge that the specific person will have a high level of fear” after “knowledge that the specific person will be placed in reasonable fear of death, sexual assault, or bodily injury to such person or a member of such person’s immediate family”; and

c) insert “or induces a high level of fear in the specific person” after “induces fear in the specific person of death, sexual assault, or bodily injury to such person or a member of such person’s immediate family.”

The Department opposes the deletion of “sexual orientation, religion, and alienage status” from the definition of “underserved populations” that appeared in section 2(d) of H.R. 1248 as introduced. Culturally appropriate services are needed in all parts of the criminal and civil justice systems. By explicitly including these traditionally underserved populations, the bill would help communities nationwide to improve the accessibility and appropriateness of their services.

TITLE I CONTINUING THE COMMITMENT OF THE VIOLENCE AGAINST WOMEN ACT

Subtitle A Law Enforcement and Prosecution Grants to Combat Violence Against Women

Sec. 101. Reauthorization.

The Department strongly supports reauthorization of the STOP Formula Grant Program, but we recommend that the authorization for this program be extended to fiscal year 2005.

Sec. 102. Technical Amendments.

This section would make several important improvements to the STOP Formula Grant Program. In particular, we strongly support the provisions in this section that would increase the set-aside for tribal governments from four percent to five percent, clarify the definition of victim services, and provide that reimbursement of sexual assault survivors for forensic medical exams is not contingent upon the victim’s report to law enforcement or cooperation in the prosecution of the perpetrator.

We are concerned, however, that the proposed allocation percentages under the STOP Formula Grant Program will reduce the percentages of STOP funds that currently support law

enforcement and prosecution grants. Under VAWA, 25% of STOP fund must support law enforcement and 25% must support prosecutors. This provision would allocate 50% of STOP funds to police, prosecutors, and judges. While we are in favor of establishing an allocation for courts under the program, we do not support reducing the allocation for law enforcement and prosecution in order to create such an allocation. Instead, we recommend allocating 25% each to law enforcement and prosecution, 10% to courts, and 30% to victim services. In section 102(a), we recommend inserting “, tribal,” after “State” to clarify that grants may be awarded to tribal courts as well as to state and local courts.

While we support a reallocation provision under the STOP Program, the reallocation deadline in section 102(b) of nine months into the fiscal year is unreasonable, given the processes that states have in place to award subgrants. The structure of the VAWA encourages the states to engage in a strategic planning process, which requires some time. After receiving their annual STOP award, states initiate their strategic planning process and then issue a subgrant solicitation as part of a competitive process for selecting STOP subgrantees. States would not be able to evaluate the quality of the applications received, make funding decisions, and reallocate unused funds effectively within twelve months. We recommend instead allowing reallocation of any funds set aside for police, prosecution, and courts that remain unobligated as of the end of the next year after the fiscal year for which funds are appropriated. We therefore suggest replacing “at the end of the 9th month of” with “at the end of the next fiscal year after” in section 102(b).

Under section 102(b) the purpose of proposed section 2002(e)(3)(B) is unclear to us. If the goal is to prevent an adverse impact on victims due to the new percent allocation formula, the waiver should not be limited to the first two years following enactment of the legislation. This approach postpones, but does not eliminate, the adverse impact. In addition, as discussed above, we recommend inserting “, tribal,” after “State” on page 9, line 2, to clarify that grants may be awarded to tribal courts as well as to state and local courts.

The Department supports the addition of purpose areas to the STOP Formula Grant Program in section 102(c) that would address training for judges and court personnel, training for sexual assault medical examiners on collecting evidence and working with victims, and developing sexual assault response teams. However, we recommend inserting “, tribal,” after “State” on page 9, line 19, and we recommend deleting “forensic” on page 9, line 23.

We believe that section 102(d) is unnecessary because we already have the authority to enforce compliance with grant program requirements. If certifications are not included at the application stage and the applicant receives an award, a special condition is included in the award that requires the submission of the certification, and grant funds are not available until the grantee has complied with the special condition. If a site visit later reveals that a grantee is not in compliance with certification, the grantee is required to comply immediately. Grant funds may be frozen if the grantee does not comply. However, if subsection (d) is not deleted, “document of any collaborative efforts” should be “documentation of any collaborative efforts” in the proposed section 2002(e)(2).

The Department supports section 102(e), but we recommend inserting "sexual assault, domestic violence, and stalking" between "providing advocacy and assistance for" and "victims seeking" and adding the words "and economic services" to the list "legal, social, and abuse-related health care services". The revised phrase would read "providing advocacy and assistance for sexual assault, domestic violence, and stalking victims seeking legal, social, and economic services, and abuse-related health care services."

We are concerned that section 102(h) does not accomplish its intended goal. We believe the goal of this section is to amend section 2006(a)(1) of the STOP authorization to extend STOP's prohibition on protection order filing fees to civil protection orders not connected to a criminal case. However, inserting "civil or criminal" does not accomplish this goal. The STOP regulations currently interpret this section as precluding charging for service of a protection order (civil or criminal) when it arises from an incident that is the subject of a criminal arrest or prosecution. To extend this requirement to all civil protection orders would require making the following changes to Section 2006(a)(1) (42 U.S.C. § 3796gg-5(a)(1)):

- a) after the current language "in connection with the prosecution of any misdemeanor or felony domestic violence offense," add "or in connection with the filing, issuance, registration, or service of a protection order to protect a victim of domestic violence, stalking, or sexual assault.";
- b) after the current language "or the costs associated with" add the word "filing," before the word "issuance" add the word "registration," before "or service."; and
- c) after the current language "warrant, protection order," add "petition."

In addition, at the very end of the current provision, we suggest adding, "whether issued inside or outside of the jurisdiction." This would require states to serve both in-state and out-of-state documents without charge to the victim. The new paragraph would read:

"(1) certifies that its laws, policies, and practices do not require, in connection with the prosecution of any misdemeanor or felony domestic violence offense, or in connection with the filing, issuance, registration, or service of a protection order, or a petition for a protection order, to protect a victim of domestic violence, stalking or sexual assault, that the victim bear the costs associated with the filing of criminal charges against the offender, or the costs associated with the filing, issuance, registration, or service of a warrant, protection order, petition for a protection order, or witness subpoena, whether issued inside or outside the State, tribal, or local jurisdiction; or"

Sec. 103. State Coalition Grants.

The Department strongly recommends making the authorizing language discretionary by changing "shall" to "may" in proposed section 2001(c)(1), and we recommend changing the set-aside to two percent.

Under section 103, in the proposed section 2001(c)(3)(C), we recommend deleting "nongovernmental" and inserting "or comparable programs" after "coalitions" to ensure that tribes that do not have coalitions but have comparable public or private programs in place will receive the funding.

Subtitle E Education and Training for Judges and Court Personnel

Sec. 141. Reauthorization.

We strongly support this section, which would reauthorize important grants for education and training for judges and court personnel in state and federal courts. However, in proposed section 40412(20), the Department recommends changing "predominant" to "primary." While we recognize the word "predominant" has been proposed in an attempt to overcome misunderstandings about the concept of primary aggressor, its use will be confusing for state and local judges and law enforcement because most state laws and trainings use the term "primary."

Additionally, the language proposed in Section 141(a)(1)(C) seeks to describe ideas that are too complex to be conveyed in a statute and instead should be part of program implementation. For example, the phrase "the legitimate reasons parents may report domestic violence" suggests that there are also illegitimate reasons for parents to report domestic violence, whereas the goal of this phrase is to convey the need for judicial training to dispel the myth that such reports frequently are fabricated in child custody cases. We recommend revising these provisions to read: "(20) the impact of domestic violence issues in custody and visitation cases; (21) sexual assault issues, with a focus on victim safety, in custody and visitation cases;".

Subtitle F Grants to Encourage Arrest Policies

We strongly support this subtitle, which would reauthorize the Grants to Encourage Arrest Policies Program through fiscal year 2005 and create a five percent set-aside under the program for Indian tribal governments.

Subtitle G Rural Domestic Violence and Child Abuse Enforcement

This subtitle would reauthorize the Rural Domestic Violence and Child Victimization Enforcement Program through fiscal year 2004 and would create a five percent set-aside for grants to Indian tribal governments under the Rural Program. We strongly support these provisions but recommend that the authorization for the program be extended to fiscal year 2005, as section 151 would do for the Arrest Program.

Subtitle H National Stalker and Domestic Violence Reduction

The Department supports this subtitle. These funds have not been reauthorized since FY 1998, but this is a priority funding area for the Bureau of Justice Statistics under the NCHIP program, and there is a great need for these funds for implementation of the full faith and credit