

CASE STUDY: UNITED STATES OF AMERICA ACTIVITIES TO ELIMINATE VIOLENCE AGAINST WOMEN

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The situation and its context

An estimated one in four adult women in the United States reports that she has been the victim of physical or sexual abuse at least once during her lifetime. Many of these assaults occur during the reproductive years, although a significant number are perpetrated against girls and teenagers. In addition, older women and women with disabilities who are reliant on a caregiver may be vulnerable to physical, emotional, or sexual abuse by that caregiver. Effects on the victim extend past the physical or psychological trauma; the victim of physical or sexual abuse is more likely to report chronic health problems, depression, and substance abuse.

As early as 1984, the U.S. Congress recognized the problem of domestic violence and passed the Family Violence Prevention and Services Act (FVPSA). This Act provides grants to States and Indian Tribes to support programs and projects that prevent incidents of family violence and provide shelter. Under the statute, 70 percent of these funds must be used by the grantee to provide immediate shelter and related assistance to victims of family violence and their dependents. The remaining funds can be used by the grantee to establish new shelters where there are none or not enough; expand counseling; augment self-help measures and provide substance abuse referral services; implement demonstration programs; and provide training for staff and volunteers.

A decade later, Congress passed the Violence Against Women Act (VAWA). VAWA recognized that the serious national threats of domestic violence and sexual assault required a heightened and comprehensive federal response. The law acknowledged that violence against women is not only a criminal justice problem requiring new law enforcement tools, but also a human services and health issue requiring additional support for social and health services, education, and prevention. This allowed a unique partnership to develop between the Department of Health and Human Services (DHHS) and the Department of Justice (DoJ). The law was reauthorized in October 2000, with minor changes.

VAWA provided a powerful tool to tackle violence against women, and has given the DHHS and its partners the foundation needed to build a system that will prevent domestic violence, stop its perpetrators, help victims get out of abusive situations, and keep all families and children from falling through the cracks. Shelters have been created in communities where before VAWA there were none, and the services provided in communities across the nation are more comprehensive than those that existed before passage of VAWA. VAWA also stimulated important connections between people and services and linkages between services.

Actions under the Violence Against Women Act

National Advisory Council on Violence Against Women

The Secretary of Health and Human Services and the Attorney General of the Department of Justice co-chair the National Advisory Council on Violence Against Women, which consists of more than forty experts in their fields. This distinguished Advisory Council comprises key leaders across the country in the business, sports, media, entertainment, religious, labor, law, and medical fields, in addition to leaders representing the domestic violence and sexual assault fields and survivors. VAWA established the Advisory Council to provide DHHS and DoJ a forum in which key policies and programs could be appropriately informed by experience “in the field”.

The Council released an Agenda for the Nation on Violence Against Women in October 2000. The Agenda is designed to build on the early successes of VAWA and inform subsequent policy and practice. Its major themes are the need to root efforts in communities; the need to design interventions, services, and messages in a culturally appropriate manner; the need to focus on all ages across the lifespan; the need to place more emphasis on male responsibility; and the need for increased research into how violence against women interconnects with the larger problem of violence on our streets, in our schools, and in our popular culture. The content of the Agenda is summarized below and will be described in the presentation by the U.S. representative.

DHHS Violence Against Women Steering Committee

To coordinate activities within DHHS, Secretary Shalala has established a Violence Against Women Steering Committee that meets bimonthly. The Steering Committee developed a Departmental agenda for action that was submitted to the President in October 1997, in commemoration of Domestic Violence Awareness Month. Under that agenda, DHHS targets five key areas: strengthening the health care systems’s ability to screen, treat, and prevent violence against women; increasing the ability of battered women to obtain and retain employment and access to child support; encouraging greater linkages between child welfare, domestic violence, and criminal justice fields to better protect both children and parents in homes where violence occurs; enhancing community prevention and response systems; and increasing the knowledge base through data collection and research. The Steering Committee relied on this agenda to prepare a successful proposal for increased funding in fiscal year 2000.

Activities and accomplishments of DHHS

DHHS administers four components of VAWA: the development and management of shelters; the Domestic Violence Hotline; rape prevention education; and community-based prevention and intervention programs. These programs are administered primarily by two DHHS agencies: the *Administration for Children and Families (ACF)* and the *Centers for Disease Control and Prevention (CDC)*.

I. Battered women's shelters

VAWA significantly strengthened the FVPSA programs. Most significant are the enhanced state services and community support for domestic violence victims, administered and coordinated by ACF.

As a result, FVPSA now provides support for more than 2,000 shelters, safe homes, and domestic violence service programs. However, this federal funding represents only a fraction of the costs of shelters and services. Additional support is provided by State governments and private entities, including volunteers and philanthropic organizations.

VAWA wisely and compassionately recognized that particular communities face specific and unique barriers, and therefore permits States to use funds to address the needs of underserved populations, including groups underserved because of ethnic, racial, cultural, or language diversity or geographic isolation. Out of this recognition grew several new and exciting efforts to address domestic violence in specific underserved populations, such as the establishment of: the

Institute on Domestic Violence in the African American Community; the Sacred Circle, which provides specific leadership to Indian Tribes and Tribal Organizations; Alianza Nacional (National Latino Alliance for the Elimination of Domestic Violence); the Women of Color Network; and, most recently, the Asian American Institute on Domestic Violence.

VAWA also strengthened state domestic violence coalitions which receive 10 percent of FVPSA funds to further the purposes of domestic violence intervention and prevention. State domestic violence coalitions are comprised of leaders in the field who provide their vision, leadership, and expertise to the development of state networks to address domestic violence. These coalitions foster and sustain partnerships between local service providers, the private sector, and State and Federal governments.

State domestic violence coalitions play a vital role in training State and local professionals and organizations that serve victims of abuse; providing assistance in prevention activities including public awareness campaigns; developing resource contacts and assisting members of the domestic violence service community to identify resources; aiding in referrals for victims and their dependents in need of services; and assisting in service coordination between other sectors such as justice, law enforcement, health and employment services.

VAWA also provided for expansion of the Domestic Violence Resource Center Network (DVRN) through the inclusion of The Sacred Circle as a resource center for Indian Tribes and tribal Organizations. The Resource Center Network provides critical expertise and leadership for the domestic violence field. Other members of the DVRN are the National Resource Center on Domestic Violence; the Battered Women's Justice Project; the Resource Center on Child Protection and Custody; and the Health Resource Center on Domestic Violence.

Each of these resource centers creates partnerships with community based domestic violence programs, state coalitions, Federal, State and local public agencies, and others involved in assisting victims of domestic violence. Activities of the resource centers include technical assistance, training, policy development, identification of model programs, development of policies and publications, and assistance to Federal, State, and tribal agencies. Audiences served by the DVRN include attorneys, battered women, batterer intervention providers, child protection workers, defense teams representing battered women charged with crimes, battered women's advocates and coalitions, health care providers, judges, policy makers (including State, Federal, and tribal officials), prosecutors, and police.

II. National Domestic Violence Hotline

CF also administers the VAWA-established National Domestic Violence Hotline (The Hotline). The Hotline is a 24-hour, 7 day-a-week, toll-free telephone hotline that provides information and assistance, including crisis assistance and local shelter referral, to victims of domestic violence, their families, and the public in an effort to build healthy, safe, and supportive communities and tribes. The Hotline is operated by the Texas Council Against Family Violence and provides services in English and Spanish, and through the AT&T Language Line provides interpreter services in other languages on an as needed basis. In addition, TTY service for the deaf is available.

Establishing the Hotline was particularly visionary. Since its inception in February 1996, the Hotline has answered over 500,000 calls. The majority of the calls are from victims (50%) and from family and friends of victims (16.5%). Angry, prank, hang-up, and wrong number calls make up about 14%. About 2/3 of callers are female, and the average call lasts almost 6 minutes. About 1/3 of callers state that children are in the home. Just over 5% of callers speak a language other than English.

III. Rape Prevention and Education Grants to Reduce Sexual Assaults Against Women

Rape Prevention and Education Grants to Reduce Sexual Assaults Against Women authorized appropriations for CDC to supplement Preventive Health and Health Services Block Grant funds for rape prevention and education programs to address sexual assault issues.

The program has enabled States, territories, and two Indian tribes to establish education and prevention initiatives to reduce sexual assaults against women. Rape Prevention and Education grant funds are allocated to all State and territorial and some tribal health departments for rape prevention and education programs conducted by rape crisis centers or similar entities.

CDC is working with State health departments and State sexual assault coalitions on a variety of sexual assault prevention projects, including the development of guidelines and other materials for the sexual violence field. Standardization of data collection is a top priority, so that accurate assessment of the magnitude of rape and sexual assault can occur nationwide as well as locally. Major activities include: the development of proposed definitions of rape and sexual assault; assisting States in the collection of data relevant to rape and sexual assault; identifying evaluation studies on prevention and intervention programs for rape and sexual assault; identifying recommended school curricula that address sexual violence; and identifying public awareness campaigns that address sexual violence.

CDC awarded funds in 1999 for a National Sexual Violence Resource Center. This Resource Center will 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, national, 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.

The Resource Center funding has increased states' abilities to prevent and respond to sexual assault by permitting them to add needed staff, to develop or implement statewide sexual assault prevention activities, or to develop, implement, continue, or expand hotline services. The activities funded under this program have increased collaboration between State health departments and state sexual assault coalitions. Rape prevention and education funds have provided opportunities for these coalitions to collect data that will increase knowledge about the scope of the problems, factors that may contribute to the problem, and services that victims need. States also have used these funds to reach more students and improve the quality of educational materials, and coalitions have used the funds to mount statewide public awareness campaigns about sexual assault and services available to victims of sexual assault. Evaluation can determine the effectiveness of education programs, victim services, and training programs; it is an integral part of sexual assault prevention. Several state sexual assault coalitions and health departments are developing and implementing innovative methodology to evaluate their sexual assault prevention activities. The findings from these evaluations will enable the sexual assault field to enhance current prevention efforts.

IV. Community Programs on Domestic Violence

CDC also administers the Community Program on Domestic Violence. The Community Program provision of VAWA authorized appropriations for projects in local communities that involve health care providers, the education community, the religious community, the justice system, domestic violence program advocates, human service entities, and business and civic leaders. Together they develop a coordinated community plan for intervention in and prevention of domestic violence.

Under the Community Coordinated Response Program, CDC began providing funds in FY 1996 to coordinate prevention and intervention strategies to address intimate partner violence; develop an integrated community plan of action to prevent intimate partner violence; and implement and evaluate multifaceted approaches to the prevention of intimate partner violence. Prevention strategies include development or enhancement of coordinated community task forces, expansion of community education and outreach, and creating programs that will more effectively reach racial, cultural, and ethnic minorities. Currently, CDC is funding sixteen coordinated community response programs to prevent intimate partner violence.

Research

VAWA also provided funds to DHHS to conduct research, a very important tool in understanding violence against women. CDC is conducting a study to obtain a national projection of the incidence and cost to health care facilities of injuries resulting from domestic violence, and to recommend health care strategies for reducing the incidence and cost of such injuries. The Agency for Healthcare Research and Quality is examining the effectiveness of intervention programs offered in health care settings. And the National Institute of Mental Health is examining the mental health consequences of violence and factors that influence the initiation of physically aggressive behavior in intimate relationships.

In addition, DHHS and DoJ are jointly funding VAWA research, including several noteworthy activities of the National Research Council/Institute of Medicine (NRC/IOM). The first IOM report on this critical issue was mandated by Congress in VAWA and resulted in "Understanding Violence Against Women," which presents a research agenda on intimate partner violence and sexual assault. A subsequent report, issued in the Spring of 1998 by NRC/IOM, was "Violence in Families: Assessing Prevention and Treatment Programs," which summarizes what is known about the effectiveness of family violence interventions and makes recommendations for future action.

Finally, ACF and DOJ completed a Congressionally mandated report on the Battered Women's Syndrome.

Activities in the Health Care Arena

Ending violence against women is not the work of government alone. In fact, for more than 25 years in the United States women's groups have provided shelter and advocacy for women and families victimized by violence. They remain critical in efforts even today, and often work directly with Federal, State, and local governments on policies, laws, and strategies for dealing with victims and perpetrators. Their efforts today mean that the health care system takes violence against women seriously, and many individual providers as well as several professional and advocacy organizations are actively involved in promoting screening and intervention in the health care setting. These organizations represent physicians, nurses, social workers, and other health professionals. The Joint Commission on the Accreditation of Healthcare Organizations requires health facilities to have protocols for the identification and treatment of abused women.

The American College of Obstetricians and Gynecologists, the American Medical Association, the American College of Emergency Physicians, and the Family Violence Prevention Fund have developed guidelines for routine screening for domestic violence victimization of all female patients ages 14 and older. The inquiry about abuse is to occur in private, without friends or relatives present, regardless of the reason for the health care visit, and regardless of symptoms or signs presented or observed. Counseling and referral for services are essential components of this screening, and providers must be prepared for the woman who reveals a history of victimization, even if she is not ready to leave the abuser. Helping her develop a plan for her safety, and providing her information about local resources can allow her to leave on her terms. The emergency room visit may differ, however, in that ensuring the woman's immediate physical safety may be paramount, and involving the police and social services authorities may be indicated.

Many states have passed laws requiring reporting by health care providers of cases of domestic violence.

Although these laws are intended to help victims get the legal assistance and protection they need, they have had unintended consequences. Some battered women in these states are less likely to seek assistance for their injuries, and some women have been put at greater risk for injury as a result of the laws. Moreover, the Family Violence Prevention Fund and others have pointed out that mandatory reporting laws raise ethical issues of violating patient autonomy, confidentiality, and informed consent.

Looking toward the future

VAWA activities provide women, families and communities needed support in addressing violence against women. They also serve to increase our understanding of domestic violence and sexual violence. Women and children who experience physical, emotional, and sexual violence need a wide range of support and protection, as determined by their particular circumstances. For example, domestic violence service providers are involved in a wide range of activities. Providing shelter support is central to service provision, but might be only one of many services provided. Victims and their children need jobs, health and mental health care, substance abuse treatment, child care, child support, housing, legal assistance, etc. Consequently, domestic violence service providers take on more and more responsibilities, e.g., working with hospitals, health plans and other health care delivery systems, with child protection agencies, Temporary Assistance for Needy Families (TANF) agencies, and child support enforcement agencies. An unprecedented partnership between four agencies in DHHS and four agencies in DoJ is addressing the critical intersection of child maltreatment and domestic violence. Under this demonstration project, communities are conducting and evaluating interventions for battered women and their children who may be involved with three systems—child welfare agencies, domestic violence service providers, and dependency courts. ACF also supports efforts by the National Council of Juvenile and Family Court Judges to develop guidelines for courts, domestic violence service providers and child welfare workers to improve intervention in domestic violence and sexual assault cases in which children are present.

Research has identified the health care system as a critical arena for potential response and prevention because many victims may never call the police, go to a shelter, or call a rape crisis center. However, eventually they will go to the doctor for a routine check up. The workplace is another critical arena for providing information and sources of help and support for employees who are victims of violence or at risk of victimization. For either setting, we need to know the best ways of having victims reveal their situations, and of ensuring that they get the help they need.

However, the current knowledge base about violence against women needs strengthening. The causes and consequences of violence against women remain largely unknown. Through data collection and monitoring activities, CDC is trying to learn how often physical and sexual violence against women occurs, who faces the greatest risk, and whether the problem is improving or worsening over time at national or local levels.

Almost two years ago, CDC partnered with DOJ to host a major invitational conference on violence against women data issues, to plan for improved estimates of incidence, prevalence, risk factors, and consequences of violence against women. The report of this conference were published in CDC's Morbidity and Mortality Weekly Report in October 2000. However, a coordinated system of services, support, and protection cannot be successful by simply tabulating the number of victims. The broader personal, social, and support circle that surrounds each woman must be included, and that means shifting part of the focus onto children and men as well.

Children are involved in a high proportion of sexual and domestic violence cases. Little is known about how they are involved; what help is appropriate and how to provide it; and how to prevent them from becoming victims of violence and reduce their heightened risk of becoming batterers or sex offenders themselves when they grow up.

Doing a better job of working with men is also needed. For batterers or sex offenders, there should be more responsive courts, effective batterer or sex offender intervention programs, and safe visitation arrangements, to name a few. But there is also a need to reach a much broader spectrum of men with what it takes to be responsible husbands, fathers and friends.

Finally, a key element of every successful prevention program is communication—between service and health care providers, law enforcement, and the broader community. CDC has funded an electronic network (VAWnet) to enhance the ability of state domestic violence and sexual violence coalitions and allied organizations to design and support effective local, state, and national intervention and prevention initiatives through the development, pilot testing, and implementation of a national electronic network focusing on violence against women. And, in addition to many local public awareness campaigns, ACF is supporting the development of a major national media campaign with the Family Violence Prevention Fund.

Conclusions and recommendations

VAWA was a major step in addressing violence against women. Perhaps its greatest accomplishment can be seen in the emerging network of individual communities sharing a common goal, but being empowered to find solutions that fit their own community strengths, limitations, cultural considerations, resources, and priorities. Communities better understand now what needs to be done, and how to do it. But the legacy of VAWA cannot stop there.

The greatest challenge ahead is to strengthen our support for America's communities with a coordinated, rational, and neighborhood-based system for addressing violence against women. To this end, the National Advisory Council on Violence Against Women recently called on the United States to

- (1) Ensure that all women experiencing violence have a place to turn.
- (2) Enhance the health and mental health care systems' response to violence against women.
- (3) Provide equal and safe access to the justice system and the protections it affords.
- (4) Increase women's access to meaningful economic options.
- (5) Invest in prevention and early intervention with children and youth.
- (6) Identify and eliminate social norms that condone violence against women.

To be successful, these social change efforts must also be broad-based, and draw on experts currently working with children and youth, on college and university campuses, from the media, entertainment, and advertising industries, the sports community, and religious, spiritual, and faith-based communities. The Violence Against Women Act has concentrated the efforts of the criminal justice, health, and social services sectors of the United States to serve the women, children, and families whose lives and livelihood are at stake. The investment of the Federal government is matched by funding and other resources at the state and community levels to ensure that help is only a phone call away.